

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 1: Understanding HIV & AIDS

Purpose:

These activities challenge participants to explain their beliefs about HIV/AIDS. The facilitator then corrects participants' misconceptions and explains how HIV actually is spread.

Objectives:

- ❖ Participants understand that HIV is a virus and how it is spread;
- ❖ Participants can explain why certain actions can transmit HIV and others cannot.

Recommendation:

Invite someone with HIV/AIDS expertise from a local clinic or HIV test site to take part in this lesson. They will be able to give participants a realistic perspective of this issue.

Time: 2 _ hours

TOPIC	TIME	METHOD	MATERIALS
Fact or Fiction: What do you know about HIV/AIDS?	1 hour	Game	FACT & FICTION signs for each team
HIV Spreads Quickly	30 minutes	Transmission Game	A slip of paper and pens for participants
How is HIV Spread?	1 hour	Lecture: Fluids & Portal	Flipchart or chalkboard helpful

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Key Message HIV is spread primarily through unprotected sex with an infected person.

Key Skill Participants understand why some activities spread HIV and others don't.

HIV = Human Immunodeficiency Virus. HIV is the virus that causes AIDS. HIV attacks and eventually destroys the body's defenses.

AIDS = Acquired Immune Deficiency Syndrome. AIDS is the disease caused by the HIV virus. A person has AIDS when the virus has damaged the body so badly that infections and cancers develop.

People infected with HIV usually live for years without any signs of disease. They may look and feel healthy, but they can still pass the virus on to others. **AIDS** is the late stage of HIV infection. People who have AIDS grow weaker as their bodies lose the ability to fight off illnesses. In adults, AIDS develops several years after infection. Most babies who are infected, however die within five years.

HIV can be contracted only in very specific ways. **First, a person must be in direct contact with one of the four body fluids that transmit HIV.** These are the only fluids that can spread HIV:

Fluids That DO Spread HIV

Blood
Semen
Vaginal Fluids
Breast Milk

Other body fluids do not have enough HIV-virus to infect another person.

Fluids That Do NOT Spread HIV

Tears
Sweat
Saliva

For a person to get infected, the fluid (blood, semen, vaginal fluid, breast milk) needs an **entry** into the body. HIV cannot enter the body through intact skin.

HIV Can Enter the Body Through

Cuts or sores
Opening in the skin
Soft, wet tissue in the vagina, penis, anus or mouth

You can figure out if an action can transmit HIV by asking just three questions:

1) What is the fluid? 2) Is it blood, semen or vaginal fluid? 3) Is there an entry into the body?

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The most common way people get HIV is through sexual intercourse (vaginal or anal) with an infected partner.

It is possible to get infected with HIV through oral sex (mouth to penis or mouth to vagina). While studies differ about how likely infection from oral sex is, the risk is not zero.

There is no way to “catch” HIV like a cold, by being near a person with HIV, or by sharing their cup or bathroom, or even by hugging or kissing them. There are no documented cases of HIV from sharing toothbrushes.

Babies can become infected from an HIV-positive mother during pregnancy, childbirth, or breastfeeding. HIV can also be spread by using a needle or syringe that has been used by someone who is infected, or through transfusions of unscreened blood.

A blood test is the only way for a person to know if they are infected with HIV. HIV/AIDS testing centers perform confidential counseling and testing. HIV testing can detect infection early. People who know their HIV status can seek out medical services and care. They can also learn how to live with the virus and avoid infecting others. While there currently is no cure for AIDS, new medicines are helping people with HIV/AIDS stay healthy for many years.

Almost 30 million people in the world are living with HIV/AIDS. Ten million young people (age 15-24) and almost 3 million children (15 and younger) are living with HIV. Sub-Saharan Africa is the part of the world most affected by HIV/AIDS.

In Africa, HIV infection is spreading most rapidly among young women. A number of factors make women and girls more susceptible to infection than men:

- Young girls may not know about the risk of HIV infection
- They may be unable to refuse unwanted sexual advances
- Older men often seek out young girls and provide gifts in exchange for sex
- Sex may be traded for money for food, clothes or school fees
- The vaginal membranes of younger girls are thin and fragile
- The vagina exposes more surface to infection
- Female genital cutting may tear during intercourse
- Dry sex can tear the skin

The right to refuse unwanted or unprotected sex is a human right. Yet traditional society often does not defend this right for women.

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ACTIVITY

FACT OR FICTION GAME

Purpose: Play this game on the first day to bring out participants' beliefs and address misinformation.

Age Group: All ages. Facilitators should adapt the questions based on participant age

Materials: "Fact" and "Fiction" cards for each team

Time: 20-60 minutes

Preparation:

Read the "Answers to Fact or Fiction" beforehand so you know the right answers.

Delivery:

1. Divide the group into teams of no more than 8 people.
2. If the activity is a competition, have each team come up with a team name. Prepare a scoreboard with team names.
3. Explain that this activity looks at facts about HIV and AIDS. There are many myths about HIV and AIDS. To make good decisions, you need to be sure what is fact and what is fiction.

4. Read one statement to the group. Give each team a few minutes to discuss whether they believe the statement to be "fact" or "fiction."
5. When time's up, ask each team to hold up a "fact" or "fiction" card depending on their decision.
6. Ask each group to explain their answer.
7. Some statements have follow up questions that give further information. You may want to ask other follow up questions. If you are playing as a competition, follow up questions can be bonus points awarded to the team that gives the best answer.
8. If someone asks a question you are not completely sure how to answer, say you will get back to them at the next class. Remember, the goal is to give correct information.
9. Conclusion: Finish the game by adding up the points and congratulating the winning team. Point out that no one won or lost. We all won because all of us know more about HIV/AIDS than before.

Adapted from *Grassroots Soccer*, 2004

FACT OR FICTION

STATEMENTS & ANSWERS

1. **Statement:** Having HIV is the same as having AIDS. (*Fiction*) **Follow up question:** What does HIV do to your body?

Having HIV is NOT the same as having AIDS. HIV is the virus that causes AIDS. ***AIDS is the condition that develops after the HIV virus has completely destroyed the immune system.*** HIV gradually destroys the body's ability to defend itself from disease. Some have compared HIV to termites that weaken a house until the point where wind or rain finally destroys it. In the years following infection, HIV weakens the body so the person is vulnerable to diseases that people don't usually get like TB, yeast or diarrhea. The person ultimately dies from these diseases.

Symptoms of AIDS don't show up for years after infection. In fact, most people with HIV look healthy. But even without symptoms, an infected person can pass on HIV through sexual contact. The first few months after someone is infected with HIV they have a lot of virus in their bodies and are very infectious.

2. **Statement:** The most effective way to avoid HIV infection is to abstain totally from sex. (*Fact*). **Follow up question:** What does abstain mean?

Abstinence is the only way you can be 100% safe from getting HIV/AIDS or a sexually transmitted infection (STI) from sex. If you don't have sex

or come into contact with infected blood you cannot get HIV/AIDS.

Most people have periods without sex during their lives, even if it is just for a short time. For some people, abstinence means they do not have a girlfriend, boyfriend, or partner. For others it means waiting until marriage or a serious relationship to have sexual intercourse.

3. **Statement:** The AIDS virus is spread from toilet seats. (*Fiction*) **Follow up question:** Hugging? Kissing?

The HIV virus can't be spread casually. It can only be spread through sexual contact with someone who has HIV. In fact, only four body fluids have enough HIV-virus in them to make you sick. These are: semen and vaginal fluids; blood; and breast milk. One of these fluids must get into a person's body through an opening in the skin (a cut or sore) or through the wet tissues of the vagina, penis or mouth.

You can't get HIV from hugging because there is no contact with body fluids when people hug each other. Nor can you get it from shaking hands, sneezing, coughing, or from mosquito bites. You can't get HIV from kissing either because there isn't enough HIV-virus in saliva to infect someone.

4. **Statement:** Condoms are very effective for preventing HIV. (*Fact*) **Follow up question:** What are

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some benefits of condoms?
Condoms are easy to use, inexpensive and available in a variety of places. They protect against sexually transmitted diseases as well as pregnancy.

For sexually active people, condoms are the best protection from HIV and STI. The condom catches and holds semen so that it can't get into the vagina. Condoms also prevent vaginal fluids from entering the penis.

5. **Statement:** You are more likely to get HIV if you already have a Sexually Transmitted Infection. **(Fact) Follow up question:** Why? What are some STIs?

STIs that cause genital discharge or sores offer an easy way for the virus to get into the body. People with STIs and HIV also produce more HIV virus than other people. When people protect themselves from HIV, they are also protecting themselves against other STIs and pregnancy. Medical treatment is the only way to cure STIs. Even if symptoms go away, a person is still infected unless they are treated with modern medicines. When a person is treated, his or her partner needs treatment too; otherwise the untreated person will re-infect the other.

