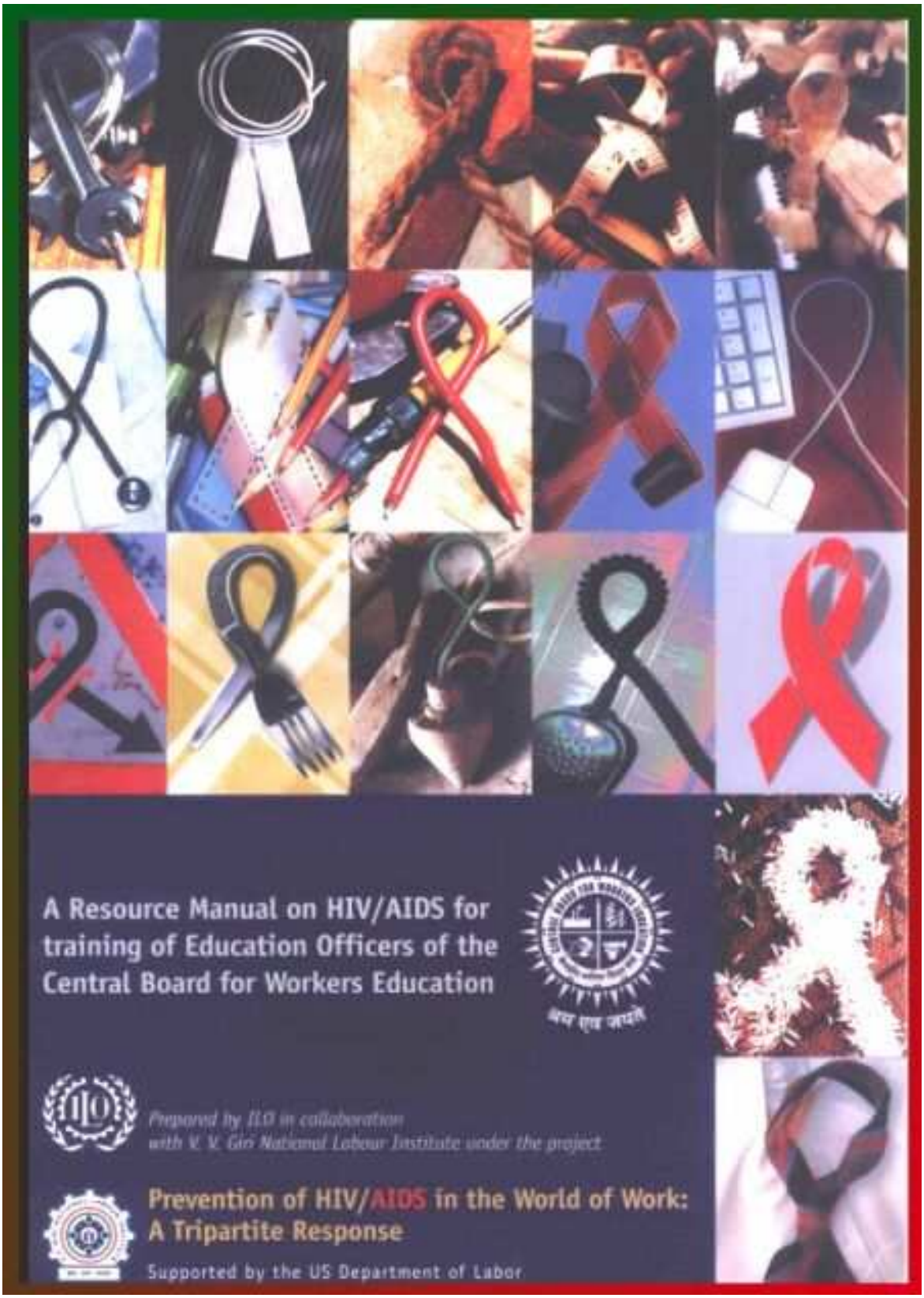
A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



ISBN **92-2-113222-6**

Produced and printed by the ILO India project: 'Prevention of HIV/AIDS in the World of Work: A Tripartite Response'

A Resource Manual on HIV/AIDS for training of Education Officers of the Central Board for Workers Education

Prepared by ILO in collaboration with V. V. Giri National Labour Institute under the project

Prevention of HIV/AIDS in the World of Work: A Tripartite Response

Supported by the US Department of Labor

Acknowledgment

This manual has been developed through a well-thought out process involving the ultimate beneficiaries, the Education Officers of the CBWE. My sincere thanks are due to the Education Officers of CBWE who have been involved in the process of training needs assessment and pre-test of this manual. I must admit that the interest shown by the Education Officers has been the moving spirit behind the development of this manual.

I would like to acknowledge the interest shown by the MOL in seeking ILO's support in mainstreaming HIV/AIDS within the CBWE. I would particularly like to thank Mrs. Uma Pillai, Additional Secretary, and Mr. K. Chandramouli, Joint Secretary, MOL for their constant encouragement and guidance throughout this process.

Mr. Uday Kumar Varma, Director, VVGNLI, Mr. Sashi Kumar and Ms. N. Neetha, Fellows at VGNLI provided extremely useful suggestions into the manual and also facilitated the pre-testing of the manual during the training programmes organized by VVGNLI.

Mr. K. J. Thakkar, Chairman, CBWE and Mr. V. Parameswaran, Director, CBWE deserve a very special appreciation for the interest shown in integrating HIV/AIDS within CBWE programmes. Mr. K. K. L. Srivastava, Regional Director, CBWE, Delhi needs a special mention for facilitating the process of training needs assessment in his office.

Special thanks are due to the Delhi Network of Positive People and Lawyers Collective for providing inputs into the Manual. Thanks are also due to the Department for International Development (DFID), India for allowing us to use the communication film made under the Healthy Highways Project, as part of the training package.

I would like to thank and congratulate the entire team that worked on the manual: Dr. Bitra George for writing sessions on STIs/HIV/AIDS and sexuality, Dr. Thomas Philip and Mr. Ravi Subbiah (ILO) for review of the manual. Dr. Sanjay Sahai deserves a special mention for doing the design work.

Finally, I would fail in my duty if I don't acknowledge and thank Ms. P. Joshila, Project Officer (Training and Advocacy), ILO for coordinating the entire process and putting the different components together.

S. M. Afsar
National Project Coordinator, ILO
Prevention of HIV/AIDS in the World of Work: A Tripartite Response

Table of Contents

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
AQL	Acceptable Quality Level
ARV	Anti Retrovirals
BCC	Behaviour Change Communication
CBOs	Community Based Organisations
CBWE	Central Board for Workers Education
DFID	Department for International Development
ELISA	Enzyme Linked Immuno Sorbent Assays
HIV	Human Immuno deficiency Virus
HR GROUPS	High Risk Groups
IEC	Information Education and Communication
IIWE	Indian Institute of Workers Education
ILO	International Labour Organisation
ICDS	Integrated Child Development Scheme
ISST	Institute for Social Studies Trust
MET	Management and Evaluation Team
MOL	Ministry of Labour
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NGOs	Non Governmental Organisations
PLWHA	People Living With HIV/AIDS
SACS	State AIDS Control Societies
STI	Sexually Transmitted Infection
USDOL	United States Department Of Labor
UNAIDS	Joint United Nations Programme on HIV/AIDS
VVGNLI	V. V. Giri National Labour Institute
WHO	World Health Organization

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

डा0 पी0 डी0 शेनॉय
सचिव
भारत सरकार
DR. P.D. SHENOY
Secretary
Government of India

Ministry of Labour
Shram Shakti Bhavan
New Delhi-110001

श्रम मंत्रालय
श्रम शक्ति भवन
नई दिल्ली-110001
Tele. : 371 02 65
Fax : 335 56 79
E-mail: shenoypd@nic.in

FOREWORD

HIV was first detected in India in 1986. By the end of 2001, the estimated number of people living with HIV/AIDS in India has risen to 3.97 million making India home to 10% of the world's HIV/AIDS population. The trends are alarming with six States having reached the generalised stage of epidemic. In this context, it is imperative for every section of our society to work for combating HIV/AIDS.

The Ministry of Labour, Government of India has to play a key role in responding to the challenge of protecting some 400 million workers in India from this scourge, approximately 93% of whom are in the informal sector. The fact that HIV/AIDS hits hardest at the most productive segment of society makes it a big challenge to be addressed by the world of work.

It is in this context, I am glad to see that the Central Board for Workers Education (CBWE) has come forward to integrate the control of HIV/AIDS within its programmes. I would like to congratulate the CBWE for taking this initiative.

This Reference Manual, developed under the ILO project, is a laudable and welcome step. I would like to compliment ILO for taking such an initiative. The manual is meant for the Education Officers of CBWE who have the mandate of educating workers in the formal as well as informal sector. The manual alongwith the series of Training of Trainers Programmes being organised by ILO will offer immense help in integrating the control of HIV/AIDS in the programmes of CBWE. As a result, the information relating to HIV/AIDS will reach millions of workers in India.

I would appeal to all the Education Officers of CBWE to make the best use of this manual and the training opportunities coming their way. As of now there is no cure of AIDS and so prevention assumes special significance as the only way to ward off the disease. This is possible by providing timely education to everyone. If our efforts can protect even a few people from getting the deadly HIV infection, it will be a great service.

With best wishes,

16th July, 2002

(Dr. P.D.Shenoy)

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Preface

Growing evidence indicates that HIV/AIDS epidemic is having a significant impact on the world of work. The most important rationale for workplace interventions emanates from the fact that the population category worst affected from the epidemic is the 15-49 age cohort which constitutes the economically active population and so quite apart from the emotional and psychological trauma to individuals and society, the spread of infection, if not arrested, will give rise to economic upheavals and problems in the world of work. These problems may include: loss of labour; loss of income to poor households; increased costs to households in terms of high treatment costs; increased costs to industry in terms of costs like sick leave, medical insurance costs, replacement and training costs, death related costs; shortage of skilled labour; adverse effects on output and productivity etc. Evolving and implementing appropriate strategies for HIV/AIDS Prevention in the world of work has thus assumed paramount importance. It is vital to recognise that such strategies will become productive only through active involvement of all concerned social partners.

Initiating training programmes on prevention of HIV/AIDS in the world of work for the social partners is one of the important mechanisms to ensure the participation of social partners in the effort towards prevention of HIV/AIDS. Such training programmes need to focus on: Providing awareness on the current scenario of HIV/AIDS; establishing the rationale for intervention in the world of work; Sharing the experiences of the existing interventions in the world of work; Situating the role of different social partners in the prevention of HIV/AIDS in the world of work: and Evolving strategies for a wider participation of social partners in the effort towards the Prevention of the HIV/AIDS in the world of work. It is also important that the training programmes aim to create a set of trainers, at the national , state and local levels.

It is in the above perspective that the V.V. Giri National Labour Institute in collaboration with the International Labour Organisation has been actively engaged in designing and imparting specialised training programmes on prevention of HIV/AIDS at the world of work for different social partners. While evolving such training programmes, emphasis has been on organising training of trainers programmes so that it creates a pool of competent trainers who could initiate training programmes on prevention of HIV/AIDS in the world of work at the grass-root level.

Within the different social partners involved in imparting training and education to labour at the grass-root level, Central Board of Workers Education has a pivotal position. With its vast network spread across the length and breadth of the country, CBWE provides an important institutional medium for imparting education to a large segment of the workforce, both in the organised and unorganised segments. It is in recognition of this that the Institute in collaboration with ILO decided to organise specialised training programmes on HIV/AIDS for the Education Officers of the CBWE.

This manual has been prepared taking into consideration the above perspectives and to aid the Education Officers of CBWE either to integrate issues relating to prevention of HIV/AIDS in the world of work in their existing curricula or to develop specialised training programmes on HIV/AIDS in the world of work.

The manual broadly addresses the following: Magnitude and Complexity of the problem; National and International Responses; Rationale for Workplace intervention; The link between HIV/AIDS and other health problems; Components of HIV/AIDS Prevention Programmes; Legal and Ethical Issues and Care and Support Programmes. The manual also provides handouts on the above themes.

The manual has been prepared after undertaking a training needs assessment of the Education Officers of the CBWE and has also been pre-tested in two training programmes organised jointly by VVGNLI and ILO specifically for the purpose. Utmost care has been taken to make the manual as simple and unambiguous as possible. We hope that the manual would serve as a valuable reference for the Education Officers of CBWE to incorporate issues pertaining to prevention of HIV/AIDS in the world of work as a key theme in their education and training endeavours.

Uday Kumar Varma
Director
V.V. Giri National Labour Institute

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Introduction

International Labour Organization estimates that out of the 40 million people living with HIV/AIDS at the end of 2001, 25 million belong to the working population worldwide.

HIV/AIDS has become a threat to the world of work in many a ways. The virus has intense negative impact on the workforce, the business, individual workers and their families and economy at the macro level. The world of work is affected by increasing costs due to health care, recruitment and training and absenteeism due to illnesses and burials. HIV further increases the already existing gender disparities and exacerbates child labour in case of death of the main breadwinner of the families.

In India, ILO has initiated a three-phased program in consultation with its Indian constituents and NACO. The project aims at establishing a sustainable national project on **HIV/AIDS in the World of Work** in India.

The Phase-I aims at establishing an infrastructure for mobilizing the ILO's tripartite constituents to take up the issue of HIV/AIDS in the world of work. **It is being implemented with support from the US Department of Labor.** The nodal implementing agency for the project is V.V.Giri National Labour Institute (VVGNLI), Noida.

One of the project's objectives is to develop and strengthen the response capacity of the social partners to combat HIV/AIDS in the world of work.

The Central Board for Workers Education (CBWE) is an institution within the Ministry of Labour, GOI. CBWE, through its headquarters at Nagpur, four zonal directorates, 49 regional directorates and 10 sub-regional directorates, covers the length and breadth of India. CBWE undertakes a number of workers' education programmes for organised as well as unorganised sectors. Their programmes reach the rural sector as well. The Indian Institute of Workers Education (IIWE) is the apex level institution of CBWE engaged in training of the Trade Unions and federations, pre-employment courses for Education Officers of CBWE and refresher courses for Regional Directors and Education Officers. CBWE has around 250 Education Officers located in different zonal/regional directorates. These Education Officers form the backbone of workers' education programmes, reaching out to both formal as well as informal sector workers

Considering the wide reach that CBWE has in India and its comprehensive programmes for workers' education, a real impact can be made if HIV/AIDS can be mainstreamed in the programmes of CBWE.

The Education Officers of CBWE can be an important channel through whom the HIV/AIDS education can reach far and wide.

This Resource Manual is an attempt to upgrade the knowledge base of Education Officers on STIs/HIV/AIDS, orient them to the magnitude of the problem, country response and relevance of HIV/AIDS as an issue for the world of work.

The resource manual provides useful information on general as well as technical issues surrounding HIV/AIDS. It contains notes for the resource persons and the handouts on various topics. The manual, along with a five-day TOT programme, will provide a good foundation to the participants, facilitate learning using participatory adult learning techniques and provide an opportunity to the participants to practice their sessions.

The manual will serve as a good resource book for the Education Officers to help them integrate HIV/AIDS in the training programmes organised by them. However, as knowledge is tentative, we request the Education Officers to keep upgrading their knowledge through regular reading. This is also essential as we are dealing with a virus, as complex as HIV, which is being researched extensively all over the world, bringing out new dimensions every day.

The manual takes into account that training is the forte of Education Officers and therefore, we hope that the manual and the TOTs being organised by the ILO Project would simply strengthen the knowledge and skills of Education Officers.

The Manual has been prepared by ILO in collaboration with the VVGNLI. The different processes followed for developing the manual include:

Undertaking training needs assessment of Education Officers of CBWE: (January, 2002)

Pre-testing the curriculum framework in the training of CBWE Education Officers conducted in February 2002 at VVGNLI.

Pre-testing the manual along with the field visit/exercise with TOT organised for the Education Officers of CBWE from Northern India during April 8-12, 2002 at VVGNLI.

ILO and CBWE plan to organise a series of TOT Programmes, using this manual, with a view to cover all Education Officers of CBWE, including the newly recruited officers who undergo induction training at IIWE.

We hope that these efforts will help in creating a cadre of well-informed and skilled trainers, who will be able to benefit thousands of workers, by providing them with the correct knowledge about HIV/AIDS.

HIV/AIDS:
An issue within the overall objectives of CBWE

Objectives of CBWE:

- **To strengthen among all sections of the working class, including rural workers, a sense of patriotism, national integrity, unity, amity, communal harmony, secularism and pride in being an Indian.**
- **To equip all sections of workers, including rural workers, for their intelligent participation in social and economic development of the nation in accordance with its declared objectives.**
- **To develop among workers a greater understanding of the problems of their social and economic environment, their responsibilities towards family members, and their rights and obligations as citizens, as workers in industries and as members and officials of their trade unions.**
- **To develop leadership from among the rank and file of workers themselves.**
- **To develop strong, united and more responsible trade unions, through more enlightened members and better trained officials.**
- **To strengthen democratic processes and traditions in the trade union movement.**
- **To enable trade unions themselves to take over ultimately the functions of workers education.**

Workers' education programmes being undertaken by CBWE include social issues like population and family welfare, environment, etc. HIV/AIDS has also been addressed in various programmes. The present manual and the Training Of Trainers (TOT) programmes, to be organized by ILO, is an attempt to further strengthen the CBWE workers' education programmes on HIV/AIDS.

"...When HIV/AIDS has come, we have to fight it. A multi-pronged attack is called for..... We have planned the TOT programmes for you (the Education Officers) in collaboration with the ILO, keeping in mind your role as education officers. Make sure whatever trainings you undertake at your end, include HIV/AIDS information and education. Take the message of prevention far & wide"

..... *Excerpts from the inaugural speech of* Mr. K.J. Thakkar, Chairman, CBWE, *delivered during TOT programme organized at IIWE, Mumbai by the ILO for the newly recruited Education Officers of CBWE on 22 April 2002.*

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Goal and Objectives

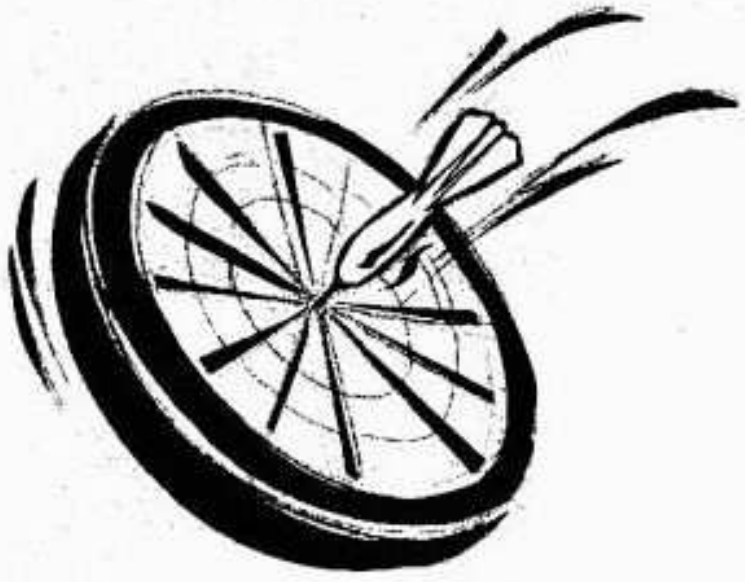
Goal:

"To enhance the participants' understanding of HIV/AIDS and strengthen their capacity to effectively integrate HIV/AIDS education in the ongoing workers' education programmes of Central Board for Workers Education."

Objectives:

1. To orient the participants about the magnitude of the problem, relevance of HIV/AIDS as an issue for the world of work and the country's response to HIV/AIDS.
2. To enhance the knowledge level of the participants on STIs/HIV/AIDS and related issues.
3. To enable the participants appreciate their role in HIV/AIDS prevention by integrating it in their ongoing workers' education programmes.

