
Module 1

Understanding

HIV & AIDS

Introduction

This module 1 deals with an introduction to HIV and AIDS. It looks at what HIV and AIDS are, how HIV has spread, and ways to stop HIV spreading. Participants will also look at the attitudes towards HIV and AIDS, and the discrimination experienced by people living with HIV or AIDS.

- Have you read the section on Using this Trainer's Manual?

REMEMBER:

- You can find words in bold in the Key Words section in the Resource Manual.
- TM stands for Trainer's Manual.
- RM stands for Resource Manual.

Preparation

- Plan the workshop. Remember:
 - You do not have to do all the sessions in the module. You can do parts of a session or leave the session out altogether.
 - Decide which sessions, or parts of sessions, are most important for your participants and adapt the times for these sessions to fit in with the times you have available for the workshop.
- If participants are not getting a copy of the HIV/AIDS and the Law Resource Manual (RM), make copies of the chapter on Understanding HIV and AIDS in the Resource Manual.
- The basic materials and equipment you will need for the workshop include: overhead projector, newsprint, kokis, flipchart, prestik, name-stickers, refreshments, chairs, and tables. If you have to make copies of cards (case studies, pictures etc) for the workshop make sure you keep the originals in your file.
- The additional materials for each session are written at the top of each session.
- Read through all the sessions a day or two before the workshop. Make sure you have all the correct materials for the numbers of people who will attend the workshop. Also read through the appropriate chapters in the RM to familiarise yourself with the content.

Module 1

Understanding HIV & AIDS

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SESSION	METHOD	TIME	PAGE
1: Welcome & introduction	Select your own	5 min	4
2: Group Introductions & Expectations	Select your own	30 min	4
3: Groundrules	Select your own	5 min	4
4: Explaining the outline of the Workshop	Input	5 min	4
5: What are HIV & AIDS?	Exercise	30 min	5
TEA BREAK			
6: Where did HIV & AIDS come from?	Overhead Exercise	15 mins	7
7: How is HIV transmitted?	Exercise	40 min	9
8: How can you prevent HIV transmission?	Overhead Worksheet Exercise	60 min	10
9: Testing, Treatment & Care	Exercise	40 min	14
10: Reflection on the workshop	Input	10 min	15
References & Resources			16
TOTAL TIME		4 HOURS	

1-3: Introductions, Expectations, Groundrules

TIME IT WILL TAKE

40 minutes



Trainer's notes

- Only do these sessions if this module is run as a separate workshop.
- There are guidelines on running these sessions in the TM:

4. Explaining the outline of the workshop

TIME IT WILL TAKE

5 minutes



Trainer's notes

- Have the outline of the workshop ready on newsprint. Briefly go through the outline with participants. You do not have to do all the sessions in the module. You can do parts of a session or leave the session out altogether.

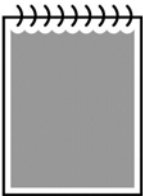
5: What are HIV & AIDS?

PURPOSE OF THE SESSION

- To build awareness of what HIV and AIDS are

TIME IT WILL TAKE

30 minutes



Trainer's notes

- HIV: Human Immuno-Deficiency Virus
- AIDS: Acquired Immune Deficiency Syndrome
- We should be sensitive with the language we use when talking about HIV and AIDS:
- Rather talk about 'people living with HIV or AIDS' or 'people with HIV or AIDS'
- Try to discourage workshop participants from talking about 'AIDS victims' 'AIDS sufferers' or 'people infected with HIV'

MATERIALS

- Draw a large figure of a person onto newsprint or a whiteboard
- A number of blue, yellow and red sticker dots OR blue, yellow and red koki pens

PROCEDURE:

Step 1

- Brainstorm the questions:
 - . What is HIV?
 - . What is AIDS?

Step 2

- Put up the drawn figure of the person and describe the process of a person getting HIV and its gradual development into AIDS.

