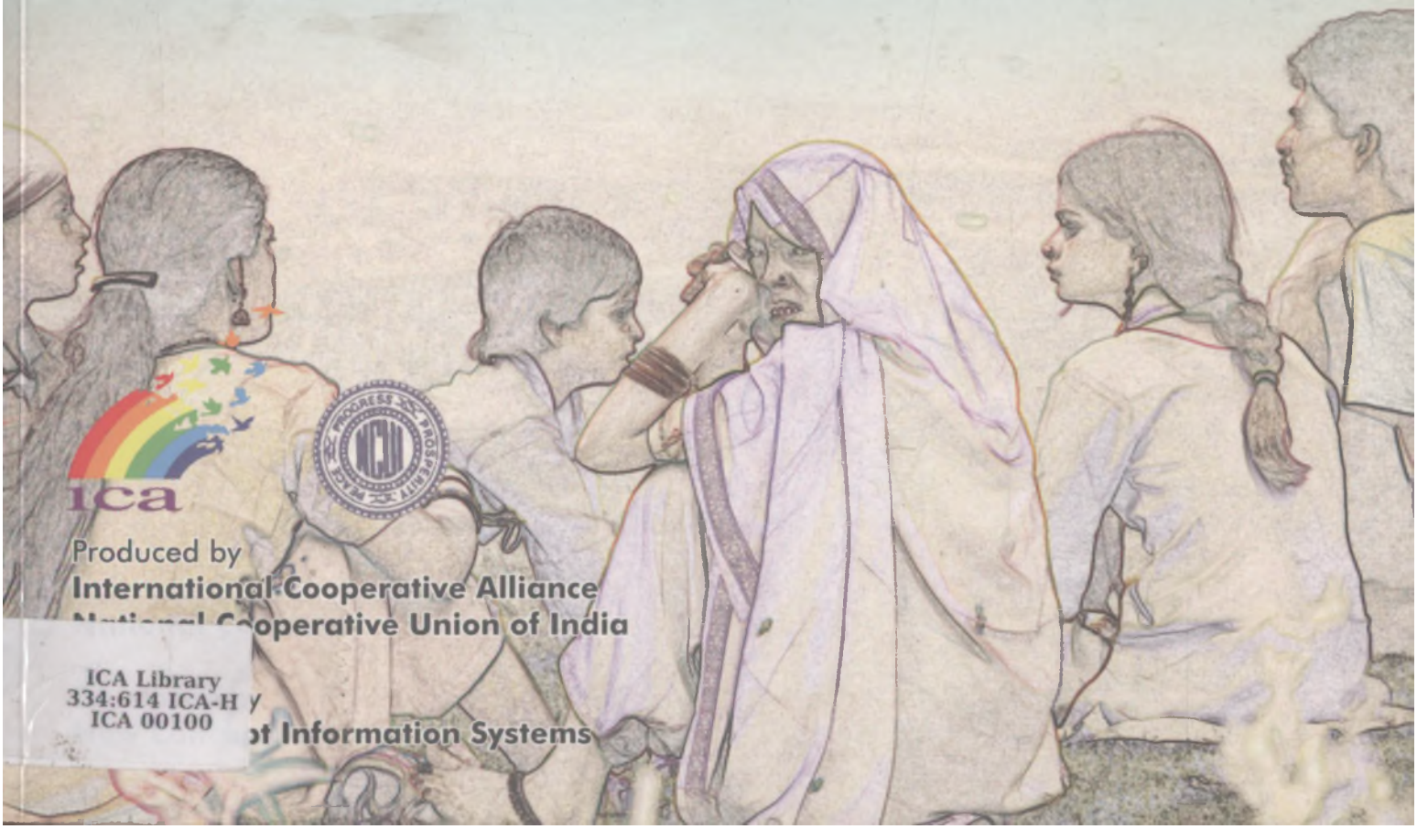
HIV & AIDS and Cooperatives

A Training Manual and Guide



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Produced by

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MESSAGE

The publication of this Manual is an exciting event and I am delighted that DFID has been able to support its development. There are now over 5 million persons infected with HIV/AIDS in India and whilst there is some evidence of the impact of prevention programmes – there is also worrying evidence of further spread into the general population, particularly in rural areas and among women. It is increasingly clear that whilst targeted interventions to people with high risk behaviours are crucial, it is also critical that HIV/AIDS interventions take place among the general community. One of the ways to reach out to the general population is through the co-operative sector, with its wide reach and membership.

The Co-operatives can offer an integrated approach to mobilize communities for the prevention and care of those affected by HIV/AIDS, and mitigation of its impact. Co-operative societies have been established in several sectors like credit, banking, processing, production, housing, warehousing, transport and many other spheres related with agriculture and industries. These Co-operatives are being engaged as effective tools for ensuring more equal distribution of state wealth among all sections of the society by providing them with Government loans, subsidies and grants.

The members of co-operative societies comprise the rural poor and the marginalized sections of the population, among whom literacy levels are low, and access to health and sanitation facilities are poor. Vulnerability to HIV infection is high, and educating this section of the population on HIV/AIDS is of great importance. Integrating the issue of HIV/AIDS into existing processes of co-operative education and using existing human resources and capacity building efforts is a powerful force in tackling AIDS. Addressing the need of co-operatives not only benefits its members but also their families and in turn the community. Thus, one empowered Co-operator multiplies into many empowered citizens.

However, despite the wide networks of co-operatives and their active role in the development of its members, these institutions are constrained in providing specialized health services to their members. Hitherto, co-operatives have been an untouched and unexplored area as far as HIV/AIDS work is concerned. This training Manual is an attempt to develop the potential for the co-operative training faculty that I believe will go a long way in helping to build capacity in the co-operative sector on issues related to HIV/AIDS.

DFID is pleased to have been able to provide the opportunity and funds for this such important work, and I warmly thank and commend those who have provided other elements – The International Co-operative Alliance (ICA), The National Co-operatives Union Of India (NCUI), New Concept Information Systems who developed the Manual and The Resource Centre For Sexual Health & HIV/AIDS.

Billy Stewart,
Health and AIDS Advisor,
DFID - India

FOREWORD

The International Co-operative Alliance in Asia represents 57 co-operative organizations in 22 countries covering 520 million individual co-operative members. HIV/AIDS is no longer an urban disease. It is now spreading with alarming speed into rural areas affecting largely the farming community, especially people in their most productive years (15-45 years of age).

South and South-East Asia are now epicenters of the HIV epidemic. Agriculture is the main stay of the socio economic life of the people in this region. HIV/AIDS impacts production systems leading to the decline of agricultural knowledge and management skill. This, coupled with the disproportionate impact of the disease on women, leads to the loss of rural household food security. This deterioration of traditional coping mechanisms and the dwindling of family and community resources does have a direct impact on agricultural production.

Therefore, there is an urgent need to strengthen the capacities and capabilities of members so that co-operative members as well as their communities can withstand and sustain the burden of HIV/AIDS. Of all countries in the region, India is estimated to have the largest HIV/AIDS burden, with about 4.58 million infections. There are more than 5, 40,000 co-operatives in India with more than 230 million individuals as co-op members, both men and women in different age groups. The Indian co-operative movement is said to be the largest in the world, and though there have been various HIV/AIDS prevention and care programme in general, nothing has been done so far to co-op the community by the co-operative sector. It has been seen that community based programmes can reach a large number of people and can therefore be more result oriented. For this reason, the International co-operative Alliance Regional Office for Asia and the Pacific has taken an initiative to address the HIV/AIDS awareness and prevention needs of co-operative members of its entire member organisation in Asia and the Pacific Region.

Therefore, to set the environment for addressing the issue through the co-operatives, 3 National Workshops for sensitization of co-operative leaders, policymakers, directors and trainers to generate awareness for prevention of spread of HIV/AIDS among co-operative members have been organized in India, Thailand and Vietnam. The next step is to train the co-operative trainers at national, secondary and primary levels who in turn will spread awareness among co-operative ranks and file during their regular training sessions. The training and awareness on HIV/AIDS will become a part of the curriculum of co-operative teachings.

Thus, Resource Centre for Sexual Health & HIV/AIDS (RCSHA), New Delhi was approached for funding and technical support to implement the programme in collaboration with the National co-operative Union of India (NCUI). It was decided to write a need based TOT Manual especially for co-operative trainers. A team of experts have worked to give this present shape to the document.

This Manual contains 5 chapters, broadly covering fundamentals of the pandemic. The trainers will be trained on how to disseminate correct and complete information in a simple way at the grass root level. The training methodology consists of role play and games. In the first year, the project will be implemented in four states i.e. Andhra Pradesh, Uttar Pradesh, Bihar and Gujarat reaching out to approximately 20 million individual co-operative members.

We are grateful to Dr. Tom Philip, Project Director of RCSHA and Mr. Bhagwati Prasad Chief of NCUI for their interest and effective collaboration and Savitri Singh, Advisor-Gender Programme of ICAAP for her initiatives to make the project a success. We sincerely hope that the Manual will be useful for the training of co-operative trainers and will be accepted by the co-operatives as a training document.

Shil Kwan Lee
Regional Director, ICA-AP

INTRODUCTION

HIV has been identified as one of the foremost development challenges of the 21st century. Since the time, India experienced its first HIV infected person in 1981, the country has developed a response to face and fight the epidemic. The National AIDS Control Programme has shaped up over a period of time to effectively stem the spread of the infection within the country. The primary focus of attention in HIV/AIDS prevention programmes in India has been to deliver targeted interventions for the highest-at-risk populations identified as Sex Workers, Men who have Sex with Men and Injecting Drug Users. There has also been a lot of effort to prevent the spread of the infection among and through bridge populations like Truck Drivers and Migrant Workers.

However lately, there is growing evidence that, the epidemic has been gradually moving from High-Risk groups into the general population, from urban centres into rural populations, and in the process acquiring a more feminine face as well. All this indicates that India is set to have a generalized epidemic of HIV calling for immediate action beyond traditional approaches and find a way to intensify work within the general population of India.

India has had a very strong and successful co-operative Movement within a total of 5,40,000 co-operatives and a member strength of 230 million people. When the International co-operative Union came forward with the proposal to train the co-operative trainers in issues around HIV/AIDS prevention and care, it presented us with a novel of opportunity to explore this form of organisation in reaching out to the rural masses. This activity is particularly important for a number of reasons:

- Co-operatives, as an organizational form have not been involved in the HIV/AIDS prevention programmes till now.
- In the current state of the epidemic, the co-operatives present to us a potentially important vehicle to reach out to the general population.
- The activity fits within the existing framework of operations of the co-operative department and hence is naturally sustainable.

Involving the co-operative sector in the fight against the disease will provide valuable lessons in mainstreaming the issue of HIV/AIDS prevention for the National response and in shaping its future course.

This Manual has been made possible by the untiring efforts of a team of professionals engaged for the purpose.

We acknowledge the efforts of New Concepts in developing the Manual. We are thankful to the team of Master Trainers for their valuable inputs at every stage of the activity. The team consisted of:

- Dr. Ashok Kumar
- Ms. Rosenara Huidrom, PCI India
- Ms. Neha Mehta
- Dr. Rakesh Agarwal
- Ms. Lalitha Damodaram
- Ms. Marilyn Khan
- Ms. Sadhana Mohan

We are also thankful to all organizations like CHETNA, UNIFEM, Red Ribbon (DYC Manual), CEDPA, for making available their Manuals and resources for adaptation and usage of materials, art work, clippings etc. for the purpose of this Manual.

We are thankful to DFID India for their support and wish ICA all success in their endeavour. We hope that this Manual will be helpful for the users and we welcome suggestions for its improvement.

Regards,

RCSHA Team

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Section 6 – Training Skills

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Acronym

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
CSW	Commercial Sex Worker
DYC	District Youth Coordinators
ELISA	Enzyme-Linked Immunosorbent Assay
EUA	Exploration, Understanding and Action
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MTCT	Mother-to-Child Transmission
NCUI	National Co-operative Union of India
OI	Opportunistic Infection
PLHA	Persons Living With HIV/AIDS
RCSHA	Resource Centre for Sexual Health and HIV/AIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
ILO	International Labour Organisation
UNIFEM	United Nations Development fund for women
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

HIV & AIDS and Co-operatives

Background

HIV/AIDS is one of the greatest challenges of the 21st century. It is an emergency of an unprecedented nature. In the last decade the co-operative sector has been recognized as a key arena where the battle against HIV/AIDS can be fought and won. The Co-operative movement has a unique role to play in view of its expertise, gained over many decades, and its structure—bringing together governments, employers and workers. This Manual explains why the co-operative sector is so important and shows how it can respond.

Why is HIV/AIDS an Issue for Co-operatives?

The International Co-operative Alliance in Asia represents 55 Apex co-operative organizations in 22 countries covering more than 520 million individual co-operative members. HIV/AIDS is no longer an urban disease. It is now spreading with alarming speed into rural areas affecting largely the farming community, especially people in their most productive years (15-45 years of age).

Most of the members of co-operatives are small agricultural farmers and land less farm workers, fishermen, construction labourers and floating population of factory workers who are facing several problems such as lack of information about the disease, absence of resources, inadequate supply of preventive measures i.e. awareness and condoms. Also populations in remote areas who are out of reach of health extension workers.

In most of the countries in Asia, agriculture is the main stay of the socio economic life of the people. The impact of HIV/AIDS is seen on production systems and decline of agricultural knowledge and management skill as well as the mis- appropriate impact of disease on women, which cumulatively lead to the loss of rural household food security. The deterioration of traditional coping mechanism and dwindling of family and community resources does have a direct impact on agricultural production.

The HIV/AIDS epidemic, is not merely a health issue but a development challenge that disturbs the social, economic and cultural parameters of society. One women are hit the hardest by the disease as they carry the multiple burden of caring for the sick and orphans along with earning to support the family, suffering refusal of work due to stigma and for sometimes have HIV positive themselves.

It is felt that in spite of wide networks of co-operatives and their active role in the development of its members, these institutions are constrained by various limitations in providing specialized health services to their members. Therefore, there is great need to organize facilitating services for the members within the co-operative set-up for strengthening the capacities and capabilities of members so that co-operative members as well as their communities can withstand and sustain the burden of HIV/AIDS.

Addressing the need of co-operatives not only benefits its members but also their families and in turns the community. Thus, one empowered cooperator multiplies into many empowered citizens.

Co-operatives can offer an integrated approach to mobilize communities for the prevention, mitigation and care of those affected by HIV/AIDS and can facilitate a range of services such as:

- Support to orphans and women affected by AIDS.
- Behaviour change and life skills education.
- Provide preventive information and promote and distribute condoms.
- Train community health workers.
- Provide home based care for individuals and families living with HIV/AIDS.

Thus, The International Co-operative Alliance -Asia and the Pacific has taken an initiative to target and sensitize

co-operative leaders, directors and government officials of the department to utilize the potential of co-operative in the fight against the pandemic. The role of leaders for creating political will is very important for initiating community based programmes. Leaders, policy makers, educators and others can help in:

- Recognizing the epidemic publicly and openly and act to reduce the stigma surrounding HIV/AIDS.
- Display political courage in applying sound measures to reduce the spread of the virus as a community follows its leader.
- Support the commitment of national resources which in turn may encourage increased external funding.
- Endorse a multisectoral approach, including the involvement of people living with HIV/AIDS as a priority.
- Give leadership to the fight against this global epidemic.

South and South-East Asia are now an epicenter of the HIV epidemic. Of all countries in the region, India is estimated to have the largest burden, with about 5 million infections

There are more than 500,000 co-operatives in India with about 23 million individuals as co-operative members, both men and women in different age groups. Indian co-operative movement is said to be the largest in the world. As Co-operatives are community based organizations and follow the principal of "concern for community", they can reach out to 23 million individual members, their families and community in which they live and operate from. If co-operatives take up this issue in organized manner, it will be a major breakthrough in fight against this dreaded pandemic.

This Project is Designed with an Aim To:

- Increasing the training capacity and capability of co-operative training staff in imparting knowledge and skills of training on prevention of HIV/AIDS and other STDs.
- Capacity building and skill development of co-operative trainers who will act as master trainers and will facilitate creating a network of trainers and will disseminate information among co-operative members.
- Creation of a cadre of sensitized trainers across states to spread awareness among the rural population mainly women and youth in co-operatives, for preventing the spread of HIV/AIDS and STD.
- Well informed trainers will be empowered to sensitize co-operative ministers, leaders and managers of the co-operative about the issue and get a pronounced commitment from them to bring out required facilities for the spread of preventive education to reduce the risk of HIV/AIDS among the co-operators.

HIV/AIDS and Co-operative Values and Principals:

A Co-operative is an autonomous association of persons united voluntarily to meet their common social and cultural needs and aspirations through jointly owned and democratically controlled enterprises. Co-operatives are based on the values of self-help, self-responsibility, democracy, equality and solidarity

Co-operatives Put Into Practice these Values through the Following Principles:

- Voluntary and Open Membership.
- Democratic Member Control.
- Member Economic Participation.
- Autonomy and Independence.
- Education, Training and Information.
- Co-operation among co-operatives.
- Concern for Community.

Therefore, the principals of education, training and information, cooperation among co-operatives and concern for the community give ample reasons for co-operatives, Their management and common members to take up HIV/AIDS Awareness and Care as a leading issue for co-operative and its community as well.

Moreover, development of various sectors of co-operatives, such as agriculture, fertilizer, consumer, banking, health and youth and women have been adopted as one of the most important components of strategy for socio economic development of the poor and marginalized. Co-operatives are enterprises that operated under the value of solidarity and social responsibility—they care about their members and their communities. The co-operative demonstrates on a daily basis, its concern for people whether it be addressing health issues, environment or

strengthening the capacities of communities and to cater the betterment for economic, social or cultural needs. Co-operatives, therefore, have a special responsibility to ensure the well being of their individual members as well as the community.

Structure of the Manual

The Manual is designed to help the co-operatives' partners understand the issues and apply the co-operatives' arm of training on HIV/AIDS. This Manual may be used with little training and only intermittent support from co-operatives offices and institutions at the state level of the NCUI. This Manual is therefore intended as an education and reference document as well as a tool for training, and an aid for all those seeking to promote action to limit the spread and impact of HIV/AIDS among co-operative members.

The Manual is divided into five sections:

Section 1: Environment Building

This section deals with sessions which are to be used to build an environment conducive to group learning. Through this section the group formation is completed and relationships are built which facilitate individual learning. Sessions take care of personal inhibitions and fears of individual participants which may otherwise affect their learning process adversely.

Section 2: HIV/AIDS General Scenario

This section covers HIV/AIDS: the epidemic and its impact on people. An overall picture is given to participants on the history and spread of HIV/AIDS in the world, India and various states in India. A session here describes why HIV/AIDS is a workplace issue, and how it affects labour and employment; and the particular strengths of the co-operatives in contributing to a positive response.

Section 3: HIV/AIDS Basic Knowledge

Section 3 deals with basic knowledge on HIV/AIDS including its transmission, prevention, high risk behavior, myths and misconceptions about HIV/AIDS.

Section 4: Addressing Concerns Arising from HIV/AIDS

Through this section, knowledge is imparted on how to address the concerns created because of HIV/AIDS. It includes issues like treatment and care, stigma and discrimination, counselling, and living positively with HIV/AIDS.

Section 5: Training Skills

Section 5 focuses on various training skills based on adult learning principles. It includes sessions on development of modules, improvising communication to make it more effective, and management of a session.

How to Use the Manual

Sections 2, 3, and 4 focuses on basic knowledge about HIV/AIDS. Subsequently, Participants are exposed to development of modules in Section 5, where each participant will be delivering a session. Therefore, to use this Manual effectively, a lot of practice has to be built-in. This will serve two purposes : The participant will develop her/his public speaking/facilitating/and interactive skills, and will also get an opportunity to repeat what she/he has learnt on HIV/AIDS.

Finally, participants will be asked to conduct a training session with co-operative members in the field, which will be observed by master trainers. This will give them an opportunity to receive final feedback and also get a 'feel' for the real audience.

This Manual is a source of information on HIV/AIDS and co-operatives, a reference guide to the co-operatives Code, and a tool for training. It is ideal to use as a reference when planning training. Trainers can work through the whole book or parts of it on their own, in a meeting or as a team exercise. They can see what other people have done, consider whether it could be adapted to their situation, and follow suggestions.

The main use of the Manual will be in education and training. The rest of this module gives guidance on how to use it to provide training for all those in the co-operative sector who wish to take action against the situation created by HIV/AIDS.

NOTE:

This Manual is a guide and resource for trainers. They are free to innovate on techniques and methods, using their own training skills and experiences with different groups. The duration of each session is also indicative and may be changed depending upon the understanding level of the trainees or the target group.

Active learning: Approach to the Manual

The Co-operative Code notes that "methods should be as interactive as possible". We have tried to follow this advice in the Manual, but what do we mean by 'active learning'?

In active learning, participants in education and training programmes are not passive recipients of information. Their own experiences and ideas are recognized as a valuable resource. This requires a new interaction between the facilitator on the one hand and the course participants on the other. Active learning is centered on the learner, not the trainer. Learning is negotiated and, usually, practical results are sought.

This is specially important in the HIV/AIDS context. Individuals need to change their behaviour and only knowing how the virus is transmitted is not enough. Acting on that knowledge is crucial and active learning encourages this kind of change. The process of behaviour change will not occur in a fixed period of time or overnight. However the process of active learning encourages commitment and courage which are crucial ingredients for behaviour change to occur.

Learning activities suggested throughout this Manual are designed to assist active learning. These usually involve a role play, discussions, or other group activity, and should take between 45 and 90 minutes. Small groups, as we suggest below, should be no larger than four or five, and may sometimes be smaller and some activities can be done in pairs. There are more learning activities for each module than the trainer will ever be able to use in one workshop. The wide range of activities allows the trainer to select the ones most useful for the education or training context in which he/she is working. Some activities are quite general and ask learners to develop a policy. Others are more direct, even personal, and ask learners to get involved with the stories of individuals in order to explore attitudes and behaviour issues. It is a good idea for trainer to employ a mixture of these in a workshop.

Even in larger groups and plenary sessions there can be active learning; there is no need for the trainer to fall into the trap of one-way communication. The Trainer should prepare questions to ask at regular intervals, stop and check that participants are following thier line of reasoning, invite comments. The plenary can be broken up for short sessions of group work—Breaking up groups into pairs for a few minutes is a very effective way of keeping the whole group involved.

The Manual is for the trainer and he/she does not have to follow it rigidly. It can be adapted and used to develop new learning activities and new education programmes.

Please Remember the Following Points:

- The purpose of this Manual is to bring about change. If people attend a workshop, or just read the Manual, and nothing happens, then we have lost an opportunity to address the epidemic.
- To fight HIV/AIDS, we need to change what individuals think, even what they feel, about sensitive issues such as the relations between men and women, and sexuality.
- We also need to change what we do and talk about at the workplace—which means employers and trade unions changing too.

This kind of change cannot be measured in a workshop. So, although we have suggested finishing workshops with an evaluation activity, the real evaluation comes later—months later.

Day & Session	Objective/Purpose	Time
DAY-II		
Session 7: HIV/AIDS, Basic Knowledge	• Learn what is HIV/AIDS and the difference between the two. • Stages of HIV infection. • Modes of transmission and prevention. • Identify services available for PLHAs.	120 Minutes
Session 8: High Risk Behaviour	• Describe what is the high risk behaviour. • Learn various types and importance of high risk behaviour in the context of HIV/AIDS. • Establish links of behaviour with transmission/ prevention of HIV.	120 minutes
Session 9: Male & Female Reproducive System	• Explain the structure and functioning of the female and male reproductive system.	45 minutes
Session 10: Sexually Transmitted Infections/ Reproductive Tract Infections	• Differentive between RITs and SIIs. Identify the cause and symptoms of RITs/STIs. • Learn about various myths/misconceptions and facts about RTIs/STIs.	90 minutes
Session 11: HIV/AIDS Myths & Misconceptions	• Learn about various myths and misconceptions about HIV/AIDS. • Dispel myths and prejudices about HIV/AIDS.	60 Minutes
Session 12: Treatment & Support Services	• Learn about treatment, its availability and other support services.	60 Minutes
session 13: living Positively with HIV/AIDS	• Learn the importance of confronting stigma and discrimination.	45 Minutes
Day-III		
Session 14: Using Life Skills for Prevention of RTIs/STIs and HIV/AIDS	• Define the concept of life skills. • Identify the core life skills. • Understand the importance and use of life skills for prevention and control of HIV/AIDS.	120 Minute

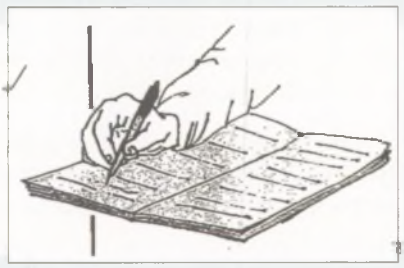
Session Plan

Day & Session	Objective/Purpose	Time
DAY-I		
Session 1: Registration and Participants' Introduction	• Express their expectations from the training programme. • Review their expectations of participants and trainers. • Discuss the training programme objectives and how the objectives relate to the expectations and role of participants as HIV/AIDS trainers. • Share a personal strength among the participants and identify how these can be used in the training.	90 minutes
Session 2: Distribution and Pinning of Red Ribbons by the Trainer	• Develop a feeling of being special, with a red ribbon. • Learn the relevance of the red ribbon. • Build rapport between trainer & participants.	30 Minutes
Session 3: Group Formation Activity	• Form a cohesive group that works together during the training. • Let people overcome their inhibitions and bring them into a participatory mode.	45 Minutes
Session 4: Pre-Course Knowledge Assessment	• Provide a self-assessment of knowledge. • Create a felt need to acquire more knowledge. • Create a facilitating environment to bridge knowledge gaps among participants.	30 Minutes
Session 5: Scenario of HIV/AIDS in India and the World	• Gain general awareness about HIV/AIDS & its history Acquire knowledge of HIV/AIDS scenario in India. • Learn the classification of states being followed in India (High incidence, highly vulnerable, and vulnerable).	30 minutes
Session 6: HIV/AIDS Co-operatives & Productivity	• Learn the impact of HIV/AIDS on individual productivity. • Link HIV/AIDS with earning and livelihood.	90 Minutes

Section 1 – Environment Building

Session 1: Registration, Participants' Introduction and Pre-test

It is important in the training process and as professionals trainers to create an atmosphere in which participants feel comfortable and free to sha information. Participants must be made to feel welcome, therefore, it essential to recognize this factor in environment building at the beginni and to ensure that participants know that their experiences are relevant a appreciated. As the course involves emotional topics, it is vital th participants take care of themselves and each other. This can be accomplish in a variety of ways, but everyone should feel free to ask for what they ne as they undergo the training progresses.



Time: 90 minutes

Learning Objectives

By the end of this session, participants should be able to:

- Express their expectations of the training programme.
- Review their expectations of themselves as participants and of their trainers.
- Discuss the training programme objectives and how the objectives relate to their expectations and their role as HIV/AIDS trainers.
- Share a personal strength with their fellow participants and identify how their strengths and the strengths of others can be used in the training.