Duration: 5 days



Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

a five day training curriculum

DATE /TIME	TOPIC	SPECIFIC OBJECTIVES	METHODOLOGY/ RESOURCE PERSONS
DAY - 1	Registration and Orientation	•To welcome the participants and orient them to the logistics.	Presentation
9.30 - 11.15 AM	Session-1 Ice Breaking, Introduction to the Workshop, Assessment of learning needs, Formation of Management and Evaluation Team and administering Pre-test questionnaire	•To create the workshop environment. •To identify the learning needs of the participants. •To orient the participants with the objectives and the process of the workshop. •To introduce the workshop monitoring and evaluation process.	Games, Lecture Discussion, Setting up MET and administering questionnaire
11.30 - 1.00 PM	Session-2 Overview of HIV/AIDS scenario, rationale for HIV/AIDS as an issue for the world of work and India's response to HIV/AIDS	•To discuss the extent of HIV/AIDS problem. •To provide an understanding of the rationale for HIV/AIDS as an issue for the world of work. •To sensitise the participants about Gender dimensions of HIV/AIDS. •To familiarise the participants with the country's response to HIV/AIDS being undertaken under National AIDS Control Programme.	Games Presentation, Discussion, Brainstorming and summarising
2-00 - 5.30 PM	Session-3 Basics of HIV/AIDS	•To enhance the knowledge level of the participants about HIV/AIDS. •To orient the participants to the key issues related to HIV testing (government guidelines, types of tests available, need for voluntary testing and ethics of testing).	Discussions, Brainstorming, Group Work, Fact Sheet

DAY - 2			
9.00 - 9.30 AM	MET presentation	•To review the previous days' sessions and workshop environment.	Participants
9.30 - 11.30 AM	Session-4 STIs, Sex and Sexuality	•To enhance the knowledge level on the STIs, signs and symptoms and link between STI and HIV. •To orient the participants about issues related to sex and sexuality (addressing frequently asked questions).	Discussions, Presentation Group Work
11.45 - 1.30 PM	Session-5 Components of HIV/AIDS programmes in the World of work	•To discuss the components of the HIV/AIDS programmes in the world of work. (Covering approaches for reaching out to workers in formal and informal economy). •To orient the participants to the *ILO*'s Code on HIV and the world of work.	Presentation Lectures, Discussions. Experience sharing
2.30 - 4.00 PM	Session-6 Behavior Change Communication (BCC): Key concepts, Approaches in HIV Prevention Programmes and Increasing effectiveness of IPC sessions	•To familiarise the participants with the concepts of BCC and various approaches of BCC in HIV prevention programmes. •To familiarise the participants with the techniques of Interpersonal communication to enhance the effectiveness of health education sessions.	Presentation Lectures, Discussions. Experience sharing Video film on communication skills
4.15 - 5.30 PM	Session-7 Condom Promotion	•To explain the need for Condom Promotion and approaches in HIV/AIDS prevention programmes. •To explain the barriers to condom use.	Lecture, discussions
DAY - 3	Field Visit	•To orient the participants to the issues concerning PLWHA and the challenges of a Care and Support Programme. •To orient the participants to a HIV/AIDS Prevention Programme and the support available from State AIDS Control Societies.	Suggested field visits: To an NGO implementing Care and support programme/meeting with PLWHA To an NGO implementing Prevention programme To the office of State AIDS Control Society

DAY - 4			
9.00 - 9.30 AM	MET presentation	•To review the previous days' sessions and workshop environment.	Participants
9.30 - 1.00PM	Debriefing of the field visit and clarifications	•To enable the participants to share the observations/lessons learnt from the visit and provide details if required.	Facilitators
2.00 - 3.30 PM	Session -8 Legal and ethical issues of HIV/AIDS	•To sensitise the participants to the legal and ethical issues related to HIV/AIDS.	Presentation and discussions
3.30 - 5.30 PM	Session-9 Perspectives of People Living with HIV/AIDS and key care and support issues	•To sensitise the participants to the PLWHA and their concerns, what they feel and experience. •To familiarise them about the key care and support issues.	Experience sharing and Discussions
DAY - 5			
9.00 - 9.30 AM	MET Presentation	•To review the previous day's sessions and workshop environment.	Participants
9.30 - 11.45AM	Session -10 Role of Education Officers of CBWE in mainstreaming HIV/AIDS in their activities	•To enable the participants appreciate their role in HIV/AIDS prevention. •To discuss the constructive role they could play and develop an action plan.	Discussions, Group work, Presentation by participants
11.45 - 4.00 PM	Session -11 Practice sessions	•To enable the participants demonstrate their sessions.	Participants and facilitators
4.00 - 5. 30PM	Session -12 Post-evaluation and Valediction	•To assess the knowledge gain and obtain feedback on the workshop process.	Questionnaire and feedback from the participants

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Understanding the Training Manual

The manual has been developed for the training of Education Officers of CBWE with a goal "*To enhance the participants understanding of HIV/AIDS and strengthen their capacity to* ***effectively integrate*** *HIV/AIDS education in the ongoing workers' education programmes of Central Board for Workers Education.*"

The manual is developed with a curriculum for five days. The design of the training is such that it takes care of the knowledge, skills and attitude of the trainees to the issue of HIV/AIDS. The sessions are built in from concrete to the abstract, building from basic information to hands-on experience and interface with people living HIV/AIDS to developing an action plan, leaving the participants at a stage when they can think of various issues around HIV/AIDS by themselves.

The manual uses participatory methodologies to interest the participants and to break the monotony. A mechanism called, " Management and Evaluation Team (MET)" is being introduced in the training. The MET system will comprise three members to manage, document & report the proceedings of the workshop on a daily basis.

The first session on the day one deals with introduction and ice breaking. The learning needs of the participants are identified and the workshop objectives and curriculum are introduced. There is a questionnaire that assesses the pre-workshop knowledge of the participants on the topics to be covered in the workshop. This would help in evaluating the training program and its' relevance to the participants.

The effectiveness of the training depends largely on the extent to which one is able to create an atmosphere conducive for learning. Climate setting in any training programme is very important. Familiarising the participants to each other and to the workshop process to an extent takes care of the fears and apprehensions of the participants.

The sessions are organised taking care of the knowledge/skills/attitude needs of the participants. Information on HIV/AIDS/STIs is dealt in the day one and two, which basically aims to enhance knowledge levels. Also, a session to orient the participants to the magnitude of the HIV problem, providing gender dimensions of HIV and country's response to the problem has been included. Since Sexually Transmitted Infections are closely connected to the spread of HIV, a session explaining symptoms of STIs has been included. As educational sessions on STI/HIV generally revolve around sex & sexuality, a session on sexuality has also been added. This will help the trainers answer frequently asked questions on this subject. Key concepts of Behaviour Change Communication are addressed with the realisation that mere information & education does not lead to behaviour change. The manual has a special focus on interpersonal communication skills in order to enhance the effectiveness of health education sessions. A session on condoms is also included and an attempt is made to help the participants address some of the frequently asked questions on condoms.

A session on components of HIV/AIDS programmes in the world of work is included to orient the participants of the possible options and approaches for developing HIV/AIDS programmes in the world of work. The participants are also oriented to the ILO's code of practice on HIV/AIDS in the world of work, which provides the rationale for HIV/AIDS as an issue for the world of work. The ILO code of practice provides a set of guidelines on developing suitable policy/programmes to combat HIV/AIDS in the world of work.

The third day is devoted to field visits in order to orient the participants to the NGOs/other agencies implementing HIV/AIDS prevention and care programmes. It is also suggested that field visit can also include a visit to the office of State AIDS Control Societies (SACS) so that the participants could get a chance to meet and interact with the key officials of SACS and understand their role. This will also help the participants in obtaining future support in terms of IEC materials and training from SACS.

Day four starts with a debriefing session of the field visit and provides an opportunity to have an interface with People living with HIV/AIDS (PLWHA), this is planned with an intention to create awareness of the care and support issues concerning positive people and clarify the attitudes, and build empathetic attitudes towards the PLWHA. A session on legal and ethical issues regarding HIV/AIDS is also included. The knowledge gained about legal & ethical issues, particularly regarding the rights of workers, will help the participants transfer this information through their education programmes to the working class.

Day five is the last day where participants have to develop an action plan to integrate HIV/AIDS in their ongoing programmes. This exercise is helpful in making the participants think about ways of integrating HIV/AIDS within their programmes, which can be for different duration. This group exercise is followed by practice sessions to build the training skills of the participants.

On the basis of the inputs coming from the pre-test workshops, the chapter on 'Application of the manual: Integrating HIV/AIDS in the education programmes of CBWE' has been included. While this may serve as a prototype to help Education Officers in integrating HIV/AIDS in their programmes, it is necessary to plan and act as per local needs.

Each session has clear objectives, learning activity, and duration and describes how to conduct the learning activity.

Evaluation plays an integral part in the training programme and it is as important as conducting the training programme. The curriculum, with an in-built mechanism of Management and Evaluation Team, provides an opportunity for regular monitoring/feedback by the participants. Also followed in the manual are pre and post workshop tests with the help of a questionnaire to assess the change in knowledge level before and after the training program. Evaluation on the proceedings will be done on daily basis by MET and at the end of the workshop, process evaluation will be conducted with the help of a structured questionnaire. Valediction and close of the TOT will follow after the evaluation.

How the manual is organised

The manual is organised in a manner that in a day there are about 3-4 sessions and a few activities to conduct. They are presented in a simple, easily understandable fashion providing clear objectives of the activities, the required duration it will take to conduct, materials needed for the activity to be conducted.

The manual also communicates to the trainer through statements in italics. Notes to the facilitator are provided wherever required. For example, in the following paragraph, an instruction is given as part of the procedure to conduct the activity, the statement in Italics is the communication to the trainers.

"Write the expectations on the board or on the flip chart as the participants speak. *(They could have more than one expectation, which should not be a problem.)"*

Resource materials of each activity are given, day-wise. The trainers are expected to use those materials for conducting the activities. According to the directions provided, photocopying on the transparencies, or making a chart for presentation, etc. the trainers can get the resource materials ready. Notes for the facilitator have been included here on specific sessions, which provides more information to the trainers.

Handouts are organised at the end of each corresponding day's sessions of the manual, they are distinguished from the programme activities by the color of the pages. Handouts are provided as a resource for distribution to the participants. The trainers need to make the photocopies of the necessary resource materials and handouts wherever required.

A note to the trainers:

The Manual provides details of all the sessions and how to conduct, but certain amount of advance preparation and innovation is required to make the sessions more effective and to lead the participants to the optimum learning. Trainers can take the benefit of the flexibility provided to try out new methodologies, and feeding in updated information on the subject. This flexibility is provided to the trainer to bring in his/her best into the training programme.

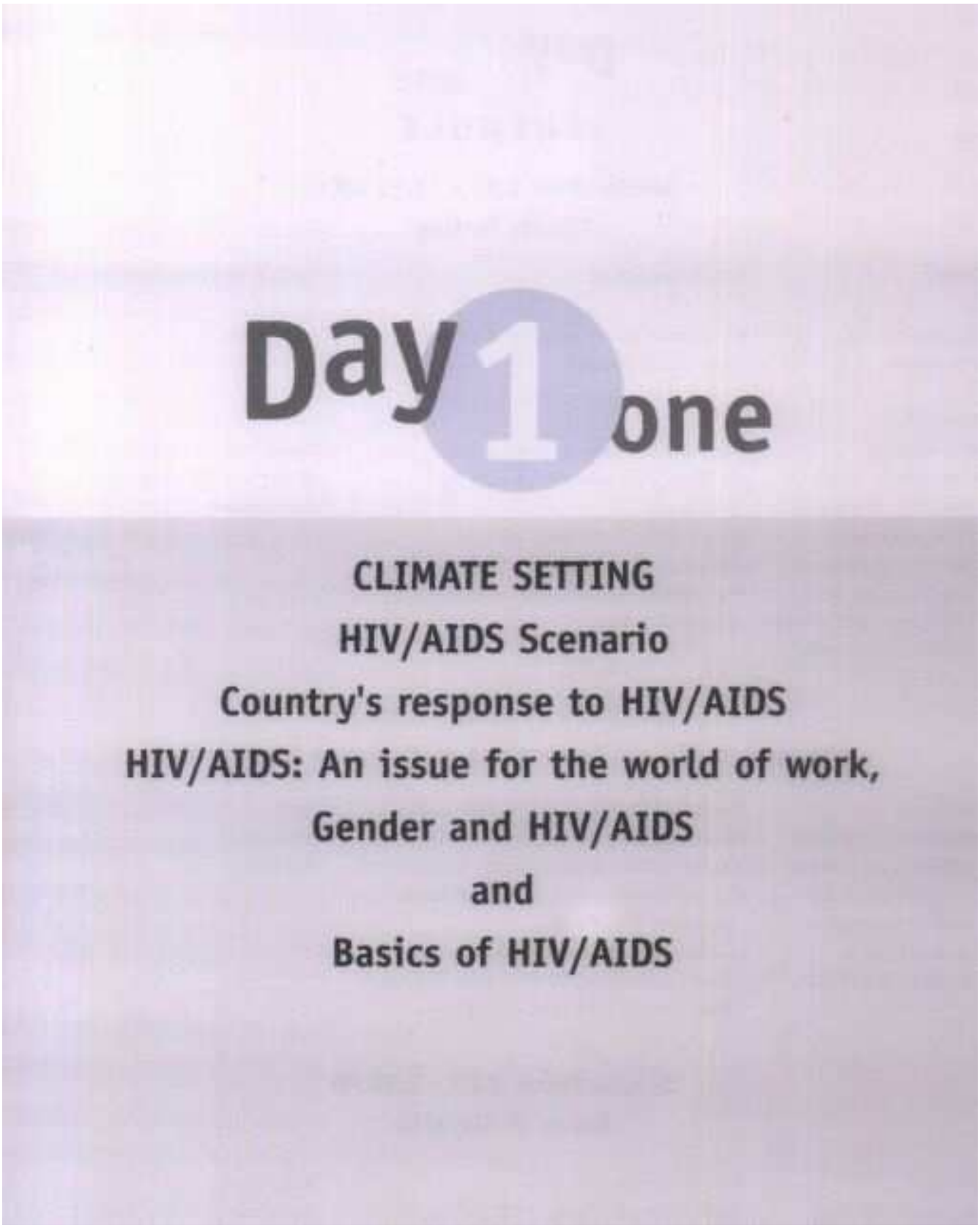
A checklist is presented for trainers' reference.

Trainer's Checklist: (To help the trainers prepare for sessions/training)

- Are you clear about the overall training objectives?
- What are your specific session objectives?
- Have you reached an agreement with co-trainers about division of roles, training objectives, methodologies?
- What are the main characteristics of the likely participants?
- Have you adapted your schedule to the time available?
- Have you planned your sessions taking into consideration the time of day when they will take place?
- Have you prepared the sessions to include an introduction, main section, and summary?
- Have you planned your sessions to include a variety of learning methods?
- Are you clear about the "**golden nuggets**" that you wish to communicate to the participants?
- Have you checked all the electrical equipment you will use?
- Have you prepared all the audiovisual aids and photocopies that you will require?
- Have you fixed up with other resource persons?

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Day 1 one

SCHEDULE

Session One: 9.30 - 11.15 AM

Climate Setting

Topic	Specific objectives	Methodology/ Resource persons
Registration and Orientation	•To welcome the participants and orient them to the logistics.	Presentation
Session-1 •Ice Breaking •Introduction to the workshop, Assessment of learning needs, Formation of Management and Evaluation Team (MET) and administering Pre test questionnaire	•To create the workshop environment •To identify the learning needs of the participants. •To orient the participants with the objectives and the process of the workshop. •To introduce the workshop monitoring and evaluation process.	Games, Lecture Discussion, setting up MET and administering Questionnaire

Session Two : 11.30 - 1.00 PM

Overview of HIV and Components of Workplace Intervention

Session-2 •Overview of HIV/AIDS scenario, and rationale for HIV/AIDS as an issue in the world of work and India's response to HIV/AIDS	•To discuss the extent of HIV/AIDS problem. •To provide an understanding of the rationale for HIV/AIDS as an issue for the world of work. •To sensitise the participants about gender dimensions of HIV/AIDS. •To familiarise the participants with the country response to HIV/AIDS being undertaken under National AIDS Control Programme.	Game Presentation, Discussion

Session Three: 2.00 - 5.30 PM

Basics of HIV/AIDS

Session-3 •Basics of HIV/AIDS	•To enhance the knowledge level of the participants on STI/HIV/AIDS. •To orient the participants to the government guidelines on HIV testing.	Discussions, Brainstorming, Group Work, Fact Sheets

Ice-breaking

Day One
Session one
Exercise one

Objective

- To create the workshop environment and enable the participants introduce each other.

Methodology: Game - Family Members

Materials: Slips of paper with names of families and family member on it, one for each participant (names of animal/bird) parents, siblings, spouses, grandparents, and kings, queens, etc., using your innovations. 4-5 members in a family

Time: 20 minutes 

Procedure:

Distribute one chit to each participant.

After everyone gets a chit, explain that they could open the chit and find their other family members, by using animal sounds.

Allow about 5 minutes for participants to find their family members and form a group

Give about 10 minutes for the group members to interact with each other and find out family members names, interests, basic information about work and place where they come from etc.

The groups are invited to introduce the members to the larger group

Comments:

This game serves as a good ice-breaker as the participants have to move around and use animal sounds makes them feel at ease, also allows the facilitator to observe the participants' strengths and qualities which would be useful in other activities.

(There are several games which trainers use to break the ice in a workshop setting. If you already know of any other game, you could use it.)

Introduction to the Workshop

Day one

Session one

Exercise two

Objectives:

- To identify the learning needs of the participants - 20 minutes
- To introduce the objectives of the workshop - 5 minutes
- To discuss the curriculum - 10 minutes
- To discuss the workshop process - 10 minutes
- To assess the pre- workshop knowledge - 15 minutes

Learning Activity: Brainstorming, Presentation, Discussion and Questionnaire

Time: 1 hour 

Materials required: White board marker pens, OHP - 1 Objectives, OHP -2 Curriculum, OHP -3 MET, Distribution -1 Pre and Post test Questionnaire.

Procedure:

- Tell the participants that they have come for training on HIV/AIDS, they need to spell out their expectations of the workshop so as to help the facilitator to match the needs of the participants with the curriculum.
- Write the expectations on the board or on the flip chart as the participants speak. (*They could have more than one expectation, which should not be a problem.*)
- Once everyone completes, sort out the expectations, that will / will not be covered in the workshop. Efforts can be made to cover topics if they are very relevant and common to the group.
- Present the workshop objectives clearly followed by the curriculum. Here the expectations of the participants can be matched with the topics covered in the workshop. Clarify doubts and proceed.
- Explain about MET and participatory approach of the workshop and let the moderator develop ground rules for the workshop
- When all this is done, distribute the pre-test questionnaire to all the participants. This is to be completed in 15 - 20 minutes.
- Tell them the questionnaire will not have any implications on them. If they prefer not to write their names, they need not write. Otherwise you could encourage them to write their names or place they come from.

Overview of HIV/AIDS scenario, National Response

Day 1 one

Session two

Exercise one

Objectives

By the end of the session the participants will be able to:

- Understand the magnitude of the HIV/AIDS problem worldwide and realise the implication of HIV/AIDS in India.
- Appreciate the rationale for HIV/AIDS being an issue for the world of work.
- Understand the gender dimensions of HIV/AIDS.
- Understand the National AIDS Control Programme in India.

Learning Activity

Game - 30 minutes

Presentation - 45 minutes

Discussion - 45 minutes

Time: 2 hours 

Game: What does Positive or Negative mean in HIV/AIDS realm?

Methodology:

- According to the number of participants, make chits, some written HIV positive and HIV negative in others.
- Roll them or fold them so as to keep it a secret.
- Give instructions to the participants that they will be asked to take a chit from a bowl, and after every participant gets a chit each, they will be asked to open it and see what is written in it.
- After seeing, they have to close their eyes for about 5 minutes and simulate the feelings and respond when requested.
- The facilitator would start from one corner to cover the whole group in eliciting responses from each participant.
- This exercise gives rise to many emotions especially to the ones who received the chit HIV Positive, as a facilitator, you need to reassure the group that it was only an exercise for learning purpose and should put it aside after the exercise.
- Facilitator should relate to the feelings expressed in explaining the magnitude of the problem of HIV/AIDS.

Facilitators' Notes:

The responses from the participants can be varied for positives and negatives

HIV negative chits usually bring out the following responses

- Generally very happy
- They are relieved that they got the HIV negative result chit
- Some are not convinced of the status, because there is a possibility that they are in the window period
- They would like to maintain the same status

Those who got HIV positive chits

- Are scared
- Feel that they are going to die soon
- Are fearful about peoples' reaction to them
- They want to end their lives

Some other responses

- They do not know what does HIV positive or negative mean
- They do not know if they have to be happy if it is negative
- All that they know is to be kind to PLWHA and encourage one another to live

There may be other responses also, relate to the HIV magnitude with the following points:-

- In India, out of 3.97 million estimated PLWHA (at the end of 2001), nearly 85% of them do not know that they are HIV positives, they keep infecting their spouse, children, other partners. So it is a silent disease.
- Because of stigma and discrimination, even those who know their status do not want to come out openly. Thus prevention becomes very difficult.
- There is so much of misinformation and ignorance that people think that an HIV positive person will die the next day, which is not true.

You could add your own points and close the discussion.

Outcome of the game: It is expected that participants' curiosity to know more about HIV/AIDS would have been triggered and thus create a conducive environment to present the overview of HIV/AIDS scenario and enable them to understand its magnitude and implications.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

The Overview of HIV/AIDS Scenario & Country response

Day 1 one
Session two
Exercise two

Learning Activity: Presentation -45 minutes

The resource person may ask the participants about their understanding of the magnitude of HIV/AIDS problem, both globally and in India.

Then, a presentation can be made highlighting the following points with the use of OHP transparencies.

Global Crisis

- At the end of 2001, an estimated 40 million people globally were living with HIV/AIDS (as per the UNAIDS estimate).
- In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable.
- About one-third of those currently living with HIV/AIDS are aged 15-24 years.
- Most of them do not know they carry the virus.
- Many millions more know nothing or too little about HIV to protect themselves against it.
- Out of the total global estimation, about 18 million are women, which is about 44% of the global population of people living with HIV/AIDS.
- Twenty years after the first clinical evidence of AIDS was reported, it has become the most devastating disease that humankind has ever faced.
- Since the epidemic began, more than 60 million people have been infected with the virus.
- HIV/AIDS is now the leading cause of death in sub-Saharan Africa.
- Worldwide, it is the fourth-biggest killer.

Regional HIV/AIDS statistics and features, end of 2001

Region	Epidemic started	Adults and children (A&C)living with HIV/AIDS	New infected with HIV (A & C)	Adult Prevalence rate (*)	% of Women who are HIV Positive	Main modes of transmission for adults
Sub-Saharan Africa	Late '70s Early '80s	28.1 million	3.4 million	8.4%	55%	Hetero
North Africa & Middle East	Late'80s	.44 million	0.08 million	0.2%	40%	Hetero, IDU
South & South-East Asia	Late'80s	6.1 million	0.8 million	0.6%	35%	Hetero, IDU
East Asia & Pacific	Late'80s	1 million	0.27 million	0.1%	20%	IDU, hetero,MSM
Latin America	Late '70s Early '80s	1.4 million	0.13 million	0.5%	30%	MSM, IDU, hetero
Caribbean	Late '70s Early '80s	0.42 million	0.06 million	2.2%	50%	Hetero, MSM
Eastern Europe & Central Asia	Early' 90s	1 million	0.25 million	0.5%	20%	IDU
Western Europe	Late '70s Early '80s	0.56 million	0.03 million	0.3%	25%	MSM, IDU
North America	Late '70s Early '80s	0.94 million	0.045 million	0.6%	20%	MSM, IDU, hetero
Australia & New Zealand	Late '70s Early '80s	0.015 million	0.005 million	0.1%	10%	MSM
TOTAL		40 million	5 million	1.2 %	48%	

(*) The proportion of adults (15- 49 years of age) living with HIV/AIDS in 2001, using population numbers.
#hetero (heterosexual transmission), IDU (transmission through injecting drug use), MSM (Sexual transmission among Men who have Sex with Men)
Source: epidemic update 2001, UNAIDS

1 million = 1,0,00,000 (10 lac)

Magnitude of the problem in India

- An estimated 3.97 million people were living with HIV/AIDS in India, at the end of 2001. This means India is home to ten percent of the global HIV/AIDS population.
- In absolute numbers, India is second in the world in terms of estimated number of people living with HIV/AIDS, South Africa being the first.
- In six states- Maharastra, Tamilnadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland - HIV prevalence among the ante- natal women (pregnant women) is more than 1%. This means that the epidemic has reached the general population in these states.
- HIV is spreading from urban to rural areas and from the high risk to low risk groups.
- Of the reported AIDS cases, an estimated 75% of the infections are in the male population. However, in high prevalence states, the number of infected women is almost equal to that of infected men.
- Nearly 83% of the infection is through the sexual route of transmission. These estimations are based on the annual sentinel surveillance data collected from the survey conducted in 320 sites nationwide.
- Stigma and discrimination continue to be the greatest challenges for the prevention and control efforts in the country.