- Use different colour dots (or drawn dots) on the picture to show how HIV spreads and breaks down the immune system. Explain and write on newsprint what the different colours represent:
 - . blue = ordinary germs
 - . yellow = immune system
 - . red = HIV
- Ask 3 or 4 participants to help with the different colours.
- Use the guidelines on the next page and the RM to help you.



Trainer's notes

Guidelines to the input and exercise in Step 2

- AIDS is caused by a germ or virus called HIV. HIV can only live in blood, semen and vaginal fluids (juices) and breast milk, and it is too small to see.
- HIV is passed on from one person to another person through sex juices or blood. It then begins to attack the body from the inside.
- Our bodies have many different parts, and every part has an important job to do. For example, the heart pumps the blood, the lungs breathe air. We have a very important system in our body called the immune system. The job of this system is to protect and defend the body against germs and diseases. It also heals the body after sickness or injuries. The immune system is like the body's army/body guards.

Point to Figure drawn onto newsprint or whiteboard. Ask one or two participants to stick or draw on a few blue dots, which represent ordinary germs. Ask others to stick or draw on yellow dots over the blue dots.

- This shows a healthy body without HIV, but with other germs. The immune system is fighting the germs
- The yellow dots represent the immune system fighting the blue germs.

Ask another participant to stick or draw some red dots over the yellow dots.

- This shows a body that has recently been infected with HIV. During the first few weeks of HIV infection (the stage doctors call primary HIV infection) people sero-convert from HIV negative to HIV positive. The red dots represent the HIV. It begins to slowly damage the immune system. This stage only lasts a few weeks with flu-like symptoms before the person returns to feeling well again.
- After that, people living with HIV go through what doctors call an Asymptomatic Stage or Silent Stage. A person looks and feels healthy but can easily infect other people through unprotected sex (and blood). A person will test positive in an HIV test and may have swollen glands. But for many years a person who has been exposed to HIV still has more immune 'soldiers' to fight off HIV and other germs, so they will still look healthy and live a healthy life.

Add some blue dots. At this stage, there should be more yellow dots than anything else.

- This shows a body that is in the stage of early HIV symptomatic disease. Several years after infection, some people will begin to show mild symptoms of HIV, which can include things like shingles, chest infections, weight loss and mild skin irritations. This means the immune system is managing to fight off HIV, as well as other germs of other diseases.

Add more blue dots.

- This shows the body of a person in the medium stage of HIV Symptomatic Disease. This stage was once known as AIDS-related Complex and is when people with HIV can become quite ill without developing the AIDS-defining illnesses. Typical problems include such things as TB, recurrent thrush, persistent diarrhoea, ongoing fevers and recurrent herpes blisters.

Ask participants to stick or draw on many red dots until most of the yellow dots are covered. There will also be many blue dots visible.

- This shows the body of a person who is in late stage HIV disease (AIDS). They start to feel sick when HIV has broken down most of their immune system. Without effective treatment, the long-term damage caused to the immune system by HIV results in severe opportunistic infections, cancers and HIV-related damage to other organs. AIDS defining illnesses include severe diarrhoea, severe weight loss, brain infections, severe skin rashes, severe pneumonia and confusion and memory loss. This may take many years to happen. When a person has these AIDS-defining conditions, we say that they have AIDS.

6: Where did HIV/AIDS come from?

PURPOSE OF THE SESSION

- To make participants aware of the origins of HIV/AIDS.

TIME IT WILL TAKE

10 minutes

MATERIALS

- Make a transparency of Overhead 1: The Spread of HIV around the world on page 8 of the TM

PROCEDURE

Step 1:

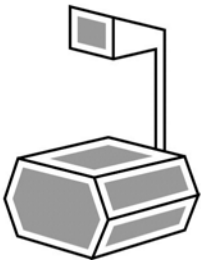
- Give an input based on information in the RM.
- Use Overhead 1
- Use guidelines below to help you.