The most common STIs include syphilis, gonorrhea, herpes, chancroid, trichomoniasis and chlamydia.

6. **Statement:** Girls can get infected with HIV easier than boys can. **(Fact) Follow up question:** Give three reasons why.

There are several reasons: 1) Because semen stays inside girls bodies after sex increasing their exposure to the virus; 2) Because during sex tissues inside the vagina may tear, giving the virus entry into the body; 3) Girls are vulnerable to rape and forced sex; and 4) Girls are often approached by older men who are already infected.

7. **Statement:** If someone tests negative for HIV it means they do not have the HIV infection. **(Fiction) Follow up question:** What must you do to be sure?

A negative test can mean either: 1) you don't have HIV; OR 2) that you were infected too recently for the test to detect it. This is because it can take up to 6 months after infection for the test to detect HIV antibodies in the blood.

To know if you have HIV, first wait for 3 months after you have had sexual intercourse without a condom. If this test is negative, practice only safe sex (consistent, correct use of condoms) and have a second test 3 months later to be sure of the negative results.

8. **Statement:** You can reduce the risk of getting HIV by having sex with one mutually faithful partner. **(Fact) Follow up question:** What does mutually faithful mean?

But it is only completely safe if both partners have been tested and know they are free of HIV through repeated tests over several months. If either partner has sex with someone else neither one can be sure they are safe until they are both tested again.

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Mutually faithful means both partners are having sexual relations only with each other.

9. **Statement:** All babies with mothers infected with HIV are born with the virus. (*Fiction*)
Follow up question: How does a baby get infected? What can be done to prevent it?

Less than one baby in four born to infected mothers will have HIV. Certain drugs can greatly reduce the chances of infants being borne with HIV. A small percentage of babies become infected through breastfeeding. HIV+ mothers are still encouraged to breastfeed, however. The risk of death from disease or malnutrition is more dangerous to babies than the risk of getting HIV.

10. **Statement:** If you have unprotected sex only once with someone who is infected you could still get HIV. (*Fact*)
Follow up question: What does unprotected sex mean?

Although HIV is not transmitted every time someone has sexual intercourse with an infected person, it can be transmitted through just one sexual contact. It can even be the first time the person has sex with his or her partner.

Unprotected sex means sexual intercourse (anal or vaginal) without a condom.

11. **Statement:** A person who is infected with HIV cannot live a normal life. (*Fiction*)
Follow up question: What can a person with HIV do to live longer?

This depends on many things, like the person's health, age, nutrition and how often s/he is re-infected with HIV during unprotected sex. It also depends whether the person is cared for by family or friends or rejected by their community.

A person can live longer with medical treatment, a good diet, regular light exercise, love, care and rest.

12. **Statement:** HIV is present in sexual fluids, but not in the blood. (*Fiction*).
Follow up question: What are the four fluids that can spread the HIV virus?

HIV is present in sexual fluids AND blood.

The four fluids are semen, vaginal fluids, blood, and breast milk.

13. **Statement:** You can get HIV by sharing needles or blades. (*Fact*)
Follow up question: Are people often infected this way?

If the person who used the needle or blade first has HIV, the next person can be infected from this blood.

People are infected most often through unprotected sexual intercourse.

14. **Statement:** Fat or healthy-looking people don't have HIV. (*Fiction*)
Follow up question: How can you tell if a person has HIV?

Not all people with HIV are thin or lose weight. A person may have HIV and still be overweight. The loss of appetite or continuous diarrhea that cause weight loss may happen years later, but many people stay

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the same weight long after infection.

- 15. Statement:** Right now there is no cure for HIV/AIDS. *(Fact)* Follow up question: What about the pills?

There is currently no cure for HIV/AIDS.

The drugs used to treat people do not cure HIV/AIDS. They can prolong the life of people who are infected.

- 16. Statement:** Getting AIDS is preventable. *(Fact)* Follow up question: Name four ways to prevent yourself from getting AIDS.

You definitely can protect yourself from infection. Delaying sex, abstaining from sex, getting tested, having fewer sex partners and using condoms are all ways to reduce your risk of infection.

Adapted from *Grassroots Soccer*, 2004

UNDERSTANDING HIV/AIDS

MORE QUESTIONS FOR CHILDREN

- 1. Mosquitoes can spread HIV (fiction)**

Just like a fish can live only in water, HIV can live only inside the human body. It cannot live in a mosquito's body. If mosquitoes spread HIV, everyone would have it, old people, young people, everyone. More than any other way, people get HIV/AIDS from other people during sex.

- 2. You can get HIV by drinking out of the same cup as someone with HIV/AIDS (fiction)**

HIV can't live outside a person's body. It can only live on the inside. That's why people can't catch HIV/AIDS like a cold or by using another person's things. HIV is spread between people sexually.

- 3. Babies can get HIV/AIDS (fact)**

Babies can get HIV/AIDS if their mother has HIV in her body. Babies can be infected before birth, during birth or when they are breastfeeding. Certain drugs can prevent HIV from moving from mother to child.

- 4. Children can't get HIV/AIDS (fiction)**

If an adult with HIV/AIDS has sexual intercourse with a child, he can give the child HIV/AIDS.

- 5. People with HIV/AIDS are bad (fiction)**

People who get HIV/AIDS are no different than you and me. Because they are sick, they need your care and love more than ever.

ACTIVITY

HIV TRANSMISSION GAME

Purpose: Shows how quickly HIV spreads

Age Group: All ages

Materials: Small pieces of paper, pencils

Time: 35-40 min

Preparation: Have one slip of paper for each participant.

Delivery:

1. Hand one paper to each participant.
2. Tell them that they are to meet others in the room one person at a time. They should each introduce themselves, say one fact about themselves, write down the person's name on their card and then move on to meet another person.
3. After everyone has met at least four people, stop the game.
4. Pick three volunteers to come to the front of the group.
5. Explain that these people represent people with HIV and don't know it.
6. Ask each of these people to read the names on their cards. Anyone whose name is read should come to the front of the class and join hands with them.
7. Each new person at the front of the room reads the names written after the name of the HIV positive person who called them.
8. After the activity, pose these questions:
 - What do you think this game is showing us?
 - Why did so many people end up infected?
 - Can we really get HIV by just meeting someone and shaking their hand? How do we pass HIV in real life? (Stress that HIV cannot be transmitted through casual contact.)
 - What are some ways that you could prevent getting HIV? The best way?
9. Conclude by saying: This game shows us how quickly HIV can spread. It's also a reminder that you can't tell who is infected by looking.

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LECTURE & ACTIVITY

WHAT'S THE FLUID? WHERE'S THE DOOR?

Purpose: Participants will: 1) know the four fluids that can transmit HIV; 2) distinguish ways they can and cannot get HIV.

Age Group: Children 11 years and older

Time: 2 hours

Materials: Board, chalk, cards with activities that might transmit HIV

Preparation: You may find it helpful to begin this session with the Transmission Game.

PART 1: FLUIDS & PORTAL

Trainer's Note:

Expect embarrassment when talking about this topic and acknowledge it. Lead the group through their shame. Agree that these things can be very hard to talk about. Point out that talking about sexual things openly it is a very important life skill for all of us.

Delivery:

1. Begin by explaining that HIV can be spread only in very specific ways. **First a person must be in direct contact with one of four body fluids that transmit HIV.**
2. Ask the group what these four fluids are. On a flipchart, write in large letters "Fluids that DO transmit HIV" List only these suggestions: blood, semen, vaginal fluids, or breast milk.
3. Write the other suggestions under the heading "Fluids that DO NOT transmit HIV."
4. Say that these are the only fluids that can spread HIV. **Other body fluids (tears, sweat, and saliva) do not have enough HIV-virus to infect another person.**
5. Explain what "semen" and "vaginal secretions" are.
6. Explain: For a person to get infected, these fluids need an entry or door into your body. HIV cannot enter intact skin. HIV can get into the body through:
 - Cuts or sores
 - Openings in the skin
 - Soft, wet tissues in the vagina, penis, anus, or mouth
7. Explain: Participants can figure out if an activity can spread HIV by asking three questions
 - What is the fluid?"
 - Is it one of the 4 that can spread HIV?
 - Is there a door or entry into the body?
8. There is no way to "catch" HIV like a cold by being near a person with HIV, or by sharing their cups or bathrooms, or by hugging them or kissing them. There are no cases of HIV from sharing toothbrushes for example.

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9. Ask the group how people get HIV most often. Answers:
- **Through vaginal or anal sex (80% of the time)**
 - **Through transfusions of untested blood, or from shared needles or razors (5% of the time)**
 - **Mother-to-baby (15% of the time)**
10. Point out that it is possible to get infected through oral sex (mouth to penis or mouth to vagina). It is unclear how risky oral sex is, but the risk is not zero.