Factors contributing to the spread of HIV in India

- Complexities arising out of the size and diversity of the country
- Low levels of literacy leading to myths and misconceptions
- Migration for labour
- STIs very often go untreated due to both lack of information and health care facilities.
- Complacency
- Gender disparities: HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors which make women more vulnerable to infection than men, and structural inequalities in the status of women that make it harder for them to take measures to prevent infection, and also intensify the impact of AIDS on them.

HIV/AIDS: an issue for World of Work:

" AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace issue and a development challenge."

Juan Somavia, Director-General of the ILO

Global estimates of HIV/AIDS epidemic, as of the end of 2001, show some 40 million people living with HIV, the virus that causes AIDS. The ILO estimates that atleast 25 million workers in the prime labour force (aged 15-49 years) are infected with HIV.

Most of those who die of AIDS are adults in their productive and reproductive prime, with severe consequences of economic development.

HIV/AIDS has become a major threat to employment objectives and labour market efficiency. The loss of workers due to AIDS-related illnesses or the demands of caring can result in serious declines in productivity, loss of earning and attrition in skills and experience.

Certain working situations are associated with higher levels of risk of infection, especially where workers have to stay away from their homes for long periods or where men are in single-sex accommodation; in a number of countries these include transport, mining, and the armed forces. There are specific occupational risks in certain sectors, for example the health and emergency services.

HIV/AIDS is changing the age and sex distribution of the labour force, raising the number of widows, orphans and elderly facing economic uncertainty. This can result in the early entry of children into the labour force and exacerbate the worst forms of child labour. The epidemic is also forcing older persons back into the workforce due to economic need.

Within households, the illness of a family member means the loss of that person's work and income, increasing medical expenses and the diversion of other family members from work or school to caring for the patient. Death results in a permanent loss of income and, often, the removal of children from school to reduce expenditures and increase family labour and earnings. Women are particularly vulnerable to the impact of the epidemic because of their low level of economic security due to gender inequalities. Women also usually bear the main responsibility for care in the family and the community.

Informal sector workers are especially vulnerable to the consequences of HIV/AIDS: they lack health facilities and social protection arrangements at work, and their activities depend heavily on their own labour and rarely lead to financial security. Informal workers can easily lose their precarious livelihoods when they are infected or forced to withdraw from work to care for family members.

AIDS also reduces total resources available for production and the demand for goods and services. The resulting slowdown in economic growth increases absolute poverty, which, in turn, facilitates the rapid spread of AIDS as household expenditure on health and nutrition declines, thereby reducing resistance to infection.

A shortage of skilled workers leads to higher production costs and loss of competence.

When the breadwinner of the family dies due to AIDS, the responsibility of the family lies on the women who have to earn for their livelihood. Children will be forced to work thus increasing child labour.

In Chennai, India, a study of large industries found that absenteeism is expected to double in the next two years, largely as a result of STDs, and HIV related illnesses. This study also found that 75% of employees were unaware that condoms could prevent STDs, and AIDS and only 5% of employees used condoms properly.

In households in Thailand and Cote d' Ivoire where a family member is HIV- infected, household income declines by 40-60%.

We have to talk about Workplace because of the above mentioned implications HIV has on the workers and their families

Workplace is the place where most of the people come together.

Workplace provides perfect platform and opportunity to reach out to a large number of persons

Workers are the hardest hit group and they need to be protected.

Workers are influential in their communities and thus through them the prevention education can reach the communities as well.

In India 400 million people can be categorised as the Working Population, out of which 93% belong to the unorganised labour force. The vulnerability of the workers in an unorganised sector increases because of various conditions. It is important to reach out to them with the information and education.

Do you know?

An average of 15 years of working life will be lost per employee due to AIDS, according to ILO estimates

By 2020, the work force in 29 African countries will be over 12 per cent smaller than without HIV/AIDS

Enterprises in Africa and Asia are reporting falling productivity and raising costs due to HIV/AIDS

The GDP of some developing countries is projected to fall by 25 per cent over the next two decades

A Kenyan company Manager said, "If you lose someone you've trained for twenty years, that's a great loss. Condoms and AIDS education cost peanuts."

In Kenya, an analysis revealed that HIV/AIDS is costing companies an average of US$ 25 per employee annually, and costs would increase to an average of US$ 56 by 2005 if the rate of HIV infection were to go unchecked. On the other hand, a comprehensive prevention programme would cost US$ 15 per employee.

Source: *Putting HIV/AIDS on the business agenda - UNAIDS November 1998*

HIV/AIDS workplace intervention means obstructing/blocking/inhibiting the possible negative impact HIV/AIDS can have among the workers in a workplace through certain workable strategies.

India's response to HIV/AIDS:

National AIDS Control Organisation (NACO) is the apex level body within the Ministry of Health and Family Welfare, Government of India which plans and coordinates the national response to HIV/AIDS in India. At the state level, State AIDS Control Societies (SACS) have been set up.

The first phase of National AIDS Control Programme, (NACP) began in 1992, primarily with support from the World Bank. The phase I continued till 1999.

At present, India is in the Phase II of National AIDS Control Programme (1999-2004).

Flexible state level structures (State AIDS Control Societies) have been formed with strong mechanisms for programme management at the state level, including a strong NGO component of targeted interventions, supported by efforts for mobilising the community around awareness and treatment of sexually transmitted diseases/reproductive tract infections.

Resources for the national programme are mobilised from the Government of India, World Bank, bilateral donor agencies and the UN Agencies.

The GOI has recently approved an AIDS policy. The policy also recognizes the need to take care of the workers in the organised and unorganised sectors, and the need for developing a multi-sectoral response to HIV/AIDS in India.

Objective II:

To generate a feeling of ownership among all the participants both at the government and non-government levels, like the central ministries....., industrial undertakings in public and private sectors ..... to make it a truly national effort.

...Organized and unorganized sector of industry needs to be mobilized for taking care of the health of the productive sections of their workforce.

-Excerpts of the AIDS Policy, GOI

The key programme components of National AIDS Control Programme (NACP-II) are:

1. Interventions targeting high-risk groups (Commercial Sex Workers, Truckers, Migrant labourers, Injecting drug users, MSM, youth) through NGOs, with support from SACS/NACO.
2. Preventive interventions for the general community (IEC, Testing and Counseling Blood Safety, Operational Research etc.).
3. Low cost AIDS care.

4. Institutional strengthening (managerial and technical capacity building).

5. Inter-sectoral collaboration.

National AIDS Control Organisation (NACO) has developed partnership with both Government and Non Governmental Organisations and agencies, which have a credible presence in the social sector. NACO has undertaken collaborative programmes with the Department of Women and Children, Ministry of Human Resource Development to train Anganwadi Workers, the grass root functionary of the Integrated Child Development Scheme (ICDS), partnerships with the Ministry of Social Justice and Empowerment has also been forged with training of counselors in NGOs working on drug de-addiction. Reduction of stigma and discrimination along with protection of human rights at workplace is priority area for National AIDS Control Programme. NACO is also working closely with the International Labour Organisation (ILO) and the Ministry of Labour for a code of conduct at the workplace. Care and support of those already infected and their families is an important part of the National AIDS Control Programme. Drugs required in management of opportunistic infections are provided free of cost in the public hospitals. Community care centres are being established through NGOs to provide low-cost care and psychological support to those who are infected by HIV and their families.

Conclusion:

Discussion following the presentation will answer the queries of the participants. If questions pertain to HIV/AIDS knowledge, it can be said that they will be given detailed information on HIV/AIDS and related issues in the next session to avoid duplication and overdose, it was not dealt here in this chapter.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Gender Dimensions of HIV

Day 1 one
Session two
Exercise three

Objectives:

By the end of the activity the participants will be able to

- Understand the gender issues of HIV
- Understand how women are more vulnerable to HIV

Learning Activity:

Brainstorming and summarising

Time: 20 minutes 

Procedure:

- The participants will be introduced to the concept of Gender and will be asked about the gender dimensions of HIV.
- Facilitator can start the brainstorming if the participants are not aware of the issues. Facilitator can also flag issues and generate discussions on the gender issues.
- Make a presentation of the key points summarised with the help of the OHP.

The Gender Dimensions:

HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors which make women more vulnerable than men and structural inequalities in the status of women that make it harder for them to take measures to prevent infection, and also intensify the impact of AIDS on them.

Biological Factors

- The vaginal walls of women have large surface area, which aid in collection of fluids that can facilitate in the transmission of HIV. On the other hand surface area on the penis is small thus cannot collect fluids
- Walls of cervix and vagina are thinner and are easily torn. The micro-pores can allow easy passage to the virus
- Women have more chances of getting Reproductive Tract Infections
- Most often women suffer from Sexually Transmitted Infections, which are asymptomatic and do not get treated.

Socio-cultural Factors

- Many women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or refuse unsafe sex.
- The power imbalance in the workplace exposes women to the threat of sexual harassment.
- Poverty is a noted contributing factor to AIDS vulnerability. Women make up the majority of the worlds' poor; in poverty crises, it is more likely to be a girl child who is taken out of school or sold into forced labour or sex work.
- Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men world wide twice as many in some countries.
- Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalised.
- Sexist property inheritance, custody and support laws means that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may in turn, force them into "survival sex", the girl child is especially vulnerable to commercial sexual exploitation.

Facilitator's note:

(It is important that the facilitator should provide clarifications on gender issues and avoid arguments that might disrupt the main focus points. The facilitator should be ready with the gender issues to be flagged in the brainstorming and discussions)

Session on Basics of HIV/AIDS

AIDS is spreading like Wildfire!

Day 1 one

Session three

Exercise one

Objectives:

By the end of the session the participants will be able to

- Tell the routes of transmission of HIV.
- Identify ways in which HIV/STD are not transmitted.
- Understand the difference between HIV positive & person with AIDS.

Learning Activities:

Brain Storming.

Fact sheets on HIV/AIDS

Game-Wildfire.

Time: 1 hour

Methodology

- Brainstorm on the participants' understanding of the term "HIV" and how it is different from other diseases (e.g.-Tuberculosis/Malaria/Cholera).
- Ask the group- "What is AIDS?" and introduce the concept of immune system and the manner in which HIV destroys the White Blood Cells.
- Divide the participants into subgroups with 5-6 persons in each subgroup. Read out the questions from the quiz. Ask the participants to answer either "yes or no" to the questions. Ask a volunteer to note down all the responses on a chart paper against the group's number.
- Ask the participants to reassemble after the quiz has been completed and note if there are any incorrect responses. Clear the misconceptions by asking the other participants (e.g. "Do you think mosquito bites can transmit HIV?") Make an attempt to get the correct responses from the participants, otherwise provide the correct information by yourself.
- Brainstorm on the difference between a HIV positive person and a person with AIDS.

- Tell the group that we will play a game called "Wild fire"
- Explain to the participants that just like the game "Wildfire", similar is the case of spread, especially sexual spread of HIV. Brainstorm about the methods by which transmission of HIV/AIDS can be prevented.
- Refer to ***Annexure 1 (Page 60)*** for 'Wild fire exercise'.

Facilitator's note:

• The difference between HIV/AIDS & other diseases must be made clear to the participants during the initial brainstorming. The difference could be because of: stigma attached to the disease; no treatment available so far; sexual mode of spread of the disease (morality issue).

• Brainstorm on the definition of AIDS and talk about what is the immune system and how HIV destroys the immune system. The immune system provides resistance against a variety of diseases through White Blood Cells (WBCs) especially lymphocytes. The lymphocytes produce antibodies against germs (virus, bacteria etc) and destroy them. HIV kills the T-4 lymphocytes (helper cells) and slowly destroys the immune system. WBCs are like foot soldiers guarding the border against enemies (germs) with weapons (antibodies). When foot soldiers are defeated, the enemies (different diseases) can march through the border and capture the land.

- Make sure that the participants explain why they had given a particular response for each quiz question.
- Clear both facts & misconceptions about HIV/AIDS with the participants.
- Brainstorm on the difference between a HIV positive person and a person with AIDS, especially development of symptoms after 5-10 years of infection.
- It is important to make it clear to the participants that the analogy between the 'Wildfire exercise' and HIV infection is that HIV spreads without anybody knowing about it. The identity of a HIV positive person cannot be known, as there are no tell-tale symptoms or signs. Sexual intercourse with a person who looks apparently healthy is no guarantee that he or she is not infected with HIV. The infection passes from one person to another and many times the persons do not know about their infection till they develop symptoms, which may take many years.

Information sharing & HIV/AIDS

Day one
Session three
Exercise two

Objectives:

By the end of the session the participants will be able to:

- Understand basic facts about HIV/AIDS.
- Answer questions on myths & misconceptions with regard to HIV/AIDS.
- Understanding why information sharing is important in the prevention of HIV/AIDS.

Learning Activities:

Brain Storming,

Fact sheets on HIV/AIDS

Time: 1 hour 

Methodology:

- Divide the participants into groups of 5 each.
- Give the list of statements given in ***Annexure 2*** (page 61) and ask them to decide if it is true or false after discussing in the group.
- Ask the participants to circle the answer as appropriate.
- Ask the participants to write the letter that they had circled in the box with the same number at the bottom of the page.
- On completion of the exercise, the participants will find the answer to the question **"How does information sharing help in prevention of AIDS?"**
- Follow this exercise with 'Match the following' exercise ***Annexure 3*** (page 62) . Ask the participants to work in pairs and match the first half of each sentence in column A with the correct sentence ending from column B.
- Have a discussion to clarify any doubts or misconceptions about HIV and AIDS.
- After this focus on how sharing information can prevent AIDS.

Facilitator's note

- This exercise is an extension of Exercise no -1, but more basic in content for beginners to comprehend the basic facts of HIV/AIDS and demystify myths & misconceptions.
- The more important part of this exercise is to help the participants understand that sharing information on HIV/AIDS ensures that:

- People have clear understanding of the basic facts of AIDS and HIV and how it is transmitted.
- Enables the participants to give sensible responses to questions or situations that may arise.
- Will help the participants to counteract misinformation.
- **Will help the participants to confront their personal fears and feelings about AIDS and People living with AIDS.**

The Bowl Game

Day 1 one
Session three
Exercise three

Objectives:

- Demystifying HIV/AIDS information by creating a non-threatening atmosphere for trainers to learn and present information to a group.
- To begin a process of group learning.

Material needed: Bowl, paper, and music

Time: 1 Hour 

Methodology:

- Keeping in mind the number of participants and time available, cut out small strips of paper.
- Write down questions related to HIV/AIDS, then fold them into chits and put them all into a bowl.
- If there are 10 people in the group then there should be at least 15 different questions.
- Possible questions include:
  - Ø What is the full form of HIV/AIDS?
  - Ø How is HIV/AIDS transmitted?
  - Ø Is there a cure for HIV/AIDS?
  - Ø Name two symptoms of HIV/AIDS
  - Ø Name one prevention method for HIV/AIDS
  - Ø How does HIV destroy the immune system?
  - Ø What is the simple test for HIV?
  - Ø Is there a vaccine against HIV?

- Participants should be seated in a circle.
- As soon as the music starts the bowl is rotated and when it stops the person holding the bowl picks out the chit and tries to answer the question.
- After the participant has attempted the question the other members of the circle should try to build upon it.
- The collective knowledge of the group comes out during this exercise and promotes a sharing of knowledge. More importantly, it begins to focus on the different ways complex facts can be presented.
- Some participants may describe HIV and AIDS is a simple way while others may describe it in depth and perhaps complicated way. Both methods are important to observe and potentially adopt as tools for trainers.

Facilitator's note:

- This exercise is an alternative to Exercise 1 or 2
- Make sure that each participant has the opportunity to respond to a question.
- Encourage the participants to help build on the responses of others.
- Ask someone from the group to volunteer to keep notes on a chart paper (this is also a trainer's tool)
- Ask someone to summarise all of the responses to a question.

Myths and misconceptions about HIV/AIDS

Day one
Session three
Exercise four

Objectives:

- To clarify misconceptions about modes of transmission of HIV/AIDS.
- To understand how myths develop.

Materials required:

Set of index cards (or paper cut outs of the photocopied sheet) with common beliefs on them

Time : 30 min

Methodology A:

- The cards are distributed to each participant.
- In turn, each participant reads her card and says whether the statement is a myth or a fact.
- Alternately the group can be requested to volunteer opinions about each statement read.
- The facilitator provides the explanation why the belief is a fact or fallacy.

Methodology B:

- An alternative approach is to make it like a Quiz game.
- First break the group into teams of about 5.
- The teams compete against each other for points from correct answers.
- The question cards would be all jumbled in a "hat".
- Either the facilitator or a member of each team would draw out their question.
- The facilitator would read it for all to hear.
- One team would be allowed to confer and come up with the answer.
- If the team answers correctly, they would be awarded 100 points for getting the myth/fact part correct and 400 points for being able to explain why (total points for a correct answer: 500)

Facilitator's note:

- This exercise is an alternative to the other exercises.
- All participants must take part in the game and there should be brainstorming on the various issues immediately after each statement.
- Statements for the index card or the quiz game can be found in *Annexure 4 (page 63)*.

Debate on the Pros & Cons of HIV testing

Day 1 one
Session three
Exercise five

Objective:

By the end of the activity

- The participants will be able to **understand the advantages and disadvantages of HIV testing**

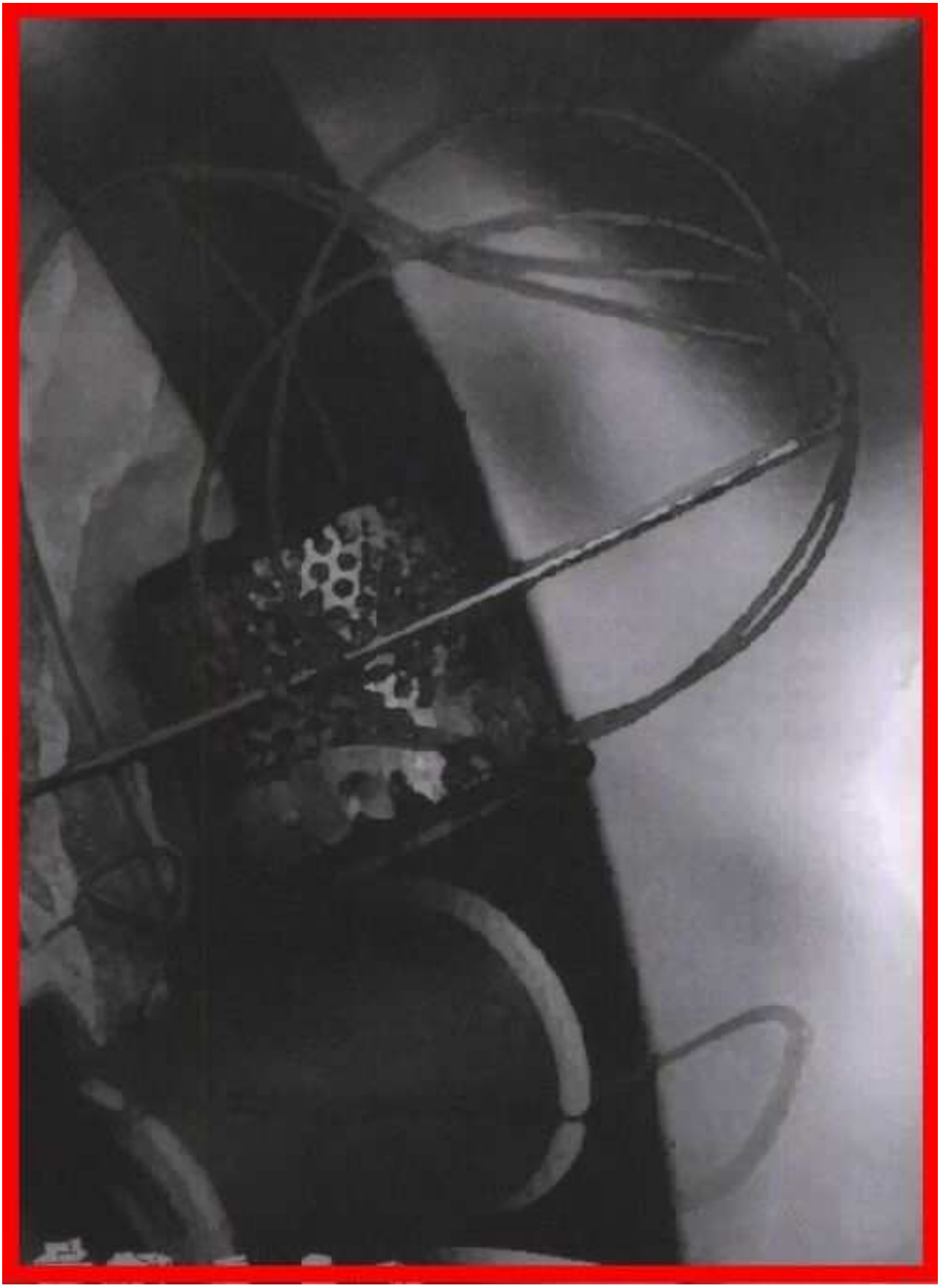
Learning Activity: Debate and summarising

Procedure:

- Divide the participants into two groups and instruct them to nominate a leader to represent each group.
- Instruct the groups that one would talk in favour of HIV testing and one against it.
- Give them 10-15 minutes to discuss and be ready with the points for debate.
- When the facilitator signals, the nominated leaders start debating.
- The facilitator needs to write down the points on the flip chart /white board.
- When the group becomes very active and the arguments become heated, the facilitator needs to make sure the points are brought out clearly out of those arguments.
- When it is done, the facilitator should summarize with the help of the OHP.