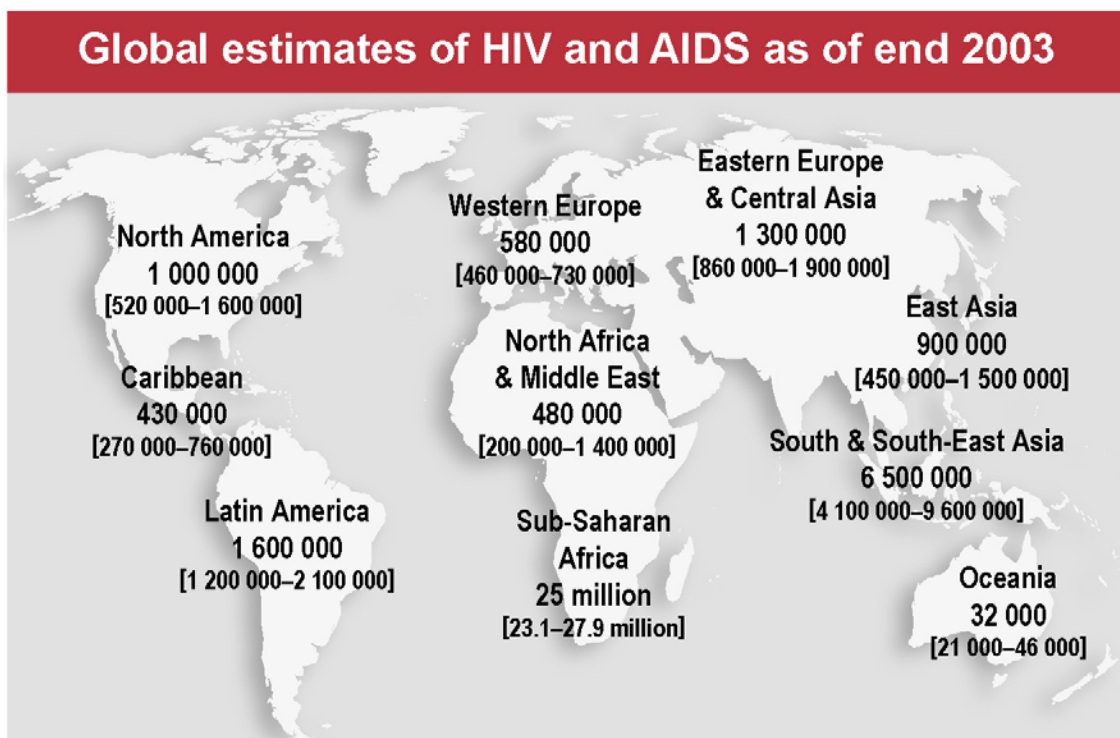
Trainer's notes

Guidelines to the input in Step 1

- It was first discovered in USA in the 1980's. At first it was seen mainly in gay men. This led to a misunderstanding that AIDS is a gay disease.
- Later it became clear that the HIV infection is not caused by gay sex. HIV can be passed by any kind of sexual behaviour (homosexual or heterosexual) if people do not practise safer sex.
- By the middle of the 1980's, HIV and AIDS was becoming common in countries all over the world. It became clear that it could become an epidemic, unless people were taught how to prevent HIV transmission.
- In industrialised countries, people and governments came together to warn people about how to stop HIV infection. Many lives were saved because of this.
- In poor countries or countries where there have been long wars relating to oppression, millions of people did not learn how to protect themselves in time. It is much harder to teach people if they cannot read, or do not have televisions or radios.
- In many cultures, women are treated by most men as second class citizens. They have less power to demand safer sex than men. This led to an increase in HIV infection amongst women.
- Everywhere, it is the least powerful people who are most at risk. 70% of people in Sub-Saharan Africa are infected with HIV. South Africa has about 10% of the world's people living with HIV and one of the fastest growing epidemics in the world. In December 2003 it was estimated that approximately 5.3 million people were living with HIV.
- Poverty is not a cause of AIDS. Poverty leads to conditions where AIDS spreads faster.