Method

Discussion and group work

Preparation

- Prepare flip charts: for course objectives
- Name tag

Say the Following to Participants:

During this training programme, we will be building some new skills, but we can also tap skills that we may already have. We have a lot of experience in the group that we can use as well. Let's take some time getting to know each other and the skills we bring to this training.

Steps

- Give each participant a blank name tag. Ask the participants to put the following information on their name tag:
  - Their name
  - Where they are from
  - A strength or unique talent they have.
- Give the participants a few minutes to write on their name tags.
- Ask the participants for their name tags. Mix them up and hand them back to the participants. Be sure that no one has his or her own name tag. Inform participants that they will introduce the person who belongs to the name tag they received and state how the group can use that person's strength or unique talent during training. For example: This is Bina. She is great at bargaining. She can use that skill in negotiating behaviour change with people.
- Ask each participant to complete the pre-test questionnaire.
- Ask for their expectations. Identify the expectations that will be met through the objectives and as per the focal areas of training. If an expectation will not be met, explain why it will not be met during this training programme [i.e. Focal areas of Training to be compared with objectives and expectations falling beyond objectives to be ruled out].
- Introduce the training programmeme objectives.

Day & Session	Objective/Purpose	Time
Session 15: Adult Learning Principles	• Differentiate between child learning and adult learning. • Learn the advantage of experiential learning.	90 Mintues
DAY-IV		
Session 16: Facilition Skills	• Acquire key facilition skills.	90 Minutes
Session 17: Effective Communication	• Learn communication process-type and barriers. • Inter-personal communication. • Acquire effitive skills in communication for training. • Use of audio-visual and local folk media.	120 Minutes
Session18: Desigining a Training Session	• Learn to design a training session.	90 Minutes
DAY-V	• Field Visit.	
DAY-VI		
Mock Sessions		
Session 19: Evaluation and Summing Up	• Review the list of expecations expressed in the beginning of the training. • Prepare an action plan on how the learning can be put into practive.	60 Minutes

Objectives

At the end of the training programme, participants should be able to:

1. Acquire knowledge about HIV/AIDS.
2. Be sensitized to the issue concerned with People Living with HIV/AIDS (PLHAs).
3. List the available HIV/AIDS care and support services.
4. Identify their role as co-operatives trainers in prevention and control of HIV/AIDS.
5. Acquire various skills to integrate HIV/AIDS in the co-operative training programmes.

After completing the list of objectives, give each participant a copy of the Manual. Ask participants to refer to the Training Program objectives in their copy of the Manual and also explain that the expected outcome of the entire training at different levels.

After discussing objectives, the trainer can discuss the long term benefites to the community. The following points can be emphasised:

- Orientation and sensitization to HIV & AIDS issues and challenges.
- Empowerment and capacity building as trainers.
- Promoting safer sexual behaviour.
- Dissemination of correct and scientific information on HIV & AIDS.
- Removal of Myths, misconceptions and rumors about HIV & AIDS.
- Sensitization and Empathy building towards PLWHAs.
- Prevention and control of STIs and HIV & AIDS.
- Clarity regarding roles and responsibilities as co-operative members/officials towards HIV & AIDS prevention and Control.

NOTES: _____

Session 2: Significance/Relevance of the Red Ribbon

Time: 30 Minutes

Learning Objectives

By the end of this session, the participants should be able to:

- Develop a feeling of being special – with the Red Ribbon.
- Learn the relevance of the Red Ribbon.
- Build a rapport between trainer & participants.

Method

Discussion

Preparation

- Red Ribbons in sufficient number.
- Pins/Safety pins for red ribbons.

Steps

- The participant who is introduced by a participant in the previous session pins a Red Ribbon on his/her dress.
- This is done on till all participants have a Red Ribbon.

Say the Following:

"Now that each of us has a Red Ribbon with us, let's discuss what it signifies. Any guesses?"

- Let participants express what they understand by the Red Ribbon.
- Explain the concept and meaning of the Red Ribbon on the basis of the following points:
  - The Red Ribbon is a symbol of our concern for our brothers and sisters afflicted with AIDS and HIV related disease.
  - The wearing or displaying of the Red Ribbon also indicates that WE CARE.
  - A symbol for the people who have died from HIV/AIDS and the fight for a cure for the disease

Session 3: Group Formation/Responsibility sharing

Time : 15 minutes

Learning Objectives

By the end of this session, the participants should be:

- Sensitized to the need of team work and responsibility sharing.
- Develop a sense of ownership for the training process.

Method

Discussion

Preparation

Chart and markers.

Steps/Activity

- Discuss with the group the importance of team work.
- Ask the participants about various activities required for the smooth running of the programme. List the responses on a chart.
- Discuss how important these trivial activities can be. Emphasize that the success of the programme is a joint effort and thus each participant has to take ownership of the programme. This can be done by division of labour by formation of various committees. A discussion to have a common consensus on the following committees should be have:
  - *Logistics committee.*
  - *Cleanliness committee.*
  - *Recap and report preparation committee.*
  - *Time management committee.*
  - *Food and refreshment committee.*
- Announce that each participant will be the member of at least one of the committees.
- Take a chart and write the name of members against each committee in bold letters. Announce that each committee will take care of its responsibility with immediate effect.
- Display the chart on a prominent place on the wall.

HIV & AIDS & CO-OPERATIVES

HANDOUTS

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SIGNIFICANCE OF THE RED RIBBON

The Red Ribbon is a symbol of our concern for our brothers and sisters afflicted with AIDS and HIV related disease. The wearing or displaying of the Red Ribbon also indicates our disgust and abject horror at the negligence of governments and health organizations to act promptly when this disease was first encountered in the early 80s. The Red Ribbon is the global symbol for solidarity with HIV positive and people living with AIDS and it unites the people in the common fight against this disease. It is an Internationally accepted symbol of HIV/AIDS Awareness. It stands for CARE, CONCERN, HOPE and SUPPORT.

THE RED RIBBON IS:

- Red like love, as a symbol of passion and tolerance towards those affected.
- Red like blood, representing the pain caused by the many people that died of AIDS.
- Red like anger about the helplessness surrounding a disease for which there is still no chance for a cure.
- Red as a sign of warning not to carelessly ignore one of the biggest problems of our time.

The Red Ribbon is intended to be a symbol of Hope; the hope that one day the AIDS epidemic will be over and that sickness and suffering will end. The Ribbon offers symbolic support: for those living with HIV; for continuing the Education of those not infected; for maximum efforts to find effective treatment, cures or a vaccine; and for those who have lost friends, family members or loved ones to AIDS.

IS THE RED RIBBON ENOUGH?

Wearing the Ribbon is the first step. It is only a useful symbol in the long run when attached to words and deeds that actually make a difference. Wearing the Red Ribbon should not be a one-day affair but should serve as the renewal of our commitment and dedication in the fight against HIV/AIDS. Wear the Red Ribbon meaningfully!

INFORMATION SERVICES

Get reliable and up-to-date information about HIV/AIDS from the different AIDS Service Organizations. Several service organizations have come up in response to the numerous needs to both the infected and the directly affected. These include: The AIDS Support Organization (TASO), The National Guidance and Empowerment Network of People Living with AIDS (NGEN+), National Community for Women Living with HIV/AIDS (NACWOLA), Nsambya Home Care, Rubaga Home Care, Mengo Home Care, International Care and Relief Agency, Old Kampala Home Care Hospital, among others.

Section 2 – HIV/AIDS General Scenario

Session 4: Pre-training Assessment

Time: 30 Minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Provide a self-assessment of knowledge.
- Create a felt need to acquire more knowledge.
- Create a facilitating environment for bridging knowledge gaps among participants.

Method

Participant self-assessment.

Preparation

- Sufficient copies of pre-course test sheets.
- Pencils/pens to write the test.

Steps/Activity

- Explain participants the purpose of this pre-training test and allay apprehensions
- Distribute the test sheets.
- Announce time limit for the test – 10 minutes, and say start.
- Once the test is completed, let them correct their answers while you read the correct answers.
- Let participans score their sheets giving themselves 1 for each correct answer.
- Ask them to count their total score.
- On the board write : 20-25, 15-20, 10-15, 0-10.
- Ask those participants to raise hands who have scored between 20-25, count them and write their number before 20-25. Similarly, record other scores.
- Connect these scores with knowledge gaps.

Say the Following:

"the main issue is not how much each one of us scores. The main issue is that the process of seeking knowledge is endless".

Session 5: World, India and State Scenario of HIV/AIDS

Time: 30 minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Gain general awareness and know the history of HIV/AIDS.
- Acquire knowledge of HIV/AIDS scenario in India.
- Learn the classification of states in India according to HIV Prevalance (High incidence, highly vulnerable, and vulnerable).

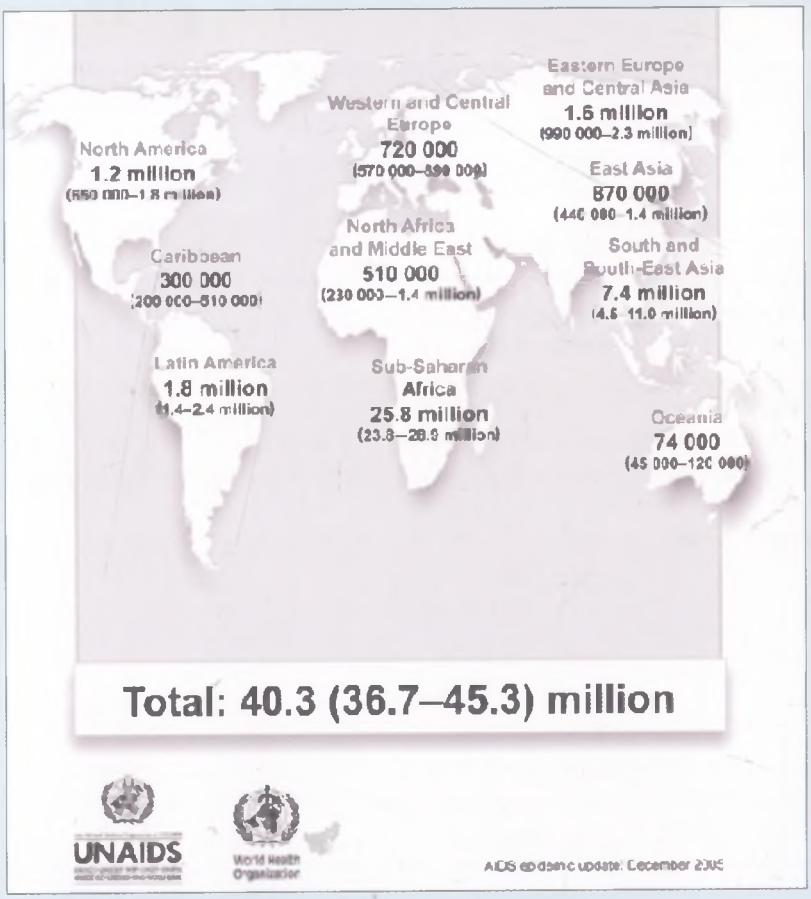
Method

Presentation

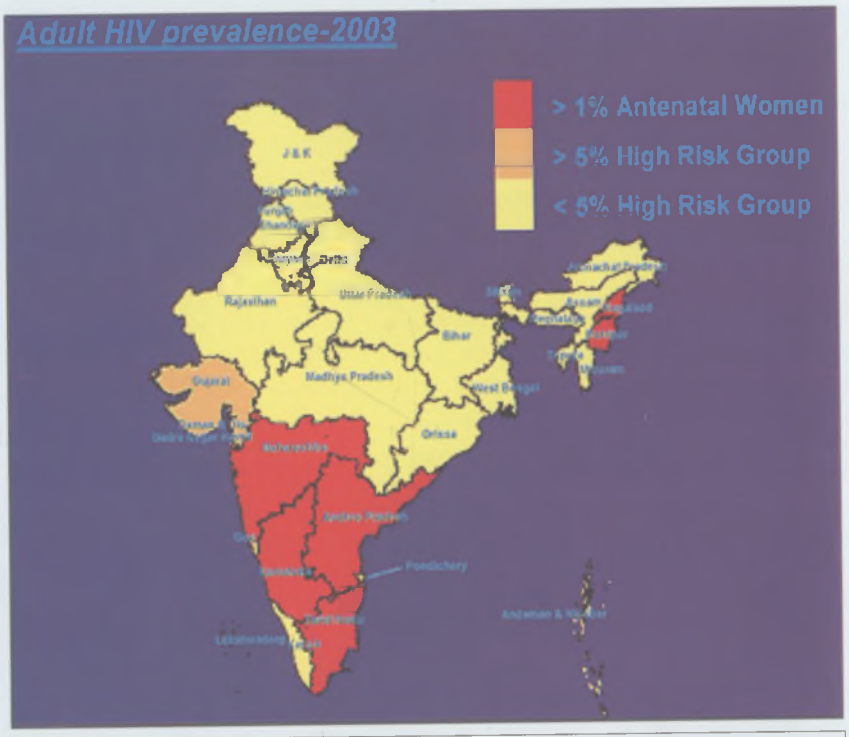
Preparation

Prepare charts/slides using the following material.

- Statistics from UNAIDS and NACO sites on latest HIV/AIDS prevalence in:
  - Different regions of the world.
  - In different states of India.



Note: Use current available figures



Residence	Male	Female	Infected Population(Lakhs)	Per cent
Urban	13.29	7.98	21.27	41.43
Rural	18.03	12.04	30.07	58.57
Total	31.32	20.02	51.34	100.00

Note: Use current available figures

Current Estimates and Future Projections

- According to UNAIDS, India has 5.7 million people living with HIV—more than any other country in the world.[1]
- NACO estimates there were 5.21 million Indians living with HIV at the end of 2005 (compared to 4.58 million in 2002), of whom 39% were female.[2]
- By the end of July 2005, the total number of AIDS cases reported in India was 111,608, of whom 32,567 were women. 37% of reported AIDS cases were diagnosed among people under 30. Many more AIDS cases go unreported.[3]
- The UN Population Division projects that India's adult HIV prevalence will peak at 1.9% in 2019. The UN estimates there were 2.7 million AIDS deaths in India between 1980 and 2000. It has also projected that India will suffer 12.3 million AIDS deaths during 2000-15, and 49.5 million deaths during 2015-50.[4]
- A 2002 report predicted 20 million to 25 million AIDS cases in India by 2010, more than any other country in the world.[5]

[1] UNAIDS/WHO 2006 Report on the Global AIDS Epidemic
[2] HIV/AIDS Epidemiological Surveillance & Estimation report for the year 2005, NACO, April 2006
[3] Monthly updates on AIDS, NACO, 31 July 2005
[4] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2003) 'World Population Prospects: the 2002 revision', Highlights, New York, February, p. 78-90
[5] National Intelligence Council (2002) 'The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China', September, p.3

The trends across the country show that there is no galloping HIV epidemic in India as a whole, as no evidence of upsurge in HIV prevalence has been observed in the country. However, there are sub-national epidemics in various parts of the country with the evidence of high prevalence of HIV among both STD clinic attendees and antenatal clinic attendees.

The HIV prevalence has seen a significantly increasing trend among STD clinic attendees in 16 sites and among antenatal clinic attendees in 7 sites located in the States of Andhra Pradesh, Maharashtra, Tamil Nadu, Gujarat, Pondicherry, Assam, Bihar, Chattisgarh, Delhi, Haryana, Himachal Pradesh, Kerala, Orissa, Goa, and Manipur.

There are a number of states in India where HIV prevalence among antenatal women is 1% or more, and these are considered to be high prevalence states. The prevalence data are derived from the screening of women attending antenatal clinics (ANC), meaning that these rates are only directly relevant to sexually active women. However, these rates can provide a reasonable estimate of HIV prevalence within the general population in each state.

Session 6: HIV/AIDS – Workplace & Productivity

Time: 90 Minutes

Learning Objective:

By the end of this session, the participants should be able :

- To learn the impact of HIV/AIDS on individual productivity.
- To link HIV/AIDS with earning and livelihood.

Method

Case study, group work and discussions.

Preparation

- Prepare and distribute the following case study handout to participants.
- Chart on impact of HIV/AIDS on enterprises (Slide 2).

> In one of the countries in Africa (Zambia), sickness due to HIV/AIDS has resulted in farmers not being able to tend their fields very often and optimally. As a result, the production of maize has been reduced by 61%, the production of cotton has reduced by 47%, vegetables by 49% and groundnuts by 37%.
>
> Imagine that this has happened in your village and in the neighbouring villages, and answer following questions.
>
> - How many people will get their food?
> - What will happen to the younger generation and children?
> - What will be the new sources of earning?

Allow the participants to reflect on the case study and to write their thoughts down. Provide about 10 minutes.
[**Tip to the Facilitator:** If you have a relevant case study from India, please feel free to use it]

Steps/Activity:

(**Time:** 80 minutes)

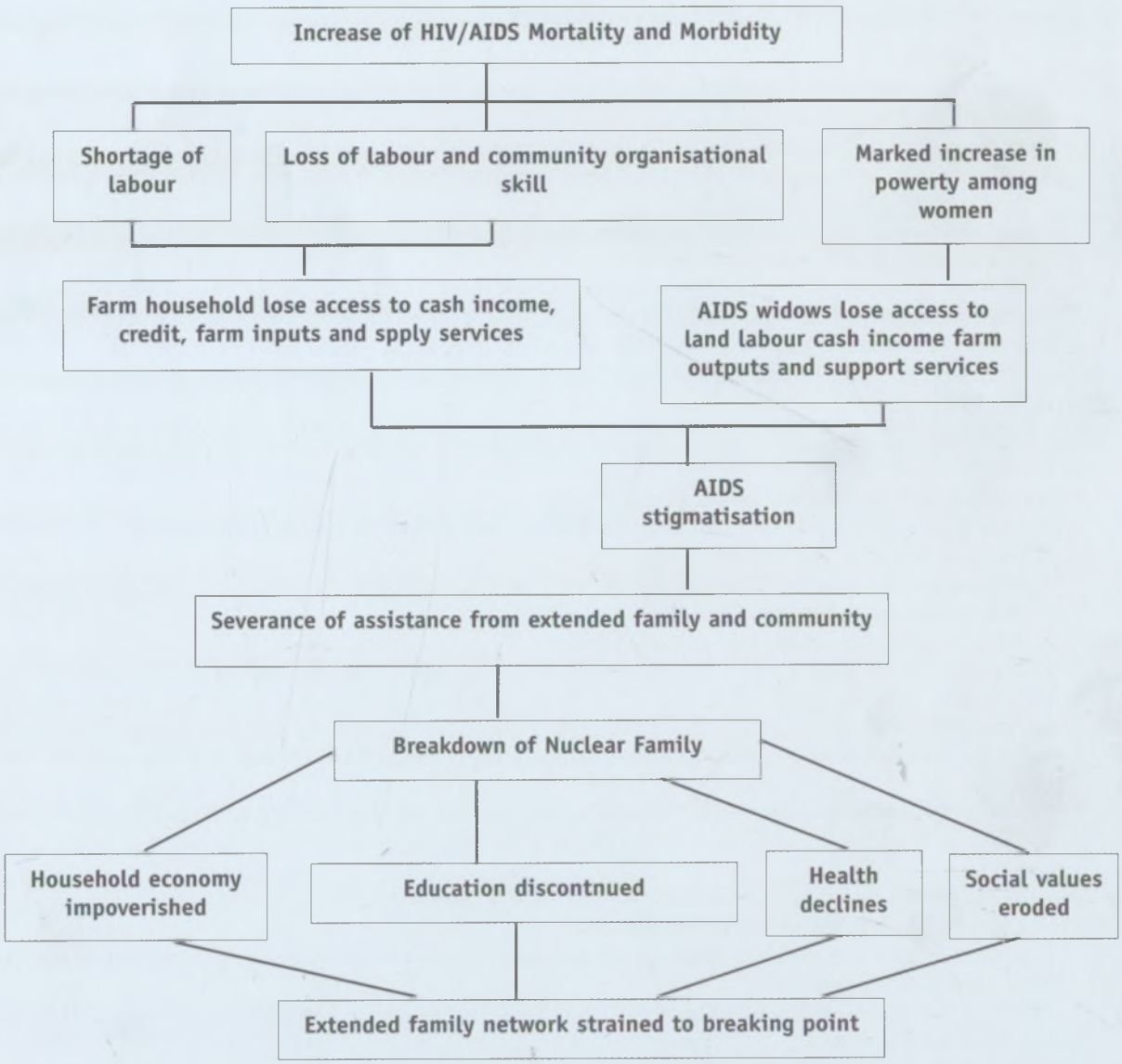
- Ask participants to form 4 separate groups.
- In each group participants discuss among themselves and attempt to answer the following:
  If one of us was affected with HIV/AIDS
  - What would it mean for our cooperative?
  - Will it impact our livelihood and work?
  - What would mean for our family, our village?
- Each group will be given 15-20 minutes to brainstorm, and report their findings on a chart paper.
- One member from the group will present these findings to the larger group in 5 minutes. (20 minutes for all the presentations).
- Assist them to put up their group outcomes on the walls [these will be referred to in the later sessions as well].
- Trainer will then summarise these findings, synthesize the learning on HIV/AIDS and livelihood, social acceptance, need for support, etc and end the session with the help of following the chart in the next 10 minutes.

Use the Chart to Say the Following to Participants:

- The ILO estimates that at least 25 million workers aged 15-49 – the most productive segment of the labour force - are infected with HIV.
- HIV/AIDS hit the co-operative sector in numerous ways. Particularly, in badly affected countries. The disease has the following impact:
  - It cuts the supply of labour and reduces income for many workers.

- Increased absenteeism raises labour costs for employers.
- Valuable skills and experience are lost.
- Often, a mismatch between human resources and labour requirements is the outcome.
- Along with lower productivity and profitability, tax contributions also decline, while the need for public services increases.
- National economies are being weakened further in a period when they are struggling to become more competitive in order to weather the challenges of globalization.

Impact of HIV/AIDS on Rural Economies
(Farming Community and Women)
(Source FAO)



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PRE/POST TEST QUESTIONNAIRE

Pre/Post Test

Instruction: Fill in the blanks or put a tick mark (✓) for the most appropriate answer for the questions 1-15. Ali questions carry equai marks.

1. HiV means _____

2. AiDS stand for:
   a) Acquired infectious Disease Syndrome
   b) Acquired Immunodeficiency Syndrome
   c) Acquired iodine Deficiency Syndrome
   d) Acquired Immunity Developed State

3. HIV spreads through:
   a) Saliva
   b) Tears
   c) Blood and genital fluids (semen and vaginal secretions)
   d) Sweat

4. HIV attacks and destroys which cells in the body?
   a) White Blood Cells
   b) Red Blood Ceils
   c) Platelets
   d) All of the above

5. HIV leads to AIDS by?
   a) Destroying various organs in the body
   b) Not allowing the blood formation in the body
   c) Destroying the capacity of the body to fight infections
   d) Destroying various enzymes and hormones in the body

6. In absence of drug treatment HIV usually progresses to AIDS in:
   a) 2-3 years
   b) 5-6 years
   c) 7-10 years
   d) 11-15 years

7. HIV is transmitted most often by:
   a) Sharing syringes/needles for Intravenous Drug Use
   b) Having sex with an infected partner
   c) Transfusion of HIV infected blood
   d) Infected pregnant mother to child

8. Which of the following is false about HIV/AIDS:
   a) Presence of RTI/STI increases the risk of HIV transmission
   b) Masturbation carries no risk of HiV/AIDS
   c) Oral sex can lead to HIV transmission
   d) if a person is HIV positive, he/she has AIDS

9. VCTC means
   a) Voluntary Counselling and Testing Centre
   b) Voluntary Care and Treatment Centre
   c) Voluntary Coming to Counseling Centre
   d) Visiting Counseling and Treatment Centre

10. Which of the following is false about the Window Period:
   a) Duration is 6 weeks to 6 months
   b) The person is carrying HIV in the body
   c) No HIV test is positive
   d) The person cannot spread infection to others

11. ABC for safe sex In the context of HIV prevention means:
   A)
   B)
   C)

12. HIV transmission can be prevented by all except:
   a) Always using sterilized/ disposable syringes and needles
   b) Using condoms during each act of sexual Intercourse
   c) Always using blood/blood products from a Govt/Govt approved licensed blood bank
   d) Isolating HIV/AIDS patients

13. All are true about RTI/STIs except:
   a Untreated STIs can lead to Infertility
   b) A person with RTI/STI may not experience any symptom
   c) Symptoms of RTI and STIs are usually the same
   d) There is no need for treating the other partner

14. Following behaviours put a person at risk of contacting HIV and /or STI except:
   a) Having unprotected sex with a casual partner
   b) Having unprotected sex with multiple partners
   c) Sharing syringes/needle for Injecting drugs
   d) Masturbation

15. All are common symptoms of RTI/STIs except:
   a) Burning sensation while urinating
   b) Pain in the lower abdomen
   c) Itching and /or abnormal discharge from genital organs
   d) Feeling of indigestion/discomfort after taking meals

   Instruction: Put a tick mark (✓) for True or False in the questions 16-20. All questions carry equal marks.

16. People with HIV can live healthy lives and prevent AIDS for many years by following a good diet, having a positive outlook and promptly getting treatment for Infections—True/False.

17. It is safe to donate blood every three to six months—True/False.

18. Correct and consistent use of condoms protects women against pregnancy, STIs and HIV—True/False.

19. Peopie iiving with HiV/AIDS deserve the same respect and rights in society and it is wrong to discriminate against them—True/False.

20. A pregnant mother an ART can prevent transmission of HIV to the chiid—True/False.

Section 3: HIV/AIDS – Basic Knowledge

Session 7: HIV/AIDS: What is Its Transmission and Prevention

Activity 1: Basic facts of HIV/AIDS

Learning Objectives:

By the end of the session, participants should be able to:

- Communicate what is HIV/AIDS.
- Differentiate between HIV/AIDS.
- Explain the stages of HIV infection.
- Explain the four modes of HIV infection and ways of preventions.
- Identify where to get the services for PLWHA.
- List out the names of service agencies in their respective states.

Time: 120 Minutes

Method

- Quiz
- Preparation
- Questions on basics of HIV/AIDS, gifts for participants.

Steps/Activity:

1. Divide participants into 3 groups, ask each group to give their group a name
2. Instruct the rules of the game. Each group will be asked a question on HIV/AIDS, 3 minutes will be provided for the group to discuss the question and one member of the group will give the response. A correct answer carries 10 points. If the group is unable to respond, it will be passed on to the next group.
3. Provide an equal number of questions to all the groups and encourage maximum participation. If the explanation is incorrect or incomplete, provide them with the necessary information.
4. Invite queries (if any) for further clarification.
5. At the end of the exercise, distribute gifts to all as, a sign of appreciation for their active participation in the game.

Make sure the discussion covers the following topics:

1. Worldwide, National and State scenario of HIV/AIDS
2. HIV/AIDS
   - Meaning of terms.
   - Difference between HIV and AID.
3. The Immune system
   - What is the immune system?
   - How does HIV infect the immune system?
4. Body fluids
   - What are body fluids?
   - Where are the WBCs (White Blood Cells) located (in body fluids such as blood, urine, vaginal fluids, seminal fluids, tears, saliva, etc.)?
   - Concentration of HIV in body fluids and the consequent risk of infection.
   - List body fluids in ascending order of HIV concentration.