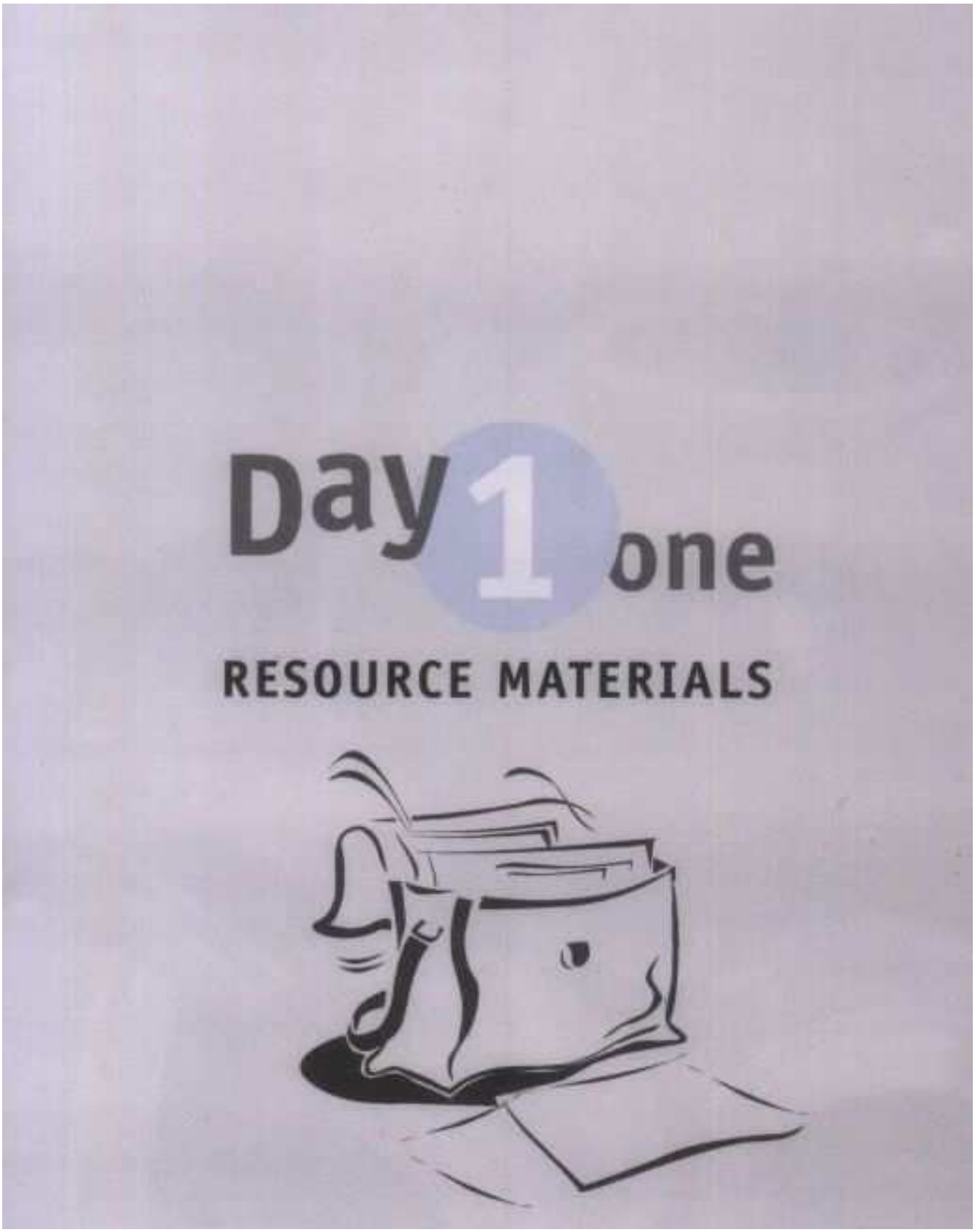
Facilitator's note:

The facilitator should not take any side, should be objective participant, facilitating the arguments. Summarise the key issues of HIV testing.



Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Resource Materials

Day 1 one

Session one

Exercise two

Goal and Objectives -OHP -1

Goal:

"To enhance the participants' understanding of HIV/AIDS and key issues and strengthen their capacity to effectively integrate HIV /AIDS education in the ongoing workers' education programmes of Central Board for Workers Education."

Objectives:

- To orient the participants about the magnitude of the problem, relevance of HIV/AIDS as a workplace issue and the country's response to HIV/AIDS programmes
- To enhance the knowledge level of the participant on STIs/HIV/AIDS and related issues
- To enable the participants appreciate their role in HIV/AIDS prevention by integrating it in their ongoing workers' education programmes.

Duration: 5 days

Resource Materials

Day one

Session one
Exercise two

Curriculum for the Training - OHP - 2

DATE /TIME	TOPIC	SPECIFIC OBJECTIVES	METHODOLOGY/ RESOURCE PERSONS
DAY -1	Registration and Orientation	•To welcome the participants and orient them to the logistics.	Presentation
9.30 - 11.15 AM	Session-1 Ice Breaking Introduction to the Workshop, Assessment of learning needs, Formation of Management and Evaluation Team and administering Pre test questionnaire	•To create the workshop environment. •To identify the learning needs of the participants. •To orient the participants with the objectives and the process of the workshop. •To introduce the workshop monitoring and evaluation process.	Games, Lecture Discussion, Setting up MET and administering questionnaire
11.30 - 1.00 PM	Session-2 Over view of HIV/AIDS scenario, rationale for HIV/AIDS as an issue for the world of work and India's response to HIV/AIDS	•To discuss the extent of HIV/AIDS problem. •To provide an understanding of the rationale for HIV/AIDS as an issue for the world of work. •To sensitise the participants about Gender dimensions of HIV/AIDS. •To familiarise the participants with the country's response to HIV/AIDS being undertaken under National AIDS Control Programme.	Games, Presentation, Discussion
2-00 - 5.30 PM	Session-3 Basics of HIV/AIDS	•To enhance the knowledge level of the participants about HIV/AIDS. •To orient the participants to the government guidelines on HIV testing.	Discussions, Brainstorming, Group Work, Fact Sheet

DAY 2			
9.00 - 9.30 AM	MET presentation	•To review the previous days' sessions and workshop environment.	Participants
9.30 - 11.30 AM	Session-4 STIs, Sex and Sexuality	•To enhance the knowledge level on the STIs, signs and symptoms and link between STI and HIV. •To orient the participants about issues related to sex and sexuality (addressing frequently asked questions).	Group Work
11.45 - 1.30 PM	Session-5 Components of HIV/AIDS programmes in the World of work	•To discuss the components of the HIV/AIDS programmes in the World of work. (Covering approaches for reaching out to workers in formal and informal economy). •To orient the participants to the ILO's Code on HIV and the World of work.	Presentation Lectures, Discussions. Experience sharing
2.30 - 4.00 PM	Session-6 Behavior Change Communication (BCC): Key concepts, Approaches in HIV Prevention Programmes and Increasing effectiveness of IPC sessions	•To familiarise the participants to the concepts of BCC and various approaches of BCC in HIV prevention programmes. •To familiarise the participants with the techniques of Interpersonal communication to enhance the effectiveness of health education sessions.	Presentation Lectures, Discussions. Experience sharing Video Film on communication skills
4.15 - 5.30 PM	Session-7 Condom Promotion	•To explain the need for Condom Promotion and approaches in HIV/AIDS prevention programmes. •To explain the barriers to condom use.	Lecture, discussions
DAY - 3	Field Visit	•To orient the participants to the issues concerning PLWHA and the challenges of a Care and Support Programme. •To orient the participants to a HIV/AIDS Prevention Programme. •To the projects of State AIDS Control Society.	Field visits: To an NGO implementin Care and support programme/meeting with PLWHA To an NGO implementin Prevention programme To the office of State AIDS Control Society and meet with key officials

Day -4			
9.00 - 9.30 AM	MET presentation	•To review the previous days' sessions and workshop environment.	Participants
9.30AM - 1.00PM	Debriefing of the field visit	•To enable the participants to share the observations, lessons learnt and provide details if required.	Facilitators
2.00 - 3.30 PM	Session -8 Legal and ethical issues of HIV/AIDS	•To sensitize the participants to the legal and ethical issues related to HIV/AIDS.	Presentation and discussions
3.30 - 5.30 PM	Session-9 Perspectives of People Living with HIV/AIDS and key care and support issues	•To sensitize the participants to the PLWHA and their concerns, what they feel and experience. •To familiarize them about the key care and support issues.	Experience sharing and Discussions
Day - 5			
9.00 - 9.30 AM	MET Presentation	•To review the previous days' sessions and workshop Environment.	Participants
9.30 - 11.45AM	Session -10 Role of Education Officers of CBWE in mainstreaming HIV/AIDS in their activities	•To enable the participants appreciate their role in HIV/AIDS prevention. •To discuss the constructive role they could play and develop an action plan.	Discussions, Group work, PresentationParticipants
11.45 - 4.00 PM	Session -11 Practice sessions	•To enable the participants demonstrate the sessions.	Participants and facilitators
4.00 - 5. 30PM	Session -12 Post-evaluation and Valediction	•To assess the knowledge gain and obtain feedback on the workshop process. •Conclude the workshop.	Questionnaire and presentation

Resource Materials

Day one

Session one

Exercise two

Management and Evaluation Team (MET)-OHP-3

Description

- Management and Evaluation Team (MET) is a tool to monitor the workshop process by the participants themselves.
- MET provides the participants an opportunity to be associated with the programme design, management and ongoing monitoring and evaluation.
- MET process enables the workshop organisers and the participants to gauge how successfully the objectives of the workshop are met.

Composition of MET:

- MET comprises three members:
  - **Moderator,**
  - **Reporter**
  - **Evaluator**
- The participants form the MET every day for performing these roles.
- During the course of the workshop, each participant will have the opportunity to perform one of the three roles.

Roles of the MET members

Moderator:

- Will head the team
- Will conduct the proceedings in an orderly fashion
- Will ensure that the day's proceedings operate according to the programme
- Will ensure that the reporter and evaluator complete their reports in time

Reporter:

- Will record the main points covered through presentations, activities and discussions and will prepare a concise report.
- Will make a list of the handouts circulated
- Will present the report to the participants for their suggestions and comments
- Will finalize and submit the report after making all the necessary changes

Evaluator:

- Will obtain feedback on the workshop process using a structured format as provided in the handout.
- Will encourage the participants to give both positive and negative feedback.

The negative feedback can be given in the form of suggestions. For instance, instead of saying that food is bad, it can be said that food should be improved. Similarly, instead of saying that resource person is not effective, it can be stated that the resource person should explain the concepts clearly with examples.

nsure adequate representation of the participants in the feedback process.

- Will prepare and present the report the following day
- Submit a copy to the workshop coordinator.

Sl.No.	Parameters	Agree	Undecided	Disagree
1	The objectives of the session were met			
2.	The teaching methods used were effective			
3	The resource persons were effective			
4	There was enough opportunity to participate in the discussions and group work			
5	The handouts were useful			
6	Food and accommodation was good			
7	MET was effective			
8	Field visit was useful			
9	Practice sessions were useful			
10	Time allocated for the session was adequate			

Resource Materials

Day 1 one

Session one

Exercise two

Pre/Post Test Questionnaire of the workshop

1. What do you know about HIV/AIDS?
2. List the modes of transmission.
3. Is there a difference between HIV and AIDS?
4. Is HIV/AIDS preventable? How can it be prevented?
5. Can you guess the number of HIV infected persons living in India?
6. Why do you think the control of the HIV spread is so difficult?
7. State some of the implications HIV/AIDS has on the workers.
8. Name some of the STI symptoms in men.
9. Name some of the STI symptoms in women.
10. Can the STIs be treated?
11. Is HIV education important? How is it important?
12. What should be the components of a HIV intervention programme?

Please tick the following statements (True ☑ or False ☒):

1 ☐ HIV/AIDS is curable.

2 ☐ One can get HIV by mosquito bite.

3 ☐ Condom use protects one from HIV.

4 ☐ Women are at a greater risk of contracting HIV than men.

5 ☐ It is wrong to talk about sex.

6 ☐ People who are living with HIV look different from others.

7 ☐ It is safe to extend friendship and support to people living with HIV/AIDS.

8 ☐ I can never get HIV.

9 ☐ HIV positive person has the right to marry and have children.

10 ☐ Positive person has the right to work and equal opportunity at workplace.

11 ☐ There is legal help available to People living with HIV/AIDS.

12 ☐ People living with HIV/AIDS often face social ostracism.

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Resource Materials

Day 1 one

Session two

Exercise two

OHP/Handout

Overview of HIV/AIDS

GLOBAL FIGURES OF THE HIV EPIDEMIC

Number of people living with HIV/AIDS	**Total 40 million**
Adults	37.2 million
Women	*17.6 million*
Children under 15 years	2.7 million
People newly infected with HIV in 2001	**Total 5 million**
Adults	4.3 million
Women	*1.8 million*
Children under 15 years	800 000
AIDS deaths in 2001	**Total 3 million**
Adults	2.4 million
Women	*1.1 million*
Children under 15 years	580 000
AIDS deaths cumulative	**Total 24.8 million**
Children > 5years	*4.3 million*

Source: AIDS Epidemic Update 2001, UNAIDS


ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV/AIDS
AS OF END 2001
Western Europe
560 000
Eastern Europe
& Central Asia
1 million
East Asia & Pacific
1 million
North America
940 000
Caribbean
420 000
North Africa
& Middle East
440 000
South
& South-East Asia
6.1 million
Latin America
1.4 million
Sub-Saharan Africa
28.1 million
Australia
& New Zealand
15 000
TOTAL: 40 MILLION
Source: AIDS Epidemic Update 2001, UNAIDS

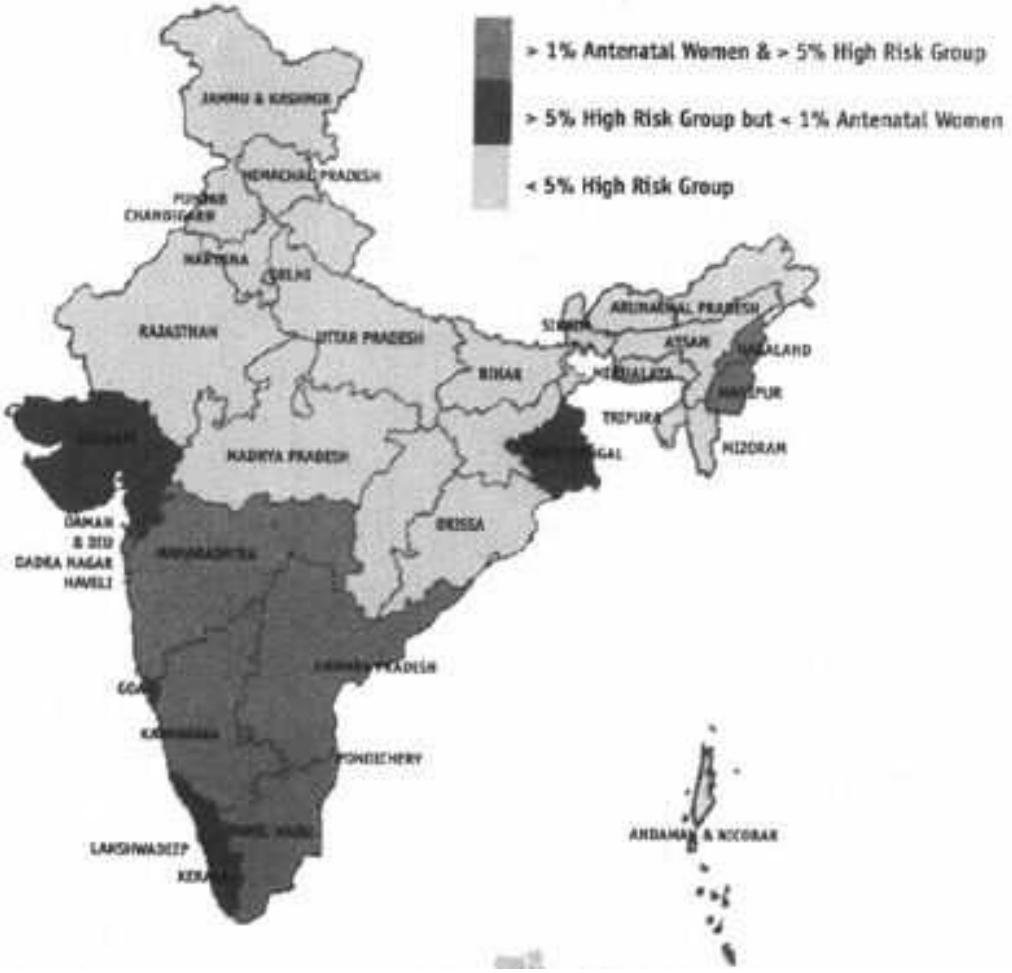
Indian Scenario

Estimates of HIV infection in India

1990	Estimated by GPA/WHO	0.05 - 0.2 million
1992	GPA/WHO	1 million
1993	GPA/WHO	2 million
1994 Mid	NACO	1.75 million
1996 mid	UNAIDS/WHO	2.5 million
1998	NACO	3.5 million
2001	UNAIDS	3.97 million

Source: NACO December 2001

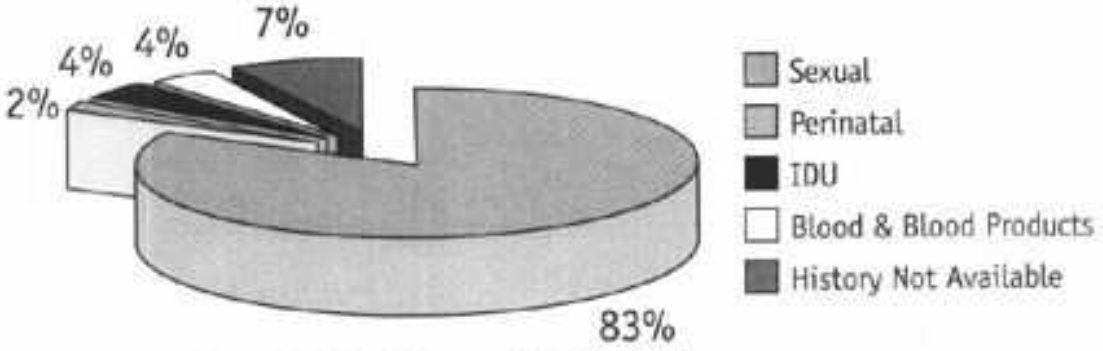
Adult HIV prevalence-2000



HIV Scenario at the end of 2001

- About 4 million infections in India, as against 40 million globally.
- Epidemic in advanced stage in Maharastra, Tamilnadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland.
- Epidemic spreading fast from high-risk population to bridge population to general population.
- 75% are men in high prevalent states.
- Around 83% transmission is through heterosexual mode.

Probable source of infection of reported AIDS cases in India



Source: Annual report of National AIDS Control Programme, India, 2000 - 2001

About 83% of the infections are through sexual mode

About 2% of the infections are through perinatal

4% through infected blood and blood products

4% through IDU

7 % source is not known

Key factors contributing to the spread of HIV in India

Complexities arising out of the size and diversity of the country

Low literacy levels

Migration for labour

Gender disparities

Complacency

High prevalence of STI/RTIs

The Impact of HIV/AIDS

- World wide HIV/AIDS is the fourth biggest killer.
- Majority of new infection occurs in young adults, with young women and one-third of those currently living with HIV/AIDS are aged 15-24 years.
- About 28 million people in Africa are infected with HIV at the end of 2001.
- Uganda railways has lost about 5600 employees to AIDS and has a labour turnover rate of 15% annually. The medical and funeral expenses of another Ugandan company doubled in one year.
- About 2.5 million babies have been born with HIV, and most of them have already died.
- Over 10 million children have lost either one or both parents.
- In many African countries, HIV/AIDS patients occupy 50-80% of beds in some hospitals, with unbearable costs of treatment.
- AIDS has eroded the social and economic development:
- HIV has reduced the life expectancy in African countries to 38 yrs, without HIV it could have been 66 yrs.
- HIV has entered into schools also, and in Zambia 40 percent of teachers are infected with HIV and are dying at a faster rate than the number of teachers the country manages to train annually.
- Kenya expects to be spending 60% of its health budget on the treatment of HIV/AIDS by 2005.
- A third of rural households affected by HIV/AIDS in Thailand reported a 50% reduction in agricultural output.
- ILO estimates out of 40 million infected persons globally, 25 million are workers.
- In Rajasthan, India, a study conducted among single male migrant workers showed that 7-14% of them are HIV positive.

HIV/AIDS: an issue for the world of work — OHP -1

- 25 million workers out of a total of 40 million people living with HIV globally. (ILO estimates as on end of 2001).
- HIV hits hardest at the most productive 15-49 years age group.
- Loss of the most productive human capital results in insurmountable suffering for the family (Stigma, denial of educational opportunities to children, exacerbation in child labour, additional burden on women/elderly).
- Irreparable loss to enterprise performance, production, profits and national economy.