Overhead 1: The spread of HIV around the world



Total number of adults and children living with HIV: 38 million [35–42 million]

Number of people living with HIV	Total	37.8 million	[34.6–42.3 million]
	Adults	35.7 million	[32.7–39.8 million]
	Women	17 million	[15.8–18.8 million]
	Children <15 years	2.1 million	[1.9–2.5 million]
People newly infected with HIV in 2003	Total	4.8 million	[4.2–6.3 million]
	Adults	4.1 million	[3.6–5.6 million]
	Children <15 years	630 000	[570 000–740 000]
AIDS deaths in 2003	Total	2.9 million	[2.6–3.3 million]
	Adults	2.4 million	[2.2–2.7 million]
	Children <15 years	490 000	[440 000–580 000]

7: How is HIV transmitted?

PURPOSE OF THE SESSION

- To make participants aware of the ways a person can get HIV and to deal with some of the untrue myths about how the infection is passed on.

TIME IT WILL TAKE

40 minutes

PROCEDURE

- Ask people to brainstorm how HIV is transmitted & some of the myths about HIV & AIDS
- Refer to the guidelines below and the RM to guide the discussion



Trainer's notes

HIV can only be passed on in these ways:

- Through sex
- From mother to child during pregnancy or breastfeeding
- Through blood.
- The main types of HIV transmission in South Africa are through:
 - Through unprotected sexual intercourse
 - From an infected mother to her child during birth or breast-feeding
 - Through contaminated (infected) needles shared by drug users
 - Through contaminated blood products (now rare because of blood screening)

MYTHS

- Explain that a myth is something that a lot of people believe is true, but it is not true.
- These are some examples of myths:
 - HIV can be passed on from one person to another like a flu virus
 - HIV can be passed from one employee to another through day to day contact at work
 - Children infect playmates at school
 - Domestic workers pass HIV to people they work for.
 - HIV can be spread by sneezing, coughing, hugging, touching, plates, cups, spoons, toilet seats, baths, showers, kissing, shaking hands, mosquitoes, and swimming pools.
 - Having sex with a virgin cures AIDS.

8: How can you prevent HIV transmission?



Trainer's notes

PURPOSE OF THE SESSION

- To make the participants aware of the different means of preventing HIV transmission from one individual to another.

TIME IT WILL TAKE

60 minutes

MATERIALS

- Make an overhead transparency of Overhead 2 Preventing the Spread of HIV and AIDS: What can we do? on page 12 of the TM OR write up the overhead onto a whiteboard or newsprint
- Make a copy of Worksheet 1 Preventing HIV and AIDS on page 13 of the TM OR write up the overhead onto a whiteboard or newsprint

PROCEDURE

- Put up the following scenarios on an overhead OR write up the overhead onto newsprint or a whiteboard.
- Divide the participants into groups of 4 and ask them to discuss each person and to decide fully on what precautions each individual could take in order to prevent HIV transmission.
- Further, the participants are to make a note of the difficulties that some groups may experience in their effort to reduce the transmission of HIV.
- At the end of the small group discussion have a large group discussion reviewing all suggestions from all participants.
- Give an input on some of the new means of prevention as mentioned in the guidelines below and in the RM.

Guidelines to the brainstorm

1. Safer Sex

- The most important way to prevent HIV infection is to have safer sex.
- Some people may have difficulties practising safer sex if their partners will not agree to safer sex. Some people (eg women, sex workers) may not be in a strong position to negotiate safer sex.
- Some people may not be able to access prevention methods (for example, young people may have difficulties getting condoms and education on safe sex)

2. Universal precautions

- All people should take universal precautions if they touch blood or body fluids (such as health care workers who should treat all body fluids as if they contain HIV)
- Some people may have difficulties using universal precautions - eg if universal precautions are not available in their work environment, or if they do not know how to use universal precautions

3. Post-exposure prophylaxis

- Needlestick Injury: Research has shown that taking anti-retroviral therapy within 72 hours after an accident can greatly decrease the risk of getting infected with HIV. The government recommends the use of post-exposure prophylaxis after a needlestick injury and it provides this treatment free to health care workers.
- Accidents and sporting Injuries: It is highly unlikely that one would pass on HIV in these sorts of situations; however it is now standard practice to keep sportsfields and boxing rings 'blood-free'.