Picture of HIV.

5. Stages of HIV infection from exposure to symptomatic phase
6. Routes of transmission and Prevention of HIV
7. Diagnosing HIV
8. Treatment and care and support

Activity 2: Summing Up the Game

Steps/Activity:

1. Invite the participants to sit in a circle, and explain the following points:
   - Even though HIV/AIDS is a major illness, not many people are aware of it.
   - Governments and many other organizations the world over have been fighting the battle against HIV/AIDS.
   - Awareness among people is one of the most effective ways of combating the disease.
2. Explain that they are going to do an exercise to find out how much they know about HIV/AIDS.
3. Place the container with the statement cards in the center of the circle.
4. Ask each participant to pick a card.
5. Start at one end of the circle, and ask the participants to read the statement on his/her card and give a response (Whether the statement is true or false). ive a
6. Complete the circle. As each participant reads out his/her statement and gives his/her response, ask the rest of the group whether they agree with the response or not?
7. Allow for some discussion and provide the correct response. Commend a participant if his/her response was correct.
8. Summarize the activity by reinforcing the essential facts about HIV/AIDS: how it spreads, how it can be prevented etc.

Note for the facilitator:

This is a simple exercise to gauge the group's understanding of HIV/AIDS and provide information. The facilitator can adapt this exercise for a non-literate group by the cards reading out, one by one. The rest of the process can remain the same.

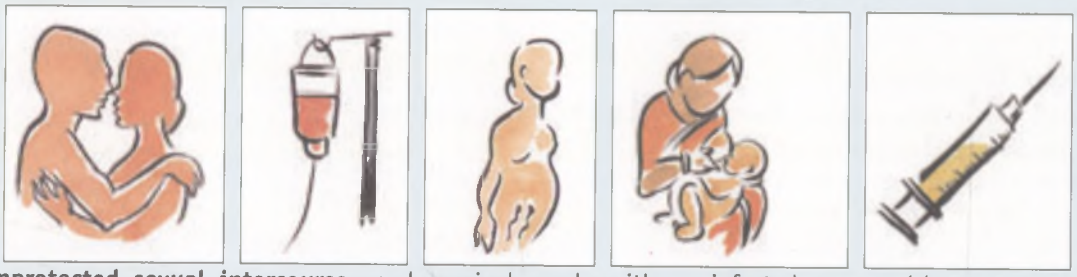
List of Statements for the Exercise:

Statements	Correct responses
The full form of HIV is high in vitamins.	False. The full form of HIV is Human Immuno Deficiency Virus.
HIV is caused by AIDS.	False. AIDS is caused by HIV. It is tiny, a thousand times smaller than the thickness of hair, and looks like a rolled up porcupine. It belongs to the family of the virus called retrovirus. Viruses are the smallest and simplest living organisms. They are so small that they cannot be seen under a live microscope. One needs an electron microscope to see them. They cause different diseases in human beings, which includes measles, polio, mumps, common cold and influenza.
There is no cure for HIV	True. Although some very strong drugs are now being used to slow down the disease. These drugs however, do not get rid of HIV or cure AIDS, and are also very expensive.

People who have HIV infection will develop AIDS.	True. AIDS is a medical diagnosis for a combination of symptoms, which result from break down of the immune system. **A** stands for 'acquired for' which means that it is obtained or received by a person and is something that is not genetically inherited. **ID** stands for 'Immuno Deficiency', which means that there is a deficiency in the immune system or that the immune system is weakened. **S** stands for syndrome. The word is used to emphasize that AIDS is not just one disease or symptom but a group of symptom or diseases. It can be diagnosed on the basis of one sign or symptom alone. All the symptoms of AIDS such as high fever, diarrhoea, loss of weight, tuberculosis, can be symptoms of other diseases too.
People with AIDS die from serious diseases.	True. In the final stages, the body has little or no immunity left and serious diseases like cancer or kidney failure lead to the demise of the person.
Only men can contract HIV.	False. Anyone who indulges in risky behaviors can get infected with HIV.
Sex is the only way of getting HIV.	False. Unprotected sex is just one of the ways in which HIV can be transmitted.
There is no protection against HIV/AIDS.	False. HIV/AIDS can be avoided through practicing safe behaviors such as abstinence, sex with single uninfected partner condoms etc.
If you are married you cannot get HIV /AIDS.	False. HIV/AIDS can infect anyone, at anytime, if the person indulges in behaviors such as unprotected sex, multi-partner sex and the use of unspecialized needles and syringes.
All sex workers are suffering from HIV/ AIDS.	False. But sex workers are a high risk group and more vulnerable to infection then others.
HIV/AIDS is a punishment for our sins.	False. HIV/AIDS is a disease caused by a virus that infects people when they indulge in unsafe behavior.
You can get HIV/AIDS through sharing injecting infected needles.	True.
You cannot get HIV/AIDS from holding an infected persions hand.	True. HIV does not spread through everyday contact with people who are infected with HIV. So, we don't need to worry about things we do daily. It is not easy to get HIV/AIDS. Unlike many common diseases, HIV cannot get to us through air, food or water.
If you travel in the same bus as a person with HIV you will also be infected with HIV.	False. HIV dose not spread through air; touch, sharing the same space or clothes.

Pregnant women can pass the AIDS virus to their unborn child.	True. HIV can be transmitted from an infected mother to her unborn child. There are about 30 per cent chances that the virus will be passed on to the unborn child. This means that if 10 HIV infected mother's delivers babies, only 3 will be found HIV positive. Babies born to HIV positive mothers may become infected during delivery and sometimes through breast milk.
There is no risk in sharing razors with someone who has AIDS	True. Althrough it is said that there may be a chance of infection, so far there has been no reported case of infection through sharing of razors.
The AIDS virus, HIV, is carried only through blood.	False. HIV is also carried through other body fluids [semen, vaginal discharge, and saliva].
It is okay to share bedclothes and food with someone who has HIV/AIDS.	True.
It is possible to get HIV from a toilet seat.	False.
A person can get HIV by donating blood.	True. HIV can also be transmitted through the use of unsterilized needles and syringes. Used needles and syringes are soiled with minute amounts of left over blood. Infected blood will directly transfer HIV into the blood stream. Some injecting drugs users such as those using heroin tend to share their needles and syringes with other addicts, without sterilizing them, to reduce the cost. This kind of sharing is also likely to transmit HIV, if any one of the heroin addicts is HIV infected.
You can tell by looking at a person if he/she has the AIDS virus.	False. An HIV infected person looks no different than an uninfected person.
The risk of getting HIV increases if you have many sex partners.	True. Because you cannot ensure that all your partners are not infected with the virus.
Using a condom reduces the risk of HIV/AIDS.	True. Condoms prevents the exchange of body fluids, thus reducing the risk of infection.
HIV is spread through kissing.	False.
Children cannot get HIV/ AIDS.	False. Children are as vulnerable to HIV infection as anyone else
If you take the birth control pill you will not get HIV.	False. Birth control pill is an oral contraceptive and offers no protection against HIV.
People with HIV/AIDS should be kept in prison.	False. Isolation and incarceration are no means of protection against the HIV virus.
You will not get HIV/AIDS if you do not have sex.	False. HIV infection can also be transmitted through blood transfusion, sharing of infected needles/ syringes and from mother to child.

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:



- **Unprotected sexual intercourse—**oral, vaginal, anal—with an infected partner (the most common route).
- **Blood and blood products**, for example, infected blood transfusions and organ or tissue transplants.
- **Use of contaminated needles or other skin-piercing equipment—**this transmission takes place through ---shared drug use or 'needle stick' injuries.
- **Parent to Child Transmission** (PTCT) from infected mother to child at birth or during breastfeeding.

Session 8: High Risk Behaviour

Time : 120 minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Describe what is high risk behaviour.
- Learn various types high risk behaviour and its relevance in the context of HIV/AIDS.
- Establish linkages of behaviour with transmission/prevention of HIV.

Method

- Discussion
- Game

Initiate a Discussion by Saying

" Now that we know what is HIV/AIDS, how it is transmitted, and how it can be prevented, let's discuss and share suggestions on how one's behaviour can potentially increase the risk of exposure".

- Facilitate discussion with use of the following chart:

Chart

WHO HAS THE GREATEST OR LEAST RISK OF CONTACTING HIV?

Rank from I - 10 (1 means having the highest risk for getting HIV and 10 means having the lowest risk for getting AIDS). The same rank can be given to more than one person listed below.

Please remember that it is not what you are but what you do that puts you at risk of getting HIV infection.

- School student with a classmate who has AIDS.
- Medical doctor.
- Family member of a person with AIDS.
- Someone with multiple sex partners.
- A man who has sex with a man.
- Two lesbians who have sex with each other.
- The unborn child of an infected mother.
- Nurse.
- Sex worker.
- Voluntary blood donor.
- Intravenous drug user.
- Person with STI.
- A street child.

Activity

Preparation:

- Cards with statements and positions.

Steps/Activities

Step 1:

- Post one card on a wall of the room on which is written AT RISK.
- Post another card on a separate wall on which is written NOT AT RISK.

Step 2:
- Distribute cards to each participant on which one of the following statement is written on each card.

Step 3 :
- Ask participants to read the statement written on their individual cards and stand against/beneath the AT RISK or NOT AT RISK Catagory with which they agree.

Step 4:
- When all participants have seleced their category, one by one, ask them by turn to explain why they have selected that particular category. (AT RISK/NOT AT RISK).

Statement on Cards:
1. Blood Donation
2. Sex with multiple partners
3. Sharing the toilet of an HIV infected person
4. Mouth to mouth intense kissing
5. Unprotected sex with a commercial sex worker
6. Masturbation
7. Oral Sex
8. Anal Sex
9. Drug addicts sharing the same needle
10. Swimming together with an HIV+ve person
11. Using the towel of an HIV infected person
12. Having sex with a girl/boy from the neighbourhood
13. Exchanging clothes with an HIV + ve person
14. Sharing of razor blades
15. One syringe and needle used to inject many people
16. Tatoo
17. Mosquito which has bitten an HIV+ve person
18. Blood Transfusion
19. Male having sex with a male
20. Lesbian
21. Going to work/college with an HIV + ve person on a motor cycle
22. Using same needles to pierce ears and nose of many clients
23. Eating and drinking in the same crockery used by an HIV+ve person
24. Breathing in the same environment where an HIV+ve person is sneezing or coughing
25. Sharing cosmetics with an HIV+ve person

- Trainer to clarify wherever needed.
- Trainer to initiate an applause for the effort of participants.

Summarise by saying

"Each and every one of us is at risk of getting HIV infection/AIDS. Certain behaviours which carry high risk are:
- *Having sex with multiple partners especially when condoms are not used.*
- *Injecting drugs by sharing contaminated needles.*

It is not who the individual is but rather what an individual does that puts him/her at risk. Adolescents and youth are at a greater risk of getting infected because at their age they have a natural curiosity towards the opposite sex, and are likely to 'experiment'. People who receive HIV contaminated blood and blood products are also at risk."

Sub sessions: 1: Attitude Value Clarification Exercises

Exercise 1: Looking Inwards

Learning Objectives:

By the end of the session, participants should be able to:

- Examine their own beliefs, values, assumptions and attitudes towards HIV/AIDS.
- Communicate feelings about PLWHA.

Method:

Individual exercise.

Time: 45 minutes

Materials:

Pieces of ribbon and papers, pen/pencils

Steps

- The facilitator explains that understanding how society feels about PLHA is very important in order to improve the quality of care services. Therefore, we will play an interesting game to explore this.
- Invite a volunteer to participate. Ask her/him to sit/stand where everybody can see the person. Distribute a piece of paper, ribbon (long enough to tie it on any part of the volunteer) and pen/pencil for every person. Ask them to write one statement/depict with a picture an answer to the following question:

"What negative feelings does society have towards PLHAs?"

- Now ask each of them to read out to the group what they have written or depicted, tie the piece of paper with the ribbon and then to tie it on any part of the volunteer. Make sure everybody participates.
- Ask how the volunteer feels. Encourage the volunteer to take it as a part of the learning process.
- Now, ask the whole group the following questions:
  - Is the volunteer (assumed as a PLHA) not a member of the family and the part of the society?
  - Doesn't he/she have any value of his life and to the family?
    (Probable answers—some yes few no-explore reasons behind these.)
  - How might these negative feelings affect your behavior towards PLHAs?

- Where do these fears/misunderstandings come from?
- Now, ask the participants to repeat the previous exercise, this time with a positive statement, opposite to the statement expressed previously.
- Encourage the volunteers and participants to express how they feel during the exercise.

Tips for the facilitators:

There will be a strong tendency for the participants to become very emotional especially the volunteer. So, it is important for the facilitator to be very sensitive towards the participants' reaction. If any one is seen crying or overwhelmed with emotion, address this first by assuring them that this is a very safe opportunity or outlet for feelings. At the same time, it can help to understand ourselves and issues about HIV/AIDS. Therefore, we need to participate with courage and determination. The facilitator should select a volunteer who is open and confident.

Exercise 2: Taking Position

Learning Objectives:

By the end of this session, the participants should be able to:

- Realize their personal attitude and values related to HIV/AIDS and sexuality.
- Understand the impact of reflecting personal attitude and values in the process of counselling.

This exercise can be undertaken depending on availability of time.

Time: 30 minutes

Method:

Three corners exercise

Materials

Written Statements

Steps

- Instruct the rule of the game, "Imagine there is a line drawn diagonally in the room. One extreme end represents "disagree" and the other end, "agree" and the middle "can't say". Participants have to take a position for every statement, which will be read out by the facilitator. Each group taking the different position will be given 3 minutes to discus their justification and then will be sharing it with the larger group."
- Read out a statement and ask them to follow the rules of the game. Listen to their justification carefully and provide necessary information (if required). Repeat the same process for statements.
- At the end of the game, encourage them to reflect on their learning from this exercise and lastly summarize the objective of the game. Ensure that it takes time to change our own attitude and values but at the same time it is very important to reinvent and analyze. Even if we have certain reservations about personal values, it is important to be aware of it and take special effort not to reflect them in the process of counselling.
- It is important to realize that each one of us has our own values and beliefs towards certain issues such as sex before marriage, extra marital sex or relationships, women talking about sexual matters, or towards people living with HIV, sex workers, homosexuals etc.
- Our values and beliefs are influenced by social norms of the place where we are born and brought up. Religion, culture, circumstances and opportunities in life also play a role in shaping our values, beliefs and attitudes.
- We all hold our values and beliefs very strongly but the fact is that we hardly understand their meaning and implication in life. The implications can have both a positive and negative influence every on behavior. It is very important to introspect on moral values, beliefs and attitudes and analyze whether they are

constructive or destructive towards the self or to others. This self assessment will enable us to understand, identify and decide which are the values and beliefs that are constructive and need to be strengthened; and which are the ones that are detrimental to oneself or to others and need to be changed.

Statements for the Attitude Value Game:

1. HIV infected women should not get pregnant.
2. HIV testing should be made compulsory for all before marriage
3. HIV/AIDS is the problem of Sex workers, Truck drivers and IDUs
4. Sex education amongst adolescent boys and girls promotes promiscuity
5. Sex before marriage is immoral.
6. There is no point in caring for a person infected with HIV as they will be dying soon.
7. HIV infected people should be blamed for their irresponsible behavior

Sessions on Condom Demonstration

Activity 1: Learning the Steps of Condom Use

Time: 30 minutes

Materials

- Flash cards on which steps of condom use is written. (One step each written on each card.
- Condoms, Penis model.

Method

Game followed by demonstration

Steps

- Distribute the flash cards to everybody. (Make sure there are enough flash cards for all.).
- Instruct participants that they everybody has to interact with each other and find out what step is written on the flash card. Accordingly, they have to help each other to stand in a line depicting the correct sequence of the steps involved for correct use of condom. Encourage discussion on the sequence and ensure everybody agrees with the sequence.
- Once they are ready with the correct sequence, ask them to sit in a circle without disturbing the sequence.

Alternative Exercise: Condom Demonstration

Time: 45 minutes

Materials:

Condoms for all the participants, polythene bag

Steps:

- The learning from the previous exercise, and then inform participants about the condom demonstration exercise.
- Distribute one condom each to all the participants.
- Invite a volunteer who can lead the condom demonstration. Encourage the others to observe first.

- Once the volunteer has finished the demonstration, encourage the observers to give their comments/inputs etc.
- The facilitator should lead the condom demonstration and encourage participants to follow the facilitator's demonstration.
- Facilitate a discussion on misconceptions and myths related to condom use, availability and accessibility.

Note for the facilitator:

Use of condoms to prevent HIV and STI transmission

- Condoms are the most effective means of protection against the organisms that cause sexually transmitted diseases, including HIV. Condoms are effective only if they are used properly during every sexual intercourse.

- A demonstration of the correct use of a condom followed by an opportunity for participants to practice doing the same are the most effective means of helping participants understand how to use condom.

How to Use a Condom?

1. Be sure you have a condom and check the expiry date.
2. Each time you have sex put a new and unused condom on the penis before it enters the vagina, rectum or mouth.
3. Put the condom on only when the penis is erect.
4. When putting on the condom, hold it so that the rolled rim is on the outside. If you are not circumcised, first pull the foreskin of the penis back.
5. Do not pull the condom tightly against the tip of the penis but pinch the end of the condom when rolling it, this leaves a small empty space, to hold the semen.
6. Unroll the condom all the way to the base of the penis.
7. If the condom tears during sex, withdraw the penis immediately and put on a new condom.
8. After ejaculation, hold on to the bottom of the condom as you pull the penis out, so that the condom does not slip off, then take off the condom carefully without spilling semen.
9. Wrap the condom in paper (such as newspaper) until you can dispose of it in a toilet, a pit latrine, or a closed garbage bag or by burying or burning it.
10. The following tips will help prevent condoms breaking or leaking.
    - If lubricant is needed, use a water-based one (like KY jelly or glycerin).
    - Do not use a lubricant made with oil, like vaseline, as this will damage the condom. Store condoms in a cool, dark dry place.
    - Heat, light and humidity can damage condoms.
    - If you have a choice, choose pre-lubricated condoms that are packaged so that light does not reach them.
    - Open the wrapper carefully so that the condom does not tear.
    - Do not use condoms that are sticky, brittle, discolored or damaged in any way.
    - Remember, correct and consistent use of condoms will protect you from HIV.

Note: condoms used even if both partners are positive

Session 9: Male and Female Reproductive System

Learning Objective:

By the end of this session, the participants should be able:

- To explain the structure and functioning of the female and male reproductive system.

Time: 45 minutes

Method

Brainstorming, Discussion, Presentation

Preparation:

Flipcharts, marker pens, diagrams of the male and female reproductive system.

Activity 1 – Female Reproductive System

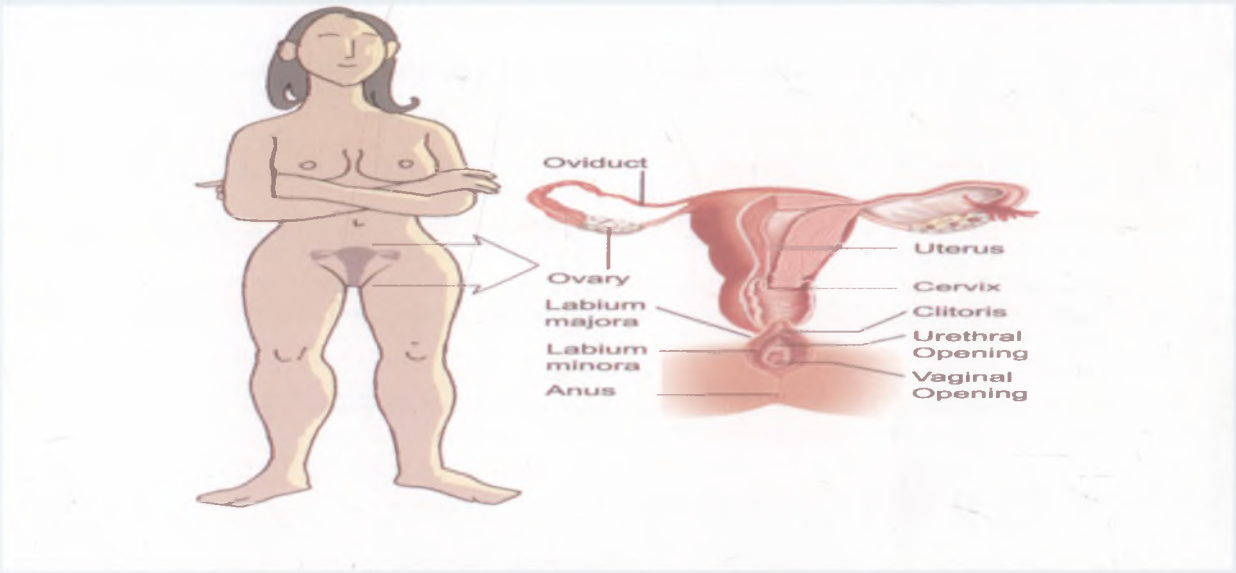
(25 minutes)

STEP – 1

Tell the participants that it is important to know and understand how the sexual and reproductive organs work in both the sexes in order to understand the intricacies of conception, contraception and STDs/ RTIs.

STEP - 1

Show the Illustration 1: Female Reproductive Organs given below. Ask participants if they can identify the parts of the female reproductive system. Point out to the ovaries, fallopian tubes and uterus and ask the group if they know the name and the function of that particular part.



Female Reproductive System

STEP - 2

Explain each external and internal reproductive organ and the purpose of each part. Utilize the information given in the Facilitator's Guide : Female Reproductive System

Facilitator's Guide: Female Reproductive System

The parts of the female body that are involved in sexual intercourse, pregnancy and child bearing are called the reproductive organs.They include:

A. External Organs

This part of the female reproductive system is visible as it is situated outside the body. **There are three openings in the genital area:**The urethra, the vagina and the anus. The urethral opening is a small opening above the vaginal opening for the passage of urine. Vaginal opening is between the urethral and the anal opening. The anus is not the part of reproductive system. It is the outlet for the faeces.

Labia Majora and Labia Minora: They are two sets of folds on either side of the vaginal opening. They protect the clitoris, the urethral and vaginal openings.

Clitoris: It is a small sensitive organ containing the erectile tissue. It is located above the urethral opening at a point where the labia meet. It is the focal point of sexual stimulation in the female. It brings a pleasurable feeling when stimulated.

B. Internal Organs

Ovaries: The ovaries are oval-shaped glands situated on either side of the uterus. The ovaries contain thousands of immature eggs. Once a girl has reached puberty every month one egg (ovum) is released from the ovary. If the egg is not fertilized by a sperm, the internal lining of the uterus is not needed and is gradually released during menstruation. Ovaries also produce female sex hormones—oestrogen and progesterone.

Oviducts (Fallopian tubes): The fallopian tubes are the passageway for the egg from the ovary to the uterus. They are attached to the uterus on both sides and open into it. This is the place where the sperm meet and fertilize the female egg.

Uterus (womb): When a woman gets pregnant the baby grows inside the uterus. If a woman does not get pregnant, the inner lining of uterus passes out of her body along with the blood through the vagina. This is called menstruation.

Cervix: It is the neck (mouth) of the uterus. It connects the uterus to vagina. The cervical opening is small. It dilates maximum at the time when a baby is to be born to allow it to pass through it.

Vagina: Is the channel between the uterus and the vaginal opening. The menstrual flow passes through the vagina. It is an important organ for the sexual act. During intercourse, the penis is inserted into the vagina through the vaginal opening. The baby passes through this passage during delivery.

Hymen: It is a thin membrane and lies at the entrance of the vagina. It normally has a small opening through which menstrual blood comes out.

Presence of the hymen is taken as proof of a girl's virginity. If she does not bleed during the first sexual intercourse, the husband starts doubting her character. This is a myth. The fact is that the hymen can also break due to injuries, strenuous exercise (such as running, horse riding, cycling) and hence it is no proof of virginity. The absence of the hymen does not mean the girl is not a virgin. Pregnancy is possible even when the hymen is intact.

STEP – 3

Explain that it is important to maintain hygiene of reproductive organs by cleaning them daily with soap and water. Lack of hygiene can give rise to RTIs.

STEP – 4

Explain about menstruation using the Facilitator's Guide: Menstruation.

Facilitator's Guide: Menstruation

Menstruation (also called 'periods' because they occur every month) marks the onset of sexual maturity in young women. Menstruation is the periodic shedding of blood and tissues from the female reproductive organ called uterus. The uterus is located in the lower part of the female's abdomen. The beginning of menstruation implies that a youngwomen is capable of becoming pregnant and having a baby, if she has unprotected sexual intercourse (i.e. without using a condom or any other method of family planning). Menstruation occurs monthly in a girl or woman during her childbearing age(15-45 years of age).

About two weeks before a menstruation an egg cell matures in one of the ovaries. The egg travels through the fallopian tube to the uterus. Under the influence of special sex hormones, the internal lining of the uterus becomes velvety in appearance due to an increase in blood vessels and tissues. If the woman has had intercourse and the ovum or egg has been fertilized in the fallopian tube by a sperm, the fertilized egg moves from the tube into the uterus where it is nourished by the rich tissues of the uterus. If the egg is not fertilized, the lining of the uterus is not needed and is gradually released during menstruation which lasts for a period of two to six days. During this period some girls feel low, unstable and moody. This is due to changes in the levels of hormones in the body. Menstruation usually begins around 11-14 years. Cessation of menstruation is called menopause, which occurs around 43 to 45 years of age.

In menstruation, the girls and women have to maintain proper genital hygiene. Lack of proper hygiene can result in reproductive tract infections (RTI) which can lead to serious complications including death.

About a week or so before menstruating, women may experience tenderness in breasts and mood changes. These signs are normal.