HIV/AIDS affects the workforce and the enterprise — OHP - 2

- Loss of income & benefits
- Loss of skills and experience
- Fall in productivity
- Reduced profit & investment

By 2020, the work force in 29 African countries will be over 12 per cent smaller than without HIV/AIDS.

Enterprises in Africa and Asia are reporting falling productivity and raising costs due to HIV/AIDS.

The GDP of some developing countries is projected to fall by 25 per cent over the next two decades.

Why do we talk about HIV/AIDS?

Because of the reasons

- That there is **no cure** for HIV.
- It is a **silent disease.** There is a long period (10-15 yrs.) for a HIV positive person to show signs and symptoms.
- HIV transmission largely depends on certain **risk behaviour** of individuals.
- HIV has **killed about 25 millions** world wide.
- HIV hits hardest at the **age group between 15-49 yrs.** which coincides with productive labour segment.

India's Response

A. **1986-1992: (Initial phase)**

B. **1992-99: National AIDS Control Programme -I**, supported by World Bank:

- National AIDS Control Organisation (NACO) set up within the MOHFW
- Awareness efforts, blood safety programs
- State AIDS Cells set up to manage AIDS programme within the states.
- In last two years, focus on targeted interventions, and AIDS cells converted into State AIDS Control Societies (SACS) to promote decentralisation.

C. **1999-2004: National AIDS Control Programme phase-II** (supported by GOI, WB and other bilateral agencies).

Key Programme components

1. Interventions targeting high-risk groups (Commercial Sex Workers, Truckers, Migrant labourers, injecting drug users, MSM, youth) through NGOs, with support from SACS/NACO.
2. Preventive interventions for the general community (IEC, Counseling and Testing Blood Safety, Operational Research etc.).
3. Low cost AIDS care.
4. Institutional strengthening (managerial and technical capacity building).
5. Inter-sectoral collaboration.

Resource Materials

Day 1 one

Session two

Exercise three

Gender Dimensions of HIV/AIDS

- According to UNAIDS, at the end of 2001, out of a total 40 million people living with HIV/AIDS, 17.6 million are women. This means 44% of the global population of People living with HIV/AIDS are women.
- In 2001 alone, 1.1 million women died of HIV/AIDS.
- In India, six high prevalent states Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland the ratio of infected male female is almost becoming equal, i.e. (1male :1. 2 female).
- A study conducted in Mumbai showed that 90% of women who are positive have been infected by their husbands.

The gender dimensions

- Many women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or refuse unsafe sex.
- The power imbalance in the workplace exposes women to the threat of sexual harassment.
- Poverty is a noted contributing factor to AIDS vulnerability.
- Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men worldwide, twice as many in some countries.
- Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalised.

Why are women more vulnerable?

- Physiological susceptibility
- Increased social/cultural vulnerability

Physiological Susceptibility:

- The vaginal walls of women have large surface area which aid in collection of fluids that can facilitate in the transmission of HIV. On the other hand surface area on the penis is small thus cannot collect fluids.
- Walls of cervix and vagina are thinner and are easily torn thus the micropores can allow easy passage to the virus.
- Women have more chances of getting Reproductive Tract Infections.
- Most often women suffer from Sexually Transmitted Infection which are asymptomatic and do not get treated.

Socio-cultural reasons:

- The reasons are that there is unequal access to education and economic resources.
- They enjoy less power than men in social and sexual relations.
- Women are more likely to experience rape, sexual coercion, sometimes forced to sell or exchange sex for their economic survival.
- Gender-related discrimination is often supported by laws and policies that prevent women from owning land, property and other productive resources. This promotes women's economic vulnerability to HIV infection, limiting their ability to seek and receive care and support.
- Women with HIV infection also often experience more social blame and stigma than men in the same position.
- In addition to their own increased risk of HIV, women also carry the social burden of the epidemic, in terms of proving care of relatives with AIDS.

Many of the case studies conducted by the ISST research team bring out this vulnerability:

"All my jewellery were taken back by my in-laws to bear the cost of my husband's treatment. After my husbands death they were unwilling to spend a penny on me, as I am an HIV positive... I am looking for a job since I can't stay in this care home for long. I do not know if it is possible for me to get a job as I'm not literate.... but I've to look after my son."

(22year old HIV positive female)

"Nobody is there to take care of my expenditure for my treatment. They are planning to sell my husband's share in landed property. I do not know who will take care of my children."

(30-year-old HIV positive widow)

Excerpts from Institute for Social Study Trust (ISST) report

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Resource Materials

Day one

Session three

Exercise one

ANNEXURE 1

WILD FIRE EXERCISE

- Ask the participants to shake hands with each other, with as many people as they want to.
- Tell them that some of them will be scratched on their palms while shaking hands. Those, whose palm has been scratched, must in turn, scratch the palm of everyone they shake hands with after that.
- Before beginning the game, pre-select 3 participants and instruct them to scratch the palm of every person they shake hands with.
- Ask the participants if they have any questions and clarify their doubts & questions. Let the game begin and allow 7-10 minutes for the game to go on.
- Reassemble the participants and ask them "How many of you have had your palms scratched?" Count the number. Now tell them that there were only 3 persons who initially were "scratching" the palms of others, but with in a short time such a large number of people have got scratched.
- Now ask them.

(a) "What were you thinking when you were asked to shake hands with others?

(b) "What were your feelings when you were scratched?"

(c) "What did you do after beings scratched?"

(d) "How do you feel now after knowing the significance of the game?"

(e) "Did you know the identity of the initial scratchers?

- Link this game - "Wildfire" with the spread of HIV.

Resource Materials

Day one
Session three
Exercise two

ANNEXURE 2
FACT STATEMENTS ABOUT HIV/AIDS

	Statements	True	False
1.	Children who have HIV cannot attend school	F	E
2.	Coughing and sneezing do not spread AIDS	S	O
3.	Parents with HIV always have children with HIV	R	E
4.	People who have AIDS cannot resist infection	O	P
5.	AIDS is caused by a virus called HIV	O	M
6.	There is a vaccine to prevent AIDS	S	L
7.	A person with HIV has it for life	I	F
8.	Mosquito bites can spread AIDS	B	I
9.	HIV positive means that the person will get AIDS	E	Q
10.	HIV can spread through needles syringes	S	Z
11.	AIDS is not a disease, but it is a condition due to which the person becomes vulnerable to any infection	P	J
12.	Pregnant mothers with HIV can pass the infection to the baby	T	Q
13.	AIDS is spread through sex with an infected person	H	S
14.	People with HIV can lead a healthy life for many years	N	A
15.	People with HIV always look sick and unwell	E	A
16.	HIV enters the body and in due course weakens and destroys the defense system	P	R
17.	Recently a cure for AIDS has been discovered	T	N
18.	Before blood is given to patients it must be tested for HIV	D	U
19.	AIDS does not concern children	O	F
20.	HIV can spread through urine or faeces	M	T
21.	We should never share the food of a person with HIV	L	R
22.	People with HIV need good food and rest	V	K
23.	It is important to help and support people with HIV	I	G

8	20		13	1	6	16	2		11	21	9	22	3	17	12	23	4	14		5	19		15	7	18	10
I	T		H	E	L	P	S		P	R	E	V	E	N	T	I	O	N		O	F		A	I	D	S

Resource Materials

Day one

Session three

Exercise three

ANNEXURE 3

'MATCH THE FOLLOWING' WORKSHEET

COLUMN A	COLUMN B
1. AIDS is a condition caused by	1. Feel well for a number of years before they develop symptoms of AIDS
2. HIV is responsible for	2. Blood and sexual fluids
3. People with HIV may look and	3. Casual contact such as hugging, sleeping in the same room of playing together
4. Once you are infected with HIV it	4. Physical care and support
5. An HIV positive blood test means	5. A virus called Human Immuno-deficiency Virus (HIV).
6. AIDS means a group of symptoms & diseases	6. That shows that the body's system (Immune system) has been damaged.
7. HIV is found in	7. Will eventually develop AIDS
8. HIV is spread by	8. Lasts for the rest of life.
9. It cannot spread through	9. But it can be prevented.
10. People with HIV need	10. That the person has got the virus in the body
11. Someone who is HIV positive	11. Having sex with an infected person, or sharing infected needles or through infected blood.
12. AIDS cannot be cured	12. Causing AIDS

Answers: - 1-5,2-12,3-1,4-8,5-10,6-6,7-2,8-11,9-3,10-4,11-7,12-9

Resource Materials

Day One
Session three
Exercise four

ANNEXURE 4

Statement	Notes to the facilitator
1. One cannot get infected with HIV from a mosquito	**True:** HIV is the Human Immuno deficiency virus. HIV lives within human white blood cells. It cannot survive outside its host. Thus as soon as the white blood cells die, HIV dies. White blood cells and HIV are destroyed in the highly acidic environment of the mosquito's stomach.
2. A man can only become infected with HIV from an infected woman, not if he has sex with an infected man or hijra	**False:** The gender of the sexual partner is absolutely irrelevant. HIV transmission can happen whenever the virus from an infected person is able to access the white blood cells of an uninfected person. Both anal sex and vaginal sex are highly dangerous.
3. The chances of infection are one in five lakhs through a needle prick from a syringe used on an HIV infected individual.	**True:** HIV must enter the body in a substantial number for a person to get infected. This is also one of the reasons it is almost impossible to get the infection from a barber's razor. There has been no known transmission that way.
4. 85% of people in India who are infected with HIV got it through sex	**True:** The Government estimates that more than 17 lakh people have been infected with HIV in this way and four crore Indians seek treatment at govt. STD clinics each year.
5. Anal sex has a higher chance of HIV transmission than vaginal sex	**True:** Both anal and vaginal sex are unsafe. Both the vagina and rectum are lined with a mucus membrane through which the virus can pass directly into the blood stream, but anal sex has a higher chance of transmission because the chances of minor abrasions or tearing is higher.
6. The presence of STIs enhances the risk of HIV infection	**True:** The same behaviour that leads to STIs can lead to HIV transmission if your partner is infected. Depending upon the nature of STI, the risk of HIV transmission can be 3-10 times higher.

7. 50% of all HIV infections happen between the age of 15 and 25.	**True:** Young people are experimenting with sex and drugs, but they may not understand the risks. Thus early education about reproductive health, sex sexuality and HIV/AIDS is essential to the safety of young people.
8. Using a copper 'T' for birth control also protects you from HIV.	**False:** Condoms are the only form of birth control, which also offers protection from the sexual transmission of HIV. Use of copper 'T' actually increases the rate of transmission.
9. Seven to eight out of every ten housewives infected with HIV will be infected by their husbands.	**True:** The only risk behaviour the majority of women who are infected will have practiced is having sex with their husbands - 'their marital duty'.
10. One way of knowing that you are HIV positive is if you loose more than 10% of your body weight over a period of less than one month for no apparent reason.	**False:** Although rapid weight loss can be an indication of a weakening immune system and, thus, the presence of HIV, there are many reasons for unexplained weight loss. The only way you can be sure whether you have the virus is to take a HIV test
11. Frequent scratching of the genital region is a symptom of AIDS.	**False**

Facilitator's note

- **Definition of HIV & AIDS** - HIV stands for Human Immuno-deficiency Virus. AIDS stands for Acquired Immuno Deficiency Syndrome.
- **Difference between HIV & AIDS** - HIV is the name of the virus that attacks the T-4 lymphocytes whereas AIDS is the state where the immune system is totally destroyed & a group of infections (Opportunistic Infections) set in.

Important facts

- *Human Immunodeficiency Virus (HIV) causes AIDS.*
- *People who are infected with HIV often have no symptoms of disease for many years and can therefore infect others without realising that they themselves are infected.*
- *AIDS refers to specific clinical manifestations seen during the later part of HIV infection when people are ill as a result of opportunistic infections.*
- *Although many of the opportunistic infections seen in AIDS can be managed, there is presently no cure for AIDS. Most people with AIDS will eventually die of the syndrome.*
- *Prevention is at present the only possible cure. Health care workers have an important role in teaching their patients and their colleagues how HIV is and is not transmitted, and how people can protect themselves against infection.*

- **Modes of transmission of HIV -** HIV transmission can occur if there is an infected fluid with sufficient viral load and there is a port of entry (abraded mucus membrane etc). There are four modes of transmission -(a) Unprotected sexual contact (risk of transmission is around 1% and can be transmitted from an infected man to woman, infected woman to man, infected man to another man and infected woman to another woman) However, one may get the infection in the very first sexual encounter with an infected person. (b) Infected blood transfusion (Risk of transmission is around 90%) (c) Sharing of infected syringes/needles (Risk of transmission is around 60%) (d) From infected mother to child (Risk of transmission is between 25 - 40%)
- **Infective fluids:** Body fluids that contain large viral load and can cause transmission of HIV. This includes - (a) Blood (b) Semen (c) Vaginal fluid (d) cerebrospinal fluid (e) Amniotic fluid (f) Breast milk.

Body fluids and HIV transmission

A	B	C
Blood	Sweat	Cerebrospinal Fluid
Semen	Tears	Amniotic Fluid
Menstrual Blood	Saliva	Fecal Matter
Vaginal Fluid	Skin Oils	
Breast milk		

The fluids in Column A contain a high enough concentration of HIV to infect and can be exchanged. The fluids in Column B contain too small a concentration of the virus to infect, and the fluids in Column C are not likely to be exchanged between people.

- **Prevention of HIV -** HIV is a fragile virus and its transmission can easily be prevented by avoidance of risk behaviour.

a. **Sexual mode of transmission-** The various methods of prevention of HIV through the sexual route include abstinence, non-penetrative sexual practices, maintain mutual faithfulness between sexual partners, practice safer sex & use of barrier method including condoms.

b. **Parenteral transmission -** The methods of prevention of HIV transmission through parenteral route is through practice of Universal precautions by Health care workers, sterilization of all medical equipment, avoids sharing of syringe/needle and screening of all blood/blood products before transfusion.

c. **Vertical transmission -** The methods of prevention of HIV from infected mother to child include avoiding pregnancy, ensuring hospital delivery, avoiding breast-feeding and newer medication to prevent mother to child transmission.

- **Ways in which HIV is not transmitted -** One cannot get the HIV infection from:
  - Drinking water or eating food from the same utensils used by an infected person
  - Socialising or casually living with people with HIV or AIDS
  - Hugging, touching or kissing
  - Caring and looking after people with HIV or AIDS

- Use of the same toilets as AIDS patients or people with HIV
- Sharing telephones or computers
- Sneezing and coughing
- Getting bitten by a mosquito that has already bitten an infected person
- Donating blood if clean equipment is used
- Working with people who are HIV positive

HIV Disease progression -

Once HIV enters the body, it infects a large number of CD4 (T-4 helper lymphocytes) cells and replicates rapidly. There are various stages of disease progression -

a. **Acute sero-conversion** - HIV spreads all over the body within weeks of entry into the body especially the lymphoid organs- lymph nodes, spleen, tonsils and adenoids. The patient may complain of fever, headache, cough, skin rash, night sweats and swelling of lymph nodes around 2-6 weeks after entry of HIV virus. The flu-like symptoms last for 1-2 weeks.

b. **Window period** - It takes between 6 weeks to 6 months (average 3 months) for the person with HIV to test positive through standard HIV diagnostic tests. During this time, infected persons have the virus in their body, can spread the infection but do not test positive.

c. **Asymptomatic stage** - Virus replicates in deep tissues such as testes and brain where it may remain without dividing for many months or years. It is those deep-seated reservoirs of viruses, which appear to be responsible for the continued proliferation of the virus over many years. This is the stage of clinical latency, which might last for 3 months to 17 years depending on the immune status of individual patients.

d. **Symptomatic stage** - Progression destruction and depletion of the CD4 lymphocytes disables the immune system. AIDS is defined as a person who has confirmed positive for HIV infection with any of the clinical infections- Weight loss (> 10percent), Chronic diarrhea (> 1 month), Disseminated Miliary Tuberculosis, Neurological impairment, Candidiasis, Kaposi's sarcoma.

Late stage is characterized by appearance of various opportunistic infections such as tuberculosis, candida, herpes, pneumocystis carnii, toxoplasmosis, cryptosporidiosis, cryptococcus and cytomegalovirus.

Later these symptoms may appear:

- Dry cough or shortness of breath
- Diarrhea
- Fatigue
- Fever
- Furry white spots in the mouth (thrush)
- Significant weight loss
- Skin rashes
- Swollen lymph glands
- Lack of resistance to infection
- Loss of appetite
- Memory or movement difficulties
- Night sweats
- Red or purplish spots on the body

e. **Death** - Death is mainly due to the involvement of the brain, spinal cord and lungs by HIV and opportunistic pathogens.

WHO guidelines for the diagnosis of AIDS

Major signs	• Weight loss of over 10 % of body weight
	• Fever for longer than one month
	• Diarrhea for longer than one month
Minor signs	• Persistent cough for more than one month
	• General itchy skin diseases
	• Recurring shingles (herpes zoster)
	• Thrush in the mouth and throat
	• Long lasting, spreading and severe cold sores
	• Long lasting swelling of the lymph glands
	• Loss of memory
	• Loss of intellectual capacity
	• Peripheral nerve damage

Link between STIs & HIV/AIDS:

- The predominant mode of transmission of both HIV and other STI agents is sexual, although other routes of transmission for both include blood, blood products, donated organs or tissue, and from infected mother to her child
- Many of the measures for preventing the sexual transmission of HIV and other STI agents are the same
- There is a strong association between the occurrence of HIV infection and the presence of certain STIs (Genital ulcer disease 10 times more chances, Genital discharges 5 times more chances) making early diagnosis and effective treatment of such STIs an important strategy for the prevention of HIV transmission.
- STI clinical services are an important access point for people at high risk of contracting both AIDS and other STIs, not only for diagnosis and treatment but also for education and counselling.
- STI prevalence rate in a community is a good indicator of the effectiveness of any HIV prevention programme effort.

Tests for HIV :

1. **Enzyme linked Immunosorbent Assays (ELISA)** - Testing serum for antibodies to HIV with a standard ELISA is currently one of the most common, cost-effective and accurate methods of screening for infection. Two consecutive positive tests are required from three different kits before a result is confirmed positive.
2. **SPOT test** - The other most commonly used HIV test in India with a high degree of accuracy (98%). It again tests for antibodies.
3. **Polymerase Chain Reaction (PCR)** - This is the only test available specifically for HIV and tests for the presence of HIV genetic material.
4. **Western Blot test** - Another accepted confirmatory assay for the detection of antibodies to HIV and consider the 'gold standard' for validation of HIV results. Three positive ELISA tests have the same degree of accuracy as a Western Blot test.

Epidemiology of HIV/AIDS in India -

After the first case in 1986, it is estimated that there are around 3.97- million HIV positive people in India (UNAIDS report, December 2001). The HIV prevalence rate is around 0.7% in the adult (15 - 45 year age group) population (UNAIDS report, December 2001)

The epidemic in India follows different patterns -

a. Group 1 (more than 1% of ANC & more than 5% of STD patients) - Maharastra, Andhra Pradesh, Tamil Nadu, Manipur, Karnataka & Nagaland.

b. Group 2 (more than 5 % of STD patients but less than 1 % of ANC) - Gujarat, Goa, Kerala, West Bengal.

c. Group 3 (less than 1% of ANC & less than 5% of STD patients) - Rest of the states of India.

Management of HIV/AIDS:

(a) Medical: The various levels of medical management of People living with HIV/AIDS includes -

1. **Treatment of opportunistic infections:** Drugs are provided in all government hospitals for the managements of infections like Tuberculosis, Pneumonias, fungal infection etc.
2. **Preventive therapy:** Medicines are given to People with HIV/AIDS whose CD4 count falls below 200 cells/mm3 (Normal range -500 to 1200 cells/mm3) so that they can prevent opportunistic infections.
3. **Nutrition & Positive living:** All people living with HIV/AIDS must be encouraged to fight the disease within themselves, look after their own health, exercise regularly (20 minutes of brisk walk or aerobic exercises), decrease mental tension through relaxation exercises, meditation or Yoga, dietary advice (lots of green, leafy vegetables & seasonal fruits, avoid red meat etc)
4. **Anti-retroviral therapy:** Combination of 3 drugs is provided which arrests the spread of virus within the body. But before starting therapy, patients must be counselled that it is not a cure, medicines need to be taken most often throughout life, serious side effects, expensive therapy, monitoring tests are essential and sometimes the medicines do not work.
5. **Palliative care:** Providing care during the terminal stages of the illness through management of pain & supportive therapy is also important.

(b) Care & Support:

People with HIV/AIDS need empathy, love & affection. In addition, they need ongoing counselling to cope with their HIV status. Referral services to organisations that provide vocational training, financial support or other support services must be made available to people with HIV/AIDS. Family members need to be taught about how to take care of health, hygiene, nutrition and ailments of their loved ones through home-based care approach. Widows & orphans need more attention and support.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Frequently Asked Questions about HIV/AIDS

1. What is AIDS?

AIDS (Aquired Immuno Deficiency Syndrome) is the late stage of infection with Human Immuno-deficiency Virus (HIV). AIDS can take around 8-10 years to develop after infection with HIV. HIV infected people can live symptom free lives for years.

2. What is the difference between HIV and AIDS?

HIV is the name of the virus that attacks the T lymphocytes whereas AIDS is the state where the immune system is totally destroyed & a group of infections (Opportunistic Infections) manifest.

3. Where did HIV come from?

Scientists have different theories about the origin of HIV, but none have been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We do know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma, and Pneumocystis carinii pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States.

The cause of AIDS is a virus that scientists isolated in 1983. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

4. How do people get infected with HIV?

HIV can be transmitted through:

- Unprotected sex with an infected person;
- Transfusion of infected blood or blood products;
- Sharing of needles contaminated with infected blood; and
- Infected mother to her baby during pregnancy, during birth or after delivery through breast milk.

5. Can a person get infected with HIV from a mosquito?

No. HIV is the Human Immuno Deficiency Virus.

HIV lives within human white blood cells. It cannot survive outside its host. Thus as soon as the white blood cells die, HIV dies. White blood cells and HIV are destroyed in the highly acidic environment of the mosquito's stomach.