- Rape and Sexual Assault: Persons who are raped or assaulted are at a higher risk of getting infected with HIV especially because rape is violent and there is often tearing and bleeding. People who are raped or sexually assaulted can prevent HIV infection by taking anti-retroviral therapy immediately after the incident. Most health care workers recommend offering post-exposure prophylaxis to women after a rape, whether or not the alleged rapist's status is known. In April 2002, Cabinet resolved to make post exposure prophylaxis available to all rape survivors and those who had been sexually abused. Provinces have started to carry out the Cabinet resolution.
- People may have difficulty accessing post-exposure prophylaxis on time (it needs to be taken within 72 hours), especially if it is not available at some health care facilities, or if they are in rural areas.

4. Mother-to-child transmission (MTCT)

- Mothers can take anti-retroviral therapy to cut down on the risk of passing HIV on to their unborn babies. Anti-retrovirals to prevent mother-to-child transmission are now available in designated government hospitals.

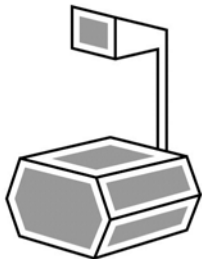
5. HIV vaccine research

- A vaccine is a medicine (usually an injection) that prepares the body's immune systems to recognise and protect against a virus or disease. Scientists believe that this is one of the best long-term hopes for preventing HIV/AIDS. A new vaccine will have to go through clinical trial with human beings before we can see how useful and safe it is. A clinical trial is a research study used to decide the benefits and risks of a new vaccine or treatment. In some developed countries vaccine trials have reached the final steps of the clinical trials but most vaccine trials are still in the first stages and vaccines will not be available in the next few years.

6. Microbicide research

- The rise of HIV infection among women highlights the lack of research into methods of HIV protection that are within the personal control of women. Research is being done into microbicides, a substance that can be put into the vagina or anus, and can reduce the transmission of the HIV or other STI's. Research into this field is taking place in a number of countries including South Africa.

- A microbicide will be most useful for women who feel vulnerable and find it difficult or are unable to use other prevention methods, and for those women who are unable to ask their sexual partners to use condoms.

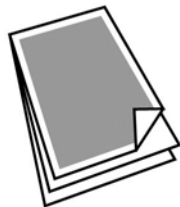


Overhead 2:

Preventing the spread of HIV & AIDS

WHAT CAN WE DO?

- Go for counselling and voluntary HIV testing
- Get information and education about HIV and AIDS, and behaviour change
- Use a male condom
- Use a female condom
- Treat sexually transmitted infections (STIs)
- Reduce number of sexual partners
- Abstain from sex
- Practice universal precautions when coming into contact with blood or body fluids
- Take post-exposure prophylaxis (PEP) immediately after being exposed to HIV, to prevent HIV infection
- Take anti-retrovirals (ARVs) to reduce mother-to-child transmission
- Get vaccinated with an HIV vaccine when developed and available
- Use a microbicide when developed and available



Worksheet 1: Preventing HIV & AIDS

Ursula is pregnant	Vusi is an immigrant labourer
Prakash is an HIV positive gay man	Jake is a professional boxer
Theresa is a nurse	Florence is a sex worker
Lindiwe has been sexually assaulted	Lawrence is a young university student
Johanna has an STI	Vivian is a 13 year girl child

9: Testing, treatment & care

PURPOSE OF THE SESSION

- To make the participants aware of the way in which they are able to find out their HIV or AIDS status.
- To make participants aware that knowing their HIV status can help
- To make participants aware of treatment, care and support for HIV and AIDS

TIME IT WILL TAKE

30 minutes

MATERIALS

- Pen and paper for each participant

PROCEDURE

- Ask the participants to work in pairs. They must write a list of ways that they can identify their HIV status
- Ask them also to suggest reasons for finding out their HIV status.
- Ask participants to give feedback and discuss the feedback.
- Use the guidelines below and the RM to guide the discussion.