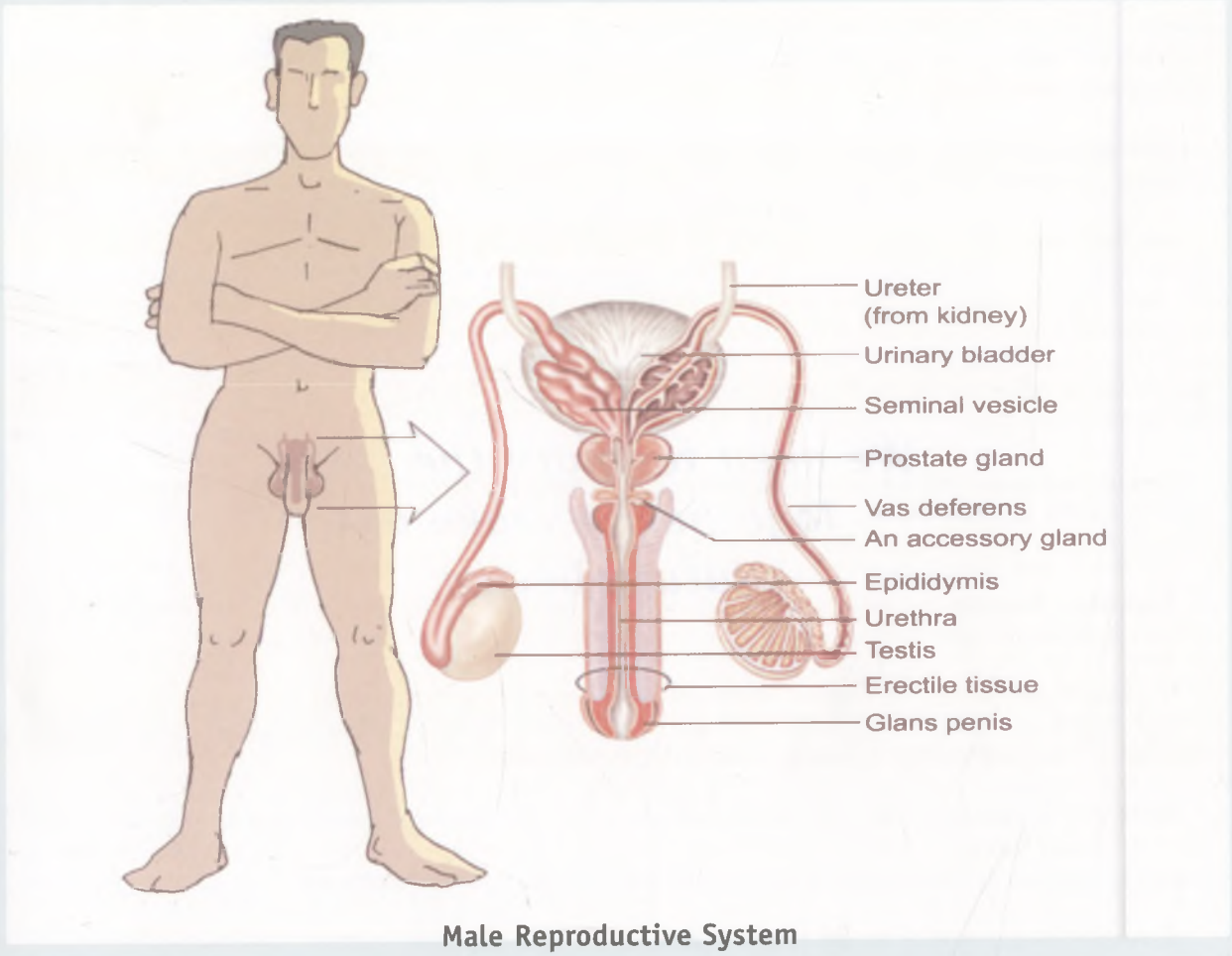
Sometimes women may feel pain or heaviness, or pain in the lower abdomen, lower back and/or thighs during their periods. This pain can be cured by simple pain relieving medicines. In case of extreme pain, excessive flow of blood or irregular cycles, a doctor should be consulted.

Emphasize the use of clean pads (home made from washed and sun dried clothes or disposable Sanitary Napkins) are to be used by females during menstruation. These are to be used daily and disposed off safely by wrapping them in a paper.

Activity 2 – Male Reproductive System (20 minutes)

STEP - 1

Show the Illustration 2: Male Reproductive Organs. Ask the participants if they can identify the parts of the female reproductive system. Point out the ovaries, fallopian tubes and uterus and ask the group if they know the name and the function of that particular part.



Male Reproductive System

STEP - 2

Explain each external and internal reproductive organ and the purpose of each part. Utilize the information given in the Facilitator's Guide: Male Reproductive System

Facilitator's Guide : Male Reproductive System

The parts of the male body included in reproduction are called the male reproductive organs.

Scrotum: it is a loose pouch of skin located behind on both the sides of penis. It contains testicles (or testes). It controls the temperature necessary for sperm production and survival.

Testes: the testes are two glands suspended in the scrotum by the spermatic cord. Before birth they are in the abdomen but descend into the scrotum following birth . They are oval shaped. Usually the left testis hangs somewhat lower than the right. They are important reproductive glands in the male because they produce sperms as well as the male sex hormone called testosterone, which is important for the development and maintenance of sexual characteristics. It is also responsible for ones sex drive.

Sperm production occurs in testes and usually begins at about the age of 12 years but the ejaculation of mature sperm (seminal emission) usually occurs after the age of 13 years. The man's testes continue to produce

sperms, if he is healthy, till the end of his life. Total number of sperms per ejaculation is 200-500 million, but only one can fertilize the egg. Which sperm—whether containing the X or the Y chromosome—fertilizes the egg depends upon chance.

Epididymis: these are two comma shaped tubes, each found at the upper end of the testes. A small quantity of sperms is stored in them.

Vas Deferens: the epididymis leads into the vas deferens (also referred to as sperm tube). It joins the ejaculatory duct in the prostate gland. Most of the sperms produced are stored here. A (Surgical sterilization of the male, i.e. vasectomy is performed on the vas deferens. It is a simple surgical procedure in which the two vas deferentia are cut and tied. This prevents the passage of sperms up the vas deferens and out of the ejaculatory duct. Except for this prevention of the passage of sperms, a vasectomy does not interfere with ejaculation or other functions of the reproductive organs. The man is still able to produce semen though it contains no sperm).

Seminal Vesicles: these are two glands whose ducts or tubes join the vas deferens, one on each side. During ejaculation the seminal vesicles add fluid secretions, which constitute the semen. The fluid is made of fructose,a simple sugar that provides nutrition for sperms.

Ejaculatory Duct: the vas deferens along with the duct from the seminal vesicle forms the ejaculatory duct. It is a short straight tube that passes into the prostate gland to open into the urethra.

Prostate Gland: it lies just beneath the bladder. The prostatic fluid neutralizes the high acidity exhibited by the vagina and makes it conducive to sperm movement. Although these secretions usually precede ejaculation, they may contain sperms and may result in pregnancy.

Penis: it is the male sex organ for sexual intercourse. It is a tubular organ made up of spongy tissue which fills with blood during an erection. It is a myth that an erect penis should be at right angles, a little or moderate curvature is common and does not affect the process of sexual intercourse.

Glans: This is the head of the penis and receives all the sensations during sexual intercourse

Foreskin: a circular fold of skin called the foreskin (prepuce) covers the glans. A number of small glands located here discharge their secretions onto the glans penis. These secretions accumulate on the glans as a smelly cheese-like substance called smegma. If the glans is not cleaned regularly (the foreskin has to be gently pulled back for cleaning) the smegma can trap germs leading to infection.

Circumcision is the removal of the foreskin. In some men, surgery may be recommended if the foreskin is tight and cannot be pulled back over the glans penis.

Urethra: is a tube which carries urine from the bladder and semen (with sperms) through the penis. The urethra is a common passage or outlet for urine, alkaline liquid from the Bulbourethral (Cowper's) glands and semen. During ejaculation the opening from the urinary bladder is normally closed by a reflex action of the nervous system. Prior to the passage of sperms, the acidic effect left by urination in the urethra is neutralized by fluids from the Cowper's gland.

Semen: this is the male ejaculate that consists of (1) sperms, (2) secretions from the seminal vesicles, (3) secretions from the prostate gland. The sperms constitute only a small portion of the semen.

Ejaculation is the process in which the penis throws the semen out of the body.

STEP – 3

Explain that it is important to cleaning the glans or the head of the penis daily with soap and water by retracting the foreskin. Lack of hygiene can give rise to reproductive tract infections (RTIs)

STEP – 4

- Explain about the process of sexual intercourse and concept of unprotected(unsafe) sex.
- Discuss the consequences of unsafe sex, pregnancy, RTIs/STDs and HIV/AIDS.
- Briefly describe contraception and the importance of the use of a condom.

STEP – 5

Summarize the important facts elicited.

Session 10: Sexually Transmitted Infections and Reproductive Tract Infections

Time: 90 Minutes

Learning Objectives:

By the end of this session, the participant should be able to:

- Differentiate between RTIs and STIs.
- Identify the causes and symptoms of RTIs/STIs.
- Identify measures for prevention of RTIs/STIs.
- Learn about various myths/misconceptions and facts about RTIs/STIs.

Method

- Brainstorming, discussion, group work, presentation and VIPP.

Preparation

- Flipcharts, marker pens, VIPP cards.

Activity1: RTIs/STIs: Their importance and how they are caused. (20 minutes)

STEP – 1

Initiate the discussion by asking the participants what they understand by the terms STI and RTI. List their responses on the flipchart—On the left STIs and on the right RTIs.

STEP – 2

Summarize the discussion by using the talking points given in the Facilitator's Guide 1: RTIs and STIs.

Facilitator's Guide 1: RTIs and STIs

- **Reproductive Tract Infections** (RTIs) are infections that occur in the reproductive tract of both men and women. These are caused by bacteria, viruses or protozoa. The infection affects the genital tract and can affect female reproductive organs (like vagina,uterus, fallopian tubes) or male reproductive organs (like the penis, prostate, glans, seminal vesicles and urethra).
- RTIs include all infections of the reproductive tract, whether transmitted sexually or not.
- The infections transmitted from one partner to the other during sexual contact are called **Sexually Transmitted Infections** (STIs). These are also called STDs **(Sexually Transmitted Diseases)**.
- The common STIs are:
  - **Scabies**
  - **Hepatitis-B(jaundice)**
  - **Syphillis**
  - **Gonnorrhoea**
  - **Warts**
  - **Herpes**
  - **HIV/AIDS**
  - **Fungal infections**

STEP – 2

Discuss the importance of talking about RTIs/STIs and summarize using the OHP sheet/Flipchart given below.

OHP Sheet/Flipchart: Why Talk about RTIs/STIs

- Responsible for poor reproductive health and poor quality of life.
- Can spread to babies from mothers.
- Can exist without symptoms.
- Repeated infections.
- STIs increase the chances of getting HIV.
- Sex with multiple partners increases the chances of STIs.
- Multiple STIs can co-exist.
- Self-medication/inadequate treatment leads to incomplete cure/recurrence.
- Socioeconomic consequences (eg infertility).
- May lead to life threatening complications.

STEP – 3

Briefly discuss various RTIs/STIs

STEP – 4

Using VIPP method, let the participants enumerate the predisposing factors factors leading to RTIs/STIs. Emphasize on:

Poor genital hygiene
Poor menstrual hygiene
Unhygienic practices by service providers during delivery, abortion etc.
Unsafe sex
Multiple sexual partners

Discuss that certain people are at increased risk of getting RTIs/STIs viz. sex workers, enuchs, truck drivers, adolescent and youths .

Emphasize that RTIs and STIs have similar symptoms and having RTI does not necessarily mean unsafe sexual behaviour. Thus, there should not be any guilt and hesitation in getting treatment.

STEP – 5

Discuss how RTIs /STIs are caused and transmitted using the **Facilitator's Guide 2** given below

Facilitator's Guide 2 : How RTIs /STIs are Caused and Transmitted

- Disturbance in the equilibrium of the genital environment (eg. bacterial and fungal infections in Pregnancy).
- Poor genital hygiene.
- Using unhygienic toilets.
- Sexual intercourse.
- During childbirth from mother to child.
- Using unclean hands/unsterilized instruments during delivery, abortion and medical and surgical procedures etc.

Activity 2 : Symptoms of STIs/RTIs (10 minutes)

STEP – 1

Ask the participants to describe the symptoms of RTIs/STIs in girls and boys. List the response on a flipchart.

STEP – 2

Summarize the symptoms of RTIs/ STIs with the help of the **Facilitator's Guide 3**

Facilitator's Guide 3: Common Symptoms of RTIs/STIs

For both Men and Women :

Genital ulcers (sores).
Burning sensation while passing urine.
Swelling in the groin.
Itching in the genital region.

For Women :

Unusual vaginal discharge. And smell from vagina
Pain in lower abdomen.
Burning/itching in the vagina.
Pain during sexual intercourse·

For Men :

Discharge from the penis.

Emphasize that:

- Many people especially women may not have any symptoms.
- Symptoms of STIs can also be found in other areas (e.g. mouth)

Activity 3: Complications and Consequences of RTIs/STIs (20 minutes)

STEP – 1

Divide the participants in two groups and let them work on **Sundri's story** for 10 minutes.

Sundri's Story

Sundari will be 19 in two months time. When she was 16 years, she fell in love with Sumit,. They continued their relationship for about six months and had sexual intercourse several times. When she became pregnant, Sumit took her to an old lady for an abortion, in the neighboring village. Sundari became very moody and depressed after the abortion.

In the mean time, Sumit went to the city for three moths to work in a factory. There he had sex with a prostitute and on his return resumed the relationship with Sundari. By the end of six months she had to get another abortion done.

Since then Sundri had been having frequent pain in the lower abdomen region and occasional bleeding. She did not go to a doctor because she was scared and had no money. She felt tired and left the stitching work she was doing in the nearby factory. She often felt depressed and started crying a lot. Slowly, her income reduced and also the food intake due to lack of money. Her parents forced her to marry a farmer from the next village to whom they owe money.

At her husband's place, Sundari frequently fell ill while working in the field. She felt severe pain during intercourse but could not tell anyone. Her mother-in-law wanted to know why she was not getting pregnant and took her to a doctor. The doctor examined her and told that it would be very difficult to her to be a mother in the future.

STEP – 2

Initiate the discussion by asking the following questions

- How did Sundari get infected?
- What was the immediate and future health impact of her condition?
- What was the impact of teen pregnancy and abortion by a lay person?
- What was the impact on her livelihood?
- What are the socio-cultural factors that prevented her from seeking help?

STEP – 3

Summarize using following points:

- Marital disharmony due to unhealthy sexual relationships.
- Psychological trauma/ stress.
- Socioeconomic consequences.
- Infertility.
- Increased chances of HIV infection due to breakage in the inner lining of genital organs.

Activity 4: Prevention of RTIs/STIs (15 minutes)

Step-1

Ask the participants how RTIs/STIs can be prevented. List the responses on a blank flipchart. Discuss the responses.

Step - 2

Put up the **Flip chart** and summarize the action points for prevention of RTIs/STIs. Mention that we need to educate and inform adolescent boys and girls about the precautions to be taken for preventing RTIs/STIs.

Flipchart: Prevention of RTIs/STIs

- Maintaining proper genital hygiene is important. Girls should also maintain good hygiene during menstruation.
- Practicing responsible sexual behaviour. Being faithful to one partner.
- Practicing safe sex (using condom).
- Avoiding sexual contact, if either of the partner has an RTI/STI.
- Not neglecting any unusual genital discharge.
- Institutional delivery or home delivery by a trained birth attendant.
- Availing safe abortion services.
- Ensuring complete treatment of oneself and one's sexual partner.
- Dispelling myths and misconceptions.
- Awareness generation and sensitization.

Step - 3

Ask the participants if they have heard about the link between STIs and HIV. Discuss that STIs can increase chances of transmission of HIV infection.

Facilitator's Guide

The presence of certain STIs increases the risk of getting HIV infection during contact with an HIV-infected person. Certain STIs result in breaks in the skin on or in the anus,vagina or penis, that permit the virus to enter the blood system more easily.

Activity 4 RTIs/ STIs: Quiz on Myths and Misconceptions (25 minutes)

STEP - 1

Tell the participants that they are going to participate in a quiz. Explain that you will read out a statement and those who think that the statement is "**True**" should come and stand to your right, while those who think that it is "**False**" should stand to your left. Those who are **"Unable to decide"** should stand in the middle. Make sure that everyone has understood what she/he is supposed to do.

Facilitator's Guide : Myths and Facts regarding RTIs /STIs

Statement	Answer	Explaination
STIs are caused due to the curse of god.	False	STIs are caused by germs, which are transmitted by sexual contact and can be prevented by safe sex practices.
A man suffering from a STI can get rid of it by having sex with a virgin.	False	STIs can be treated by medicines, so one should seek medical help as soon as possible. Sex with a virgin is not an alternative treatment for STIs and so should not be considered at all.
If a person has a STI, she/he is 8 to 10 times more at risk of getting HIV infection.	True	HIV can enter the body much faster if a person has a STI (genital sores, ulcers).
STIs take their own time to disappear and one cannot do much in this regard.	False	STIs can be treated by medicines. If untreated, some symptoms might disappear, but the causative agent remains in the body and can cause complications later on.
A person suffering from STI should keep it a secret from his/her spouse.	False	To treat the disease, it is important to get both the partners treated. If an infected husband undergoing treatment without letting his wife know of it, he may be re infected through his wife who acts as a reservoir of infection until she is treated.
If one partner has a symptom of STI, both the partners need to take treatment (medicines) for it.	True	Even if the other partner does not have a symptom, she/he needs to be treated, otherwise she/he could be harbouring germs of STIs in his/her body.

Men should use condoms only with sex workers.	False	Men should use condoms (if STI is doubted) to protect themselves, their wives and their unborn child from STIs and related complications.
RTIs and STIs can cause infertility in men and women.	True	RTIs/STIs are infections in the reproductive system and can disrupt its normal functions e.g. RTIs/STIs can lead to blocked tubes in women or blocked vas deferens in men.
If you are suffering from any disease of the genital tract, you should never talk about it	False	Diseases of the genital tract are like disease of any other part of the body and one should seek medical advice for them.
STIs are caused by the heat in the body.	False	STIs are not caused by the heat in the body. They are caused by germs which are transmitted by sexual contact and can be prevented by safe sex practices.
A healthy looking male/female will not have RTIs/STIs.	False	Even after having a RTI/STI a person can continue to look healthy. The symptoms are mostly in the genital region, hence one cannot say who is suffering from RTI/STI just by looking at his/her face.

STEP – 2

Begin the quiz by reading out the statements one by one given in the quiz. Let the participants take a stand —'True' 'False' or 'Cannot decide' positions after each statement.

STEP - 3

After each statement, once the participants have made their decisions (True/False/Cannot Decide), ask one or two participants from each group to explain why they feel that way.

STEP - 4

Help participants come to a right conclusion for their wrong answers. Continue with a discussion for each statement. Once all the statements have been made, ask the participants to return to their seats.

STEP – 5

Tell the participants that it is normal to have strong feelings and values about these topics. Also explain that learning to be aware of their own values while being sensitive and non-judgmental to the needs of others, will help them to be more open.

STEP – 6

Initiate a discussion on:

Exercising the sexual rights and responsibility in a balanced way to avoid contracting RTI/STI.

Life skills for prevention of RTIs/STIs.

Role of the co-operative sector in reducing the incidence of RTI/STI.

STEP - 7

End the session with the following key messages:

- **Poor genital hygiene leads to RTIs.**
- **One can have STIs even without having any symptoms.**
- **Self medication leads to the disappearance of symptoms but does not cure STIs.**
- **Most of the RTIs/STIs can be cured completely.**
- **Both partners should be treated simultaneously.**
- **STIs increase the chances of getting HIV.**
- **Correct and consistent use of condoms protects against STIs.**
- **Unsafe sex can lead to STIs.**
- **Untreated RTIs/STIs can lead to serious complications.**
- **Treatment by quacks can be dangerous.**

Session 11: HIV/AIDS – Myths & Misconceptions

Time: 60 mins

Learning Objective

At the end of this session the participants should be able to:

- Learn about various myths and misconceptions about HIV/AIDS.
- Dispel myths and prejudices about HIV/AIDS.

Method

Discussion, game and role play.

Preparation

- Keep the following quiz test ready.

Myths and Facts—Quiz

Write whether the following statements are Myths or Facts

1. HIV/AIDS is only a gay disease.
   A. Myth B. Fact
2. You can get HIV from breathing the air around an HIV infected person.
   A. Myth B. Fact
3. HIV is transmitted through contact with an HIV-positive person's infected body fluids.
   A. Myth B. Fact
4. A monogamous person cannot contract HIV.
   A. Myth B. Fact
5. HIV or AIDS can be cured.
   A. Myth B. Fact
6. Contact with sweat or tears has never been shown to result in transmission of HIV.
   A. Myth B. Fact
7. You can get HIV by kissing an HIV-infected person.
   A. Myth B. Fact
8. People usually know that they have HIV within two to five days of being infected.
   A. Myth B. Fact
9. A person can be infected with more than one STD.
   A. Myth B. Fact
10. Since I only have oral sex, I'm not at risk for HIV/AIDS.
    A. Myth B. Fact
11. I would know if a loved one or I had HIV.
    A. Myth B. Fact
12. HIV can be transmitted from one person to another when sharing needles for drugs.
    A. Myth B. Fact
13. A person infected with an STI has a higher risk for transmitting and contracting HIV infection.
    A. Myth B. Fact
14. Getting tested for HIV is pointless.
    A. Myth B. Fact
15. Birth control methods do not prevent the transmission of sexually transmitted diseases (STD) such as HIV.
    A. Myth B. Fact
16. Abstinence is the only 100% effective safeguard against the spread of STIs.
    A. Myth B. Fact
17. Antiretroviral drugs don't keep you from passing the virus to others.
    A. Myth B. Fact

18. HIV/AIDS affects adults, not children.
    A. Myth B. Fact
19. A man can be cured of HIV by having sex with a girl who is a virgin.
    A. Myth B. Fact
20. Youth are particularly vulnerable to HIV.
    A. Myth B. Fact
21. Condoms reduce the risk for contracting STIs, including HIV infection.
    A. Myth B. Fact

- Keep the following Chart/slide ready

(Chart/slide)

HIV is not transmitted by:

- kissing, hugging, shaking hands.
- mosquito or insect bites.
- coughing and sneezing.
- sharing toilets or washing facilities.
- using utensils or consuming food and drink handled by someone who has HIV.
- donating blood.

Start the Session by Saying

"There are many misconceptions about HIV/AIDS. Some of you may remember how TB was considered untill about 10-15 years ago. Due to various myths associated with it, family members avoided to disclose the disease. Such concealment affected its treatment resulting in the disease proving fatal. Though, it is a common knowledge today that TB is curable."

"HIV is facing a similar situation today. Though it in NOT curable but it is certainly avoidable. There are many myths/misconceptions prevailing in society about it. To clear some of those, please note that (show chart/slide):

HIV is not transmitted by:

- kissing, hugging, shaking hands.
- mosquito or insect bites.
- coughing and sneezing.
- sharing toilets or washing facilities.
- using utensils or consuming food and drink handled by someone who has HIV.

Steps/Activity

- Ask why it will not be spread by these activities. Relate their answers with the modes of transmission discussed in earlier sessions.
- Now distribute the quiz prepared for this session and let everyone write the quiz.

Discussion

- Take-up each question from the quiz. Discuss it with the participants. Obtain their views, and provide correct answers.
- Ask, if they have any other information on transmission/prevention of HIV/AIDS. Write that on a board/chart. Discuss each one of them in detail to establish whether it is a fact or a myth.

HIV & AIDS & CO-OPERATIVES

HANDOUTS

SECTION-3

SECTION-4

SECTION-5

SECTION-6

BASICS OF HIV

WHAT IS HIV?

Human Immunodeficiency Virus

- 'Human' indicates that the HIV infects humans.
- 'Immunodeficiency' indicates that HIV causes the immune system to become weak and ineffective in defending the body against the germs. In this way, HIV leads to AIDS.
- A virus is a disease-causing organism.

In short, it is the virus that weakens the human's ability to fight infections. It survives only in human body hence it is named as Human Immunodeficiency Virus. It is an extremely small virus, which cannot be seen with naked eyes. When the virus is exposed to air it dies in seconds. It is very fragile.

WHAT IS AIDS?

AIDS stands for the Acquired Immune Deficiency Syndrome.

- 'Acquired' refers to something that people get from others through some means. It is not inherited from parents like eye color or blood type.
- 'Immune' refers to the immune system, the body's defense mechanism against germs.
- 'Deficiency' indicates a lack or weakening of the immune system.
- 'Syndrome' refers to the presence of multiple infections. When the body's defenses are weakened, it is possible for many infections or diseases to simultaneously infect the body. This condition is referred to as AIDS. HIV causes AIDS.

HOW DOES HIV AFFECT THE BODY'S IMMUNE SYSTEM?

- The immune system

White blood cells (WBCs) are a very important part of what is called the immune system. The immune system, with its WBCs, defends the body from infections. It recognizes bacteria, viruses and other organisms that are foreign or dangerous to the body and begins to attack them. It also starts making specific substances called antibodies, which acts against the particular disease-causing organism that has infected the body. White blood cells can be compared to soldiers in the country. The soldiers are always on the watch for enemies and the moment they sense enemy presence, they defend the country.

- Weakening the immune system

When a person becomes infected with HIV, the virus begins to live and reproduce in the WBCs, multiplying until there are millions of viruses present. The WBCs begin to make antibodies to HIV, which are found in the blood about 6 to 12 weeks after infection. Unfortunately, these antibodies cannot eliminate the virus completely from the body as the virus hides in the WBCs. The virus gradually damages the WBCs so that they can no longer do their job of protecting the body from other kinds of infections, which healthy people

without HiV can normally fight off without any problem. It is when these infections occur that a person is said to have AiDS.

The bacteria, viruses and parasites present in the environment that cause these infections take the opportunity given by the weakened immune system to grow unhindered. This is why many illnesses that people with AIDS get are called opportunistic infections. Common conditions, such as tuberculosis or cancer, can also take advantage of the weakened immune system.

WHAT HAPPENS IN HIV INFECTION?

In the early stages of HiV infection (within weeks), the person may develop a flu-like illness with fever and may have rashes. The person gets well after a few days. But the person can already pass on the virus to another person. Not all infected people develop this initial illness.

A person with HiV may look and feel healthy and may remain so for many years. it is not unusual for the period of time between infection with HIV and becoming ill with AiDS to be eight or nine years, and sometimes as long as 15 years. The length of time can vary widely in different people. But, the person can pass on the virus to another person even while he or she looks healthy.

After this time, people with HiV begin to feel sick with minor illnesses such as low-grade fever, rashes, and infections of the mouth like oral thrush, loss of weight and diarrhea.

People with HiV develop AiDS and experience episodes of opportunistic infections including tuberculosis, pneumonia, persistent diarrhea, cancers and infections of the brain causing headaches, fits and mental confusions. Eventually, the person cannot fight any more illnesses and dies.

HOW DOES HIV ENTER OUR BODY?

HiV can only enter our body through the ways shown in the box below. it cannot enter the body like the germs of other diseases, such as colds and diarrhea.

HiV is found in significant quantities in sexual fluids (such as vaginal secretions and semen) and blood. it is easy for HiV to enter through the thin lining (mucous membranes) of the vagina, penis, rectum and mouth where the mucous membrane is thin and the blood vessels are close to the surface.

BOX 1: Ways in which HIV is transmitted

- Through unprotected sexual intercourse (vaginal, anal or oral) with an infected person; that is intercourse without a condom.
- Through contact with infected blood, for example by:
  - Receiving a transfusion of infected blood.
  - The sharing of sharp skin-piercing instruments, such as injection needles that are not sterile.
  - Contact with open sores or wounds.

From an infected mother to her unborn or newly-born child (passed from mother to infant during pregnancy, child birth, or breast feeding).