6. Can one get HIV from kissing?

HIV must enter the human body in an unknown number in order to be able to infect. The concentration of HIV in saliva is low. Therefore, normal kissing does not result in transmission of the virus. However, deep kissing, in the presence of bleeding gums or sores in mouth can cause the transmission.

7. Is anal sex riskier than the vaginal sex for transmission of HIV?

Yes, anal sex has a higher chance of transmission because the chances of minor abrasions or tearing are higher. However, both anal and vaginal sex are unsafe. The vagina and the rectum are lined with mucus membrane through which the virus can pass directly into the blood stream.

8. Why is the AIDS epidemic considered so serious?

HIV generally affects people at the most productive age, leading to premature death thereby severely affecting the socio-economic structure of the families, communities and countries.

Secondly, AIDS is not curable at present.

And, because it predominantly spreads through sexual contact, which being essentially in private domain, it becomes difficult to address.

9. How can one avoid being infected through sex?

By abstaining from sex; or

By having a mutually faithful monogamous sexual relationship with an uninfected partner; or

By practicing safe sex (Safe sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.)

10. Can we assume responsibility in preventing HIV infection?

Both men and women share the responsibility for avoiding behaviour that might lead to HIV infection. Equally, they also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have more control over women on sexual matters. In such cases, men need to assume greater responsibility for their action.

11. Does the presence of other sexually transmitted infections (STIs) facilitate HIV transmission?

Yes, STI cause some damage to the inner lining of the genital tract, thus facilitating the entry of HIV into the body.

12. Why is early treatment of STIs important?

High rates of STI caused by unprotected sex enhance the transmission risk in the general population. Early treatment of STI reduces the viral load thereby limiting the risk of spread to other sexual partners and also reduces the risk of contracting HIV from infected partners. Besides, early treatment of STI also prevents infertility and ectopic pregnancies.

13. How does a mother transmit HIV to her unborn child?

An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in an advanced stage of AIDS.

Transmission can also occur at the time of birth when the baby is passing through the mother's genital tract.

Transmission can also occur through breast feeding.

14. Can HIV be transmitted through breast-feeding?

Yes. The virus has been found in the breast milk in low concentrations and studies have shown that, 10 to 15% children born to HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health. The benefits of breast-feeding for both mother and child are well recognized. The issue of an infant becoming infected with HIV through breast-feeding must be weighed against the benefits of breast feeding in individual cases.

15. Are health care workers at risk of getting HIV on the job?

The risk of health care workers getting HIV on the job is very low, especially if they carefully follow universal precautions (i.e., using protective practices and personal protective equipment to prevent HIV and other blood-borne infections). It is important to remember that casual, everyday contact with an HIV-infected person does not expose health care workers or anyone else to HIV. For health care workers on the job, the main risk of HIV transmission is through accidental injuries from needles and other sharp instruments that may be contaminated with the virus. Even this risk is small, however. Scientists estimate that the risk of infection from a needle jab is less than 1 percent, a figure based on the findings of several studies of health care workers who received punctures from HIV-contaminated needles or were otherwise exposed to HIV-contaminated blood.

16. Can one get HIV through tattooing or body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

17. Why is injecting drugs a risk for HIV?

At the start of every intravenous injection, blood is introduced into needles and syringes. HIV can be found in the blood of a person infected with the virus. The reuse of a blood-contaminated needle or syringe by another drug injector (sometimes called "direct syringe sharing") carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream.

In addition, sharing drug equipment (or "works") can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by • using blood-contaminated syringes to prepare drugs; • reusing water; • reusing bottle caps, spoons, or other containers ("spoons" and "cookers") used to dissolve drugs in water and to heat drug solutions; or • reusing small pieces of cotton or cigarette filters ("cottons") used to filter out particles that could block the needle.

"Street sellers" of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

18. How serious is the link between HIV and Tuberculosis in South-East Asia?

Every year, tuberculosis kills nearly 3 million people globally, of whom nearly 50% are Asians. The rapid spread of HIV in the region has further complicated the already serious situation. Not only is TB the commonest life-threatening illness among AIDS patients, but the incidence of TB has now begun to increase, particularly in areas where HIV infection rate is high. Multi-drug resistant TB is also emerging in many areas.

19. Is there a treatment available for HIV/AIDS?

While there is no cure, Anti-Retroviral drugs are available which can prolong the life of an HIV positive person. But once started, these drugs have to be taken life long. In addition, these drugs are very expensive and may have severe adverse reactions. As the virus tends to develop resistance rather quickly with single-drug therapy, the emphasis is now on giving a combination of drugs including newer drugs; but this makes treatment even more expensive.

WHO's present policy does not recommend antiviral drugs but instead advocates strengthening of clinical management for HIV-associated opportunistic infections such as tuberculosis and diarrhea. Better care programmes have shown to prolong survival and improve the quality of life of people living with HIV/AIDS.

20. Why should young people be concerned about HIV/AIDS?

The reasons for the important role of young people depend upon several factors:

- A major proportion of HIV infection occurs in young people
- Young people are at a high risk of acquiring sexually transmitted infections, including HIV if they experiment with sex or drug as a part of their growing up.
- Young people can communicate better with their peers.
- Young people have the enthusiasm, energy and idealism that can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.
- Young persons can spread the message not only to their peers and to younger children, but also to their families and the community.
- Young persons can ideally serve as role models for younger children and their peers.

21. What is the difference between ELISA and Western blot for HIV?

ELISA (Enzyme-Linked Immuno Sorbent Assay) is a preliminary test, which tests the presence of antibodies to the virus. Western blot is a confirmatory test, usually done after the ELISA, to test antibodies specific to HIV.

22. What is the window period?

The HIV tests detect the presence of antibodies in human body, which take about 3-12 weeks (upto 6 months in some cases) after infection to form in the body in detectable quantity. This period is called the window period. During this period the HIV status does not show in the test but the person can infect others.

23. Why is it important to tell people to fight AIDS & not people living with HIV/AIDS?

This is important because AIDS has produced an unprecedented negative reaction from people.

- It has produced reaction of fear, hostility and prejudice.
- Sometimes people with HIV/AIDS have been evicted from their lodgings and rejected by their family or friends.
- Consequently people with AIDS are afraid to tell others about their condition for fear of victimisation
- Reaction such as these are mostly due to ignorance
- Education on how AIDS is transmitted and how people can protect themselves is the most important means of reducing the spread of AIDS.

24. What support can be given to a person living with HIV/AIDS?

It is important that we help a person living with HIV/AIDS to remain strong in the body and mind, as this helps greatly to increase their life expectancy by delaying the onset of the disease.

We can offer support by:

- Providing a balanced and nutritious diet
- Ensuring adequate rest and relaxation
- Offering support to the family
- Sharing worries or concerns and reducing feelings of loneliness
- Ensuring that the person stays active and busy as long as possible
- Accepting the person along with the illness so that he or she maintains a positive self-image by feeling wanted and loved
- Providing the necessary care and affection
- Helping neighbours, friends and relatives to understand the nature of the illness and the care and precautions required.

25. How can we win the war against HIV/AIDS?

It is important to realize that AIDS is the concern of each one of us as anyone of us can be at risk. By sharing and spreading correct facts and positive attitudes we can ensure the safest protective behaviour possible. We can do this by:

- Sharing our knowledge and facts about AIDS with all the members of the family.
- Discussing it with our friends and peers.
- Realising our responsibility to spread the knowledge about AIDS in our community.
- Helping people understand the care and precautions required to avoid the spread of the disease.
- Helping people realize that there is no risk attached to caring for a person with AIDS at home provided that sensible household hygiene measures are taken.
- Creating an enabling environment for PLWHA at workplace.

Resource Materials

Day 1 one

Session three

Exercise- five

HIV Testing - OHP

GOI Testing guidelines

(Excerpts from the National AIDS Prevention and Control Policy)

- No individual should be made to undergo a mandatory testing for HIV.
- No mandatory HIV testing should be imposed as a pre-condition for employment or for providing health care facilities during employment.
- Adequate voluntary testing facilities with pre-test and post-test counseling should be made available throughout the country in a phased manner. There should be at least one HIV testing center in each district in the country, which can be done in a phased manner.
- In case a person likes to get his HIV status verified through testing, all necessary facilities should be given to that person and results should be kept strictly confidential and should be given to the person and with his consent to the members of the family.
- Disclosure of HIV status will entirely depend on person's willingness to share information.
- In case of marriage, if one of the partners insist on a test to check the HIV status of the other partner, the contracting party to the satisfaction of the person concerned should carry out such tests.
- HIV testing policy adopted is found to be appropriate for different types of testing done under the programme. At present people are tested for

  - Screening in blood banks,
  - Epidemiological surveys; and
  - Confirmatory testing for clinical management and voluntary testing

HIV testing:

- Tests measure the presence of antibodies to HIV not the Virus itself.
- Window period time taken for the antibodies to appear, from the infection to seroconversion : 3 weeks 6 months.
- Why should HIV testing be done/advocated?

Types of tests for HIV:

- **Enzyme linked Immunosorbent Assays (ELISA)** - Testing serum for antibodies to HIV with a standard ELISA is currently one of the most common, cost-effective and accurate methods of screening for infection. Two consecutive positive tests are required from three different kits before a result is confirmed positive.

- **SPOT test** - The other most commonly used HIV test in India with a high degree of accuracy (98%). It again tests for antibodies.
- **Polymerase Chain Reaction (PCR)** - This is the only test available specifically for HIV and tests for the presence of HIV genetic material.
- **Western Blot test** - Another accepted confirmatory assay for the detection of antibodies to HIV and considered the "gold standard" for validation of HIV results. Three positive ELISA tests have the same degree of accuracy as a Western Blot test.

Pros and Cons of Testing

Pros:

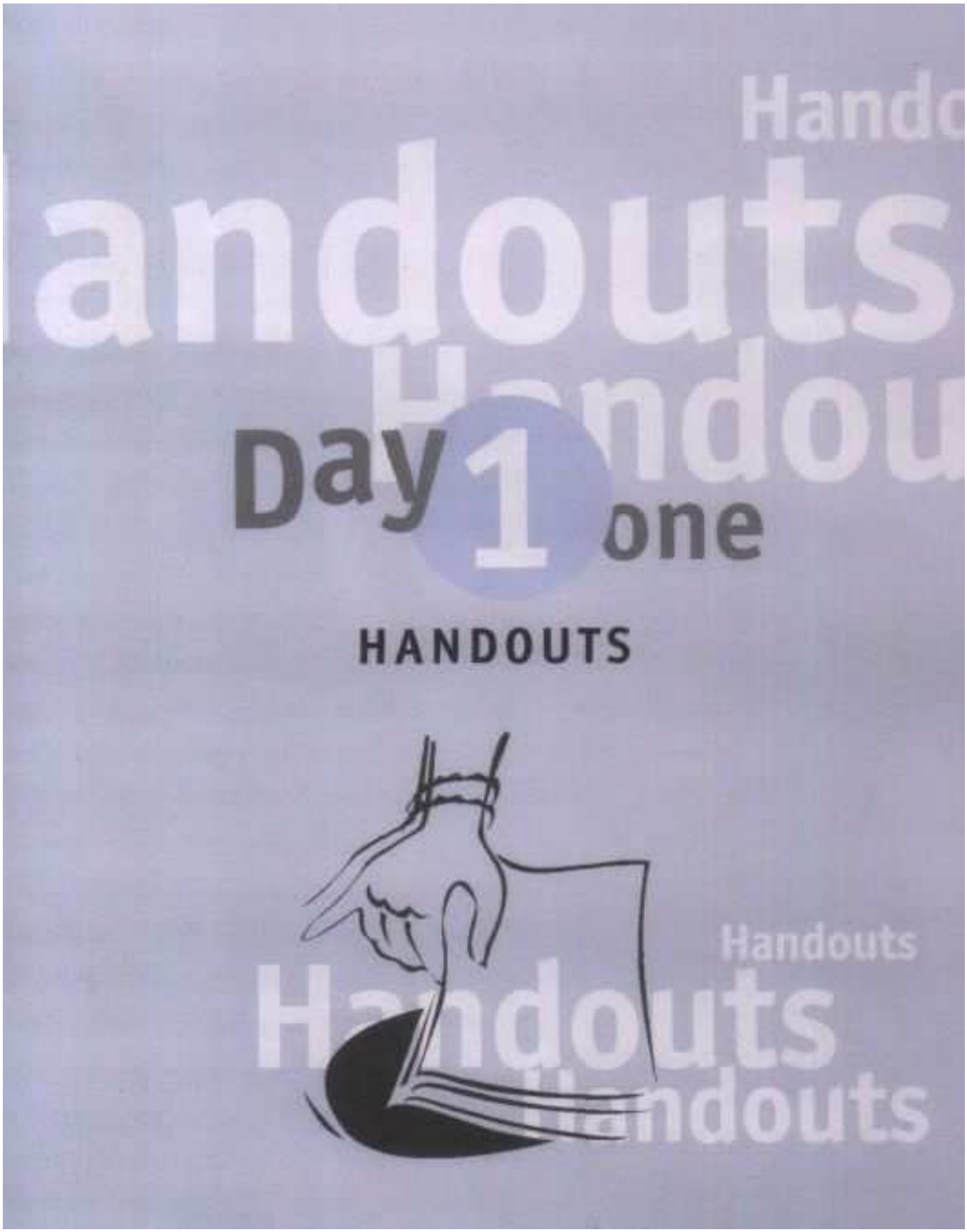
- Improved access to medical, emotional and social support
- Knowing the status, a positive person can take proper health care, monitoring the immune system and initiate early treatment
- Enables a person to plan a coping strategy for self and family
- Can take precautions and avoid passing the infection to others
- Married couple can take informed decision about having further babies
- Those considering pregnancies, can take advantage of the available treatment to further prevent the chances of transmission to their unborn babies
- Those who test negative may feel less anxious after testing. With post counselling, can adopt and alter their behaviours

Cons:

- Very often, a positive test result increase anxiety and depression
- Confidentiality of result is difficult to manage
- Increased physical and emotional abuse and abandonment
- Discrimination and stigma

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



OHP/Handout
Overview of HIV/AIDS

Day 1 one

Session two
Handout

GLOBAL FIGURES OF THE HIV EPIDEMIC

Number of people living with HIV/AIDS	**Total 40 million**
Adults	37.2 million
Women	*17.6 million*
Children under 15 years	2.7 million
People newly infected with HIV in 2001	**Total 5 million**
Adults	4.3 million
Women	*1.8 million*
Children under 15 years	800 000
AIDS deaths in 2001	**Total 3 million**
Adults	2.4 million
Women	*1.1 million*
Children under 15 years	580 000
AIDS deaths cumulative	**Total 24.8 million**
Children > 5years	*4.3 million*

Source: AIDS Epidemic Update 2001, UNAIDS

HIV/AIDS: an issue for the world of work

OHP -1

- 25 million workers out of a total of 40 million people living with HIV globally. (ILO estimates as on end of 2001).
- HIV hits hardest at the most productive 15-49 years age group.
- Loss of the most productive human capital results in insurmountable suffering for the family (Stigma, denial of educational opportunities to children, exacerbation in child labour, additional burden on women/elderly).
- Irreparable loss to enterprise performance, production, profits and national economy.

HIV/AIDS affects the workforce and the enterprise

OHP - 2

- Loss of income & benefits
- Loss of skills and experience
- Fall in productivity
- Reduced profit & investment

By 2020, the work force in 29 African countries will be over 12 per cent smaller than without HIV/AIDS.

Enterprises in Africa and Asia are reporting falling productivity and raising costs due to HIV/AIDS.

The GDP of some developing countries is projected to fall by 25 per cent over the next two decades.

Why do we talk about HIV/AIDS?

Because of the reasons

- That there is **no cure** for HIV.
- It is a **silent disease.** There is a long period (10-15 yrs.) for a HIV positive person to show signs and symptoms.
- HIV transmission largely depends on certain **risk behaviour** of individuals.
- HIV has **killed about 25 millions** world wide.
- HIV hits hardest at the **age group between 15-49 yrs.** which coincides with productive labour segment.

India's Response

A. **1986-1992: (Initial phase)**

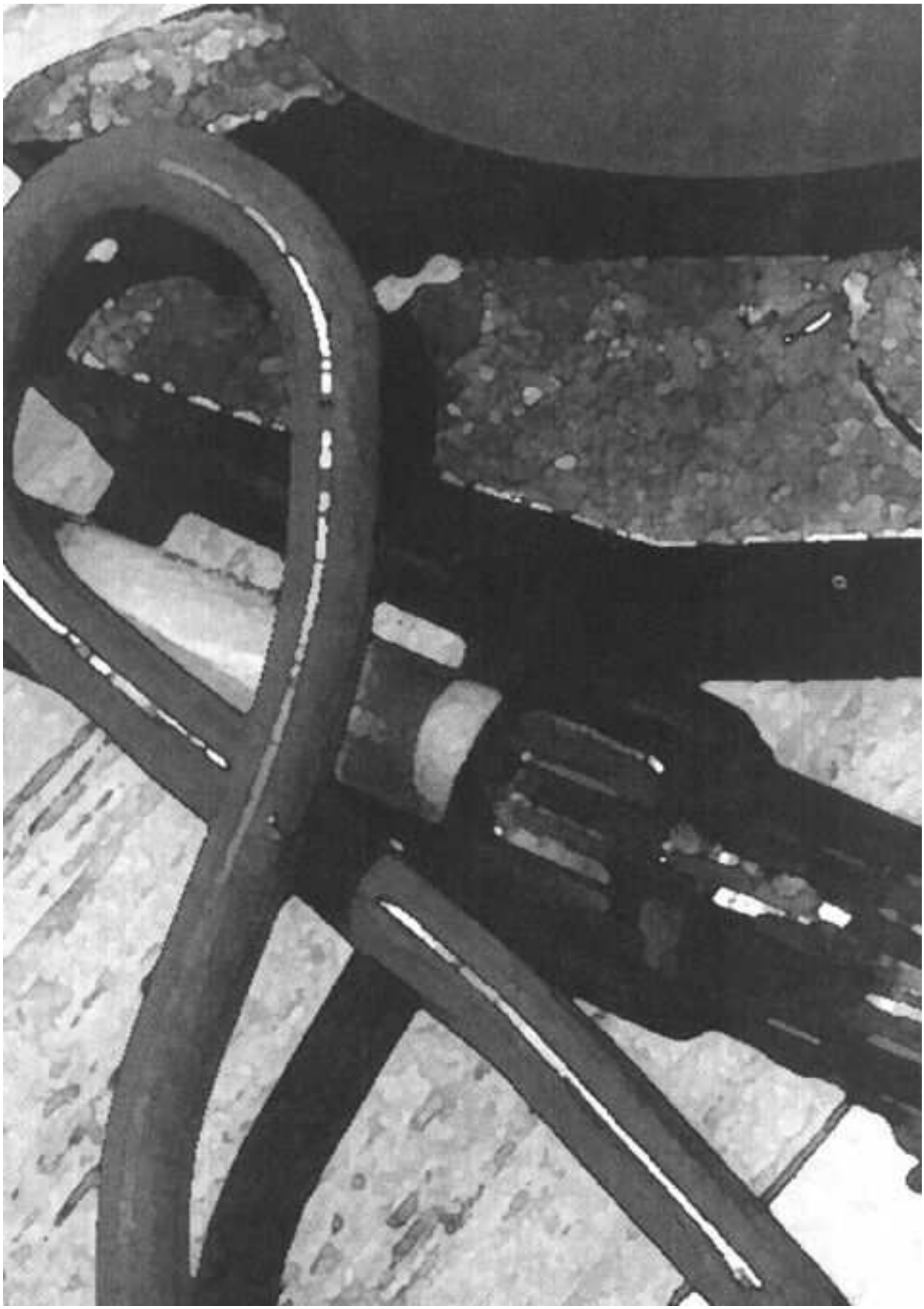
B. **1992-99: National AIDS Control Programme -I**, supported by World Bank:

- National AIDS Control Organisation (NACO) set up within the MOHFW
- Awareness efforts, blood safety programs
- State AIDS Cells set up to manage AIDS programme within the states.
- In last two years, focus on targeted interventions, and AIDS cells converted into State AIDS Control Societies (SACS) to promote decentralisation.

C. **1999-2004: National AIDS Control Programme phase-II** (supported by GOI, WB and other bilateral agencies).

Key Programme components

1. Interventions targeting high-risk groups (Commercial Sex Workers, Truckers, Migrant labourers, injecting drug users, MSM, youth) through NGOs, with support from SACS/NACO.
2. Preventive interventions for the general community (IEC, Testing and Counseling Blood Safety, Operational Research etc.).
3. Low cost AIDS care.
4. Institutional strengthening (managerial and technical capacity building).
5. Inter-sectoral collaboration.



Handout on Basics of HIV/AIDS

Day 1 one

Session three Handout

- **Definition of HIV & AIDS** - HIV stands for Human Immuno-deficiency Virus. AIDS stands for Acquired Immuno Deficiency Syndrome.
- **Difference between HIV & AIDS** - HIV is the name of the virus that attacks the T lymphocytes whereas AIDS is the state where the immune system is totally destroyed & a group of infections (Opportunistic Infections) occur.
- **Modes of transmission of HIV** - HIV transmission can occur if there is an infected fluid with sufficient viral load and there is a port of entry (abraded mucus membrane etc). There are four modes of transmission -(a) Unprotected sexual contact (risk of transmission is around 1% and can be transmitted from an infected man to woman, infected woman to man, infected man to another man and infected woman to another woman) (b) Infected blood transfusion (Risk of transmission is around 90%) (c) Sharing of infected syringes/needles (Risk of transmission is around 60%) (d) From infected mother to child (Risk of transmission is between 25 - 40%).
- **Infective fluids:** Body fluids that contain large viral load and can cause transmission of HIV. This includes - (a) Blood (b) Semen (c) Vaginal fluid (d) cerebrospinal fluid (e) Amniotic fluid (f) Breast milk.