CANNOT TRANSMIT HIV

Living with someone with HIV
Eating from the same bowl as an infected person
Hugging a person with HIV
Kissing a person with HIV
Shaking hands with a person with HIV
Proper condom use during sex
Eating a chicken raised by a person with HIV
Sharing a drinking cup with a person with HIV
Letting someone with HIV cry on your shoulder
Stepping on a nail outside
Getting bitten by a mosquito

PART 2: WHAT'S THE FLUID? WHERE'S THE DOOR?

Preparation: Write each activity on a slip of paper. Have one activity for each participant. Post two signs at the front of the room: "Can Spread HIV" and "Cannot Spread HIV".

CAN TRANSMIT HIV

Vaginal sex
Blood transfusion with untested blood
Sharing needles
Contact with blood from an infected person
Breastfeeding
Mother to infant during birth
Mother to infant during pregnancy
Contact with semen
Contact with vaginal fluids
Cleaning up blood without gloves

Delivery:

1. Remind participants about how HIV is spread and explain they will now practice using the "What's the fluid?" "What's the door?" method.
2. Pass one activity paper to each person. Give them a moment to read them. Then ask them to think about whether this activity might spread HIV or not.
3. Invite participants to approach the front of the room one by one, with their papers.
4. Have each person read his or her card aloud, saying what fluid is present that might contain enough HIV and what door might let HIV pass.
5. Based on these answers, the person should put the card under "Can Spread HIV" or "Cannot Spread HIV".

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6. After the person decides, ask for feedback from the group. Clarify any questions or incorrect answers.
7. Repeat the process until all participants have completed the exercise.
8. Conclusion: Summarize the activity. Suggest that participants can always tell whether or not an activity is a risk for HIV infection by using this simple test.
9. Remind participants that in the next session they will begin discussing ways HIV can be prevented.

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

WHAT IS AIDS?

WHAT DOES "AIDS" MEAN?

AIDS stands for Acquired Immune Deficiency Syndrome:

- *Acquired* means you can get infected with it;
- *Immune Deficiency* means a weakness in the body's system that fights diseases.
- *Syndrome* means a group of health problems that make up a disease.

A virus called HIV, the Human Immunodeficiency Virus, causes AIDS. If you get infected with HIV, your body will try to fight the infection. It will make "antibodies," special molecules to fight HIV.

A blood test for HIV looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive".

Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. These are called "opportunistic infections".

HOW DO YOU GET AIDS?

You don't actually "get" AIDS. You might get infected with HIV, and later you might develop AIDS. You can get infected with HIV from anyone who's infected, even if they don't look sick and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen, and breast milk of people infected with HIV has enough of the virus in it to infect other people. Most people get the HIV virus by:

- having sex with an infected person.
- sharing a needle (shooting drugs) with someone who's infected
- being born when their mother is infected, or drinking the breast milk of an infected woman.

WHAT HAPPENS IF I'M HIV POSITIVE?

You cannot know if you are infected by HIV. Some people get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks. Most people think it's the flu. Some people have no symptoms.

The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people.

When your immune system responds, it starts to make antibodies. When this happens, you will test positive for HIV. After the first flu-like symptoms, some people with HIV

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stay healthy for ten years or longer. But during this time, HIV is damaging your immune system.

One way to measure the damage to your immune system is to count your CD4+ cells. These cells, also called "T-helper" cells, are an important part of the immune system. Healthy people have between 500 and 1,500 CD4+ cells in milliliter of blood. Without treatment, your CD4+ cell will most likely go down. You might start having signs of HIV disease like fevers, night sweats, diarrhea, or swollen lymph nodes. If you have HIV disease, these problems will last more than a few days, and probably continue for several weeks.

HOW DO I KNOW IF I HAVE AIDS?

HIV disease becomes AIDS when your immune system is seriously damaged. If you have less than 200 CD4+ cells or if your CD4+ percentage is less than 14%, you have AIDS. If you get an opportunistic infection, you have AIDS. There is an "official" list of opportunistic infections, put out by the U.S. Centers for Disease Control and Prevention (CDC). The most common ones are:

- TB (Tuberculosis), the most frequent cause of death for those with AIDS
- PCP (Pneumocystis pneumonia), a lung infection
- KS (Kaposi's sarcoma), a skin cancer
- CMV (Cytomegalovirus), an infection that usually affects the eyes
- Candida, a fungal infection that can cause thrush (a white film in your mouth) or infections in your throat or vagina

AIDS-related diseases also include serious weight loss, brain tumors, and other health problems. Without treatment, these opportunistic infections can kill you. The official CDC definition of AIDS is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>

AIDS is different in every infected person. Some people die in a few months after getting infected, while others live fairly normal lives for many years, even after they "officially" have AIDS. A few HIV-positive people stay healthy for many years even without taking anti-HIV medications.

IS THERE A CURE FOR AIDS?

There is no cure for AIDS. There are drugs that can slow down the HIV virus and slow down the damage to your immune system. There is no way to "clear" HIV from the body.

Other drugs can prevent or treat opportunistic infections (OIs). In most cases, these drugs work very well. The newer, stronger anti-HIV drugs have also helped reduce the rates of most OIs. A few OIs, however, are still very difficult to treat.

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STOPPING THE SPREAD OF HIV

HOW DO YOU GET INFECTED WITH HIV?

The Human Immunodeficiency Virus (HIV) is not spread easily. You can only get HIV if you get infected blood or sexual fluids into your system. You can't get it from mosquito bites, coughing or sneezing, sharing household items, or shaking hands with someone with HIV.

No documented cases of HIV have been caused by sweat, saliva or tears. To infect someone, the virus has to get past the body's defenses. These include skin and saliva. If your skin is not broken or cut, it protects you against infection from blood or sexual fluids. Saliva can help kill HIV in your mouth.

If HIV-infected blood or sexual fluid gets inside your body, you can get infected. This can happen through an open sore or wound, during sexual activity, or if you share equipment to inject drugs.

HOW CAN YOU PROTECT YOURSELF AND OTHERS?

Unless you are 100% sure that you and the people you are with do not have HIV infection, you should take steps to prevent getting infected.

Sexual Activity: You can avoid any risk of HIV if you practice abstinence (not having sex). You also won't get infected if your penis, mouth, vagina or rectum doesn't touch anyone else's penis, mouth, vagina, or rectum. Safe activities include kissing, massage and masturbation.

Having sex in a monogamous (faithful) relationship is safe if:

- Both of you are uninfected (HIV-negative)
- You both have sex **only** with your partner
- Neither one of you gets exposed to HIV through drug use or other activities

Oral sex has a lower risk of infection than anal or vaginal sex especially if there are no open sores or blood in the mouth. You can reduce the risk of infection with HIV and other sexually transmitted diseases by using barriers like condoms. Traditional condoms go on the penis, and a new type of condom goes in the vagina.

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Mother to Child Transmission: With no treatment, about 25% of the babies of HIV-infected women would be born infected. The risk drops to about 4% if a woman takes AZT during pregnancy and delivery, and her newborn is given AZT. The risk is 2% or less if the mother is taking combination antiviral therapy.

Some 10 - 20% of babies that are breastfed by mothers with HIV become infected. Nevertheless, the benefits of breastfeeding are so great that the World Health Organization (WHO) still recommends that HIV-positive women continue to breastfeed their babies.

Contact with Blood: HIV is one of many diseases that can be transmitted by blood. Be careful if you are helping someone who is bleeding. If you are exposed to blood through your work, be sure to protect any cuts or open sores on your skin, as well as your eyes and mouth.

WHAT IF I'VE BEEN EXPOSED?

If you think you have been exposed to HIV, get tested.

If you are sure that you have been exposed, talk to your doctor immediately about whether you should start taking anti-HIV drugs. This is called "post exposure prophylaxis" or PEP. You would take two or three medications for several weeks. These drugs can decrease the risk of infection, but they have some serious side effects.

THE BOTTOM LINE

HIV does not spread easily from person to person. For an adult to get infected with HIV, infected blood or sexual fluid has to get into your body. To decrease the risk of spreading HIV:

- Use condoms during sexual activity
- Protect cuts, open sores, and your eyes and mouth from contact with blood.
- Do not share syringes
- If you think you've been exposed to HIV, get tested and ask your doctor about taking anti-HIV medications
- If you have HIV and are pregnant, talk with your doctor about taking anti-HIV drugs

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Lesson 2: Comparing Risks of Infection

Purpose:

This lesson explains that certain activities are riskier for getting HIV. Participants think about their own sexual history with these risks in mind.

Objectives:

- ❖ Participants can explain which actions are most likely to spread HIV;
- ❖ Participants can give 3 reasons why girls are more vulnerable to HIV and other sexually transmitted infections (STIs) than boys.