HIV infection is most often passed by unprotected sex. it can be passed from either a man or woman when any type of sexual intercourse (vaginal, anal or oral) is performed without using a condom. infected mothers can pass the infection to their babies while in their womb or during childbirth or after childbirth through breast milk. Skin piercing instruments like needles and syringes, instruments used for tattooing, piercing of ears etc., razor blades and instruments used by dentists and doctors, etc., if not sterilized properly can pass the infection to others. When an instrument or equipment, which has been used on a person with HIV infection, is used on another person without being sterilized or disinfected, then the virus, which is in the blood left on the instrument, enters the blood of the second person. Syringes and needles, especially, can carry the virus as there is always some blood or fluid stuck in the syringe which may not be easily visible

Some individuals may not have any symptoms and not know that they are infected with HIV. However, they can still transmit the virus to others. You cannot tell if a person Is infected with HIV just looking at him/her.

it is very important to understand that HIV is not spread through daily social contacts, at home, at work or in school. Otherwise, as people begin to learn that AIDS is a serious problem, they may panic and reject people living with HIV/AIDS. They may isolate them and their families. These reactions are deeply upsetting for people who are already facing the trauma of AIDS, and do not help to stopping the transmission of HIV. if people are not encouraged to share their problems, they cannot receive help from their families and enjoy the time they have together. For provision of care and to avoid the denial and stigmatization of AIDS, this information Is crucial.

BOX 2: Ways in which HIV is not transmitted

Ordinary social contact:

- Being physically close in the same home, breathing the same air, coughs and sneezes, at work, on the bus, at the market, at school, playing together.
- Touching, shaking hands, hugging, kissing on the cheeks, hands or forehead.

Sharing:

- Toilet seats
- Towels
- Washing water, bath water
- Swimming pools
- Eating and drinking utensils
- Work tools

Being bitten by:

- Mosquitoes
- Bed bugs
- Other Insects
- Any other animal

Donating blood

HIV/AIDS and other Sexually Transmitted Infections

Sexually Transmitted Infections (STis) are also called venereal diseases. These diseases, as the name suggests, are spread through sexual intercourse:

- Vaginal
- Anal
- Oral

The germs, which cause STDs, can only enter the body through the wet mucosal lining of the vagina, penis, rectum and mouth during sexual acts. They can also enter through the eyes if the eyes are exposed to the germs as in the case of newborns that get infected while passing through the birth canal during childbirth.

WHAT ARE SOME SYMPTOMS OF HIV INFECTION AND AIDS?

Persons infected with HIV infection may not have any symptoms. It can take 10 years or more between initial HIV infection and the diagnosis of AIDS. Now, with advances in treatment, this time lag may even be lengthened further. Once symptoms begin to develop, they may include:

- An unexplained loss of weight lasting at least one month.
- Diarrhea for several weeks or more.
- A white coating on the tongue.
- Enlarged or sore glands in the neck, armpit, and/or other parts of the body.
- A cough that persists for more than one month.
- Persistent fever and/or night sweats.
- Persistent vaginal yeast infections.
- Any infection not responding to good treatment.

Since other diseases may cause these symptoms, a test must be done to confirm the presence of HIV.

CAN INFECTION WITH HIV LEAD TO OTHER HEALTH PROBLEMS?

HIV weakens the immune system, making a person infected with HIV susceptible to many infections that the body is normally able to fight off. These are often referred to as opportunistic infections or AIDS related illnesses. Many conditions may be especially severe, difficult to treat, and recurrent in individuals with HIV infection.

WHAT IS THE IMPACT OF HIV INFECTION ON PREGNANCY?

Babies born to mothers with HIV infection can contract the HIV virus during pregnancy, labor, delivery, and breast-feeding. It should be noted that all infants born to women who are HIV positive would test positive for HIV at birth because of the presence of the mother's antibodies in their blood. Antibody testing after the age of 18 months can more accurately determine the infection.

There are now some treatment options (HIV antiviral drugs) that can greatly reduce the rate of transmission of HIV from mother to child. If you are a pregnant woman infected with HIV, you should talk to your health care provider about options for preventing transmission.

Because the virus can also be transmitted through breast milk, HIV-positive mothers are advised not to breast feed their newborns. However, in areas of the world where infant and childhood infections are common and can be fatal, the risks of HIV transmission must be weighed against the risks associated with not breast-feeding.

IS THERE A TREATMENT OR CURE FOR HIV INFECTION OR AIDS?

Currently, there is no cure for HIV infection or AIDS. However, with the combined use of new Anti Retroviral drugs (known as combination therapy) as well as drugs to prevent opportunistic infections, many people with HIV infection and AIDS have extended and improved the quality of their lives and delayed the progression of HIV infection to AIDS. Apart from medicines and regular monitoring the person should take adequate rest, exercise, nutritious food and most of all self-confidence to lead a healthy life.

ANTI RETROVIRAL THERAPY

What it is:

Anti Retroviral (ARV) drugs inhibits the replication of HIV. When Anti Retroviral drugs are given in combination, HIV replication and immune deterioration can be delayed, and survival and quality of life improved.

Why it is important:

Effective HIV/AIDS care requires Anti Retroviral Therapy as a treatment option. Without access to Anti Retroviral Therapy, people living with HIV/AIDS cannot attain the fullest possible physical and mental health and cannot play their fullest role as actors in the fight against the epidemic, because their life expectancy will be too short. Health care workers remain disempowered and cannot contribute to the fight against HIV to their fullest potential. Children will be orphaned earlier; stigma and discrimination will continue to be fuelled by the perception that HIV Infection is a death sentence.

WHO SHOULD GET AN HIV TEST AND WHEN?

Types of Antiretroviral Drugs

- Reverse transcriptase (RT) inhibitors:
  - Interfere with the virus's ability to make copies itself.
- Protease inhibitor (PI):
  - Inhibits the ability of virus particles to leave the host cell (CD4).
- Fusion inhibits (FI):
  - Inhibits the ability of virus particles to fuse the host cell.

Note: ARVs do not cure HIV/AIDS, they only inhibits the HIV replication.

HIV testing is recommended if:

- Someone is concerned that they may be infected because of unprotected sex.
- Transmission with untested blood.
- Sharing needles or other injection equipment.
- A sexual partner is infected.
- For health care workers.

There are blood tests to determine if a person is infected with HIV. Diagnosis of HIV infection is made by detection of antibodies to HIV on the same blood sample by Tri line, Tri-dot, ELISA and confirmation by another test – the Western Blot. Because these tests look for the antibodies rather than the actual virus, it is possible that during the time between when infection occurs and when antibody levels are high enough to be detected, an HIV test will

be negative even if the person is actualiy infected with HiV. This Window Period varies from one person to the next. Therefore, persons who think that they might be infected should wait for 3 months since their last possibie exposure before getting tested. PCR (Poiymerase Chain Reaction) HiV test is the only test that detects directly the presence of HiV.

Counseling before and after testing is an integral part of the HiV testing procedures. During counseling, vital information is made available that can help those who test positive; prevent subsequent transmission to their partner (s): prevent acquiring other STIs, identify links to social and health resources, and receive guidance for maintaining health. For those who test positive, counselling HIV empowers them to take appropriate action in planning their lives and in getting the services they need.

Since the results of the HIV test can have dramatic effects on families, relationships, employment and the individual's own well-being, it is Important that people be tested only with their consent, that they be counseled before and after testing, and that the results be kept confidential, that is, shared only with the individual, or others designated by the

Box 5: HIV testing

What is an HIV test?
Shortly after infection with HIV, the body starts to respond by making antibodies against virus. This usually takes about 6-12 weeks. An HIV test is a blood test that can find out if these specific antibodies are present in the blood; it does not detect the virus itself.

What do the results mean?

- A positive result in a person over 15 months old means that:
  - The person has antibodies against HIV, and is thus HiV-infected and can Transmit the virus to others.
- A positive result in a child under 15 months old can either mean that:
  - The child is infected with HIV or
  - The child is not infected with HIV, but has received antibodies from the mother, in the same way as many other antibodies are transferred during pregnancy.
- A negative test result can mean either that:
  - The person Is not infected with HiV or
  - The person is infected with HIV, but has not yet made antibodies against the virus (This is called the "window period").
- The HIV test:
  - Does not provide any information about a person's present state of health.
  - Does not determine if a person has HIV-related disease.
  - Cannot tell when or how a person became infected with HIV.
  - Does not tell if a person with HIV infection has transmitted the virus to anyone else.

individual.

Source: www.engenderhealth.com, http://hivinsite.ucsf.edu, www.naco.nic.in and UNAIDS module for peer educators with the uniform services.

HOW HIV CAN SPREAD IN A GROUP/ POPULATION—A GAME

- Prepare slips of paper, enough to provide one for each student and one for yourself: 25% marked with '+' (plus sign), 75% marked with '-' (minus sign). On three papers put a small black dot.
- Ask each trainee to take a slip of paper from a box or cap. Keep one for yourself too, making sure it is one with a '+' sign on it. Emphasize that no one should look at their slips of paper until the end of the exercise.
- Ask the trainees to move freely about the room, stopping to greet participants. Do this yourself also.
- After each person has greeted four or five friends, stop the activity and ask everyone to look at their slip of paper.
- Ask all those who have a '+' (plus sign) on their paper to come forward. Explain that this game is pretending that these people are HIV positive. Reinforce the point that there is no risk of catching HIV through normal social greeting and that this is a game to show how fast HIV can spread.
- Then ask all trainees who greeted anyone with a '+' (plus sign) slip of paper to come forward to join their friends. Explain that this game is pretending that these people are at high risk of being infected with HIV.
- Next, ask the others who have met these people to come and stand with their friends. Soon all the entire group is standing together.
- Now ask the participants to see their paper. If they have a black dot, it means that they had used a condom and therefore are not infected and can go back.
- Finally, ask the following questions according to this game:
  - How many people were originally infected with HIV?
  - How many are at high risk of being infected?
  - How many others are at risk of being infected?
  - How many remain uninfected? What did these people feel when they were told that they could go back and sit as they were protected?
  - What does this tell us about the spread of HIV in our community?
- The exercise shows that in a small community, one HIV infected person can possibly lead to the infection of a great many.

  The exercise shows that a relatively small number of infected people in a big country like India can infect a large population in a short time.

FACTORS AFFECTING SPREAD OF HIV

Biological factors affecting transmission

Factors that increase risk of transmission

- infectiousness of host.
- High viral load: initial stage of infection and more advanced stages.
- Presence in semen and genital secretions.
- Exposure to blood, for example, genital ulcers, trauma during sexual contact.

Menstruation during sexual contact

- Breastfeeding by HIV-positive mother.
- Susceptibility of recipient.
- Inflammation or disruption of genital or rectal mucosa.
- Lack of circumcision in heterosexual men.
- Sex during menstruation, increasing a womans risk.
- Presence of an ulcerative or non-ulcerative STD.
- Viral properties.
- Virus may be resistant to Anti Retroviral drugs.

Factors that decrease risk

- Correct and consistent use of latex condoms (Condom use also helps prevent re-infection by another group or subtype of HIV in those who are HIV positive).
- Antiretroviral therapy (ART) may decrease, but not eliminate, the risk of HIV transmission. Therefore, patients on ART need intensive counseling on continued risk reduction behaviors.
- ART has been shown to reduce vertical transmission from a mother to a fetus by more than 50% when administered late in pregnancy or during labor.

Social factors facilitating transmission

Stigma and denial

- Denial and silence regarding HIV are the norm.
- People with HIV are stigmatized for many reasons.
- HIV is a slow, incurable disease, resulting in illness and death.
- HIV is considered a death sentence.
- People often do not understand how HIV is spread and are irrationally afraid of acquiring it from those infected with it.
- HIV transmission is often associated with moral violations of social mores concerning sexual relations, so people with HIV are tainted with the notion of their having done something "bad."
- People do not want to admit that a fatal disease spread by behavior branded as "immoral" could be rampaging through their community or country.
- People tend to stigmatize or blame certain groups for spreading HIV, for example, sexually promiscuous people or drug users.
- Stigma prevents people from speaking about or acknowledging HIV as a major cause of illness and death.
- Stigma prevents HIV-infected people from seeking care and from taking preventive measures.
- Even when counseling and testing are offered, people may not want to know if they

are infected for fear of being stigmatized; this fuels the spread of the disease.

Psychosocial factors affecting transmission

- Drug use and alcohol consumption.
- These lower a persons' inhibitions and impair judgment, which may result in risky behavior.
- injecting illicit drugs frequently involves the sharing of needles and injection equipment, increasing the risk of HIV transmission.
- Young men facing pressure from peer groups to indulge in sex and drugs.
- Cultural factors facilitating transmission.
- Cultural traditions, beliefs and practices affect peoples' understanding of health and disease and their acceptance of conventional medical treatment.
- Culture describes learned behavior affected by gender, home, religion, ethnic group, language, community and age group.
- Culture can create barriers that prevent people, especially women, from taking precautions.
- For example, in many cultures, domestic violence is viewed as a mans right, which reduces a womans' control over her environment. This means she cannot question her husbands' extramarital affairs, cannot negotiate condom use and cannot refuse to have sex.

Gender

- Gender roles have a powerful influence on HIV transmission. In many cultures, men are expected to have many sexual relationships. There is social pressure for them to do so. This increases their risk of becoming infected.
- Because women often suffer economic inequities, as described elsewhere, they often need to use sexual exchange as a means of survival. This exposes them to unacceptable risks when they try to negotiate safe sex (for example, rejection, loss of support and violence).

Political factors facilitating transmission

- People in conflict.
- AIDS is spread at times of instability, war, and violent struggles for power.
- Members of the military engage in commercial sex.
- They use rape as a way to humiliate and control civilians or to weaken an enemy by destroying the bonds of family and society.

Economic factors facilitating transmission

- Poverty and informal economy.
- Poor people lack access to information needed to understand and prevent HIV& AIDS. Low education levels lead to inadequate knowledge about HIV & AIDS prevention and control.
- Ignorance of the basic facts makes millions of people worldwide vulnerable to HIV infection.
- Poverty forces Individuals to undertake activities which carry a higher risk to their health. Job insecurity results in exchanging sex for job Idleness and having an 'I don't care' attitude due to limited opportunities.
- Fatalism – accepting every event as Inevitable because of limited opportunities.
- Having a disposable income on a dally basis that can be used in exchange for sex.

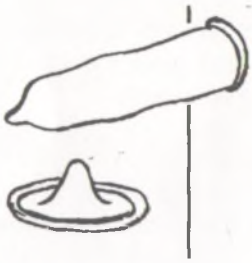
Social mobility

- Global economy: more people traveling and working away from home.
- HIV/AIDS follows the routes of trade and commerce.

- Men have sex with prostitutes, contract HIV and return home to their wives, who contract HIV and pass it along to their infants in utero or through breast milk.
- The impact of HIV/AIDS is more severe in the informal economy for the following reasons:
  - Informal economy workers have little or no access to health services and social protection.
  - These workers rarely enjoy financial security. They survive at the margins with few savings and little access to credit except for very expensive private moneylenders.
  - The changeable situation of their work can mean that a few days of absence will result in the loss of a job or the right to trade.
  - They do not go for treatment because they do not have accurate knowledge about AIDS.
  - The do not have enough money to buy drugs and other necessary items.
  - Helpful services are not near to them/are far away because of poverty.
  - There is ignorance about available treatment because of low levels of education.
  - They do not have adequate social support because of poverty.
  - Their jobs are easily lost when they get sick.

ABC OF SAFE SEX

- A – Abstinence translates to efforts to delay sexual initiation among young people;
- B – Be faithful focuses on remaining faithful after marriage; and
- C – Condom use promotes safer sex practices and condom use among people who are sexually active.



PARENTRAL (THROUGH BLOOD) TRANSMISSION

Recommendations to all people for prevention of parenteral (through blood) transmission

- Avoid blood transfusion as far as possible. if a blood transfusion can not be avoided, then insist on having the blood tested for HIV prior to transfusion.

- Avoid injections for treatment when proper and equally effective oral medications are available.

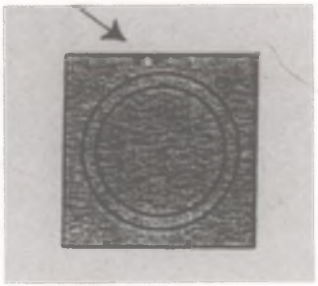
- When the use of skin piercing instruments such as needles, syringes and blades cannot be avoided, insist on sterilized instruments.

- Do not take drugs and if you cannot avoid taking drugs, do the following:
  - Do not take injecting drugs
  - If you cannot avoid taking injecting drugs, do not share needles and syringes or other injecting equipment
  - If sharing needles cannot be avoided, then boil the needles and syringes and other injecting equipment or use bleach.

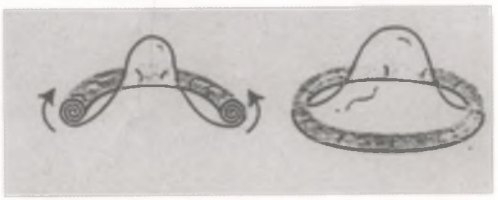
HOW TO USE A CONDOM

1. Check the expiry date and the manufacture date.

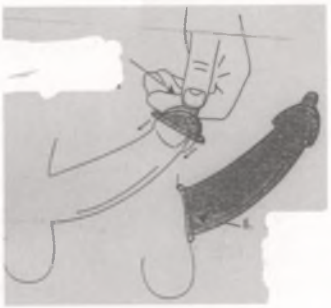
2. Tear the wrapper carefully.



3. Hold the condom this way up, so that it will



unravel easily.



4. Holding the top of the condom, press out the air from the tip and roll the condom on. Use both hands.

5. Roll the condom right to the base of the penis, leaving space at the tip of the condom for semen.

6. After ejaculation, when you start losing an erection, hold the condom at the base and slide it carefully off.

HIV/AIDS KNOWLEDGE—QUIZ

1. The majority of men, women and children worldwide living with HIV and AIDS reside in India.
   ❑ True ❑ False
2. AIDS has replaced malaria and tuberculosis as the world's leading cause of death due to infectious disease among adults.
   ❑ True ❑ False
3. Africa is the continent with the most adults and children currently living with HIV and AIDS.
   ❑ True ❑ False
4. A person can be infected with HIV for many years before any symptoms occur.
   ❑ True ❑ False
5. In developing countries, recent advances in treatment options have dramatically extended and improved the lives of most people living with HIV and AIDS.
   ❑ True ❑ False
6. In India, the sexual route is the most prevalent route of transmission.
   ❑ True ❑ False
7. If a person comes to know that she/he is HIV infected, she/he should tell her/his partner to get tested for HIV?
   ❑ True ❑ False
8. Use of a condom while having sex is necessary only with commercial sex workers.
   ❑ True ❑ False
9. Use of a condom while having sex is necessary only as a birth control measure.
   ❑ True ❑ False
10. A man/woman who acquires AIDS is of poor moral character.
    ❑ True ❑ False
11. AIDS is like a snake, you don't know when it bites you to death.
    ❑ True ❑ Folse
12. AIDS is like a lion, you are safe if you maintain a safe distance and take precautions.
    ❑ True ❑ False
13. AIDS is like a wild horse, it is romantic but can be tamed.
    ❑ True ❑ False
14. HIV and AIDS has badly affected only a few states in India. Therefore, people living in other states are safe.
    ❑ True ❑ False
15. The Cooperatives' main role is towards improvement in livelihood. HIV and AIDS is not directly linked to livelihood.
    ❑ True ❑ False

MYTHS AND FACTS—QUIZ

1. HIV and AIDS is only a gay disease.
   ❑ Myth ❑ Fact
2. You can get HIV from breathing the air around an HIV infected person.
   ❑ Myth ❑ Fact
3. HIV is transmitted through contact with an HIV-positive person's infected body fluids.
   ❑ Myth ❑ Fact
4. A monogamous person cannot contract HIV.
   ❑ Myth ❑ Fact
5. HIV or AIDS can be cured.
   ❑ Myth ❑ Fact
6. Contact with sweat or tears has never been shown to result in transmission of HIV.
   ❑ Myth ❑ Fact
7. You can get HIV by kissing an HIV-infected person.
   ❑ Myth ❑ Fact
8. People usually know that they have HIV within two to five days of being infected.
   ❑ Myth ❑ Fact
9. A person can be infected with more than one STD.
   ❑ Myth ❑ Fact
10. Since I only have oral sex, I'm not at risk for HIV and AIDS.
    ❑ Myth ❑ Fact
11. I would know if a loved one or I had HIV.
    ❑ Myth ❑ Fact
12. HIV can be transmitted from one person to another when sharing needles for drugs.
    ❑ Myth ❑ Fact
13. A person infected with an STI has a higher risk for transmitting and contracting HIV infection.
    ❑ Myth ❑ Fact
14. Getting tested for HIV is pointless.
    ❑ Myth ❑ Fact
15. Birth control methods do not prevent the transmission of sexually transmitted diseases (STD) such as HIV.
    ❑ Myth ❑ Fact
16. Abstinence is the only 100% effective safeguard against the spread of STIs/HIV/AIDS.
    ❑ Myth ❑ Fact
17. Anti Retroviral drugs don't stop you from passing the virus to others.
    ❑ Myth ❑ Fact
18. HIV and AIDS affects only adults, not children.
    ❑ Myth ❑ Fact
19. A man can be cured of HIV by having sex with a girl who is a virgin.
    ❑ Myth ❑ Fact
20. Adolescents and youth are particularly vulnerable to HIV.
    ❑ Myth ❑ Fact
21. Condoms reduce the risk for contracting STIs, including HIV infection.
    ❑ Myth ❑ Fact

Section 4 – Addressing Concerns Arising of HIV/AIDS

Session 12: Treatment & Support Services

Time : 60 Minutes

Learning Objectives:

By the end of this session, the participant should be able to:

- Gain basic knowledge on treatment, its availability and other support services.
- Learn the need for care and support services.

Method

Presentation, discussion and case study.

Activity 1: Live Situation Seeking Care and Support

Learning Objectives:

By the end of this session, the participant should be able to:

- Define what is care and support.
- Identify the types of care and support.
- Realize what can be done for a person living with HIV which are within their capacities.

Time: 60 Minutes

Method:

VIPP, experience sharing and discussion.

Preparation:

A4 size paper or color chart papers cut outs into A4 size, small paper cut outs of different shapes, cello tapes/gum/glue sticks and sketch pens.

Steps/Activity:

- Highlight the objectives of the session.
- Say, "All of us have gone through different situations in life. In some situations we were helping people in difficult circumstances while some in situations we had needed help from people. Let us close our eyes and recall a situation when many people around us have helped us in any sort of difficult situation be it health or career or financial crisis situations."
- Ensure everybody has remembered one incidence each.
- Distribute the A4 size paper, small paper cuts, sketch pen and glue sticks/gum/cello tape.
- Instruct what needs to be done with the materials distributed to them:
  - In the middle of paper A4 size paper, draw a picture of any object or animal or birds or flowers etc. which depicts the identity of the participant.
  - On each small paper cut outs, write the relationship of the person who helped them e.g. mother, father, friends, colleagues, doctor, nurse, neighbors etc. Also write with a different color sketch pen the specific types of care or support provided eg, accompanied to hospital, transportation, providing information, food, nursing care, treatment etc. Stick the paper on any of the corner of the A4 size paper.
  - Encourage participants to remember as many people as they can who really helped them in different ways and repeat step 2.
  - Provide 10 minutes to complete the exercise.

- After the group is ready, encourage few volunteers to share their responses and or the incidence and appreciate those who volunteered to share. Emphasize their emotions/feelings and encourage them to share the incidence.
- Note down the key points on the flip chart/white board.
- Encourage the participants to draw learning from this exercise.
- Ensure that the following points are reflected during sharing in the larger group:
  - When we are in a difficult situation, especially related to a health problem, our mind, spirit, emotion, body are all affected. Hence, when we talk about care, it should address all aspects of the individual that is affected.
  - Different people provide supports which are within their limitations in different forms such as by giving time, guidance, company or financial assistance. We usually tend to remember only those who have helped us financially. However it is important to acknowledge any sort of care and support, be it small or big.
  - In the context of providing care and support to PLHA, small acts of every individual can make a huge difference in the lives of PLHA. The fact that treating a PLHA the way we treat others, providing them accurate information about HIV/AIDS, guiding them to the service centres, listening to them share their story, maintaining confidentiality of the status, etc are all form of care and support that is required for PLHA to live a life with dignity and respect.

Tips for the Facilitators:

This exercise is very effective to sensitize, participants towards issues of PLHA and to help them internalize the concept of care and support. While encouraging participants to share information ensure that they are comfortable in doing so as there is a strong chance or them becoming very emotional. Ensure the ground rule of maintaining confidentiality. Make sure you also share your incidence to make participants feel good and motivated to share theirs too. Remember personal experience sharing is very effective to enrich the learning environment and internalization of information. Appreciate and thank those who have shared their stories and be sensitive to the pulse of the participants. If the atmosphere is becoming emotional, break the ice by giving a break or by playing a game/energizer.

(Chart/slide 1)

Treatment and care consists of a number of different elements including

- Voluntary confidential counselling and testing (VCCT).
- Food and nutrition.
- Support for the prevention of onward transmission of HIV.
- Protection from stigma and discrimination.

Tip to the Facilitator: Make sure you have an updated list of the VCTC, PPTCT centres and ART facilities in the district/state including address, phone number of SACS and Helplines.

(Chart/slide 2)

HIV positive people have differing needs according to the stage of their infection

- The first stage is when people are asymptomatic, that is when they have no signs/symptoms of their infection.
- The second stage is symptomatic—when people have symptoms of HIV infection.
- The third stage relates to support and care of people who are terminally ill and nearing the end of their life.

Step/Activity

- Show chart/slide 2 and explain. Then show chart/slide1 and explain each of the terms given there as under:

Voluntary Confidential Counseling and Testing (VCCT)

HIV/AIDS voluntary counselling and testing (VCCT) has the potential to be a powerful tool for reducing risky behaviors. It also serves as a key entry point to care and support services, making it an important complement to other HIV/AIDS prevention and care strategies. There are VCCT Centres run by NACO / State AIDS Control Societies at many places. A list of such centers currently available is provided.



Food and Nutrition

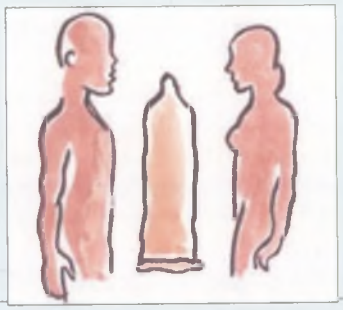
Nutrition is an essential part of any HIV care package. Nutritional care and support include an adequate quantity and quality of food. Good nutrition may help prolong the period of time between HIV infection and the onset of Opportunistic Infections.

Support for the Prevention of Onward Transmission of HIV

When educating people about onward transmission of HIV, two modes of transmission need to be considered (a) Transmission of HIV from one adult to another and (b) Parent to child transmission of HIV (Prevention of Parent to Child Transmission - PPTCT).


Adult Transmission of HIV

People who are HIV positive should receive counselling to help prevent them from transmitting HIV to another adult. Sexual behaviour counselling should include information about safer sexual behaviour through condom use, fidelity and voluntary abstinence. Condoms are important in preventing the onward spread of HIV, and they must be readily available to those who need them. It is also important for the HIV positive person to understand that she or he needs to be protected from being infected again as every time HIV enters the body, it makes the immune system weaker.



Parent to Child Transmission of HIV

Mother to Child Transmission (MTCT) of HIV can occur during pregnancy, at the time of delivery, and after birth through breastfeeding. An important part of the prevention of further transmission of HIV is the education of a mother to be, about the different options she has, and what implications the options have for her health and her baby's health.