Trainer's notes

Safer Sex

An HIV test picks up HIV antibodies (chemicals) in the person's blood and this will show within a few weeks of infection. In a few cases it has been as long as three months before the antibodies are developed.

Rapid testing

Generally blood tests are expensive and a number of cheap and quick tests have been developed. These tests are easy to use and accurate and give a result in about 15 minutes. However, it is important that people who use rapid tests also get proper pre- and post-counselling are provided, and give proper informed consent for the test.

PCR Tests

Polymerase Chain Reaction. This is a very sensitive test that tests for HIV rather than HIV antibodies. This is useful in emergency situations when there is only a small sample of body fluids such as sexual assault because you can test a tiny sample of blood or semen.

- It is important to know your HIV status to enable you to:
 - plan your future
 - learn to protect yourself and others
 - access counselling and support
 - access treatment for opportunistic infections such as TB
 - access anti-retroviral treatment
- Since 1996 doctors have treated people with HIV with combinations of anti-retroviral drugs (ARVs). This has been highly successful and has led to a massive drop in deaths in the USA, Europe and Brazil. The South African government recently adopted a national treatment plan that includes ARVs for people living with HIV or AIDS. However, at the moment many people still have difficulties accessing ARVs in government hospitals.

10: Reflection on the workshop

PURPOSE OF THE SESSION

- To give participants a chance to reflect on the workshop – in other words, to look back at how the workshop helped them.

TIME IT WILL TAKE

10 minutes

Step 1:

- Give a brief summary of what the group has covered in the session.

Step 2:

- If this is the end of the workshop, do a go-around and ask people whether their expectations were met.
- Compare these to the expectations that were expressed at the beginning of the workshop
- You can ask the following questions as part of the process of reflection:
 - . What will you remember most from the workshop?
 - . What can you do to change the things in the community around you?
 - . In what ways has the workshop helped you to change your ideas?

References & resource materials



POLICY DOCUMENTS

Department of Health: HIV/AIDS & STD Strategic Plan for South Africa, 2000 – 2005, May 2000.

Department of Health: Standard Treatment Guidelines for the Management of HIV-related Opportunistic Infections in Adults and Children, August 2000.

REPORTS, MANUALS & OTHER USEFUL MATERIALS

Achmat, Z, Abraham, J and Lewis, J: HIV/AIDS Workbook for Schools, Cape Town, 1998

AIDS Law Project (ALP) and Lawyers for Human Rights: HIV/AIDS and the Law – The Trainer's Manual, (Third Edition) 2003

ALP: HIV/AIDS Current Law & Policy Booklet 5: 'Your rights to health care' July 2000

AIDS Legal Network (ALN): ALQ – The AIDS Legal Quarterly

Department of Health: National HIV Sero-prevalence Survey of Women Attending Public Antenatal Clinics in South Africa, 2001

Evian, C: Primary AIDS care – a practical guide for primary health care personnel in the clinical and supportive care of people with HIV/AIDS (3rd edition), Jacana Education, Johannesburg, 2000.

HIV Clinicians Society: Journal of Southern African HIV Medicine (order from sahivsoc@gmail.co.za)

NAM Publications: HIV & AIDS Treatments Directory (18th edition), London, May 2000

UNAIDS: AIDS Epidemic Update, December 2002.

World Health Organisation: AIDS Home Care Handbook, Geneva, 1993

World Health Organisation: AIDS in Africa (A Manual for Physicians), Geneva, 1993.

WEBSITES

AIDS Consortium: www.aidsconsortium.org.za

AIDS Law Project: www.alp.org.za

AIDS Legal Network: www.aidslegal.co.za or www.redribbon.co.za/legal

Department of Health resources: www.aidsinfo.co.za

Treatment Action Campaign: www.tac.org.za