Time: 2 hours

TOPIC	TIME	METHOD	MATERIALS
Review How HIV is Spread	15 minutes	Review: Fluids & Portal	Flipchart or chalkboard help
Comparing Risks	30 minutes	Risky Living Game	Safe, Low-Risk, High Risk Cards
My Own Risks	20 minutes	Individuals & Pairs	Risk questions
Special Risks for Girls	30 minutes	Rotating Groups	Paper at each station

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Lesson 2: Comparing Risks of Infection

LECTURE & ACTIVITY

RISKY LIVING

Purpose: To clarify which behaviors pose more risk for spreading HIV.

Age Group: By carefully selecting the questions, this activity can be adapted for all ages

Time: 30-45 minutes

Materials: One "Safe" and one "Risky" card, paper, pens

Delivery:

1. Divide the group into teams of 8 persons or less. Give each team the list of activities.
2. Teams must consider each activity and decide whether it is safe or risky.
3. To making this more competitive, ask each team to come up with a

team name. They write it on the scoreboard. Score point under this name.

4. Post the "Safe" and "Risky" cards at the front of the room.
5. Give the group a few minutes to go through the list and decide. Call when time is up.
6. Read the first activity aloud. Ask one person from each team to come stand under the "Safe" or "Risky" card and explain their team's answer. Teams with the correct answer win a point. Take advantage of incorrect answers to clarify misunderstandings.
7. The team with the most correct answers wins.

Adapted from *Grassroots Soccer*, 2004

SAFE OR RISKY ACTIVITIES

Taking care of someone who has AIDS. Safe

Why? HIV is spread through sexual contact or contact with infected body fluids like blood. Take precautions by avoiding contact with blood.

Deep kissing. Safe

Why? Saliva does not contain enough HIV virus for one person to infect another.

Being bitten by a mosquito. Safe.

Why? Just as a fish can't live out of water, HIV cannot live in the body of a mosquito.

Shaking hands or hugging someone with HIV/AIDS. Safe.

Why? None of the infectious fluids are there (blood, sexual fluids) and there is no way for the virus to get into your body (no door).

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 2: Comparing Risks of Infection

Having sex after drinking or taking drugs. Risky.

Why? You are more likely to act without thinking clearly. You may agree to have sex when you normally wouldn't or you may overlook using a condom and using it correctly.

Having many sexual partners. Very Risky

Why? Because having many partners increases the chances that you'll come into contact with HIV. Most HIV infections result from sexual intercourse.

Sexual intercourse without a condom. Very risky.

Why? Since you can't tell who is infected by looking, every sexual encounter without a condom risks putting you in harms way. Without a condom you have no barrier between you and the other person's body fluids which might contain the HIV virus..

Oral sex. Risky.

Why? The chance of getting HIV through oral sex (mouth to penis or mouth to vagina) is considered low, but not impossible. Oral sex carries some risk.

Anal intercourse. Very Risky.

Why? This type of intercourse involves the rectum, which is not naturally designed for sex. During sex there may be some tearing and bleeding. This gives the virus an easy way to enter the body. Anal sex also exposes a large area inside the body to the HIV virus.

Using Vaseline to lubricate a condom. Very Risky.

Why? Vaseline weakens rubber and allows it to break. Use saliva instead.

Using a public toilet. Safe.

Why? You are not in contact with dangerous fluids when using a public toilet.

Sharing someone's razor or blade. Risky.

Why? The risk depends on whether there is fresh blood on the razor. Blood from an HIV-infected person could spread to another if the razor is bloody and used for cutting. Otherwise, the virus dies quickly when exposed to air.

Having sexual intercourse with your faithful, uninfected partner. Safe.

Why? There is no risk as long as both of you remain uninfected and faithful. You can only be sure you are both free from HIV if you are tested. The problem with relying on faithfulness is that you don't always know if your partner has other sexual partners.

Having a sexually transmitted infection. Very Risky.

Why? STIs cause sores that offer a perfect way for HIV to enter the body. Also, the unprotected sexual activities that caused the STI can also lead to HIV infection.

Sharing a cup with someone with HIV/AIDS. Safe.

Why? HIV/AIDS is not spread through social contact or saliva.

Not getting medical treatment for an STD. Very Risky.

Why? Without proper medication, a person cannot get rid of the infection. Even when the symptoms have disappeared, the person still has the infection and is more susceptible to getting HIV.

Adapted from *Grassroots Soccer*, 2004

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 2: Comparing Risks of Infection

ACTIVITY

GAME PLANS FOR LIFE

Purpose: Participants consider carefully their sexual risks.

Age Group: Children age 11 and older

Materials: “My Own Risks” questions written on a blackboard or large paper; paper, pens

Time: 45 minutes

Trainer’s Note: Participants keep their answers confidential. Do not collect the answers. The answers are not for sharing.

Delivery:

1. Explain that each person will write down his or her answers to “My Own Risk” questions.
2. Explain: Your answers are private. I will not collect them. They are only to help you consider your risk for HIV, other STIs and pregnancy. Take your time and be honest.
3. Post, read or pass out copies of the questions. Have participants think

about their answers to each question. After answering the first question (Have you ever...?), have each person write down what they intend to do in the future (In the future, I will...) to protect themselves.

4. Explain that the more times a person answered “Yes” to a **Risky Behaviour**, the more risk they have for HIV, STIs or pregnancy. The more times they answered “Yes” or “I will” to a **Healthy Behaviour**, the safer they are.
5. After everyone has finished, divide the participants into same sex groups of 2 or 3. Girls and boys will be more comfortable meeting separately. Without sharing their work, ask participants to discuss concerns raised by the exercise.
6. Come together in a large group. Ask for any thoughts that came up in the small groups.

Adapted from *Grassroots Soccer*, 2004

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 2: Comparing Risks of Infection

MY OWN RISK QUESTIONS

Risky Behaviors	Yes or No?	Healthy Behaviors	Yes or No?
Had sex without a condom? (unprotected sex)		Ever decided not to have sex?	
Had unprotected sex with more than one person?		Ever talked about using condoms with a partner?	
Had unprotected sex with someone who did not know his or her HIV status?		Ever used a condom with a <u>regular</u> partner?	
Had sex with a commercial sex worker?		Ever used a condom with a <u>casual</u> partner?	
(Girls) Had unprotected sex with an older man?		Ever stayed faithful to a single partner?	
Had symptoms of an STI?		Plan to stay faithful in the future?	
Had symptoms of an STI and not gotten medical treatment?		Ever talked about having an HIV test?	
In your opinion, do your friends easily influence you?		Ever taken an HIV test?	
Do you often do what your friends want even if you know you might be taking a risk?		Ever talked with your partner about having an HIV test?	
(Girls) Do you often do what your boyfriend wants even if you don't want to?		Ever gone with your partner to have an HIV test?	
		Ever asked for more information about HIV/AIDS?	
<p><i>The more times you answered YES to these questions the greater the chance that you have been exposed to HIV. Think carefully about how you can take action to reduce your risk.</i></p>		<p><i>In the future, which of these steps will you take to protect yourself.</i></p>	

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 2: Comparing Risks of Infection

ACTIVITY

SPECIAL RISKS FOR GIRLS

Purpose: Participants reflect on why girls are especially vulnerable to HIV

Time: 30 minutes

Preparation: Post signs labeled “Body” “Mind” “Society” “Money” and “Education” in different areas. Leave a paper and pen under each one

Delivery:

1. Explain that girls are more vulnerable to HIV infection than boys. In fact, girls and women get infected more easily than boys and men. They also become sicker sooner. This exercise gets everyone thinking about the reasons why girls and women are infected more easily. But we won’t stop there. Next we will consider what this means to us for staying safe.
2. Divide the participants into 5 groups. Start each group at a different sign.
3. Explain that each group will have 5 minutes to come up with reasons why girls are more vulnerable related to the sign. For example, under “Mind” girls are more vulnerable because they can’t always refuse a male’s advances. Or under “Education” girls are more vulnerable because they have never heard of HIV. Write your ideas on the paper at that station. Use complete sentences so the next group will understand what you meant.
4. After you call time, ask each group to rotate to the next sign, read what the previous group has written and then add more ideas to the list.

Continue until everyone has visited all the stations.

5. At the end of the last round, ask one person to read the list aloud. Discuss any issues or questions that come up and go on to the next list.
6. Conclude by asking what people learned and how they might feel different about HIV as a result. Finally, ask the girls how this information can help them protect themselves.

BODY

Physical Risk Factors for Girls

Girls receive greater quantities of infected fluids during intercourse

Girls have a larger surface area (vagina & uterus) that is exposed to the HIV virus

Tearing of fragile tissues during sex provides an entry for the virus

Female circumcision and herbs to dry the vagina can cause tissues to tear allowing the virus to enter the body

Girls can have an STI without knowing it (no symptoms) and STIs make it easier to get infected

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 2: Comparing Risks of Infection

SOCIETY

Cultural or Social Risk Factors

Taboos about speaking about sex keep women from being able to talk with partners.