In general, HIV positive women should avoid any unnecessary invasive procedures during labour and delivery. Caring for the health of the mother not only helps the HIV positive woman, but may also help to prevent her child from becoming infected.

If a woman is going to breast-feed, exclusive breastfeeding is now recommended during the newborn's first months of life.

For PPTCT (Prevention of Parent to Child Transmission), Anti Retroviral drugs such as Nevirapine have the potential of cutting HIV transmission by up to 50 percent. Anti Retroviral drugs are usually given to the mother during labour and to the child within 72 hours of birth.

Protection from Stigma and Discrimination:

Stigma and discrimination associated with HIV/AIDS are one of the greatest barriers to preventing further infections, providing adequate care, support and treatment and alleviating the impact of HIV/AIDS. Stigma and discrimination are triggered by many factors, including lack of understanding of the disease, myths about how HIV is transmitted, prejudice, lack of treatment and social fears. Stigma and discrimination can deter people from getting tested, lead to others being infected and prevent people who are infected from receiving adequate care and treatment.

Activity 2

- Divide the group into two sub-groups.
- Give case study, 'Ramnath', to one group and case study, 'Fanta' to the other group. The groups should have discussions among themselves (time 15 minutes) and then one person from the group has to present their findings to the larger group. (time 10 minutes).

Treatment Issues in HIV/AIDS

- Some drugs are available which act against HIV.
- These are called Anti Retroviral drugs (ARVs).
- Anti Retroviral drugs (ARVs) help a person to keep the immune system strong.
- These drugs are to be taken under medical supervision.
- Once started, ARVs are to be taken for ones whole life.
- ARVs delay the onset of AIDS. If not taken, more than 80% patients having AIDS die within 1-2 years of developing symptoms.
- These drugs can prevent the transmission of HIV in the baby from an infected pregnant mother.

Ramnath

Ramnath is a truck driver. He transports wood from the forests to the big cities. He travels along a popular route so he has several choices about what town he wants to spend the night in. His wife and four children live in the capital of the country. He comes home every week for a day or two. Ramnath has a girlfriend in a small town along his route. Occasionally, Ramnath has sex with a commercial sex worker while he is away from home. Ramnath has many friends who also drive trucks. They pass each other often on their trucking route and spend time together at the dhabas in some of the small towns along the way. Many of his friends have similar arrangements in that they have girlfriends and they may have sex with a commercial sex worker occasionally. Ramnath recently discovered that a friend of his has died of AIDS. This was the third trucking friend to die in a year. Ramnath had sex with the same commercial sex worker as his friend who just died. Ramnath is worried that he may have been infected. Ramnath is unsure what to do. If he is HIV positive, what will happen to him and his family?

Discuss the following questions:

- What options are available to Ramnath?
- What will it mean for him and his family if he is HIV positive?
- What is happening along the trucking route?
- What are the implications if more truckers die due to AIDS?
- What will happen to the transportation of food and materials?
- What is the economic impact of losing many truckers to AIDS?
- What could be your role as a VCCT counselor in this case?

Fanta

Fanta is 17 years old. She attended school until she was 15. She then had to return to her town to help her mother take care of her grandmother and her brother and sisters. She lives in a small town that is only 30 kilometers from a major city. She has had the same boyfriend, Ghisu, for two years. He is 24 years old. Ghisu leaves town more often now to look for a job in the city. Fanta has been using birth control pills for the last two years. She is getting worried that Ghisu will leave her soon. She knows he has slept with other girls because she had to go to the doctor to be treated for syphilis. She has decided to stop using the pill so that she will get pregnant. She believes that Ghisu will marry her if she is pregnant.

Discuss the following questions:

- What are the risks for Fanta?
- What options are available to her for work or leaving her town?
- Who else is affected by her decisions?
- What could happen to her if she does get pregnant?
- What are the issues regarding youth and HIV/AIDS?
- What kind of access do youth have to information and resources?
- What happens to youth who are infected with HIV?
- How is the community affected when 15 to 25 year olds are infected with HIV?
- What could be your role as a VCCT counselor in this case

This story also has a fact that can be used in an interesting way—the fact that Fanta is using OCPs, many youth believe that they protect them from HIV as well.

Session 13: Living Positively with HIV/AIDS

Time: 45 Minutes

Learning Objectives:

By the end of this session, the participant should be able to:
Learn the importance and way to confront stigma and discrimination

Method

Slides show and Discussion.

Preparation :

(Chart/slide 1)

OPPORTUNITYISNOWHERE

(Chart/slide 2)

Values + Beliefs + Assumptions

= State of Mind

(Chart/slide 3)

Living Positively with HIV/AIDS

How many moments in life
v/s
How much life in each moment

- Start session by displaying chart/slide 1 and ask the participants to read it. Some may read it as, "Opportunity is Now Here", others may read it as, "Opportunity is No Where". Initiate a discussion as to why same letters were read differently by different people. Avoid using the words OPTIMISTIC / PESSIMISTIC while connecting this to the state of mind. Clearly tell them, that it only indicates to "current" state of mind.
- Ask the question, "What determines our state on mind?" Give them about 3-4 minutes to answer.
- Capture answers on board/chart.
- Now display chart/slide 2, and ask participants to identify their inputs (already on the board/chart) with each of these elements, viz., Values, Beliefs, Assumptions.

Explain

- Values: Learning imbibed from the time of our upbringing. e.g. Touching feet of elderly people as a sign of respect. Values are what differentiate good from evil in our mind.
- Beliefs: Beliefs are what we are made to believe in. e.g. God is omnipresent.

- Assumptions: They are our thoughts about people, organizations, etc. They may be based on hearsay, self-observation, or any other source, BUT without any logical test. For example, all Sardars are jolly, all policemen are thieves in uniform, etc.

Tell Participants
The World Health Organization has defined life skills as "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life".

As we have discussed in the earlier sessions, HIV/AIDS has a stigma and discrimination attached to it. Such discrimination may be a cause of depression for the patient, as discrimination is an input to the patient's state of mind. There are other depressing inputs: long drawn sickness, no employment. What else can add to a person's depression while suffering from HIV/AIDS?

Take a few answers from the participants.

Say
"Therefore, chances are that in such a depressing state of mind an HIV/AIDS patient is always likely to read Opportunity is No Where". And with such a state of mind the person's misery and suffering will seem to be much longer to her/him."

HANDOUTS

SECTION-4

SECTION-5

SECTION-6

HIV & AIDS & CO-OPERATIVES

HIV TESTING

HIV testing is performed for a number of different reasons

- Surveillance – This is anonymous and unlinked serological testing which is used to develop epidemiological data that assists in HIV prevention and service planning.
- Blood screening – Donated blood is screened for HIV to ensure the safety of clinical blood supplies.
- Voluntary individual testing – Individuals voluntarily choose to test in order to learn their HIV status.
- Diagnostic testing – This testing is conducted when clients present for management of an illness. This diagnosis forms part of the clinical management of the client. This should always be conducted with the patient's knowledge and consent. Counselling should still be conducted prior to testing and at the time of the provision of results.

Informed consent

- Counselling and testing must be truly voluntary and individuals should be able to opt out or refuse counselling or testing if they do not think that it is in their best interest.
- It is recommended that testing always be accompanied by counselling. If a client declines counselling, it is advisable to try to raise the essential issues which are normally addressed in pre-test counselling. It should be emphasised that this form of information provision is not a substitute for counselling.
- It is important that health workers present pre-test information to clients in such a way that they can clearly understand the benefits of counselling. Ideally, written consent should be obtained before testing takes place.

Confidentiality

- Government of India has legislative and policy infrastructure to support confidential HIV counselling and testing, and this includes provision for penalties where confidentiality is breached.
- Voluntary Counselling and Testing Centres(VCTCs) have a policy to protect the confidentiality of clients.
- The decision to share or involve anyone else must be made by the person undergoing VCT. Anonymous testing protects the identity of clients. In clinics doing anonymous testing codes, rather than patient names, codes are allocated to the client and attached to the medical record and blood samples.
- Reporting of a positive HIV test result to a central data registry may also be done using a coding system. Many countries have adopted this strategy for national HIV registries.

Legislation and public education to prevent discrimination

- Community education programmes, legislation and public health policies which are respectful of human rights can assist in reducing the discrimination experienced by HIV-positive persons. Health workers also require education with regard to discrimination, and all health services should have policies to prevent discrimination toward patients. VCT uptake may be limited by the fear of discrimination. Fear of discrimination may also reduce the rate at which people return to collect their results.

CARE & SUPPORT

Living healthy and productive lives

- People living with HIV/AIDS can live healthy and productive lives when they have access to information, treatment, care and support.
- Information includes knowing what your rights are in terms of employment, welfare, education and family life, and having clear information about treatment and how to get treatment. It also means knowing about property rights, personal laws related to divorce, alimony and custody of children. Personal laws gain importance in the context of women, as they are likely to face more discrimination and harassment on being diagnosed with HIV/AIDS.
- Support means acceptance, affection, respect and love from friends and family and from the community. It also means supportive laws to protect against discrimination and stigmatization.
- Care includes moral support and access to necessary medical treatments, a healthy diet, clean water and accommodation. Although key human rights, such as the right to information, the right to life and the right to health create entitlement to care and support, most young people (especially young women) living with HIV/AIDS do not have full access to these services. The situation is worse for young people belonging to marginalized groups, such as sex workers, homosexuals and injecting drug users. The realization of human rights and other constitutional rights is not simply a matter of state action to develop laws and policies that protect against discrimination and stigma. Advocacy for public policies and legal action is also very important.

However, this is not enough to transform the reality at the grassroot. When it comes to improving the daily lives of people living with HIV/AIDS the community, family and friends have to play an important and dynamic role.

PEERS AND PEOPLE LIVING WITH HIV/AIDS

Assuming the responsibility to provide information, care and support to their peers living with HIV/AIDS is a task in which youth can make a very big difference. Offering friendship, providing access to information on care, setting up home visiting programmes for those who are sick and organizing support services are some of the possible actions they can take. A good place to start showing your solidarity may be within your group or family or with colleagues and relatives.

Don't fear or falter!

- If you know that someone in your group has HIV or AIDS, make sure that friends who are already aware of his/her condition know that it is safe to touch, hug, share food and be together socially.
- If your HIV/AIDS infected friends want you to maintain confidentiality, respect their wishes.
- Don't forget to show your concern, affection and love.
- If the person is sick, help out with cooking, shopping, getting medication, cleaning or simply talking about his/her feelings.

ADDRESSING STIGMA

- To address stigmatization and discrimination at the work place, create awareness about rights in the work place of people living with HIV/AIDS.
- Advocate for behaviour and conduct that are supportive of people living with HiV/AIDS. A good starting point is to listen to experiences of people living with HIV/AIDS.
- Listen carefully and list the ways in which they think they could have been helped. Add any others that you can think of and discuss it together.
    - Say hello
    - Invite him/her to lunch or dinner, a movie or a walk
    - Just listen
    - Hold his/her hand
    - Discuss the future
    - Celebrate special days and anniversaries
    - Ask how you can help
    - Run errands and pick up medication
    - Give a hug
    - Clean the house
    - Give a small token of affection and care
    - Invite others to spend time together

Information

- Some people call information the "cheapest form of therapy". Developing appropriate HIV/AIDS information/resource services focused on the needs of people living with HIV/AIDS is not difficult. A simple information leaflet, a discussion in a peer group, a list of important phone numbers and people who can help can make a big difference.
- People living with HIV/AIDS and those living with them or caring for them need up-to-date information on a range of issues. For example, caretakers need information to help them understand the progression of HIV and to know what advice to give; people with HIV need information to be able to seek early treatment for common illnesses.
- Counselling can be very useful for anyone in a difficult and stressful situation. This includes anyone going for an HIV test, anyone diagnosed HIV positive and caregivers looking after someone who is ill. If young people wish to work with PLWHAs they can get training in counselling skills and develop networks that provide support.

PRACTICAL TIPS FOR CARE GIVERS

- Treat people living with HIV/AIDS with dignity and respect.
- Listen.
- Respect their need for confidentiality and privacy.
- Let them know that it is okay to talk about their feelings or to show anger.
- Ask to visit or do things together, do not ignore them and stay away.
- Share your concerns and feelings; do not pretend that everything is normal.
- If a person is sick, offer to shop/cook/clean. Do not wait to be asked.
- Help them take their medication and seek treatment on time.
- Do not allow them to become isolated. Tell them about support groups and other services that may be available in the community.

WOMEN & HIV/AIDS

What makes women more vulnerable?

- Although HIV/AIDS affects both men and women, women are more vulnerable epidemiologically, biologically and socially which makes HIV/AIDS a serious human rights issue for women.
- Globally, women and girls are more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be infected with HIV as their male counterparts. Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides.
- In India, violence and the threat of it also limits women's ability to protect themselves from HIV. Women also tend to marry or have sex with older men who may have more than one sexual partner. They also tend to require blood donations more frequently because of reproductive related issues like childbirth and abortions.
- At a biological level, women are also more vulnerable because the mucosal surface of vagina is more exposed during intercourse; because semen has a much higher concentration of HIV than vaginal fluid; and initiation into sex at a younger age makes women physiologically more susceptible to HIV.
- Additional factors that make women more vulnerable include the following:
  - Economic and financial dependency on men.
  - Poor reproductive and sexual health, leading to serious morbidity and mortality.
  - Neglect of health needs, nutrition, medical care etc. Women's access to care and support for HIV/AIDS is much ignored and limited. Family resources are nearly always devoted to caring for the man. Women, even when infected themselves, are providing all the care.
  - All forms of coerced sex – from violent rape to cultural/economic obligations to have sex when it is not really wanted, increases risk of micro lesions and therefore of sexually transmitted infections (STI) or HIV infection.
  - Stigma and discrimination in relation to AIDS (and all STIs) is much stronger against women who risk violence, abandonment, neglect (of health and material needs), destitution, ostracism from family and community. Also, women are often blamed for the spread of disease, and always seen as the "vector" even though the majority of women have been infected by their only partner/husband.

WHICH GROUPS OF WOMEN ARE MOST AT RISK IN INDIA?

- Up until a few years ago, transmission was thought to have centred on high risk groups like sex workers, intravenous drug users and migrant workers. Today evidence shows that married women are facing a greatly increased risk. Many Indian women will be married at a young age—60% in rural areas marry before the age of 18 – yet they have higher rates of infection than their unmarried, sexually active peers. Reasons for this include the rare use of condoms, little negotiating power within marriage, and suspicion of infidelity when suggesting condom use.

- Women in monogamous relationships are placed at risk for infection when their husbands or partners engage in high-risk sexual activity. What makes the situation particularly complex is that these are women whose self-perception of HIV risk and HIV/AIDS awareness may be low, since traditionally HIV/AIDS education and prevention programmes have targeted 'high risk' populations – sex workers, drug users and so on. This is ironic given that female sex workers form less than 1% of the infected female population in India.

- It is very difficult for married women to ask their husbands to use condoms during sex because of deeply ingrained social norms like arranged marriages and gender relations. Women's vulnerability is further heightened because couples are not encouraged to discuss sex and sexuality, and women have limited ability around sexual negotiation in married relationships, limited information on protection, and limited access to services.

CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS (PLWHAS)

- Care and support are based on an active concern for the well being of others and ourselves. People directly affected by HIV/AIDS need care. People with HIV/AIDS, families and communities are involved in care and support.
- They all need support to face the challenges of illness. The aim of HIV/AIDS care and support is to improve the quality of life of people living with HIV/AIDS, their families and communities. Care and support are also important because they assist efforts to prevent the spread of HIV/AIDS.
- Comprehensive care meets the needs of the PLWHAs, their families and communities. This "holistic" care method requires a variety of information, resources and services to address a range of needs – not just medical needs.
- Components of Comprehensive Care
  - Diagnosis
  - Treatment
  - Referral and follow up
  - Nursing care
  - Counselling
  - Support to meet psychological, spiritual, economic, social and legal needs.

Section 5 – Life Skills

Session 14: Using Life Skills for Prevention of RTIs/STIs and HIV/AIDS

Time: 120 Minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Define the concept of Life Skills.
- Identify the core Life Skills.
- Understand the importance and use of Life Skills for prevention and control of HIV/AIDS.

Preparation:

Flipcharts and marker pens.

Method :

Brainstorming, discussion, use of case studies/stories, VIPP.

Activity 1: Concept of Skills and Life skills (25 minutes)

STEP – 1

Write the word "SKILLS" on a blank flipchart and ask the participants to name the various skills they are familiar with.

STEP – 2

Categorize their responses as vocational/livelihood skills, literacy skills, functional skills, and life skills. Explain the differences in the types of skills.

Facilitator's Guide 1: Types of Skills

- Literacy skills: Reading, writing and numeracy skills.
- Language skills: Communicating using a language in writing and speech.
- Functional skills: Filling up bank forms to deposit or withdraw money, booking railway tickets etc.
- Vocational skills: Enhancing livelihood opportunities—carpentry, tailoring, making handicrafts, fisheries etc.
- Life skills: Self awareness, effective communication, inter personal relationships, empathy, coping with stress, coping with emotions, problem solving, decision making, being creative, thinking critically,

Put up Flipchart 1 with the definition of life skills. Ask one participant to read it out.

Flipchart 1: Life Skills

Life Skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO).

Life Skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, communicate effectively, and develop coping and self-management skills to lead a healthy and productive life.

STEP – 4

With the help of the Facilitator's Guide 2, explain the terms 'adaptive' and 'positive behaviour' as important qualities in building Life Skills.

Facilitator's Guide 2

Adaptive means that a person should have the flexibility to adjust according to the situation. For positive behaviour, a person needs to have positive thinking and look at opportunities even in difficult situations, in order to cope with the situation.

Activity 2: Understanding Life Skills and their Importance (35 minutes)

STEP – 1

Discuss that successful people are able to negotiate effectively and get others to accept their viewpoints by using a combination of life skills. To negotiate effectively at home, and place of work, we need to utilize a variety of skills.

Emphasize that every situation in life uses some skills.

STEP – 2

Distribute two sets of VIPP cards of different colours (red and blue). Instruct the participants to write on blue cards two advantages of skilled people and on Red card two disadvantages of unskilled people.

Stick the VIPP cards on the wall.

Initiate a discussion on the difference between skilled and unskilled persons and the merits of skilled work. Include the following points in the discussion:

- We distinguish people in terms of their skills. A skilled person produces good quality results by using less time, energy and resources to do a job.
- Skills are acquired through practice and patience.
- Life skills enable us to adapt to situations and people.
- Life skills bring to us greater acceptance by others, several benefits and a healthy, positive life.

STEP – 3

Discuss the importance of life skills using Flipchart 2.

Flipchart 2

Importance of Life Skills:

- Life skills help us to understand the importance of healthy and positive ways of living.
- Enhance creativity.
- Build self-confidence and self-esteem.
- Enable us to lead a better life.
- Enable us to adapt to situations and people.
- Help us to have a positive approach and not get depressed with problems ("Sakaratmak Drishtikon").
- Reduce vulnerability and high risk behaviour

Flip Chart 3
Core Life Skills

Self-Awareness	Empathy
Critical Thinking	Creative Thinking
Decision Making	Problem solving
Effective Communication	Interpersonal Relationship
Coping With Stress	Coping With Emotions

Describe each life skill taking examples from day to day life.
Emphasize that:

- "Self-Awareness" skill is the mother of all skills
- Life skills work in pairs as reflected in the Flipchart 3
- More than one life skills are use in combination in any given situation.

STEP – 4

- Distribute red and blue VIPP cards.
- Ask the participants to write on red cards "the most commonly used 3 life skills" and on the blue cards "the least commonly used 3 Life Skills".
- Stick the VIPP cards on the wall/board.
- Discuss the reflections.
- Emphasize that "the least commonly used 3 life skills" by us are those which we expect other to use for us.

Activity 3: Internalizing Life Skills (25 minutes)

STEP – 1

Divide the participants in 4 groups and keep an attractive name for each group.

STEP – 2

Distribute the following stories to identify and internalize the skills used by different characters in various situations.

Story 1: The Thirsty Crow!

There was once a crow who felt very thirsty. From a distance he spotted an earthern pot (matka) and thought there must be some water in it. He sat on its edge and looked inside. There was water in the pot but it was too low for the crow's beak to reach it. The crow was disappointed, but he was thirsty and badly wanted to drink the water. The crow didn't lose heart. He thought, "What can I do to reach the water? The matka is heavy, so I cannot overturn it. It is thick so I cannot break it with my beak, what else can I do so that I can have water? What new can be done by me?" Then he spotted some stones lying nearby. He suddenly had an idea, "Why don't I try to put these stones in the pot so that the level of water rises. Then I can have my drink!" He started putting stones in the pot. Soon the water level in the pot rose and the crow drank the water and quenched his thirst.

Story 2: Hunter and the Pigeons

A group of pigeons enjoyed the fresh grains in the field. They went there every day. One day a hunter saw them and wanted to catch them. He spread a net in the field and was waiting for them to come.

The pigeons were caught in the net. They realized that the hunter will soon take them away. The leader pigeon said, "We have to get out. There must be a way out. Let us think". But they could not find a way out. The net was strong. Each pigeon was trying to escape by pulling the net in different directions. But it increased the fear and confusion more than helping them.

A young pigeon said, "Why don't we all try and fly together instead of trying to escape individually?" When we pull individually, we waste our energy". The leader pigeon was not in agreement. He said "no it may be difficult". But the young pigeon insisted that they try it once. The leader finally agreed when he spotted the hunter at a distance. When he said "fly" all of them lifted together and flew away with the net. The hunter arrived just then to see the pigeons flying away together with his net.

Story 3: Crocodile and the Monkey

A monkey was living on a mango tree on the bank of the river. The tree was full of ripe mangoes and the monkey enjoyed the sweet and juicy fruit every day. A crocodile was swimming in the river and saw the monkey enjoying himself. He asked, "what is that you are eating. It looks good". The monkey threw one mango to the crocodile and said "it is a mango". The crocodile loved the taste and every day he came for more fruits. They became good friends. The crocodile told his wife about the mango and the monkey. She was very curious and asked her husband to bring one mango for her. When she tasted it, she said, "This fruit is very tasty. Since the monkey eats it every day his meat must taste very good. You bring him home and we can eat him". The crocodile tried to arguer but she was very adamant. He was sad because, the monkey was a good friend.

By the time he reached the mango tree, he made a plan. He told the monkey that he was invited for lunch and he would take him to his house.

The monkey sat on the back of the crocodile and they were crossing the river. When they were half way, the crocodile told the monkey the truth that he will be eaten by his wife.

The monkey immediately sensed the danger. He thought for a while and told the crocodile, "You should have told me this earlier. My stomach is the tastiest part of my body. I have left it on the tree. Come let us go back and bring the stomach". The crocodile hesitated. But, decided to take the monkey back to the tree to fetch the stomach. When they came near the tree, the monkey jumped, sat on the top branch of the tree away from the crocodile and saved his life.

Story 4: Birbal Ki Kichadi

One day, king Akbar announced a reward of 100 gold coins to any one who could stand in the cold-water pond all through the night and come out when the sun rises in the morning. Many came forward. But soon the pond was empty except for one old man. He stood there because he wanted the 100 gold coins to conduct his daughter's wedding. When the sun came up he got out of the pond and asked for the 100 gold coins.

The king asked him, "how could you bear the cold water when even young persons came out of the pond"? The old man said, "I looked at the distant lights in the palace and kept thinking of the warmth the lights give". The king said, "Then you cheated me. You took warmth from my palace lights. I will not give you the gold coins". The old man was very sad and disappointed that his effort had gone waste.

Birbal, a minister understood that the king was unfair in his decision. He wanted to find a way to communicate this to the king. He invited the king for dinner that evening. When the king arrived, he found Birbal sitting in the garden near a small fire. He asked "what are you doing'? Birbal said, "Oh, I am cooking kichdi for your dinner".

The king was surprised to see a small pot hanging from the top of the tree while the fire was on the ground. He said, "Birbal, are you stupid? How can the kichdi cook when the fire is down below and the pot is way up"?
Birbal said, when the old man can draw warmth from the palace lights which are so far away, why can't my kichadi cook from the fire down below?

The king understood his fault and gave the 100 gold coins to the old man and apologized to him.

STEP – 3

Let the groups brainstorm, and identify the Life Skills used.

STEP – 4

- Let the groups make their presentations one by one
- Ask the participants to reflect.
- Emphasize that Life Skills can be used positively as well as negatively.

Activity 4: Applying Life skills (35 minutes)

STEP – 1

Divide the participants in 3 groups and keep an attractive name for each group

STEP – 2

Distribute the following case studies to apply various Life Skills

Case study 1

Suresh, a driver, lives in Gandhinagar. He is married to Sujata, who has had little education. Suresh has been HIV + for the last 5 years and is ill off and on. Sujata is pregnant. After she heard that her baby may also suffer from HIV, Sujata became depressed. She was worried about managing the treatment of husband and started working as a maid for 5-6 houses to take care of family needs. She talked to Sunita, her childhood friend who got her registered with a Government Hospital where she expects to have her delivery next month. Sunita has talked to an NGO and Surseh is getting regular ART.

Case study 2

Anil and Himachal are good friends. One day Anil arrives with a few friends. He has also brought a bottle of alcohol and said it was his birthday and that they should enjoy themselves. They plan to go to Smita, the local sex worker. Himachal believes that drinking and sex is not good for him, but he does not want to displease his friends.

Case study 3

Sunil and Anita both study in Class XII. Sunil feels that Anita loves her as she always wants his company and they share everything with each other. They often have sex with each other. Last week Sunil went to the city to see his uncle. Along with his friends he went to the brothel and had sex with a sex worker. Soon after he experienced painful urination, itching and redness on his penis. Anita has not seen him for long and she wants to have sex with him. Sunil is afraid that Anita will also have the same disease he is suffering from. But he is worried that if he told her the truth, she will leave him thinking his character is immoral.

STEP – 3

- Let the groups brainstorm and identify the life skills used.

STEP – 4

- Let the groups make their presentations one by one.
- Ask the participants to reflect.

STEP – 5

- Discuss that Life Skills help to make correct choices and take decisions in life.
- Emphasize that unsafe sex is a difficult decision.
- With the help of Flip Chart 4 describe that various Life kills can be used in the context of STIs and HIV/AIDS.

Flip Chart 4

Using Life Skills in the context of HIV/ AIDS

Self Awareness Skill
Identifying one's values, beliefs, sexual needs and behaviour.

Interpersonal Relationships
Practice healthy relationships and safe sex.

Effective Communication
Share your feelings, thoughts, ideas and information with friends/co-workers.
Seek advice on STIs and HIV/AIDS issues.
Influence others to prevent HIV/AIDS related stigma and discrimination.

Decision Making

- Facing peer pressure boldly (e.g. having sex with a Commercial Sex Worker).
- Having the HIV test.
- Using condoms to practise safe sex.
- Analyzing potential situations and determining actions and their consequences.

Critical Thinking
Analyze myths and misconceptions about HIV/AIDS.

Problem solving
Learn to say "no" while being polite and avoiding aggressive behaviour.

Coping With Stress/Emotions
Seek advice/help from counselors.