Body fluids and HIV transmission

A	B	C
Blood	Sweat	Cerebrospinal Fluid
Semen	Tears	Amniotic Fluid
Menstrual Blood	Saliva	Fecal Matter
Vaginal Fluid	Skin Oils	
Breast milk		

The fluids in Column A contain a high enough concentration of HIV to infect and can be exchanged. The fluids in Column B contain too small a concentration of the virus to infect, and the fluids in Column C are not likely to be exchanged between people.

- **Prevention of HIV** - HIV is a fragile virus and its transmission can easily be prevented by avoidance of risk behaviour.

  a. **Sexual mode of transmission-** The various methods of prevention of HIV through the sexual route include Abstinence, non-penetrative sexual practices, maintain mutual faithfulness between sexual partners, practice safer sex & use of barrier method including condoms.

b. **Parenteral transmission** - The methods of prevention of HIV transmission through parenteral route is through practice of Universal precautions by Health care workers, sterilisation of all medical equipment, avoiding sharing of syringe/needle and screening of all blood/blood products before transfusion.

c. **Vertical transmission** - The methods of prevention of HIV from infected mother to child include avoiding pregnancy, ensuring hospital delivery, avoiding breast-feeding and newer medication to prevent mother to child transmission.

Ways in which HIV is not transmitted - You cannot get HIV from (It is perfectly safe to have normal casual contact)

- Drinking water or eating food from the same utensils used by an infected person
- Socialising or casually living with people with HIV or AIDS
- Hugging, touching or kissing
- Caring and looking after people with HIV or AIDS
- Getting bitten by an infected person
- Use of the same toilets as AIDS patients or people with HIV
- Sharing telephones or computers
- Sneezing and coughing
- Getting bitten by a mosquito that has already bitten an infected person
- Donating blood if clean equipment is used
- Working with people who are HIV positive.

HIV Disease progression -

Once HIV enters the body, it infects a large number of CD4 (T-4 helper lymphocytes) cells and replicates rapidly. There are various stages of disease progression -

- **Acute sero-conversion** - HIV spreads all over the body within weeks of entry into the body especially the lymphoid organs- lymph nodes, spleen, tonsils and adenoids. The patient may complain of fever, headache, cough, skin rash, night sweats and swelling of lymph nodes around 2-6 weeks after entry of HIV virus. The flu-like symptoms last for 1-2 weeks.
- **Window period** - It takes between 6 weeks to 6 months (average 3 months) for the person with HIV to test positive through standard HIV diagnostic tests. During this time, infected persons have the virus in their body, can spread the infection but do not test positive.
- **Asymptomatic stage** - Virus replicates in deep tissues such as testes and brain where it may remain without dividing for many months or years. It is those deep-seated reservoirs of viruses, which appear to be responsible for the continued proliferation of the virus over many years. This is the stage of clinical latency, which might last for 3 months to 17 years depending on the immune status of individual patients.
- **Symptomatic stage** - Progression destruction and depletion of the CD4 lymphocytes disables the immune system. AIDS is defined as a person who has confirmed positive for HIV infection with any of the clinical infections- Weight loss (> 10percent), Chronic diarrhea (> 1 month), Disseminated Miliary Tuberculosis, Neurological impairment, Candidiasis, Kaposi's sarcoma.

  Late stage is characterised by appearance of various opportunistic infections such as tuberculosis, candida, herpes, pneumocystis carnii, toxoplasmosis, cryptosporidiosis, cryptococcus and cytomegalovirus.

Later these symptoms may appear:

- Dry cough or shortness of breath
- Diarrhea
- Fatigue
- Fever
- Furry white spots in the mouth (thrush)
- Significant weight loss
- Skin rashes
- Swollen lymph glands
- Lack of resistance to infection
- Loss of appetite
- Memory or movement difficulties
- Night sweats
- Red or purplish spots on the body
- **Death** - Death is mainly due to the involvement of the brain, spinal cord and lungs by HIV and opportunistic pathogens.

WHO guidelines for the diagnosis of AIDS

Major signs	• Weight loss of over 10 % of body weight • Fever for longer than one month • Diarrhea for longer than one month
Minor signs	• Persistent cough for more than one month • General itchy skin diseases • Recurring shingles (herpes zoster) • Thrush in the mouth and throat • Long lasting, spreading and severe cold sores • Long lasting swelling of the lymph glands • Loss of memory • Loss of intellectual capacity • Peripheral nerve damage

Link between STIs & HIV/AIDS:

- The predominant mode of transmission of both HIV and other STI agents is sexual, although other routes of transmission for both include blood, blood products, donated organs or tissue, and from infected mother to her child
- Many of the measures for preventing the sexual transmission of HIV and other STI agents are the same
- There is a strong association between the occurrence of HIV infection and the presence of certain STIs (Genital ulcer disease 10 times more chances, Genital discharges 5 times more chances) making early diagnosis and effective treatment of such STIs an important strategy for the prevention of HIV transmission.
- STI clinical services are an important access point for people at high risk of contracting both AIDS and other STIs, not only for diagnosis and treatment but also for education and counselling.
- STI prevalence rate in a community is a good indicator of the effectiveness of any HIV prevention programme effort.

Tests for HIV -

1. Enzyme Linked Immunosorbent Assays (ELISA) - Testing serum for antibodies to HIV with a standard ELISA is currently one of the most common, cost-effective and accurate methods of screening for infection. 2 consecutive positive tests are required from 3 different kits before a result is confirmed positive.
2. SPOT test - The other most commonly used HIV test in India with a high degree of accuracy (98percent). It again tests for antibodies.
3. Polymerase Chain Reaction (PCR) - This is the only test available specifically for HIV and tests for the presence of HIV genetic material.
4. Western Blot test - Another accepted confirmatory assay for the detection of antibodies to HIV and consider the "gold standard" for validation of HIV results. 3 positive ELISA tests have the same degree of accuracy as a Western blot test.

Epidemiology of HIV/AIDS in India -

After the first case in 1986, it is estimated that there are around 3.97- million HIV positive people in India (UNAIDS report, December 2001). The HIV prevalence rate is around 0.7% in the adult (15 - 45 year age group) population (UNAIDS report, December 2001)

The epidemic in India follows different patterns -

Group 1 (more than 1% of ANC & more than 5%of STI patients) - Maharastra, Andhra Pradesh, Tamil Nadu, Manipur, Karnataka & Nagaland.

Group 2 (more than 5 % of STI patients but less than 1 % of ANC) - Gujarat, Goa, Kerala, West Bengal.

Group 3 (less than 1% of ANC & less than 5% of STI patients) - Rest of the states of India.

Management of HIV/AIDS:

(a) Medical: The various levels of medical management of People living with HIV/AIDS includes -

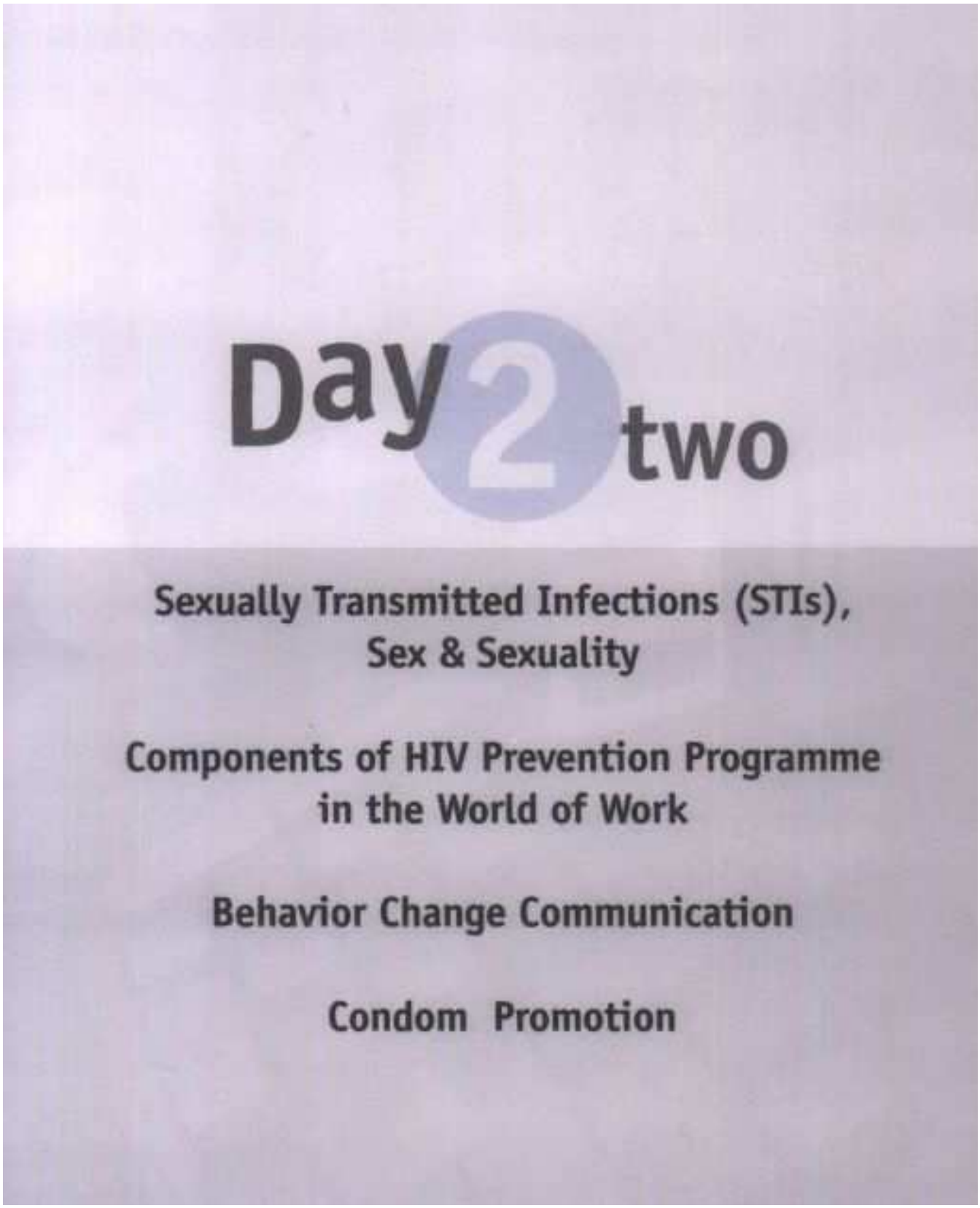
1. **Treatment of opportunistic infections:** Drugs are provided in all government hospitals for the managements of infections like Tuberculosis, Pneumonias, fungal infection etc.
2. **Preventive therapy:** Medicines are given to People with HIV/AIDS whose CD4 count falls below 200 cells/mm3 (Normal range -500 to 1200 cells/mm3) so that they can prevent opportunistic infections.
3. **Nutrition & Positive living:** All people living with HIV/AIDS must be encouraged to fight the disease within themselves, look after their own health, exercise regularly (20 minutes of brisk walk or aerobic exercises), decrease mental tension through relaxation exercises, meditation or Yoga, dietary advice (lots of green, leafy vegetables & seasonal fruits, avoid red meat etc)
4. **Anti-retroviral therapy:** Combination of 3 drugs is provided which arrests the spread of virus within the body. But before starting therapy, patients must be counselled that it is not a cure, medicines need to be taken most often throughout life, serious side effects, expensive therapy, monitoring tests are essential and sometimes the medicines do not work.

5. **Palliative care:** Providing care during the terminal stages of the illness through management of pain & supportive therapy is also important.

(b) Care & Support:

People with HIV/AIDS need empathy, love & affection. In addition, they need ongoing counselling to cope with their HIV status. Referral services to organizations that provide vocational training, financial support or other support services must be made available to people with HIV/AIDS. Family members need to be taught about how to take care of health, hygiene, nutrition and ailments of their loved ones through home-based care approach. Widows & orphans need more attention and support.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Day 2 two

SCHEDULE

MET Presentation 9.30 - 11.30 AM - Recap

Topic	Specific Objectives	Methodology
MET	•To review the previous days' sessions and workshop environment	Presentation by participants

Session Four - 9.30 - 11.30 AM
STIs, Sex and Sexuality

STIs, Sex and Sexuality	•To enhance the knowledge level on the STIs, signs and symptoms and link between STI and HIV. •Discuss issues related to sex and sexuality (addressing frequently asked questions).	Discussions, Presentation Group Work

Session Five -11.45 - 1.30 PM
Components of HIV/AIDS programmes in the world of work

Components of HIV/AIDS programmes in the world of work	•To discuss the components of the HIV/AIDS programmes in World of work (covering approaches for reaching out to workers in formal and informal economy). •To orient the participants to the ILO 's code on HIV and world of work.	Presentation, Lectures, Discussions. Experience sharing

Session Six - 2.30 - 4.00 PM
Behaviour Change Communication

Behaviour Change Communication (BCC):key concepts, approaches in HIV prevention programmes and increasing effectiveness of IPC sessions	•To familiarise the participants with the concepts of BCC and various approaches to implement BCC. •To familiarise the participants with the techniques of Interpersonal communication to enhance the effectiveness of health education session.	Presentation Lectures. Discussions. Experience sharing Video film on communicatio skills

Session Seven 4.15 - 5.30 PM
Condom Promotion

Condom Promotion	•To explain the need for Condom Promotion and approaches in HIV/AIDS prevention programs •To explain the barriers to condom use.	Lecture, discussions Experience sharing

STIs -Myths and misconceptions

Day 2 two
Session four
Exercise one

Objectives

- To clarify misconceptions about transmission of STIs.
- To understand how myths develop.

Materials required

Set of index cards (or paper cut outs of the photocopied sheet) with common beliefs on them.

Time 30 mins

Methodology A

- The cards are distributed to each participant.
- In turn, each participant reads her card and says whether the statement is a myth or a fact.
- Alternately the group can be requested to volunteer opinions about each statement read.
- The facilitator provides the explanation why the belief is a fact or fallacy.

Methodology B

- An alternative approach is to make it like a Quiz game.
- First break the group into teams of about 5.
- The teams compete against each other for points from correct answers.
- The question cards would be all jumbled in a "hat".
- Either the facilitator or a member of each team would draw out their question.
- The facilitator would read it for all to hear.
- One team would be allowed to confer and come up with the answer.
- If the team answers correctly, they would be awarded 100 points for getting the myth/fact part correct and 400 points for being able to explain why (total points for a correct answer: 500)

Facilitator's note:

- All participants must take part in the game and there should be brainstorming on the various issues immediately after each statement.
- Statements for the index card or the Quiz game can be found in **Annexure 1 (Page108)**

Understanding sex and sexuality

Day 2 two

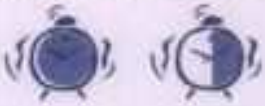
Session four

Exercise two

Objectives:

By the end of this session the participants will be able-

- To tell the difference between sex & sexuality
- To correct myths & beliefs about sexuality
- To explore the various aspects/dimensions of being sexual

Time: 1 hour and 30 minutes 

Methodology:

- Introduce the topic by asking the participants the following questions one by one-"What are the differences between men and women, boys and girls?
- The participants when allowed to think may also talk about the emotional and behavioural differences amongst the genders.
- Ask the participants "What actions of a person reflect his/her sexual dimensions?"
- Explain that along with the defined gender, all humans have a sexual dimension to their personality, which is manifested in their daily behaviour and actions.
- Let them add any more functions and give them time to become comfortable with the subject.
- Now ask them to critically think about the following questions.
    - "What is sexuality?"
    - "How does sex differ from sexuality?"
- Divide the group into smaller groups. See that each team consists of 3-4 members each by using the 1,2,3,4, method. It is preferably to make "Unisex" subgroups- i.e. subgroups consisting entirely of girls or boys.
- Ask the subgroups to explore the following statement-"There are many ways of being sexual!"
- Ask them to critically think what they understand by the above statement & let them state the ways a person can be sexual. Emphasize that having sexual intercourse is just one way of being sexual.

Facilitator's note:

Some participants may find it difficult to discuss sex & sexuality and may feel embarrassed or uncomfortable. Tell them "Some of us may be not be comfortable with this subject which is usually not discussed. It is OK to be uncomfortable but rational discussion about the subject is helpful and useful. It even reduces the embarrassment."

Sexual practices & risk of HIV transmission

Day 2 two
Session four
Exercise three

Objective:

At the end of the exercise, the participants will be able to -

- List the various sexual practices
- Correlate sexual practices with risk of transmission of HIV/AIDS

Time: 30 minutes

Methodology:

- Ask the participants to list all the sexual practices that they know.
- Add to the list if the participants have missed any practice
- Ask the participants to grade each sexual practice on a scale of 1-5 (1 is the lowest & 5 is the highest score) according to their risk of HIV transmission
- Discuss with the participants that there are many sexual practices that might not be acceptable to them personally but have no or minimal risk for HIV transmission

Facilitator's note:

The facilitator might have to add some more sexual practices to the list and explain its meaning. The facilitator can use ***Annexure 2 (Page 110)*** *as a guide.*

Safer sex & risk reduction exercise

Day 2 two
Session four
Exercise four

Objective:

This exercise shows participants how to identify behaviour with clients that will reduce their exposure to risk of HIV transmission.

Time: 30 minutes

Methodology:

- Facilitator draws a line down the middle of a large chart paper/white board and heads one side as 'GOOD THINGS' & the other side as 'BAD THINGS'

GOOD THINGS	BAD THINGS

- The group is asked to list all things they consider as 'Good thing' (enjoys, likes, gets) or 'Bad thing' (negatives) about sex.
- Facilitator brings the group to considering ways/behaviours by which the good things of sex can be kept and the bad things (risks) avoided or reduced.
- The group will then brainstorm on safer sex options.

Facilitator's note:

There might be initial hesitation from the group, so the facilitator might have to give some clues. This exercise could be followed immediately by the 'Correct Condom use exercise'

HIV/AIDS prevention programmes in the world of work

Day 2 two

Session five

Exercise one

Objectives:

By the end of the session, participants will be able to

- Discuss the components of HIV/AIDS programmes in the world of work
- Appreciate the key elements of the ILO's code of practice on HIV and the world of work

Learning activity

Presentation - 60 minutes

Discussion - 30minutes

Time - 1 hour and 30 minutes

OHP: 1

National AIDS Control Organisation provides a guideline for HIV Programmes in India, which can be categorised broadly under two headings

- Prevention
- Care and Support

Using these broad guidelines, the components of HIV/AIDS Prevention in the world of work programmes can be developed for formal and informal economy.

Components of HIV/AIDS programmes for the Organised sector.

OHP-2

Policy Development: How is it developed? What can be the process? How can workers facilitate in developing and ensuring its implementation?

As seen in the slide, development of policies and procedures follow a process of consultation among the various players in the company. Reviewing the existing programmes can provide ideas as to how they can effectively use and mainstream HIV related activities in their current programmes. Developing a policy is beneficial to both Employers and Employees. It would make the company's stand on HIV/AIDS problem clear to the workers and gives approaches of handling the problem in a better manner, without major damages. For workers, the policy is a protection of their employment, rights, benefits, etc.,

In many companies, well-written policies are shelved for want of good implementation. The workers unions can play a major role in ensuring its implementation. ILO has developed a Code of Practice on HIV/AIDS for the world of work. It can be referred to.

HIV/AIDS prevention programmes in the world of work

Day 2 two

Session five

Exercise one

Objectives:

By the end of the session, participants will be able to

- Discuss the components of HIV/AIDS programmes in the world of work
- Appreciate the key elements of the ILO's code of practice on HIV and the world of work

Learning activity

Presentation - 60 minutes

Discussion - 30minutes

Time - 1 hour and 30 minutes

OHP: 1

National AIDS Control Organisation provides a guideline for HIV Programmes in India, which can be categorised broadly under two headings

- Prevention
- Care and Support

Using these broad guidelines, the components of HIV/AIDS Prevention in the world of work programmes can be developed for formal and informal economy.

Components of HIV/AIDS programmes for the Organised sector.

OHP-2

Policy Development: How is it developed? What can be the process? How can workers facilitate in developing and ensuring its implementation?

As seen in the slide, development of policies and procedures follow a process of consultation among the various players in the company. Reviewing the existing programmes can provide ideas as to how they can effectively use and mainstream HIV related activities in their current programmes. Developing a policy is beneficial to both Employers and Employees. It would make the company's stand on HIV/AIDS problem clear to the workers and gives approaches of handling the problem in a better manner, without major damages. For workers, the policy is a protection of their employment, rights, benefits, etc.,

In many companies, well-written policies are shelved for want of good implementation. The workers unions can play a major role in ensuring its implementation. ILO has developed a Code of Practice on HIV/AIDS for the world of work. It can be referred to.

OHP: 3

Prevention Programme is based on Effective Communication providing Information, Education on HIV/AIDS/STI, motivate individuals to inculcate safe sexual behaviour based on ABC:

A. Abstinence,

B. Being faithful to one partner: and

C. Condom Use

Also encouraging Health Seeking Behaviour, Identifying and treatment for Sexually Transmitted Infections and creating a support environment for individuals to make changes

OHP: 4

Condom Promotion: Part of Prevention programme, condom promotion gains significance. It comprises three elements:

Condom Education: Education about how effective a condom is in preventing the HIV to pass through and also provides protection from STIs. This also includes providing skills to use condoms properly through demonstrations, addressing the barriers, etc.

Accessibility: Making condoms accessible through creation of outlets, and

Availability: Procuring and checking the stocks, replenishing on a regular basis

Since HIV and STI are closely connected in ways they are transmitted, managing STI is a key component in prevention of HIV programs. Mainstreaming STI component in the existing health clinics of the companies is an effective approach in providing treatment to STIs. Based on the symptoms of STIs, treatment can be provided. It is called Syndromic Case Management.

OHP: 5

People living with HIV/AIDS and their families need care and support. Their rights need to be protected in their workplace. Enabling environment should be created for the PLWHA to live a positive life, without stigma and discrimination.