Gender and power roles don't allow women to have a say in sexual decisions.

Women who suggest using condoms (or getting tested for HIV) are suspected of being unfaithful or promiscuous themselves.

Women and girls risk being beaten or worse if they bring up these subjects.

Men often prefer dry sex, which is more risky for women.

Marriage gives men ownership of their wives. Therefore the wife cannot refuse her husband sex.

Older men have more sexual experience and are more likely to have an STI than younger women. These men seek out younger women for sex, exposing them to STIs, including HIV.

Clinic staff may treat unmarried women and girls harshly, discouraging them from coming to the clinic.

Sexual violence against women is tolerated by society.

MIND

Emotional and Educational Risk Factors

Girls are less likely than boys to know about HIV and how it is spread

Girls are less aware of how to prevent HIV/AIDS.

With less education than boys, girls have less chance of learning about HIV/AIDS.

Girls are taught to be submissive. They can be forced to do what a man wants against their own wishes.

Girls and women are discouraged from speaking up or expressing themselves.

With little independence, girls are expected to follow the decisions of others. They are not used to making decisions about their future.

MONEY

Economic Risk Factors

Extreme poverty drives the exchange of sex for money, school fees, or food.

Young women have little earning power. Sex is one valuable thing they can exchange.

Families may expect girls to help by exchanging sex for other goods.

The desire for pretty clothes and the admiration of their friends can outweigh the possible risks of sexual activity.

The immediate needs of feeding or caring for one's family outweigh the long-term possibility of HIV-infection.

Young women may not have the money to treat an STI.

HOW RISKY IS IT?

WHAT'S MY RISK OF GETTING INFECTED WITH HIV?

You can't be sure that you're not infected with HIV unless you are 100% certain that you did not engage in any risky behaviour and that you were not exposed to any HIV-infected fluids, including blood, semen or vaginal fluids.

The only way to know for sure whether you have been infected is to get tested. You should wait for 2 or 3 months after a possible exposure. Then get an HIV blood test.

You might know that you were exposed to HIV by sharing needles, a work-related accident, or unsafe sexual activity. If this happens, talk to your doctor *immediately*. Ask whether you can use HIV treatments to prevent infection.

WHAT DO THE NUMBERS MEAN?

Studies of HIV transmission have calculated the risks of infection. The studies came up with very different rates. For example, one study reported the risk for infection from one episode of unprotected receptive anal intercourse with an HIV-infected partner at 1 in 3,333. Another study said 1 in 50 episodes.

For regular partners who were active in anal sex, the risk for transmission was 1 in 10. The risk for the insertive partner is believed to be about 10 times less than for the receptive partner.

The risk of HIV infection during vaginal intercourse is believed to be much less. One estimate was 1 in 200,000 for transmission from infected women to men and 1 in 100,000 for transmission from infected men to women.

These calculations only give a general idea of risk. They can tell you which activities carry a higher or lower risk. They cannot tell you if you have been infected. If the risk is 1 in 100, for example, it doesn't mean that you can engage in that activity 99 times without any risk of becoming infected. *You might become infected with HIV after a single exposure. That can happen the first time you engage in a risky activity.*

WHAT ACTIVITIES ARE RISKIEST?

The greatest risk for sexual HIV infection is from unprotected anal sexual intercourse. **Receptive anal intercourse** carries the highest risk. The lining of the rectum is very thin. It is damaged very easily during sexual activity. This makes it easier to HIV to enter the body.

Vaginal intercourse has the next highest risk. The lining of the vagina is stronger than in the rectum, but it can still be damaged by sexual activity. All it takes is a tiny scrape that can be too small to see. The risk of infection is increased if there is any inflammation or infection in the vagina.

There is some risk for the active partner in anal or vaginal sex. It's possible for HIV to enter the penis through any open sores, or through the moist lining of the opening of the penis.

WHAT ABOUT ORAL SEX?

There have been many studies of HIV transmission through oral sex. They have come to different conclusions. However, the following points are clear:

- It is possible to get infected with HIV through oral sex. The risk is **not** zero.
- The risk of HIV infection through oral sex is extremely low. It is much lower than for other types of unprotected sexual activity. However, other diseases such as syphilis can be transmitted through oral sex.

WHAT INCREASES THE RISK OF HIV INFECTION?

Syphilis can increase the risk of transmitting HIV. Because people with syphilis probably engage in unprotected sexual activity, they have a higher than average chance of being infected with HIV. Also, syphilis causes large, painless sores. It is easy for someone to be infected with HIV through syphilis sores. An active case of syphilis increases the amount of HIV in someone's system and can make it easier for them to pass it on to another person.

Several other factors increase the risk of transmitting HIV, or becoming infected. These factors apply to just about every possible way HIV can be transmitted.

- **When the HIV-infected person is in the "acute infection" phase** the amount of virus in their blood is very high. This increases the chance that they can pass on the infection. Unfortunately, almost no one knows when they are in this phase of HIV infection. There's no way to tell by looking at them.
- **When either person has a weakened immune system.** This could be because of a long-term illness or an active infection like a herpes outbreak, syphilis, or the flu.
- **When either person has open sores** that get exposed to infected fluids. These could be cold sores, genital herpes, mouth ulcers, syphilis sores, or other cuts or breaks in the skin.
- **When there is blood present.**

THE BOTTOM LINE

Researchers have developed estimates of the risk of transmission of HIV. These estimates can give you a general idea of which activities are more or less risky. They **cannot** tell you that any activity is safe, or how many times you can do them without getting infected.

New Mexico AIDS InfoNet

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

Purpose:

This lesson addresses sexually transmitted infections (STIs)—a taboo subject and serious health risk for youth. Participants learn how to protect themselves from STIs and to seek medical treatment for suspected infections.

Objectives:

- ❖ Participants understand STIs make them more vulnerable to HIV infection;
- ❖ Participants can give 3 reasons why girls are more vulnerable to HIV and other sexually transmitted infections (STIs);
- ❖ Participants know STIs need medical treatment, and where to get it.

Recommendation:

Invite a health worker from a local clinic or STI treatment site to take part in this lesson.

Time: 2 hours

TOPIC	TIME	METHOD	MATERIALS
You Can't Tell By Looks Alone	10 minutes	Don't Trust Your Eyes Game	Small object
Myths and facts about STIs	30 minutes	Small Groups: Red Light, Green Light	List of statements, colored cards
How STIs Increase HIV Infection	30 minutes	Lecture/ Role Plays	Flipchart or chalkboard helps
Recognizing Different STIs	30 minutes	Small Groups: STI Name Game	Cards with STI symptoms

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

Key Message: People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and giving it to others.

Key Skill: Seek prompt medical treatment.

Sexually transmitted infections (STIs) are diseases that spread through sexual intercourse or genital contact. STIs can cause serious physical suffering and can be fatal if left untreated. In women, STIs can cause cancers, sterility and pregnancy complications.

STIs often cause serious health problems for adolescents. Young people face many obstacles to diagnosis and treatment. They are reluctant to seek care and providers often hesitate to treat them. Poverty and fear of the medical system often results in avoidance and delay seeking healthcare. STIs require prompt medical attention and treatment. Most are curable. Unless both partners are treated, however, they will continue to infect each other

Because STIs increase a person's risk for HIV infection it is extremely important for young people to be treated. People who have an STI are 5 to 10 times more likely to get HIV if they have unprotected sex with an infected person. People with HIV/AIDS *and* an STI are much more likely to infect others.

A man with an STI may have pain while urinating; discharge from his penis; or sores, blisters, bumps and rashes on the genitals or inside his mouth.

Women often have no symptoms. They are diagnosed and treated less often than men. A woman may be unaware of an infection until it is very advanced. Symptoms in women may include discharge from the vagina with a strange color or bad smell, pain or itching around the genitals, and pain or bleeding from the vagina during or after intercourse. Severe infections can cause fever, pain in the abdomen, and infertility.

The most common STIs include Chlamydia, a treatable, bacterial infection; Herpes, a viral infection with treatable symptoms but no cure; Gonorrhea, a curable, bacterial infection and Syphilis a treatable, bacterial infection.

Preventing an STI is easier than treating it afterwards. Only sexual abstinence or faithfulness between uninfected partners offers 100% protection. The same behaviors that protect a person from HIV will reduce their risk for other STIs. By using condoms correctly and consistently during sexual intercourse--vaginal, anal or oral--you can greatly reduce your risk of infection.

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

GAME

DON'T TRUST YOUR EYES

Purpose: To promote discussion of stigma and discrimination.