Empathy
Preventing HIV/AIDS related stigma and discrimination.
Helping HIV/AIDS patients.

HIV & AIDS & CO-OPERATIVES

HANDOUTS

SECTION-5

SECTION-6

FACILITATOR'S GUIDE ON LIFE SKILLS

Core Life Skills

Self-Awareness	Empathy
Critical Thinking	Creative Thinking
Decision Making	Problem solving
Effective Communication	Interpersonal Relationship
Coping With Stress	Coping With Emotions

Self-Awareness: This skill enables adolescents to understand their own weaknesses and strengths. Being aware of the good points about oneself helps adolescents build a sense of self-esteem and self-confidence.. Being aware of their weaknesses will make adolescents be willing to learn more. This also helps them utilize the opportunities available to them in relation to their abilities.

Empathy: Being empathetic means that one has the ability to imagine oneself in the shoes of someone else,i.e. a friend, parent or others and experience their emotions. One can understand their concerns, worries, fears and needs and how they feel. For example, if a friend is feeling sad, putting oneself in his/her situation can help the adolescent to know how to help him/her.

Critical thinking: Critical thinking is the ability to analyze information and experiences in an objective manner. It can help us recognize and assess the factors that influence our attitude and behaviour, such as media and peer pressure influences.

Creative thinking: Creative thinking contributes to both problem solving and decision making by enabling us to explore the available alternatives and various consequences of our actions or lack of actions. It helps us to look beyond our direct experience, and to respond adaptively and with flexibility to situations in our daily lives, even if no problem is identified, or no decision is to be made.

Decision-making: This skill is required for choosing the best amongst the various alternatives in many life situations. The situations may not really be problems, but require a choice to be made. This skill enables adolescents to weigh the pros and cons of alternatives and choose the best option available and accept responsibility for the consequences of the decision.

Problem solving: The process of problem solving involves various steps. It also requires clearly identifying the problem, exploring the available alternatives and deciding on the best possible solution.

Effective Communication skills: The essential component of effective communication skills are listening and speaking skills. Body language is as important as spoken words and may even have more of an impact. It is important for adolescents to talk and share their views especially with their parents, elders and peers. Sometimes adolescents experience difficulty in communicating with their parents on issues concerning sexual behaviour, marriage and career choice. Often they may not agree with their parents views, which results in conflict and turmoil. It is therefore an important skill for an adolescent to learn to communicate effectively (both verbally and non-verbally), which includes clear and

rational thinking, expression of their own views and at the same time giving equal significance to other's opinions and view points.

Interpersonal Relationship skills: The abliity to establish positive relationships help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively. Positive relationships can be established by valuing the way others think and appreciating and understanding the other person's point of view. Relationships demand understanding of one's own and other people's roles and constraints.

Coping with stress and emotions involves recognizing emotions within us and others, being aware of how emotions and stress influence behaviour, and being able to respond appropriately. This may mean that we take action to reduce the sources of stress, for example by making changes to our physical environment and lifestyle, or learning how to relax so that tensions created by unavoidable stress do not give rise to health problems.

Section 6 – Training Skills

Session 15: Adult Learning Principles

Time: 90 Minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Differentiate between child learning and adult learning and;
- Learn the advantages of experiential learning.

Method

- Group exercise
- Presentations
- VIPP

Preparations

- Flip Charts
- Markers

Activity

Adult Vs. Childhood Learning.

Step – 1

Tell participants that you are going to have them describe to each other:

- How you learned as a student in primary school.
- How you have learned as an adult.

Step – 2

Give participants the following task:

- The introduction to adult learning is through a simple exercise of communication. After the exercise is completed, debriefing and discussion on learning derived is important. Remind participants before the start of the exercise that they have exactly 30 minutes to complete the exercise. Explain the rules clearly.

> **TASK #1:** (15 minutes)
> **Draw two pictures showing each of the following two situations as you remember them:**
> How you learned as a pupil in primary school.
> How you learned as a participant in an enjoyable training experience.

Explain participants that the activity must be done without using words! Since they will have only 15 minutes to complete the two drawings, they should work quickly and not worry about being artistic. Their drawings should be big enough to be visible to all in the room.

Step – 3

- Distribute two large sheets and a marker to each participant only after giving the instructions in Step 2.

Step – 4

- Ask each person to show his or her drawing. If possible, post all on the walls to encourage comparison—all primary school ones on one wall and all adult ones on another.

Step – 5

Ask participants to examine the drawings and compare:

- The student/teacher relationship

- The relationship among learners.
- The learning environment.

Step – 6

Ask participants to help you generate a list of differences between classroom and adult learning. Compare their list with the Handout, comparing pedagogy and andragogy.

Step – 7

Finally, ask which kind of learning is more appropriate (useful) for the kind of training they will be doing. Encourage discussion.

Activity 2 : Principles of Adult Learning

30 minutes

Step – 1

Point out to participants that up until now they have been exploring the concepts of learning and change, the concept of adult learning, and the differences between adult and childhood classroom learning.

Step – 2

Tell them that now you would like them to work in pairs on the following task:

> **TASK #4: (Time:** 15 minutes)
> In pairs, develop conclusions about the way adults learn best. Refer to our previous discussions about adult learning.

Step – 3

Ask a member of each pair for one conclusion or "principle of adult learning." If all agree, write it on newsprint. Continue among the pairs until all ideas are listed.

Step – 4

Tell participants that the term andragogy is commonly used to describe the kind of learning that is particularly appropriate for adult situations. Write the word on newsprint.

Step – 5

Explain that this term was first developed in Europe as part of a theory of education but has become particularly well-known through the writings of an American educator, Malcolm Knowles. In fact, he has been called the father of andragogy.

Step – 6

Distribute or show transparency of Handout 1D, Principles of Adult Learning, which is based on the work of Malcolm Knowles. Ask the participants to compare Knowles' ideas with theirs.

Step 7

Point out to participants that up until now, the session has been dealing with ideas. Now it is time to think about how they will apply these new ideas in their work as trainers.

- Show following Chart/slide

(Chart/slide)

Adults respond best to learning that is:

- Active • Experience-based • Recognizing the learner as an expert
- Independent • Real-life centered • Task-centered
- Problem-centered • Solution-driven • Skill-seeking
- Self-directing • Internally and externally motivated

D. Application and Wrap-Up

40 minutes

Step – 1

Tell participants that in order to begin thinking about the application of what they have learned in the session, you would like them to work in small groups.

> **TASK #5: (Time:** 15 minutes)
> Imagine that you are working with a trainer who has not studied adult learning. What practical advice would you give so that she or he could conduct training based on the principles we have discussed? Be as specific as possible and write your tips on a flipchart.

Activity 3 : Experiential Learning Cycle

1 hour, 20 minutes

Step – 1

Tell participants that a very powerful and effective way of learning is called the Experiential Learning Cycle. Write the term on newsprint.

Step – 2

Draw the cycle on newsprint as you explain each phase: experience, reflection, generalization, and application.

Step – 3

Point out that often people experience something without really learning from it. (Elicit examples.) For maximum learning to occur, the remaining phases must occur, with or without the help of a teacher.

Step – 4

Elicit or explain that reflection means considering your thoughts and feelings and perhaps discussing these with friends. Write "thoughts and feelings" in parentheses under "reflection." Ask for other synonyms for "reflection."

Step – 5

Elicit or explain that in the "generalization" phase, learners make conclusions—lessons they have learned from their reflections on the experience. Write "lessons learned" in parentheses under "generalization." Ask for other synonyms for "generalization."

Step – 6

Finally, explain that quite often learners fail to apply new learning once they are back at work. (Elicit examples.) Therefore it is very important, while still in the learning setting, to have them decide how they will apply their new learning when they return to the outside world.

Step – 7

Post Handout 1D, Principles of Adult Learning, beside the cycle and ask which of these principles can be seen in the Experiential Learning Cycle.

Answers: Adults learn best to meet an immediate need, when they can reflect upon their experiences, etc.

Step – 8

Ask whether experiential learning is trainer-centered or learner centered.

Answer: Learner-centered.

Step – 9

Elicit that the role of the trainer is to help the learner progress through the phases. Ask how they might do it.

Answer: By asking thought-provoking questions.

When planning training classes for adults, it is beneficial to use a check-list that highlights the major points to be considered in the lesson. This check-list will allow you to organize your questions and goals in developing a curriculum for your training classes.

Step 10 Ask participants to work in small groups on the following task:

> **TASK (Time:** 20 minutes)
> Pretend you are facilitating a role play. Think of questions you might ask participants to ensure that they advance through all four phases of the Experiential Learning Cycle, beginning with the introduction of the role play and ending with the discussion after the role play.

Step – 11

Have participants present their questions, combining their lists into a single one for each phase.

Possible answers:

Experience: Are the role assignments clear?

Reflection: What happened during the role play?

Generalization: What did you learn from the role play?

Application: How is this useful to you?

Step – 12

Ask participants to analyze one of the training experiences they have had in this workshop; for example, the exercise where they drew pictures to compare schooling with training for adults. Have participants identify the experience, the reflection, the generalization, and the application phases of that exercise.

Possible answers:

Experience: Recalling learning in school and learning in a training situation and drawing pictures of each.

Reflection: Looking at everyone's pictures, comparing and discussing them.

Generalization: Agreeing on how learning in school differs from the way adults need to learn.

Application: Deciding which approach is most appropriate for a trainer to use.

Step – 13

Ask participants to agree upon a definition of experiential learning.

Answer: Learning by reflecting and then drawing conclusions from your own experience in order to apply them to similar situations in the future.

Step – 14

Elicit and write a list of implications of the Experiential Learning Cycle for trainers.

Five Main Points

Clear goals

- What is the point of the training?
- What are the expected outcomes of the training?

Example: The point of the training could be to increase safety and prevention of accidents in the workplace. You should also clarify this for the trainees.

Content

- What content will support the stated goals?

Example: If the goal is "to reduce individual high-risk behavior," what information should you present to reach that goal?

Appropriate delivery mechanism

- How should you present material?

Example: Teaching methods that draw on the knowledge of older workers in class and generate discussions with younger workers may be a very successful way to transfer knowledge, but that notion should be put to the test under given circumstances.

Assessment

- How will you know if trainees have learned the content?
- How will you know if the learning goal was achieved?

Example: Asking relevant questions and testing whether correct answers are given. There can be little formal mechanisms like quiz / tests. We can ask, " who will summarize the learning to the group". The summary coming from one of the participants can provide a right assessment.

Remediation

- What kind of an intervention should you plan or implement to provide additional support for the trainee?

Example: If lack of understanding persists after having received initial instruction on a task, you should provide additional information, experience, discussion, etc. Remediation instruction should continue until the trainee displays mastery of the task or information.

Sub-Session: Training Techniques

Time : 2 and half hours

Learning Objectives:

By the end of this session, the participants should be able to:

- Describe commonly used training techniques.
- Identify various techniques that are appropriate for different groups/sections in co-operative sector.

Method:

- Discussions

Preparation

VIPP Cards Marker

Activity 1

Time: 60 Minutes

Ask the participants what training techniques have been used in the training so far.

Step 1 Ask the participants what the difference is between knowledge, skills, and attitudes.

Possible answers:
Knowledge: Retaining facts and information.
Skills: Aptitude; the ability to do something (including both cognitive and Manual skills).
Attitudes: Expressing feelings and values in a given situation; showing emotions.

Step 2 Explain that behavior involves a combination of knowledge, skills, and attitudes. Training techniques are designed to change people's behaviors by developing knowledge, skills, and attitudes.

Step 3 Draw three boxes denoting knowledge, attitude and skills ask the participants to fill in the techniques that have been used for imparting each of them.

Step 4 Facilitate and generate a discussion on the advantages and limitations of each techniques.

Session 16: Facilitation Skills

Learning Objectives:

At the end of the session the participants should be able to:

- Learn the process of facilitation
- Acquire various facilitation skills

Time : 90 Minutes

Method:

Discussion, VIPP

Preparation:

Chart, VIPP cards and markers

Activity 1: The process of facilitation (15 minutes)

Step – 1

Greet participants and read aloud the Objective for the session.

Step – 2

Ask the participants what do they understand by the terms teaching and learning.

Step – 3

Explain that while both the processes aim at change in behaviour but the emphasis is different:

- **Teaching** – The primary responsibility is of teacher
- **Learning** – The primary responsibility is of learner

Step – 4

Discuss that traditionally a content specific, teacher controlled **directive approach** has been followed to impart knowledge or skill with little or no participation from the learner. On the other hand a **facilitative approach** is a modern approach envisaging providing the resources, creating a conducive environment and opportunities making a learning process easy and effective by applying various participatory tools and techniques

Step – 5

Discuss the advantages of facilitation approach using ***Facilitator's Guide on Advantages of Facilitation approach***

Facilitator's Guide: Advantages of Facilitation Approach

- Learner achievement oriented.
- Believes that learners already have great reservoirs of knowledge and skills to be utilized.
- Emphasis on technical/interpersonal processes rather than content.
- Encourages equal partnership between trainers and learners.
- Supports and enables individuals and groups to take control, responsibility and ownership for their decisions and for their learning.
- Provides a nurturing and encouraging environment for learning.
- Use of participatory methodologies.

Activity 2: Facilitation Skills (30 minutes)

Step – 1

- Distribute VIPP cards to the participants.

Step – 2

- Ask the participants to think about a particular trainer who has impressed them the most.
- Ask them to write down two things on VIPP cards they liked the most which made their training more interesting and effective.

Step – 3

- Stick the VIPP cards in a flow diagram on the chart.

Step – 4

- Build up the on the responses achieved and discuss various facilitation skills using the Facilitator's Guide on Facilitation skills.

Facilitator's Guide: Facilitation Skills

- **Building and Maintaining Rapport with the Participants**
  - Starting with a brief introduction of self and participants
  - Making the participants feel valued
  - Being empathetic
  - Being non judgmental
  - Avoiding controversial issues (religious or moral issues)
  - Making timely process intervention(using energizer, taking a break, moving to another subject area etc)
- **Effective Communication**
  - Active listening
  - Pleasant and varying tone
  - Specific and clear messages
  - Effective nonverbal communication
  - Giving and receiving feedback
- **Giving Feedback**
  - Don't be judgmental
  - State what a person did, not why he did that
  - Specifically highlight good points
  - Suggest what can be improved upon (not what was lacking)
  - Don't criticize, only comment
- **Receiving Feedback**
  - Don't be defensive
  - Shortcoming is in the job done, not in the person
  - Respond, don't react

  Using open ended questions viz "What do you think about...," "Why...," "How...," "What if...," etc.
  Acknowledging the effort of participants while answering the questions
- **Presenting the Information**
  - Defining objectives
  - Presenting in a logical sequence
  - Making the presentations lively by examples, jokes etc.
  - Use of a mix of participatory techniques
  - Paraphrasing (Summarizing)

Activity 3: Practicing Facilitation Skills

(45 minutes)

Step – 1

- Divide the participants in two groups.

Step – 2

- Ask each groups to prepare and facilitate a training session.

Step – 3

- Let the groups make the presentation.

Step – 4

- Discuss various facilitation skills demonstrated by the facilitators.

Step – 5

- Summarize the session.

Distribute the Handout: Strategies for good facilitation

Session 17: Effective Communication

Time: 120 minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Learn communication process—type and barriers, inter-personal communication.
- Acquire effective skills in communication for training.
- Use of audio-visual and local folk media.

Method:

Inputs, exercises, discussion and summing up.

Preparation:

(Chart/slide 1)

Communication

- Communication is a process of arriving at a common understanding between a source person (the one who originates the information, feeling, idea) and the receiving person.

(Chart/slide 2)

Elements of a Communication Process

- Source—Originator of a process of exchange of information.
- Receiver—Receiver of the information.
- Content/Message—The information which is being communicated.
- Medium—Channel through which information is given.
- Distortion—which may occur between the source content and received content. This may be caused due to various factors.
- Feedback—Where information's understanding is passed-on from the receiver to source person.

- Show slide/chart 1 and explain.
- Show slide/chart 2 and explain.

Activity/Steps

- Ask participants to stand in a circle.
- Tell them that you will give a message to one of them.
- This person will whisper this message to the person on his right.
- Next person will again whisper it to the person on his right, and so on.

Message to first person: "Jaswant's mole is truly a hole in his story which is only a figment of his imagination in his version of the history".

- Once all the participants in the circle are covered ask the last person to repeat the message loudly. Now ask the first person to say the original message load.
- Highlight the differences and distortions.
- Ask why did the message get changed.
- Record on board/chart—likely reasons to be given by the participants "lack of attention", "could not hear properly", "could not reconfirm".
- Relate these responses with distortion due to perceptions, and with absence of feedback.

Reducing Distortions

Distortions can ruin a communication, especially if you are communicating with people on an issue as sensitive as HIV/AIDS. Communication on HIV/AIDS usually involves dealing with young people or groups that are marginalised. It also involves serious issues of trust and confidentiality, as it relates to personal and intimate behaviours. You could reduce these distortions and increase the effectiveness of your communication by:

- Communicating with small groups and being direct.
- Using language easily understood and spoken by the target group.
- Increasing the similarities between the sender and the receiver.
- Keeping the message short and clear.
- Putting yourself in the receiver's shoes.
- Using multiple ways of communicating—verbal, written, audio or visual.
- Keeping confidences and listening.

Communication can be Categorised into Four Different Types, Depending on the Nature of the Interaction.

- Intrapersonal communication is a type of communication whereby a person interacts with himself/herself. This type of communication is intrinsic or reflective.
- Interpersonal communication is a type of communication where there is one-to-one interaction or interaction among a small group. This is the most commonly used/practiced from of communication.
- Intergroup communication is a type of communication where interaction between different groups takes place.
- Mass communication is a type of communication where a large body (millions of people) of people is addressed.

Verbal and Non-Verbal Communication

Communication can be verbal and non-verbal.

In **verbal communication**, we use words/language in the written or spoken form.

Non-verbal communication is often given secondary importance, but it is much more important than verbal communication. It includes a series of gestures, such as facial expressions, signs, body movements, eye contact, tone of voice, and sounds. In normal interpersonal communication 5-10 per cent of total communication is verbal while 90-95 per cent is non-verbal.

People can Receive Valuable Information through Non-Verbal Cues Such as:

- Body language.
- Eye contact.
- Facial expression.
- Head nodding or shaking.
- Playing with objects.
- Making sounds.
- Signs.
- Touch.
- Silence.

- Show following Chart/Slide

(Chart/slide)

Value of Using Visuals

- You remember 10 percent of what you hear.
- You remember 50 percent of what you hear and see.
- You remember 90 percent of what you hear, see and do.
- Visuals are used effectively to strengthen communication.
- Visuals help people remember what they hear.
- The trick is in relating what you hear to a picture.

Suppose we are discussing of how HIV is transmitted. Imagine that as a communicator, you have just given a talk on this. What do you feel will be the reaction to:

- Only a talk.
- Talk with the help of posters showing of what virus is and how it attacks the human body.
- A talk and video or magnet board demonstration of how the virus infects the human body.

Question: Which of the above situations will be ideal and why?

Session 18: Designing a Training Session

Time: 90 Minutes

Learning Objectives:

By the end of this session, the participants should be able to:

- Learn various steps in designing a training session.
- Develop a session design based upon experiential learning cycle.

Method:

Discussion, VIPP, group exercise and presentation.

Preparation:

Chart, VIPP cards and markers

Activity 1: Session Design Process (30 minutes)

Step – 1

- Greet participants and read aloud the objectives for the session.

Step – 2

- Distribute VIPP cards to the participants.

Step – 3

- Ask the participants whether they have designed training sessions in the past.
- Ask the participants to write down one step comprising the design of the training Session.

Step – 4

- Stick the VIPP cards in a flow diagram on the chart.

Step – 5

- Discuss various components of the Design of a Training session using, the Facilitator's Guide:
- ***Steps for designing a training session*** given below:

Facilitator's Guide :Steps for Designing a Training Session

- Write down the title of the session
- Write down a brief introduction of the session comprising:
  - Importance of the session
  - Linkage with the previous learning
  - A brief statement of what will be covered in the session
- Write objectives based on:
  - Knowledge, skills, and attitudes identified
- Identify methodology/methodologies for the session
- Identify resources (Material/audiovisual aids) needed.
- Design training activities based upon experiential learning cycle (i.e. incorporating Experience, Reflection, Lessons learnt and Application)
- Specify time needed for each activity
- Write the steps for each activity

Activity 2: Designing a Training Session (1 hour)

Step – 1
- Let the participants arrange in pairs/group.

Step – 2
- Distribute them topics related to HIV/AIDS for designing a training session.

Step – 3
- Assure participants that you will be available as a resource should they need you during their planning time.

Step – 4
- At the end of half an hour, reconvene the group and ask whether they are finding the task difficult, what help they need, etc.

Step – 5
- Distribute Handout on, Steps for a Training Session Based on the Experiential Learning Cycle, and suggest that they use it to check against their own activities. Allow additional time for any modifications they wish to do.

Step – 6
- Let the groups present their designs.

Step – 7
- Let the participants give their feedback.

Step – 8
- Summarize at the end.

These functions are applicable to any task, including a training session. While planning for a training session you will:

Plan : The audience, the objectives of training, how those objectives will be met keeping the target audience in mind.

Organise: Organise session progress with right materials, and preparation. How participants will be used in training.

Control: Keeping tab of time. Watch session's progress. Keep checking whether participants are in the right mode (explorer). Is their interest alive? Or do they need a break? Is there cross-talk?

Lead: In the context of training the 'lead' means the right amount of facilitation so that all participants are able to speak and share without hesitations and no participant dominates the whole proceedings. Maintenance of session's discipline is also a part of leading a session.

SESSION 19: Evaluation and Summing Up

Time: 60 Minutes

Learning objectives:

By the end of this session, participants should be able to:

- Review the list of expectations expressed in the beginning of the training.
- Identify expectations that were fulfilled and those fact were left out, if any.
- List the action plan on how the learning can be put into practice.

Method:

Group discussion

Preparation:

Chart on which expectations are written, action plan format, questionnaire for post training evaluation, markers of 2 three different colors.

Steps/Activity:

- Review the expectations and keep on ticking the points which have been satisfactorily addressed and tick with a different color which have been addressed partially and those which have not at all addressed with a different color.
- Encourage participants to express their thoughts and views regarding their fulfillment of the expectations. Let them also identify the gaps.
- Provide reading materials and sources of getting further information to fill in their gaps or to address any of their queries or doubts that are likely to emerge later on.
- Divide participants into groups depending on their designation or similar job responsibilities etc. and provide each group the planning format detailing the means of applying the learning in personal life as well as integrating it into their professional work. Provide 20 minutes to complete the group work.
- Encourage each group to share the responses in the larger group. After every presentation, provide an opportunity to others to raise queries or give comments.
- Summarize by appreciating the participants for their hard work and commitment to translate their learning into practice. Ensure that the planning is clear, specific and doable at their levels.
- Generate discussion on any factors that the participants anticipate as barriers to translate and implement the action plan and address those concerns.
- Lastly conduct post training evaluation using the questionnaire.
- Wrap up the session by appreciating their hard work, cooperation and commitment shown throughout the training and by thanking them for their valuable sharing which had enriched the learning process.

HANDOUTS

HIV & AIDS & CO-OPERATIVES

SECTION-6

HANDOUTS

HIV & AIDS & CO-OPERATIVES

CHILD LEARNING AND ADULT LEARNING

	Child learning	Adult learning
LEARNER'S ROLE	• Follow instructions • Passive reception • Receive information • Little Responsibility for learning process	Offer ideas based on experience Interdependent Active participation Responsible for learning process
MOTIVATION FOR LEARNING	External: • Forces of society (family, religion, tradition, etc.) • Learner does not see immediate benefit	From within oneself Learner sees immediate application
CHOICE OF CONTENT	• Teacher-controlled • Learner has little or no choice	Centered on life or workplace problems expressed by the learner
METHOD FOCUS	• Gain facts, information	Sharing and building on knowledge and experiences

PRINCIPLES OF ADULT LEARNING

Adult learning occurs best when it:

Is self-directed
Adults can share responsibility for their own learning because they know their own needs.

Fills an immediate need
Motivation to learn is highest when it meets the immediate needs of the learner.

Is participative
Participation in the learning process is active, not passive.

Is experiential
The most effective learning is from shared experience; learners learn from each other, and the trainer often learns from the learners.

Is reflective
Maximum learning from a particular experience occurs when a person takes the time to reflect back upon it, draw conclusions, and derive principles for application to similar experiences in the future.

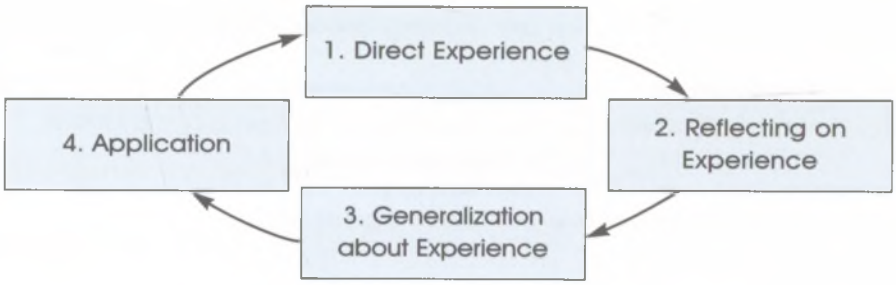
Provides feedback
Effective learning requires feedback that is corrective but supportive.

Shows respect for the learner
Mutual respect and trust between trainer and learner help the learning process.

Provides a safe atmosphere
A cheerful, relaxed person learns more easily than one who is fearful, embarrassed,or angry.

Occurs in a comfortable environment
A person who is hungry, tired, cold, ill, or otherwise physically uncomfortable cannot learn with maximum effectiveness.

THE ADULT LEARNING CYCLE
THE ROLE OF THE TRAINER



Learning is the transformation of information into useful knowledge.

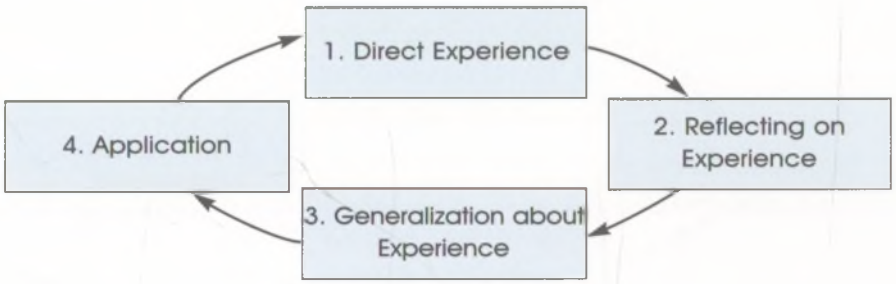
The learning cycle requires the learner to progress through four different phases of the learning process. Effective learning requires the ability to apply the things you learn in phase 3, where you form principles based on your analysis in phase 2 of an experience you had at phase 1. This does not come easily for everyone, especially those who are used to learning from lectures. Adult learning requires the active participation of the learner in the learning process.

The role of the trainer, then, is to help the learner through this process of learning. A good trainer must have the competence to understand what goes on at each phase and to facilitate the learning process.