Age Group: Children ages 7-10

Materials: Small object (ball, bottle, etc.)

Time: 10 minutes

Delivery:

1. Divide participants into two equal teams.
2. Teams line up shoulder-to-shoulder facing one another across a 5-10 meter space.
3. The first team will pass a small object among themselves behind their backs, while the second team claps and counts to 30.

4. When the second team gets to 30, the other team must stop passing the object.
5. The second team then has three chances to guess which player on the other team has the object. Both teams should have several opportunities to pass the object or guess.

Discussion:

- What does activity have to do with HIV/AIDS?
 - What made it hard to tell who had the object?
6. Answers: The object represents HIV. It can be caught by anybody. It's difficult to tell who has it because everyone is active and moving around.

ACTIVITY

STI RED LIGHT GREEN LIGHT

Purpose: To improve factual knowledge about sexually transmitted infections (STIs.) and introduce a discussion about this topic.

Age Group: Children 11 years and older

Materials: Red and green cards

Time: 30-40 minutes

Delivery:

1. Explain the difference between fact and myth. A fact is something

that is true. A myth is something that many people believe is true, but actually is not. For example, many people believe you can get HIV from mosquitoes. This is a myth. It is not true.

2. Divide the participants into teams of 6. Tell them you'll read a statement and each team must decide if it is a fact or a myth. Teams will have 3 minutes to decide.

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

3. When you call time, teams must hold up a green card or a red card. A green card means "fact", a red card "myth". Teams must be prepared to defend their decision. Teams win a point for each correct answer.
4. Follow discussion with clarification and correction.

Statements about STIs

1. It is possible to have an STI and not know it. (True)
2. All STIs can be cured. (False. Herpes and HIV cannot be cured.)
3. STIs can be spread only by genital contact. (False. STIs can also be spread by oral-genital contact.)

4. Only poor people get STIs. (False. STIs don't care who you are.)
5. STIs sometimes go away without treatment. (False. The symptoms may go away, but not the infection.)
6. Young people need their parent's permission to get STI treatment. (Find out local rules)
7. Traditional healers can cure STIs. (False. Medical treatment is needed to cure these infections.)
8. STIs can destroy a woman's ability to have a baby. (True. Left untreated, STIs can lead to infertility.)
9. STIs can destroy a man's ability to father a child. (True. Left untreated, STIs can lead to infertility.)

Adapted from *Grassroots Soccer, 2004*

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

MAKING ROLE-PLAYS WORK

In a role-play, people act out a certain situation. They may be themselves or play another person. There is no written script. The focus is on what happens between the characters, not how well people act. The best role-plays are fairly short, not more than ten minutes at the most. Role-play is a great way to:

- Prompt discussion;
- Practice communication skills;
- Explore different situations and ways of dealing with them;
- Express feelings openly and see how others feel;
- Get inside other people's shoes, and
- Rehearse for the future.

As a facilitator, during the role-play it is important to let the actors take the play in whatever direction they want to. Then draw out the learning during the discussion afterwards.

Remember, talk about the role-play positively and praise the players, especially if they have tried something that they find difficult. Give praise first before making any suggestions for improvement.

ROLE-PLAY & GAME

SEXUALLY TRANSMITTED INFECTIONS & HIV/AIDS

Purpose: Participants can identify symptoms of STIs.

Age Group: Children 11 years and older

Time: 2 hours

Materials Flip chart or chalkboard, markers or chalk; *Common STDs Cards* (write the name on one STI on each card or paper) and *Symptoms of STIs Cards* (write each symptom on a separate card or paper)

Preparation: Write how STIs increase the spread of HIV on a chalkboard or large sheet of paper

PART 1: HOW STIs INCREASE HIV INFECTION

Delivery:

1. Begin by explaining these key points:
 - *Having an STI is one of the most important factors in spreading HIV. It greatly increases the risk of getting HIV and of passing it on to others.*
 - *A sore on the penis or vagina is an opening or door for HIV virus to enter the body.*

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Lesson 3: Sexually Transmitted Infections (STIs)

- *White blood cells are hosts for HIV viruses. Discharge from the penis or vagina contains lots of white blood cells. Since discharge has so many white blood cells, they spread HIV virus more easily.*
 - *Quick, medical treatment of STIs and prompt referral of partners for treatment are very important preventing HIV.*
 - *Unless partners also receive medical treatment, they will re-infect the person who was treated.*
 - *Women often have no symptoms of sexually transmitted infection. Clinic visits to test and treat STIs are very important to protecting a woman's health.*
2. Now break participants into small groups. Ask each group to prepare a 3-minute role-play to perform in front of the group.
 3. This is the situation: One friend confides to another that he/she has had burning and is worried about having an STI. The other person advises him/her to get treated and explains why this is important.
 4. Ask each group to perform their role-play. Ask participants what makes seeking treatment so difficult. What could they do to overcome these difficulties? When all the role-plays are done, answer any questions and clarify misconceptions.

PART 2: STI Name Game

Delivery:

1. Divide the participants into four groups. Give each group a different disease name.
2. Tape the STI names along the wall.
3. Ask the group for popular names of the diseases. Write them in parentheses next to the scientific names.
4. Throw the cards with signs and symptoms on the floor.
5. Have each group find the cards they think are related to their disease and tape them under the name on the wall.
6. Then lead the group through the correct answers. (See "Common STDs and Symptoms" chart)
7. In the large group, ask participants these questions:
 - Where do people go to get treated for STIs?
 - Which is the best place to get treated? Why?
 - Why is it important to get treated early for STIs?
 - Why is it important that your partners get treated?
 - How can we tell someone that we have been treated for an STI without blaming them or getting hurt ourselves?

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

PART 3: ROLE-PLAY

Delivery:

1. Ask for volunteers to play these two situations:
 - A male informs his partner that she needs to get treated for gonorrhea because he is having symptoms.
 - A woman tells her male partner that he needs to get treated for syphilis because she just learned in her prenatal exam that she has it.
2. Review how the situations went.
 - Was the person able to persuade their partner to get tested.
 - Did partners feel blamed?
 - How is it different for a man to tell his partner than for a woman?
 - Are there ways to discuss this topic that would have been more effective?
3. These situations bring out the risk of violence that young women face when talking to their partner about STIs.
4. Ask participants to break into groups of 3. In 5 minutes, come up with a list of reasons dealing with STIs is especially difficult for young women. Consider physical, social and economic reasons.
5. Bring the group back together and have each group present their findings. Ask the larger group for suggestions on how young women can overcome or minimize these barriers.
6. Homework: Ask for volunteers to visit a clinic or STD treatment site before the next session and report back on the experience. They should ask what services are available, whether they give medications, and how friendly staff members are to young people.

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 3: Sexually Transmitted Infections (STIs)

COMMON STIs, SYMPTOMS AND TREATMENT

Gonorrhea	Syphilis	Herpes	Chancroid	HIV
Yellow-green or white discharge from the penis or vagina	Painless sore on penis or vagina	No cure, but can treat sores on genitals or mouth	Painful sore on penis or vagina	No symptoms for many years
Burning sensation on urination	Sore appears 10 to 90 days after exposure	Small painful blisters on mouth and/or genitals	Sore appears 3 to 5 days after exposure	Years later can be infected with TB, diarrhea, thrush
Possibly no symptoms	Non-itching rash on palms of hands and soles of feet	Symptoms may recur when person is under stress	Inflammation of lymph gland on one side	Gradually destroys immune system making person vulnerable to diseases
Symptoms usually appear 2 to 14 days after exposure	Hair loss, fever, and chills	Severe nerve damage or death to newborns if exposed in birth canal	Greatest risk factor for HIV transmission	Eventually results in death
Possible swelling in area of testicles	Possible death if untreated	Most risk of spread when ulcerations are present	Treatment: Antibiotics	No cure. Can treat symptoms.
Sterility possible if left untreated	Possible death or bone deformation in newborn if mother not treated early in pregnancy			
Treatment: Antibiotics				
Possible blindness in newborns if not treated with eye drops after birth				

SEXUALLY TRANSMITTED INFECTIONS

SYPHILIS, GONORRHEA, CHANCROID, CHLAMYDIA & HERPES

SYPHILIS

WHAT IS SYPHILIS?

Syphilis is a sexually transmitted infection caused by the bacteria called "*treponema pallidum*". If the infection goes unnoticed, over time it can spread to affect the whole body.

HOW IS IT SPREAD?

Syphilis is almost always spread through sexual activity, including penis to vagina, penis to mouth, penis to rectum and mouth to vagina. If a pregnant woman has syphilis, she can pass it on to her baby, who may be born with serious mental and physical problems as a result.

WHAT ARE THE SYMPTOMS?