In this handout, we will go through each of the four phases and identify:

- Appropriate training activities
- The role of the trainer
- The kinds of questions a trainer can ask the learner

WHAT HAPPENS IN PHASE 1: THE EXPERIENCE



The learner uncovers new information that requires a response on his or her part.

ACTIVITIES TO USE

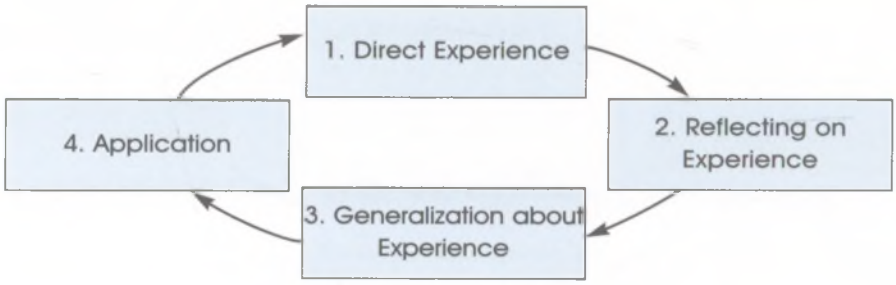
- Group problem solving
- Case study
- Role plays
- Field visits
- Skills practice
- Games
- Group tasks

TRAINER'S ROLE

The trainer's primary role is that of a structurer. She or he must present the objectives of the activity and clarify norms, rules and time limits. Information should be presented in a way that is meaningful to participants and that will stimulate their interest (for example, with visual aids and by asking questions). For small group activities, the trainer needs to be very clear about the task. The task, including discussion questions, should be written on a flipchart or a handout. Group members should be assigned (or volunteer for) roles of secretary, discussion leader, time-keeper, and reporter. Although most of the processing goes on during the next phase, the trainer can ask some questions now. These might include the following:

- Are there any questions about the task?
- Is there anything else you need to know?
- How's everything going?
- Have you thought about...?
- Could you be more specific?
- Can you say more about that?
- Can you think of another alternative?
- Are you ready to record your work on a flipchart?
- How much more time do you need?

WHAT HAPPENS IN PHASE 2: REFLECTING ON THE EXPERIENCE



The learners sort out the information developed in phase 1. They will use this information to develop key "learnings" about the subject matter in the next phase, but first they need to analyze the experience.

ACTIVITIES TO USE

Small group discussion
Large group discussion
Participant presentations
Reporting from small groups

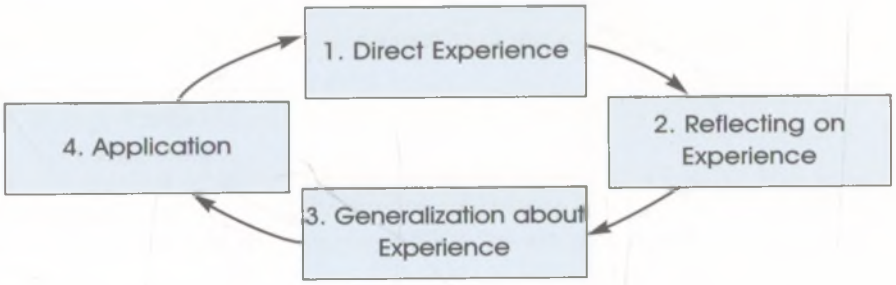
TRAINER'S ROLE

The trainer's role is to help the learner reflect on what happened during phase 1 and what the experience meant. The trainer should be sure that important aspects of the experience are not ignored. An effective way to help the learner reflect is to ask questions about what happened and how the learner reacted. Phase 2 is when learners share their ideas and reactions with each other. These are examples of the kind of questions the trainer might ask:

- What happened?
- How did you feel when...?
- Did anyone feel differently?
- What did you notice about...?
- How do you feel about the experience?
- Did anyone else feel the same way about that?
- Do you agree/disagree with what they are saying? Why?
- Does anyone else have something to add...?
- Does this surprise you?
- Do you realize that...?
- Why didn't you...?

Notice that the trainer uses open-ended questions to stimulate discussion.

WHAT HAPPENS IN PHASE 3: GENERALIZING ABOUT THE EXPERIENCE



The learners interpret what was discussed during phase 2 to determine what it means and what lessons can be learned and to draw principles.

ACTIVITIES TO USE

Synthesis discussion in large group
Lectures
Demonstration
Reading assignments

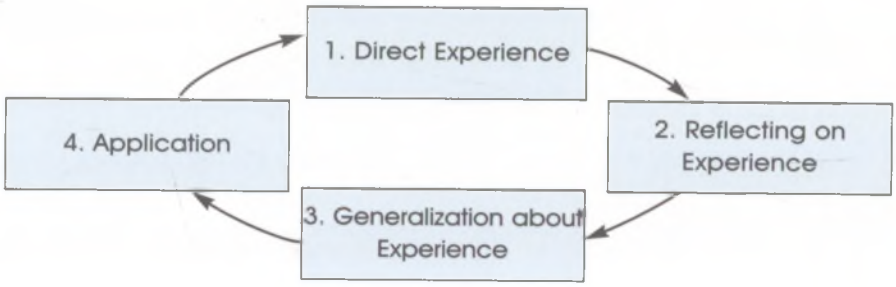
TRAINER'S ROLE

The trainer's roie is the conventional role of the educator—to guide the learner. More than in any other phase, the trainer needs to be knowledgeable about the subject matter and be a credible information source. This does not mean that the trainer needs to provide all the answers during this phase. In fact, the learners will probably internalize the learning better if they find the answers for themselves. As a guide, the trainer helps the learner focus on the implications of the experience and reflection phases so that the learner can acknowledge having learned something new. There are two basic approaches to doing this: 1) the trainer can provide a summary for the learners (as in a lecture or reading assignment) or 2) the trainer can ask probing questions that enable the learners to reach their own conclusions (as in a consensus-seeking discussion). The latter approach requires strong facilitating skills.

Some useful questions the trainer might ask include the following:

- What did you learn from this?
- What does all of this mean to you?
- Is there an operating principle here?
- How does all that we're talking about fit together?
- Have you gained any new Insights about...?
- What are some of the major themes we've seen here?
- Are there any lessons to be learned?

WHAT HAPPENS IN PHASE 4: APPLICATION



In order for the learner to feel the training is significant, the new learning must relate to her or his own life situation. During phase 4, the learner makes the connection between the training setting and the real world—the two are rarely the same. This link can be strengthened through practice and planning for application after training.

ACTIVITIES TO USE

Action planning
Field visits
Practicing new skills
Discussion

TRAINER'S ROLE

The trainer's primary role is that of a coach to the learner. As the learner tries doing things on her or his own, the trainer can provide advice and encourage the learner to try to improve new skills. The key question to ask here is, "How should I do this differently next time?"

Some questions the trainer can ask include:

- What have you enjoyed most about this?
- What do you find most difficult?
- How can you apply this in your situation at home?
- Can you imagine yourself doing this in two weeks?
- What do you look forward to doing most after training?
- What do you think will be most difficult when you use this?
- If you were to do this in your own project, how would you do it differently?
- How could this exercise have been more meaningful to you?
- Do you anticipate any resistance when you return?
- What can you do to overcome resistance from others?
- Are there areas you would like to practice more?
- What are some of the questions you still have?
- How could you do this better?

CHOOSING APPROPRIATE TRAINING TECHNIQUES

Kinds of Learning	Training Activities
Knowledge (Facts/information)	Readings, songs, lectures, brainstorming, TV, radio
Skills (manual, thinking, planning, etc.)	Demonstration or instructions followed by practice with feedback to correct mistakes
Attitudes/values	Discussion, role play, role-modeling, values, clarification exercise

TRAINING TECHNIQUES

Presentation

DESCRIPTION

A presentation is an activity conducted by a resource specialist to convey information, theories or principles. Forms of presentations can range from straight lecture to some involvement of the learner through questions and discussion. Presentations depend more on the trainer for content than does any other training technique.

USES

- To introduce participants to a new subject.
- To provide an overview or a synthesis.
- To convey facts, statistics.
- To address a large group.

ADVANTAGES

- Covers a lot of material in a short time.
- Useful for large groups.
- Can be adapted to any kind of learner.
- Can precede more practical training techniques.
- The lecturer has more control than in other situations.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A LECTURE

- Emphasizes one-way communication.
- Is not experiential in approach.
- Learner's role is passive.
- Lecturer needs skills to be an effective presenter.
- Inappropriate for changing behavior or for learning skills.
- Learner retention is not as great unless it is followed up with a more practical technique.
- A presentation is common in more formal situations.

PROCESS

1. Introduce the topic—tell the learners what you're going to tell them.
2. Tell them what you want to tell them—present the material using visual aids.
3. Summarize the key points you've made—tell the learners what you've told them.
4. Invite the learners to ask questions.

TRAINING TECHNIQUES

Demonstration

DESCRIPTION

A demonstration is a presentation of a method for doing something.

USES

- To teach a specific skill or technique.
- To model a step-by-step approach.

ADVANTAGES

- Easy to focus learner's attention.
- Shows practical applications of a method.
- Involves learners when they try the method themselves.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A DEMONSTRATION

- Requires planning and practice ahead of time.
- Demonstrator needs to have enough materials for everyone to try the method.
- Not useful in large groups.
- Requires giving feedback to learners when they try themselves.

PROCESS

1. Introduce the demonstration—what is the purpose?
2. Present the material you're going to use.
3. Demonstrate.
4. Demonstrate again, explaining each step.
5. Invite the learners to ask questions.
6. Have the learners practice themselves.
7. Discuss how easy/difficult it was for them—summarize.

TRAINING TECHNIQUES

Case Study

DESCRIPTION

A case study is a written description of a hypothetical or real situation that is used for analysis and discussion.

USES

- To discuss common problems in a typical situation.
- Provides a safe opportunity to develop problem-solving skills.
- To promote group discussion and group problem-solving.

ADVANTAGES

- Learner can relate to the situation.
- Involves an element of mystery.
- The hypothetical situation does not involve personal risks.
- Learners are involved.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A CASE STUDY

- The case must by closely related to the learners' experience.
- Problems are often complex and multi-faceted.
- There is not always just one right solution.
- Requires a lot of planning time if you need to write the case yourself.
- Discussion questions need to be carefully designed.

PROCESS

1. Introduce the case.
2. Give learners time to familiarize themselves with the case.
3. Present questions for discussion or the problem to be solved.
4. Give learners time to solve the problem/s.
5. Have some learners present their solutions/answers.
6. Discuss all possible solutions/answers.
7. Ask the learners what they have learned from the exercise.
8. Ask them how the case might be relevant to their own environments.
9. Summarize.

TRAINING TECHNIQUES

Role Play

DESCRIPTION

In a role play, two or more individuals enact parts in a scenario related to a training topic.

USES

- Helps to change people's attitudes.
- Enables people to see the consequences of their actions on others.
- Provides an opportunity for learners to see how others might feel/behave in a given situation.
- Provides a safe environment in which participants can explore problems they may feel uncomfortable about discussing in real life.
- Enables learners to explore alternative approaches to dealing with situations.

ADVANTAGES

- Stimulating and fun.
- Engages the group's attention.
- Simulates the real world.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A ROLE PLAY

- A role play is spontaneous — there is no script to follow.
- Actors must have a good understanding of their role for the role play to succeed.
- Actors might get carried away with their roles.

PROCESS

1. Prepare the actors so they understand their roles and the situation.
2. Set the climate so the observers know what the situation involves.
3. Observe the role play.
4. Thank the actors and ask them how they feel about the role play—be sure that they get out of their roles and back to their real selves.
5. Share the reactions and observations of the observers.
6. Discuss different reactions to what happened.
7. Ask the learners what they have learned and develop principles.
8. Ask the learners how the situation relates to their own lives.
9. Summarize.

TRAINING TECHNIQUES

Simulation

DESCRIPTION

A simulation is an enactment of a real-life situation.

USES

- Allows learners to experience decision-making in "real" situations without worrying about the consequences of their decisions.
- A way to applying knowledge, develop skills, and examine attitudes in the context of an everyday situation.

ADVANTAGES

- Practical.
- Learners are able to discover and react on their own.
- High involvement of the learner.
- Immediate feedback.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A SIMULATION

- Time-consuming.
- The facilitator must be well-prepared, especially with logistics.
- A simulation is often a simplistic view of reality.

PROCESS

1. Prepare the learners to take on specific roles during the simulation.
2. introduce the goals, rules, and time frame for the simulation.
3. Facilitate the simulation.
4. Ask learners about their reactions to the simulation.
5. Ask learners what they have learned from the simulation and develop principles.
6. Ask learners how the simulation relates to their own lives.
7. Summarize.

TRAINING TECHNIQUES

Small Group Discussion

DESCRIPTION

A small group discussion is an activity that allows learners to share their experiences and ideas or to solve a problem.

USES

- Enhances problem-solving skills.
- Helps participants learn from each other.
- Gives participants a greater sense of responsibility in the learning process.
- Promotes team work.
- Clarifies personal values.

ADVANTAGES

- Learners develop greater control over their learning.
- Participation is encouraged.
- Allows for reinforcement and clarification of lesson through discussion.

THINGS TO BE AWARE OF BEFORE YOU DECIDE TO USE A SMALL GROUP DISCUSSION

- The task given to the group needs to be very clear.
- The group should be aware of time limits for the discussion.
- Participants should be able to listen to each other, even if they don't agree.
- Group discussion should not be dominated by any one or two people.
- Questions help guide the discussion.
- Everyone should be encouraged to participate.

PROCESS

1. Arrange the learners in groups of four to seven.
2. Introduce the task that describes what should be discussed.
3. Ask each group to designate a discussion facilitator, a recorder, and a person to present the group's findings to the larger group.
4. Check to make sure that each group understands the task.
5. Give groups time to discuss—this should not require the trainer's involvement unless the learners have questions for the trainer.
6. Have one person from each group summarize the findings of the group (this could be a solution to a problem, answers to a question, or a summary of ideas).
7. Identify common themes that were apparent in the groups' presentations.
8. Ask the learners what they have learned from the exercise.
9. Ask them how they might use what they have learned.

STEPS FOR A TRAINING SESSION BASED ON THE EXPERIENTIAL LEARNING CYCLE

SET THE LEARNING CLIMATE

- Gain the participants' attention and interest.
- Create an informai rapport with the participants.
- Give a brief introduction of the session.
- Discuss the importance of the session.
- Recaii reievant previous experiences.
- Provide a iink between previous session/s and this one.

PRESENT THE OBJECTIVES

- Present the objectives of the session.
- Let the participants know what they will do during the session in order to attain the objectives.

INITIATE THE LEARNING EXPERIENCE

- introduce an activity in which the iearners "experience" a situation reievant to the goais of the training session. The "experience" might be a roie piay, case study, ViPP exercise or group exercise.
- The participants wiii use this experience for discussion during the next step.
- If you begin this session with a presentation, follow it with a participatory activity.

REFLECT ON THE EXPERIENCE

- Guide the discussion of the experience.
- Let the participants share their reactions to the experience.
- Provide opportunity for feedback from each other and from the facilitator on their work.

DISCUSS LESSONS LEARNED FROM THE SUBJECT MATTER

- Participants identify key points that have come out of the experience and the discussion.
- Facilitator helps participants draw conclusions from the experience and reflection.

DISCUSS HOW THE PARTICIPANTS MIGHT APPLY WHAT THEY'VE LEARNED

- Based on the conclusions drawn during the previous step, the group discusses how the information/skills will be useful in the their own lives.
- Participants discuss problems they might expect in applying what they have learned.

PROVIDE CLOSURE TO THE SESSION

- Briefly summarize the events of the training session.
- Refer to the objectives to determine how well they were reached.
- Discuss what else is needed for better retention or for further learning in the subject area.
- Provide linkages between this session and the rest of the training programme.
- Make sure the learners leave with a positive feeling about the session.

STRATEGIES FOR GOOD FACILITATION

I. Getting Alongside the Group

- Building and maintaining rapport.
- Encouraging participation.
- Relating the learning to the jobs/ tasks performed.
- Actively listening and observing group/individual behaviour.
- Matching body language and voice.
- Questioning to draw out, clarify and explore issues.
- Avoid leading, closed ended and multiple questions.

II. Effectively Managing Information

- Providing correct information.
- Using co-facilitator/ member of the group for different parts of the Session.
- Objectives and Methodology adopted.
- Structuring the information.
- Effective communication.
- Paraphrasing/summarizing to check understanding.
- Learning material used/provided.

III. Dealing with Challenging Situations

- Lack of involvement of the group
  - Go around the group and encourage for participation.
  - Use safer/less threatening areas for discussion untill the group feels more confident/ mature.
- Lack of involvement of individual participants
  - Encourage, talk privately and ask direct questions.
- Avoidance of issues
  - Describe the consequences of avoidance.
- Cynicism
  - Encourage to express feelings to the group.
  - Ask the group for views on the issue.
- Interruptions/Talking
  - Be firm to maintain discipline.
  - Remind participants of the ground rules.
  - Use body language effectively.
- Irrelevant contributions
  - Be sure of its irrelevance.
  - Thank for the contribution and request for others to contribute.
  - Refocus on objectives.
- Anger
  - Acknowledge the anger and empathize with the person.
  - Try to identify the source and reasons.
  - Reflect back neutrally and in an unemotional language.
- Lack of tolerance
  - Find out the reasons
  - Remind participants of the ground rules for behaviour
- Individuals who resist consensus
  - Find out reasons.
  - Remind participants of consequences of not having consensus.

FACILITATION SKILLS

NON-VERBAL

- Maintain eye contact with everyone in the group as you speak. Don't appear to favor certain people in the group.
- Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you can't be easily seen.
- React to what people say by nodding, smiling, or other actions that show you are listening.
- Stand in front of the group, don't sit—particularly at the beginning of the session. It's important to appear relaxed and at the same time be direct and confident.

VERBAL

- Ask questions that encourage responses. Open-ended questions help: "What do you think about...," "Why...," "How...," "What if...," etc. If a participant responds with a simple "Yes" or "No," ask "Why do you say that?"
- Ask the other participants if they agree with a statement someone makes.
- Encourage participation by words like " Excellent!", "very appropriate!" etc.
- Be aware of your tone of voice, and speak slowly and clearly.
- Modulate your voice and shift emphasis to avoid monotony.
- Be sure the participants talk more than you do.
- Use examples, anecdotes, jokes etc. to make the topic interesting.
- Don't answer all questions yourself. Participants can answer each other's questions. Say, "Does anyone have an answer to that question?"
- Paraphrase by repeating statements in your own words. You can check your understanding and reinforce statements.
- Summarize the discussion. Be sure everyone understands it and keep it going in the direction you want. See if there are disagreements and draw conclusions.
- Reinforce statements by sharing a relevant personal experience. You might say, "That reminds me of something that happened last year...."

ELEMENTS OF A COMMUNICATION PROCESS

- **Source (Sender)** – Originator of a process of exchange of information.
- **Receiver** – Receiver of the information.
- **Content/Message** – The information which is being communicated.
- **Medium** – Channei through which information is given.
- **Distortion** – Which may occur between the source content and received content. This may be caused due to various factors.
- **Feedback** – Where information's understanding is passed-on from the receiver to source.

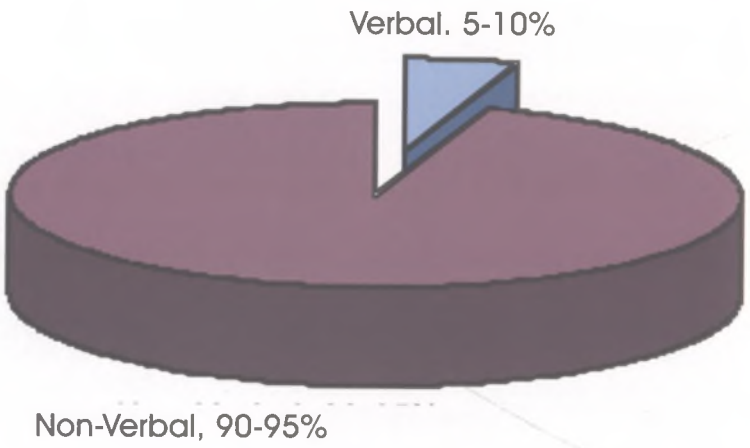
TYPES OF COMMUNICATION

Communication can be categorised into four different types, depending on the nature of the interaction.

- intrapersonal communication is a type of communication whereby a person interacts with himseif/herself. This type of communication is intrinsic or reflective.
- Interpersonal communication is a type of communication where there is one-to-one interaction or interaction among a smail group. This is the most commoniy used/practised form of communication.
- Intergroup communication is a type of communication where interaction between different groups takes piace.
- Mass communication is a type of communication where a iarge body (millions of peopie) of peopie is addressed.

VERBAL AND NON-VERBAL COMMUNICATION

- In **verbal communication**, we use words/language in the written or spoken form.
- **Non-verbal communication** is often given secondary importance, but it is much more important than verbal communication. It includes a series of gestures, such as facial expressions, signs, body movements, eye contact, tone of voice, and sounds.
- In normal interpersonal communication 5-10 per cent of total communication is verbal while 90-95 per cent is non-verbal.



Section-6/Handout-6.21

NON-VERBAL COMMUNICATION

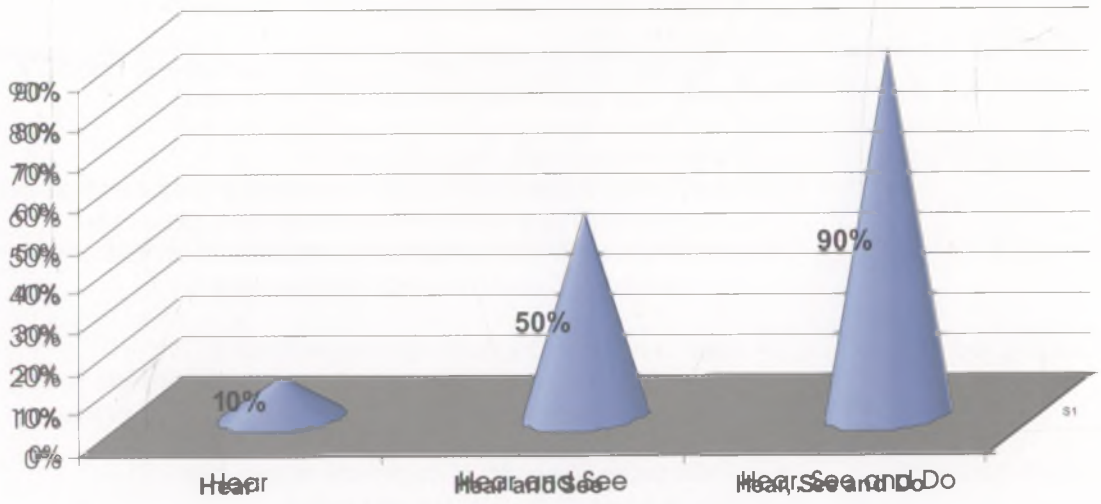
People can receive valuable information through non-verbal cues (Body language) such as:

- Eye contact.
- Facial expressions.
- Head nodding or shaking.
- Playing with objects.
- Making sounds.
- Signs.
- Touch.
- Silence.
- Hand gestures.

Section-6/Handout-6.22

VALUE OF USING VISUALS

- You remember **10 percent** of what you **hear.**
- You remember **50 percent** of what you **hear and see.**
- You remember **90 percent** of what you **hear, see and do.**
- Visuals are used effectiveiy to strengthen communication.
- Visuals help people remember what they hear.
- The trick is in relating what you hear to a picture.



CHECKLIST FOR OBSERVATION OF MOCK SESSIONS

Components	Facilitator's reactions	Response(Yes/No)
Rapport building	Introduced him/herself.	
Set induction	Specified the title of the training. Aroused Interest of participants by relating to previous learning, throwing a new idea, questioning etc.	
Objectives	Stated the objectives. Reflected knowledge, attitude and skills being covered.	
Content	• Based on training needs. • Relevant to participants' lives/jobs. • Organized in a logical sequence.	
Faciiitation	• Provided experiential learning ○ Learning begins with an experience. ○ Participants given opportunity to react to an experience, discuss information. ○ Participants draw conciusions based on their discussion or exercise. ○ Participants make connection between session content and appiication in their lives. • Presentation made lively by shifting emphasis, jokes etc. • Used specific example to illustrate main ideas. • Used nonverbal communication (gestures, eye contact etc.). • Adequate and clear directions for activities. • Understood the questions and responded appropriately. • Maintained the discipline the group. • Tactfully handled the difficult situations (avoiding conflicts). • Paraphrasing and summarizing.	
Learners' Participation	• Encouraged and invited questions from participants. • Asked questions. • Rewarded the effort of participants on responding to questions. • Used participatory techniques(e.g. group work, VIPP etc.).	
Learning ciimate	• Positive rapport with the participants. • Maintaining interest of the participants (e.g. use of energizers) • Non threatening environment free from embarrassment. • Feedback given non judgmentally and positively (using word "positive points" and "areas of improvement").	
Training techniques	• Used a multiple and participatory technique. • Techniques appropriate to impart knowledge, attitude & skills. • Sequence of techniques leads to practical application of learning.	
Audiovisual aids	• Appropriate selection of audiovisual/visual aids. • Effective use of audiovisual/visual aids.	
Time management	• Facilitated session as per time limits. • Allotted sufficient time for participatory activities.	

Conclusion

What can be done to make HIV/AIDS Awareness, Prevention and Care Services accessible to Agriculture and Rural Communities.

Type of Action	Examples of what to do
Community Driven Development and Mobilization	• Communities which have identified HIV as a problem should be encouraged to develop locally owned programs to address HIV/AIDS. • Sensitize communities about HIV/AIDS, and provide adequate information to address stigma and discrimination against groups with high risk behavior who are often marginalized as well as people living with HIV/AIDS. • Educate youth.
Advocacy and Dialogue at Community level	• Continuous sensitization of community leaders and local politicians. • Reaching local leaders (e.g. village Panchayat leaders) to increase awareness and address issues related to stigma and discrimination and encourage open discussion of these issues in rural communities.
Increased Outreach to Rural Communities, and Migrant Workers	• The Agriculture and Rural Development sector can harness its expertise in reaching rural populations, to disseminate information and awareness about HIV/AIDS to rural communities. Migrant workers and their families should be reached with prevention interventions (Education, VCTs, treatment of STIs) as this group plays an important role in the spread of the epidemic.
Targeting Vulnerable Rural Populations and those with HIV/AIDS.	• Given the disproportionate burden borne by the rural poor, safety nets could be targeted to the poorest households, especially households affected by HIV, before they dispose of assets and engage in other adverse coping mechanisms. These community-based programs should be linked to/or part of National and State programs (e.g. the Rural Health Mission in India).
Partnership and Technical Cooperation	• Work with National and State level AIDS control organizations and programs for technical support, including coordination with NGOs and development partners to provide technical and financial support.

- Sum-up-by reiterating main points and learning and simple dos and don'ts as trainers.

Thank the participants for their sharing, enthusiastic participation, etc.

Co-operatives Fighting against HIV/AIDS

The following, Chart shows the way how to reach to the general population through vast co-operatives training and education network in the country:

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Design by The Studio, peali@pealistudio.com Printed by 3agraphics@gmail.com