This infection has three stages:

Stage 1: (Primary Stage): A painless sore develops within 10 days to 3 months after having sex with someone who is infected with syphilis. The sore can appear anywhere on the body where you were touched during sex, including your genitals, anus, mouth, tongue and throat. The sore is usually two centimeters across. The sore will last for about a month and then go away by itself. Some people may not go through this stage, or the sore may be so small they don't notice it. In about one third of people, the disease may continue to spread.

Stage 2 (Secondary Stage): About six weeks after being infected, you might develop flu-like symptoms (headache, fever, sore throat) and develop a scaly rash, particularly on the palms of the hands and soles of the feet. The secondary stage disappears by itself in about a month.

Stage 3 (Latent/Tertiary Stage): There may not be any other symptoms for a number of years, (sometimes as many as 20 years), but the disease may continue to spread throughout the body. When the symptoms return, the infection can cause serious health problems such as brain damage and heart disease.

MODULE 2: FACTS ABOUT HIV/AIDS

Resource Pages

HOW IS IT DIAGNOSED?

Your doctor can tell whether you have syphilis by examining fluid from the sore(s) under a microscope, and sending a blood test to the laboratory. If you have no sores, he will take a blood test only.

How is it treated?

- Syphilis is treated with antibiotics. Blood tests are taken after treatment to make sure the infection is cured.
- Early treatment is more effective than late treatment.

HOW CAN I PROTECT MYSELF?

- Women and men should check their genitals periodically for symptoms. If you suspect you have syphilis, seek confirmation and treatment immediately.
- If you are sexually active, use a latex condom as a barrier to reduce the chance of spreading infections.

GONORRHEA

WHAT IS GONORRHEA?

Gonorrhea is a sexually transmitted infection caused by the bacteria called "*Neisseria gonorrhoea*". It can be found in the urethra, cervix, throat, rectum and eyes.

HOW CAN I GET IT?

Gonorrhea is spread during sexual contact through oral, vaginal and anal intercourse with an infected partner. Close contact, like touching before condom use, or masturbation with sexual fluids of an infected person can spread the bacteria from one person to another. It can also be spread from an infected woman to her baby during birth, causing eye infections in the baby.

WHAT ARE THE SYMPTOMS?

Many men and women who are infected have no symptoms at all. If symptoms develop, they usually appear within two to ten days after having sex with an infected partner. Symptoms to look for:

For Women:

- Most women have no symptoms
- Change in the amount and color of vaginal discharge
- Pain or burning when urinating
- Need to urinate more often
- Bleeding between periods (menstrual cycles), or heavier than usual periods
- Pain during sex
- Pain in the lower abdomen, sometimes with fever and vomiting

For Men:

- Abnormal discharge from the penis (often yellow or green)
- Pain or burning during urination
- Need to urinate more often
- Pain or swelling in the testicles
- Itching or tingling feeling inside the penis

For Women and Men—Rectum

- Itching and redness around the rectum
- Discharge from the rectum or mucous in the stools
- Sores around the anus
- Constipation or painful bowel movements

HOW IS IT DIAGNOSED?

Your doctor can tell whether you have a gonorrhea infection by doing a swab test of the cervix for females and a swab of the urethra for males. Swabs can also be taken from the throat and rectum.

HOW IS IT TREATED?

- Gonorrhea can be cured with antibiotics, which are taken by mouth
- People you have had sex with in the last two months must also be treated, even if they do not have symptoms
- Gonorrhea often occurs together with chlamydia (another common sexually transmitted infection), so doctors usually prescribe a combination of antibiotics
- Even after being treated for gonorrhea, you can get infected again by having sex with an untreated partner. Remember, most people don't know they are infected.
- Using condoms can help prevent the spread of gonorrhea as well as other sexually transmitted infections.
- Don't consider yourself cured until one week after you complete treatment.

WHAT HAPPENS IF I DON'T GET TREATED?

- ***In women***, the infection can spread to infect the womb (uterus) and fallopian tubes and cause pelvic inflammatory disease. This can cause infertility and tubal pregnancy.
- ***In men***, the infection could lead to painful swelling of the testicles and sterility.

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CHANCROID

WHAT IS CHANCROID?

The "*Haemophilus ducreyi*" bacteria cause chancroid.

WHAT ARE THE SYMPTOMS?

Symptoms appear with a week of sexual contact. The first symptom is one or more pimple-like sores on the genitals surrounded by red skin. Within two days, the pimple breaks open and becomes a painful, bleeding ulcer. Lymph nodes in the groin may become swollen and tender.

HOW IS IT SPREAD?

Chancroid is spread by contact with sores on the genitals during sexual intercourse, oral sex, or anal sex.

HOW IS IT DIAGNOSED?

A laboratory analyzes fluid from an ulcer.

HOW IS IT TREATED?

Chancroid is treated with antibiotics taken by mouth.

HOW CAN I AVOID INFECTING OTHERS?

- Avoid intercourse when you have genital sores.
- Use a latex condom every time you have intercourse.

CHLAMYDIA

WHAT IS CHLAMYDIA?

The bacteria "*chlamydia trachomatis*" causes chlamydia. It infects both men and women.

- It can spread from a woman's cervix to her womb, fallopian tubes or ovaries, resulting in Pelvic Inflammatory Disease.
- It can spread from a man's penis and urethra and cause infection in the testicles and may result in sterility.
- Chlamydia passed from an infected mother to her infant during birth can cause eye infection and pneumonia in the baby.
- Chlamydia often has no symptoms. People can carry it for years without knowing they have it, especially women.
- About 70% of women with chlamydia have no symptoms, so most women don't know they are infected.

WHAT ARE THE SYMPTOMS?

In Women

- Most women have no symptoms
- Abnormal discharge
- Inflammation of the cervix
- Burning feeling when urinating
- Bleeding between periods, more painful periods
- Pain during sexual activities
- Pain in the lower abdomen
- Slight fever

In Men

- Most men have no symptoms
- Discharge from the penis
- Painful urination
- Inflammation and infection of the testicles

HOW IS IT SPREAD?

Chlamydia is passed between people during vaginal intercourse, anal intercourse or oral sex (mouth to penis or mouth to vagina).

HOW IS IT DIAGNOSED?

Clinic tests can detect chlamydia.

HOW IS IT TREATED?

Chlamydia is treated with antibiotics.

If I have chlamydia, what should I do?

- If you are diagnosed with chlamydia, let your partners know so they can get treatment if necessary
- Your sexual partners should be treated right away. Even after being treated for chlamydia, you can get infected again by having sex with an untreated partner.
- It's very important not to have sexual contact until after your treatment is finished. This prevents re-infection or further spread of the infection.
- It is very important to follow the instructions and take all the medication you are given.
- Wash your hands to avoid spreading chlamydia from one part of your body to another (your genitals to your eyes, for example).
- Using condoms during intercourse can help prevent the spread of chlamydia and other sexually transmitted diseases.

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Resource Pages

HERPES

WHAT IS HERPES?

Herpes is an infection caused by the herpes simplex virus. There are two types of virus:

Herpes Type 1 usually causes a sore in the mouth or on the lips commonly known as a “cold sore”

Herpes Type 2 usually causes sores on the genitals and surrounding skin. Type 1 Herpes can be spread to the genitals and Type 2 herpes can be spread to the mouth.

HOW COMMON IS IT?

Herpes is a very common viral infection. It is not curable, but is rarely dangerous.

WHAT ARE THE SYMPTOMS?

- Typical herpes sores begin as small, painful, red blisters filled with a clear fluid. These burst, ooze and later form ulcerations.
- Women may experience a heavy, watery vaginal discharge
- The initial attack may be quite severe with large ulcerations and pain in the vulva, vagina, penis, scrotum, buttocks or anus
- Symptoms of a first outbreak usually last 10 - 20 days, with sores healing completely in two to three week
- Most people have outbreaks more than once because the virus stays in the body. Later outbreaks are usually not as painful and heal sooner than the first outbreak.

HOW IS IT SPREAD?

- By contact with herpes sores on the mouth, either by kissing, touching or oral-genital sex when a partner has an active sore, or just before an outbreak
- By contact with sores on the genitals during sexual intercourse, oral sex, or anal sex when a partner has an active sore
- Sometimes the virus can spread when no visible sores are present

WHO IS MOST LIKELY TO GET INFECTED?

- People with infected partners
- Anyone sexually involved with a number of different partners
- Anyone with sexual partners who are involved with other partners
- People with weakened immune systems

HOW IS IT DIAGNOSED?

Herpes can be diagnosed by testing the blister fluid or sore for samples of the virus.

HOW IS IT TREATED?

There is no cure, but there are medications and things you can do to lessen your discomfort and reduce the number of outbreaks of sores.

- Antiviral medication can reduce the severity, frequency and spread of infection
- Wash the sores with soap and water every day and gently pat dry.
- Aspirin may relieve discomfort
- Wear loose clothing. Keep blisters as dry as possible between bathing and cleaning.
- Avoid rubbing the area after bathing. Urination may be very painful during an outbreak of genital sores. Try urinating in the shower with warm, running water

HOW CAN I AVOID INFECTING OTHERS?

- Avoid intercourse when you have genital herpes sores.
- Use a latex condom every time you have intercourse. Condoms reduce the chance

Adapted from Options for Sexual Health

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 4: The HIV Test

Purpose:

This session helps participants address their fears about testing by describing the test in detail and by considering its advantages.

Objectives:

- ❖ Participants know what an HIV test can tell them;
- ❖ Participants feel HIV testing is important;
- ❖ Participants know where to go for the test.

Recommendation:

Plan to visit a Voluntary & Confidential Testing (VCT) site as part of this session, or invite a health worker or counselor from a VCT site to participate in this part of the course.

Time: 2 hours

TOPIC	TIME	METHOD	MATERIALS
What Do You Know About The HIV Test?	15 minutes	Group Work	None
Understanding Test Results	15 minutes	Lecture	Flipchart or chalkboard helpful
Why Get Tested?	30 minutes	Group Work: Advantages & Disadvantages	Pens & paper
Where to Get Tested?	60 minutes	Visit a HIV Test Site	None

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 4: The HIV Test

ACTIVITY

UNDERSTANDING THE HIV TEST

Purpose: Participants will understand what an HIV-test is and address their fears about it.

Age Group: Children 11 years and older

Materials: Flip chart, markers, handouts

Preparation: It is recommended to have a health worker from a Voluntary Counseling & Testing site or clinic present this session.

PART 1: ABOUT THE TEST?

Delivery:

1. Ask participants to join in groups of 3 and answer these questions:

How can a person find out whether or not they have HIV?

Where can they find this out?

What does it cost?

How long does it take to get the results?

What does a positive test result mean?

What about a negative result?

2. After they have finished, reassemble and ask for the answers. Write the correct answers on a flipchart.
3. Give participants the following information about the HIV Test.

The HIV test is a blood test. This test shows if a person has developed

antibodies to the HIV virus. The body produces antibodies to fight the HIV virus after it's gotten inside the body.

The HIV test does not test for the virus. It looks for antibodies that the person's body has made to fight the virus.

The HIV test cannot tell:

*How the person became infected
or*

*How long the person has had the
virus*

4. The **rapid test** is the most common blood test to determine whether or not a person is infected with HIV. This test is very sensitive. With this test people can get their results the same day. Other tests can take few weeks for the results.

PART 2: UNDERSTANDING TEST RESULTS

1. An HIV test will either be positive or negative. A **positive test** means that the test has found HIV antibodies in the person's blood. This means that the person has been infected with the HIV virus.
2. Remember, just because a person is HIV positive does not mean that they are dangerous to others through everyday contact, like at school or work. HIV/AIDS can only be spread through sex or blood. It is safe for HIV positive people to touch others and be touched.

3. A **negative test** result can mean one of two things: 1) the person has not been infected with the HIV virus; or 2) that he or she was infected too recently for the test to find antibodies in their blood—3 months or less.
4. If the person was infected in the last 3 months, the test might be wrongly negative. This is because it takes the body months to produce enough antibodies to be detected by the test.
5. This person should get another test in 3 months and practice safer sex.
6. **Voluntary Counseling and Testing** centers have a counselor who spends time with each person before they have the test. They will often ask questions like:

- *What will you do if the test shows you are living with HIV?*
- *What will you do if the test shows no sign of HIV in your blood?*
- *Are you sure you want to go ahead with the test?*

Afterwards, the counselor will meet with you to give you the results and help you plan what to do next. These discussions are confidential. The doctor and counselor should not tell anyone else about your test result, or anything you have said. That is up to you.

ACTIVITY

HIV TESTING ADVANTAGES & DISADVANTAGES

ADVANTAGES & DISADVANTAGES OF TESTING

Delivery:

1. In small groups, list the advantages for a young person to have an HIV test.
2. Now list the disadvantages to testing.
3. Have each group call out one advantage until all the advantages are listed. Do the same with the disadvantages, recording them on paper.

4. Ask the group how fears of social rejection affect people's feelings about testing.
5. Review the list of Advantages and add or expand on the following:

Testing helps prevent further infections.

A negative test can reduce a person's anxiety.

A negative test can motivate a person to stay negative.

A positive test can keep people from infecting others without knowing it

MODULE 2: FACTS ABOUT HIV/AIDS

Lesson 4: The HIV Test

A positive test can motivate people to practice safer sex and discourage them from infecting others.

A positive test can give the person a chance to learn how to take good care of themselves and to seek treatment.

A positive result can encourage people to inform past sexual partners and prompt them to have an HIV test.

A positive test result can give people time to plan for their family's future.

6. What advantages are there for young women to have an HIV test?

She can look into possible family planning options.

She can learn about ways to reduce the chance of passing HIV to her child.

She can have her baby checked for HIV.

7. Disadvantages to Testing. Review the list of disadvantages and add other ideas:

There are many real consequences to HIV testing:

Many people are afraid to have the test because they fear rejection from their family and community.

People who test positive may lose their jobs if their employers find out.

The community may reject, banish or ridicule a person with HIV.

A person may not be able to cope with the guilt, anger, depression or other personal reactions to knowing that they are HIV positive.

A student who tests positive may be forced to leave school, or do so because they are rejected and ridiculed by their peers.

A woman who tests positive may be beaten up or kicked out of home.

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

ACTIVITY

VISITING AN HIV TEST SITE

Visiting a Voluntary Counseling & Testing (VCT) site is a great way for participants to see what testing is about firsthand. It may also help them overcome their fears about the procedure. Arrange the visit in advance with the clinic director or person in charge of the clinic. Tell them about

this course and how many people you expect to come. Ask them to walk the group through the testing process and to explain about confidentiality. Suggest that VCT staff role-play a pre- and post-test counseling session. Encourage participants to ask questions.

WHAT IS HIV TESTING?

HIV testing tells you if you are infected with the Human Immunodeficiency Virus (HIV) that causes AIDS. These tests look for “antibodies” to HIV. Antibodies are proteins produced by the immune system to fight a specific germ.

Other “HIV” tests are used when people already know they are infected with HIV. These measure how quickly the virus is multiplying (a viral load test) or the health of your immune system (a T-cell test).

HOW DO I GET TESTED?

The most common HIV test is a blood test. It may take up to two weeks to get these test results. Newer tests can detect HIV antibodies in mouth fluid (not the same as saliva), a scraping from inside the cheek, or urine. “Rapid” HIV tests can provide test results the same day. A positive result on **any** HIV test should be confirmed with a second test.

WHEN SHOULD I GET TESTED?

If you become infected with HIV, it usually takes between three weeks and two months for your immune system to produce antibodies to HIV. If you think you were exposed to HIV, you should wait for two months before being tested. You can also test right away and then again after two or three months. During this “window period” an antibody test will give a negative result, but you can transmit the virus to others if you are infected.

About 5% of people take longer than two months to produce antibodies. Testing at 3 and 6 months after possible exposure will detect almost all HIV infections. However, **there are no guarantees** as to when an individual will produce enough antibodies to be detected by an HIV test. ***If you have any unexplained symptoms, talk with your health care provider and consider re-testing for HIV.***

WHAT DOES IT MEAN IF I TEST POSITIVE?

A positive test result means that you have HIV antibodies, and are infected with HIV. You should get your test result from a counselor who should tell you what to expect, and where to get health services and emotional support.

Testing positive does **not** mean that you have AIDS. Many people who test positive stay healthy for several years, even if they don’t start taking medication right away.

If you test negative and you have not been exposed to HIV for at least three months, you are not infected with HIV. Continue to protect yourself from HIV infection by practicing safer sex.

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HOW ACCURATE ARE THE TESTS?

Antibody test results for HIV are accurate more than 99.5% of the time. Before you get the results, the test has usually been done two or more times. The first test is called an "EIA" or "ELISA" test. Before a positive ELISA test result is reported, it is usually confirmed by another test called a "Western Blot".

Two special cases can give false results:

Children born to HIV-positive mothers may have false positive test results for several months because mothers pass infection-fighting antibodies to their newborn children. Even if the children are not infected, they have HIV antibodies and will test positive. Other tests, such as a viral load test, must be used.

As mentioned above, **people who were recently infected** may test negative if they get tested too soon after being infected with HIV.

THE BOTTOM LINE

HIV testing generally looks for HIV antibodies in the blood, or saliva or urine. The immune system produces these antibodies to fight HIV. It usually takes two to three months for them to show up. In rare cases, it can take longer than three months. During this "window period" you will not test positive for HIV even if you are infected. Normal HIV tests don't work for newborn children of HIV-infected mothers.