Also, it is necessary to addresses the overall health, emotional, spiritual, nutritional, needs of the PLWHA. They are encouraged for Positive Living.

Positive Living includes:

- Spending time with family and friends,
- Planning for the future, self care
- Maintaining spiritual health,
- Eating balanced diet, using pure drinking water
- Keeping busy and remaining productive,
- Getting enough physical exercise,
- Limiting the use of alcohol, tobacco
- Seeking medical help as and when required
- Attending self help group meetings, counselling
- Protecting others from the virus,
- Taking immediate medical help in case of infections, and so on and so forth

Suggested approaches for reaching out to workers in the informal economy

OHP: 6

As we have seen that 93% of Indian labour force is in the unorganised sector, reaching out to them with HIV information and education is very important. Some approaches are presented in the slide, which can be used.

1. Encouraging enterprises to cover the informal labour force in their HIV prevention programmes, starting with their casual/temporary workforce, and gradually moving to the nearby community.
2. Enterprises can be mobilised to network with an NGO to initiate prevention programmes for the informal groups.
3. Attempting sectors which attract a sizeable number of casual/migrant workers like construction, sugar, jute industries etc. They can perhaps be mobilised through their employers' organisations.
4. NGOs implementing Interventions targeted at one of the informal groups such as truckers/ migrant workers/ rickshaw pullers/ sex workers/ etc. with support from SACS/NACO.
5. Integrating HIV/AIDS in the existing welfare programs of the government/ NGOs/CBOs
6. Involving Trade Unions/CBWE/Labour training Institutions/cooperatives who have tremendous reach in the informal sector.
7. Mass media has a reach all over the country. So, TV/Radio/newspapers can be also be effectively used.

HIV/AIDS and migrant workers: A case study of Bangladesh:

In Bangladesh, a high number of approximately 200,000 skilled and unskilled labour, migrate to other countries in search of employment each year. People returning from migration are often unaware of whether they have been exposed to HIV and of potential risk to their spouse and unborn children. The studies have shown that majority of 41% people identified, as HIV Positives are migrant workers or their spouses. Basically due to lack of information on HIV/AIDS.

Occupation of HIV-positive people in Bangladesh

Source: Report of the Bangladesh AIDS Prevention and Control Programme (BAPCP) 1997- 1998

Programmes to reduce vulnerability of female and male migrants to HIV/AIDS in the destination areas

The migrant workers vulnerability arises from the social and economic conditions, in which people live and work. They are often faced with an entirely new community, culture, and living condition. These groups have often poor living and working conditions. This often results in alienation as well as loneliness, factors that can lead to high-risk behaviours. Women migrants are particularly vulnerable, and many face sexual exploitation and abuse from employers, middlemen, or even other migrants.

1. Community outreach programmes among migrant communities and workplace interventions can be instrumental in reducing the vulnerability of migrant workers to HIV and connecting individuals to one another.
2. Players in this initiative could be trade unions, employers' associations, women's groups, NGOs, CBOs.
3. Networks can be created
4. Other media campaigns can be done to reach out to the migrant workers.

A Case Study

Head of UN Agricultural Development Agency says AIDS is "ravaging" African Farm Workers

AIDS is "ravaging" farmers in rural Africa and s taking a tremendous toll on the continent's ability to produce food, Lennard Bage, President of the UN International Fund for Agricultural Development, said Wednesday. The United Nations estimates that among the 25 African countries worst affected by HIV/AIDS, seven million farm workers have died of AIDS related causes, and an additional 16 million workers could die by 2020. Bage, who was speaking at the agency's annual meeting in Rome, warned that HIV/AIDS will have a detrimental effect on African farmers and the continent's economy. Noting that most people with AIDS in Africa live in rural areas, Bage stated that the disease is "devastating rural life" on the continent. "You have a disappearing generation". He stated that HIV/AIDS is reducing the labor pool farmers, severely hindering Africa's efforts to achieve the UN goal of halving hunger and poverty by 2015

Reuters (Feb 22, 2002)

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Behaviour Change Communication

Day 2 two

Session Six

Exercise one

Objectives

By the end of the session, the participants will be able to

- Understand the concepts of Behaviour Change Communication
- Understand various approaches of implementing BCC in HIV prevention programmes
- Understand techniques of Interpersonal Communication to enhance the effectiveness of health education sessions

Learning Activity:

Administering an Attitude test, Lecture, Story exercises, screening of a film

Discussions

Time: 2 hours 

A Good Communicator is the one who has a good 'Attitude':

We need to build a positive Attitude towards

- The subject (Sexuality/STIs/HIV/AIDS): This will enable us to communicate on these subjects comfortably and
- The clients (This will enable us to respect the client, their behaviours, without being judgmental)

Ask the following question to the participants:

Why are we talking about **BEHAVIOUR CHANGE COMMUNICATION?**

Get into discussions and give examples

Conclude by saying because:

Knowledge and awareness does not always translate into safe sexual behaviour

Presentation - Concepts of Behaviour change Communication (BCC)

HIV transmission is based on individual behaviours, which are personal to them. And Behaviours are developed over years based on strongly held beliefs and values and it is difficult to change. It needs information, education, skills, supportive environment and largely on Communication. In HIV/AIDS prevention, BCC is a key component. Basically it aims to provide Information, Education, Skills and Services involving effective interpersonal communication skills.

Information on HIV/AIDS/STIs

Educating people about risks involved in unsafe sexual behaviours, provides insight to assess one's

personal risk and options to reduce risk, motivating them to change behaviours, linking them with skills and supporting the change with services, etc.

Skills to use condoms correctly and consistently, to identify STIs, etc

Providing services is to make condoms available through outlet and making STI treatment available for people.

BCC encompasses

Increasing risk perception

- Encouraging personal commitment to change
- Enhancing skills to make changes
- Creating supportive/ enabling environment to encourage changes

Various approaches to BCC in HIV/AIDS Prevention programmes:

Effective implementation of BCC requires right attitude, sound knowledge of the subject along with right skills. It also calls for strategic target segmentation. Apart from the clients, service providers and opinion makers become an important target for communication.

Though one can be very creative as far as planning and implementing BCC activities are concerned, some of the key approaches are

- Interpersonal Communication (one to one and group situations).
- Enhancing skills to obtain and use condoms.
- Proper use of communication materials.
- Organising street plays/TV shows/ other local media performances
- Use of mass media.
- Sensitising opinion makers/key stake holders in order to create an enabling environment.
- Advocacy.

Interpersonal Communication and techniques/skills needed for enhancing the effectiveness of health education sessions

Story of Rohan Singh:

Rohan Singh once came all the way from Patonkot to meet his friend Albara Singh in Mumbai. He came to the correct locality, but could not find the building in which his friend lived. He asked a passer -by, who looked like a local, for help. "Oh, it is only a few minutes' walk from here," was the reply. "First walk straight for one minute, then take the second left, take the immediate right, when you come to a circle, take the lane opposite and then turn left, and then the third right, and the second building is the one you are looking for."

At the end of the story, ask the participants the following questions.

Do you think Rohan Singh will be able to find the building? Why Not?

Viewing the film - 45 Minutes

(The film is on Inter-personal communication and highlights the communication skills required in communicators, particularly those dealing with sensitive subject such a STI/HIV/AIDS)

After the film, ask the following questions to the participants:

1. What did you feel about the way Manju and Prabhu conduct their sessions initially?
2. What are the communication skills that you have seen in the film?
3. Are these skills relevant to us?

Summarising the main points from the film with following points

(Different portions of the film can be shown again to highlight the following points)

- Attitude of the service provider:
    - Should have respect for the client
    - Unbiased towards them
    - Non -judgmental
    - Not treating people as mere information receivers but as human beings
- Use of language: should be simple, clear, in the context of the audience

  (Avoid jargon/technical terms).
- Selection of target audience: choose those who are relaxed, according to their convenience.
- Timing of making initial contact is very important. Avoid contacting audience when they are busy and occupied with other things.
- Importance of rapport building: learn about the target audience and make them feel comfortable and create non threatening environment.
- External Noise should be handled and overcome in the field situation. Communication will be effective if it is not disturbed by external noises.
- Involvement/participation of the target audience in discussions.
- Appreciating and addressing audience' concerns / respecting them.
- Ensure proper use of communication materials (flip charts and give aways, if any).
- Observe, identify and involve supportive behaviours in the audience. This would help in handling the unsupportive audience.
- Knowledge of the subject is essential in the communicator. Keep updating your knowledge.
- Be honest, never give an answer if you are not sure about it. It badly affects your credibility as a communicator.

- Key qualities of a health communicator
    - Politeness
    - Patience
    - Perseverance
- There are no ready-made solutions (Each client/situation is different and should be tackled differently)

Tips for becoming an effective communicator

Analyse your communication failures regularly. Work on the areas where you normally go wrong. This gradually makes you a good health communicator:

Some questions that you can ask yourself after your sessions:

1. Did I make a good initial rapport in my session today? IF not, then where did I go wrong?
2. Did I make an attempt to know my audience and their expectations?
3. Was I able to involve the target audience in discussion?
4. Did I give the information my audience needed?
5. Was the timing of my session adequate (not too long or too short)
6. Was I well prepared?
7. Did I answer the questions well? Which were the questions that I could not answer?
8. Did I summarise the session well and call for some action?

Key points for Effectiveness of health education sessions:

1. Catch attention.
2. Use simple language, one which is acceptable to audience.
3. Be consistent.
4. Take feedback.
5. Call for action.

Conclude the session by saying communication is part of everyone's life. The better we learn to communicate the better we can make an impression and difference in many lives.

Condom Promotion

Day 2 two

Session seven

Exercise one

Objectives:

By the end of the session the participants will be able to

- Understand about the condom, what is it for? How well it works? Quality standards, etc
- Understand how to use a condom and the benefits of its use
- Discuss some of the barriers to condom use and analyze with the benefits in relation to HIV/AIDS infection
- Learn about the ways of promotion in the prevention programmes

Learning Activity:

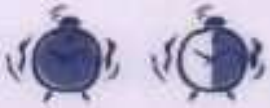
Presentation - 30 minutes

Demonstration - 10 minutes

Group work - 30 minutes

Large group discussion - 20 minutes

Time: 1 hour and 30 minutes



Materials required:

Condoms (at least one for each participant), Penis Model, photocopies of the handout, OHP transparencies, a scale, flipchart, marker pens

Procedure:

- Introduce the subject Condoms to the group by saying that all of us know about condoms, and brainstorm on what they think about condoms.
- Wait for 5- 6 responses from the participants. *(The responses could be anything like - for sex, for family planning etc.) Nirodh usually is used as a synonym for Condoms.*
- Direct the responses towards what is it made of? What is it used for? Why are we talking about it? etc.
- Once the participants start opening up, you can present certain facts about condoms with the help of the OHP transparencies

(The subject Condoms can be very funny and gives rise to many a giggles, some people are very uncomfortable even to talk about them. As a facilitator, you need to observe these dynamics and relate those to the barriers to condom use later.)

Demonstration and Group Work/discussion: 40 minutes

Day 2 two
Session seven
Exercise two

Procedure:

1. Invite a volunteer who can demonstrate the use of condom with the help of a penis model
2. Ask the whole group to observe the steps
3. After the demonstration, ask the participants if that was done correctly, if no what were the missed out steps.

Most of the time, people do miss out on certain steps, observe if the volunteer is

- Checking for the expiry date
- Expelling the air from the teat
- Identifying the correct side
- Rolling out the condom correctly: (whether using the whole hand to roll out or using just two fingers? If the hand is used, the lubrication gets lost on to the hand
- Rolling back correctly after use
- Disposing it rightly (knot the condom and pack in a paper and leave it where children do not access it)

4. With the help of OHP on correct condom use, you can conclude the session by giving the directions for correct condom use and depending on the time available, you can do the correct condom use demonstration.
5. Distribute one condom each for all the participants, and facilitate them to see the quality and if they would like to measure the standards, they can do and become comfortable. *(This facilitates the group to voice out the concerns and barriers to condom use)*
6. Quickly make them into 5 groups of 5-6 members
7. Provide about fifteen minutes for them discuss and to come up with barriers to condom use
8. As the groups present, write down on the flip chart/board
9. Prioritize according to its commonality, importance and sort the barriers that can be dealt in the next activity.
10. Address the barriers to condom use, taking one at a time and involving the participants

(The barriers related to the quality of condom can be addressed using the regulations and tests during manufacturing the condom and since they have already seen and felt the condom in the previous activity, they can be addressed well

Distribute the handout on the barriers after the activity.

The facilitator should be able to involve the participants in the discussion and facilitate convincing the participants and also encourage them to ask questions.)

Presentation on Condom Promotion

Day 2 two
Session seven
Exercise three

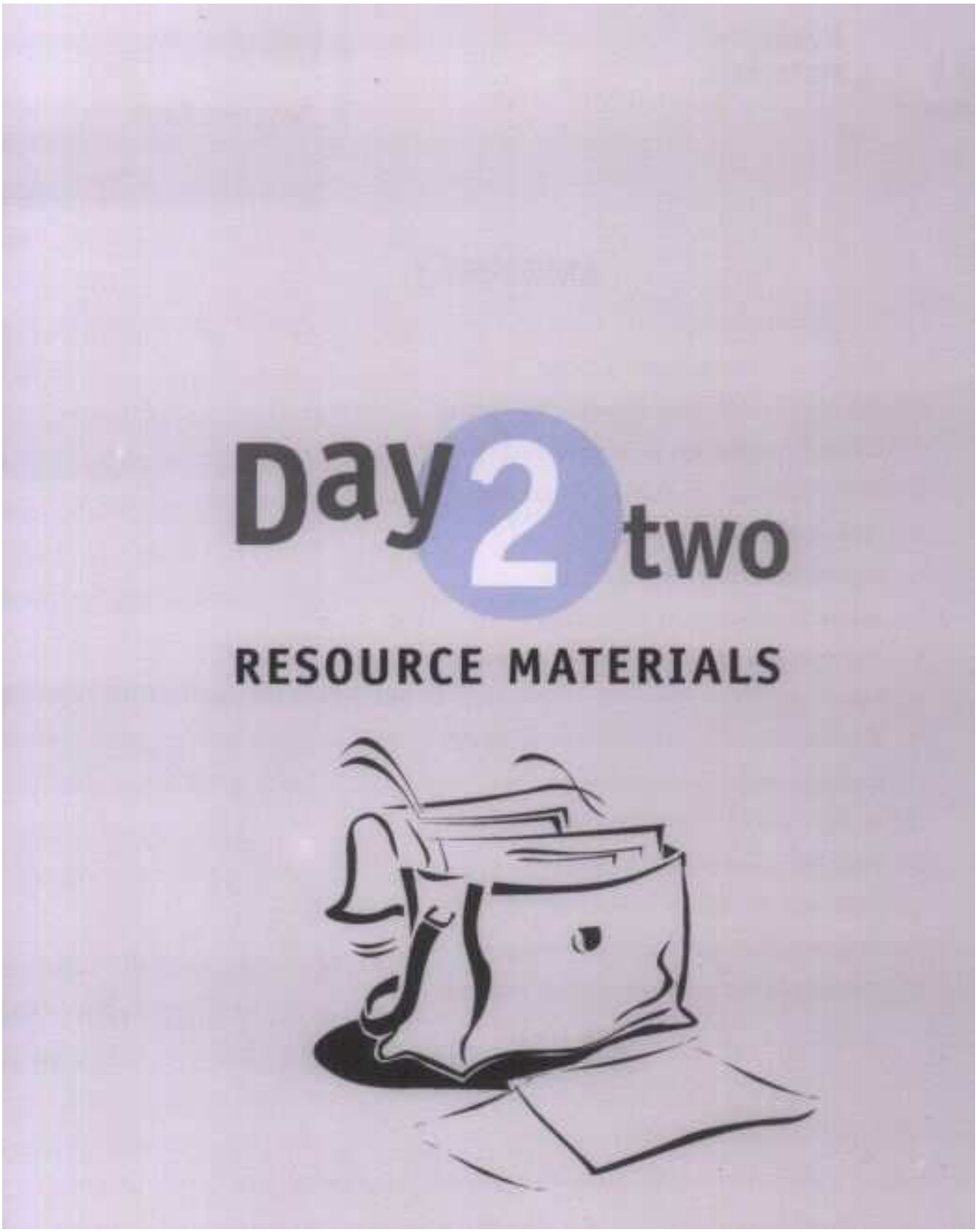
Procedure:

- Present the Concept of Condom Promotion and explain the concept
- Constraints of condom (here the facilitator can relate the observation made while introducing the subject condoms)
- How the condoms promoted in HIV prevention projects (this needs to be related to the field exposure visit on the day three)

Facilitator's note:

Facilitator to mention that participants should observe how condoms are promoted in the field.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Resource Materials

Day 2 two

Session four

STIs

ANNEXURE 1

1. What does STI stand for?
2. What is the difference between STIs & RTIs?
3. What are the common signs & symptoms of STIs in males?
4. What are the common signs & symptoms of STIs in females?
5. What are the possible complications of untreated STIs?
6. Name two common STIs in India.
7. What are the modes of transmission of STIs?
8. What are the methods for prevention of STIs?
9. What are the common myths and misconceptions about the mode of spread of STIs?
10. What are the common myths and misconceptions about the methods for treating STIs?
11. What is the name of the common blood test in Syphilis?
12. What are the various stages of Syphilis?
13. What are the signs & symptoms of secondary Syphilis?
14. What is the common treatment for Syphilis?
15. What is syndromic approach for treatment of STIs?
16. What are the advantages of syndromic management of STIs?
17. What is the advice & counselling provided to people with STIs?

Resource Materials

Day 2 two

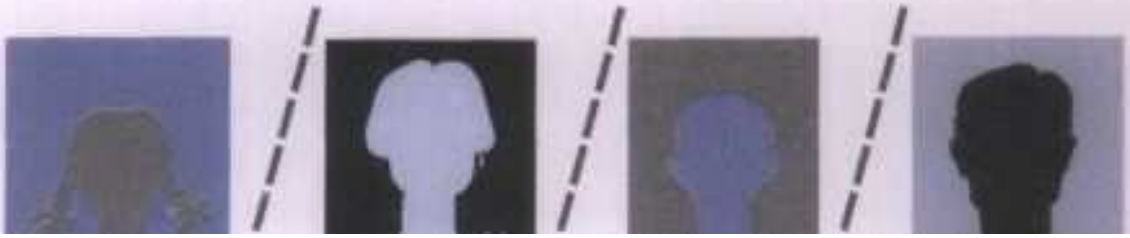
Session four

SEX & SEXUALITY

Facts and Myths about Sexuality

1. It is not possible for a girl to get pregnant if she only has sex during her period.
2. Abstinence (not having sexual intercourse) is the only method of birth control that is 100% effective.
3. About 90% of all teenagers have sexual intercourse by the time they reach age 17.
4. A girl cannot get pregnant the first time she has sexual intercourse.
5. Its possible to have a sexually transmitted infection (STI) and not even know about it.
6. A man always wants and is ready to have sex.
7. People have a right to say not to sex any time.
8. Big penises means better sexual performance.
9. Males need to have sex to keep good health.
10. Once a boy gets really excited and gets an erection, he has to go all the way and have intercourse or it will be harmful.
11. Alcohol and drugs make it easier to get sexually aroused.
12. Sexual intercourse is really the best way to express your love and affection for someone.
13. Women do not have orgasms, so when the male reaches orgasm, the sex is finished.
14. A woman can be sexually arouse by all men, and a man can sexually arouse all women.
15. Sexual activity is only for the purpose of having a baby.

Notes *These statements should be taken as representatives. Use the ones, which are appropriate for your setting. You can add other myths and statements, which you feel, are appropriate.*



Resource Materials

Day 2 two

Session four

SEXUAL PRACTICES AND RISK OF HIV TRANSMISSION

ANNEXURE - 2

Sexual practices and their risk of HIV transmission

• Sexual Act	Risk of HIV transmission	Grading of risk (1-5)
• Anal Sex	Yes	4
• Oral Sex	Possible	2
• Vaginal Sex	Yes	3
• Tribidism (Vagina to Vagina Contact)	No	1
• Masturbation	No	1
• Mutual Masturbation	No	1
• Kissing (Deep Mouth)	No	1
• Rimming (Mouth to Anus)	Possible	2
• Breast Sex (Penis between breasts)	No	1
• Thigh Sex (Penis between thighs)	No	1
• Frottage (Body Rubbing)	No	1
• Water Sports (Golden Shower)	No	1
• Sado-Masochism (Whips, chains, handcuffs, etc.)	No	1
• Pornography	No	1
• Cyber sex (Sex on the internet)	No	1
• Telephone sex (Sex on the telephone)	No	1

Facilitator's notes:

"Definition of Sexuality"

"Human Sexuality is a function of your whole personality that begins at birth and ends at death.

It includes

(i) How you feel about yourself as a person

(ii) How you feel about being a woman or a man and

(iii) How you get along with members of the same sex and the opposite sex.

Sexuality also includes genital and reproductive processes such as intercourse and childbearing, but it is much more than this. Human sexuality includes desires, feelings, acts, values and attitudes. It involves (a) Biological aspects (b) Psychological aspects (c) Social aspects.

Sexuality is, in its broadest sense, a psychological energy that finds physical and emotional expressions in the desire for contact, warmth, tenderness and often love. Sexuality is a part of a person, which cannot be removed and looked at separately from all other parts.

Family, friends, culture, society & religion initially shape the attitudes of a person. Therefore it is natural to have different opinions and attitudes towards sex and sexuality. Reproduction is only one of the main functions of sexuality but many more-like pair bonding, assertion of femininity and masculinity, pleasure and removal of stress are some other functions. So it is entirely normal to have a sexual dimension to the personality.

Note that sexuality means different things to different people. Various aspects of sexuality, including some of the negative ones like sexual coercion, sexual harassment, eve teasing, rape, are likely to come up. You need to deal with most of them in a manner that is creative and does not build stress on the participants.

The scope of normal sexuality is very broad and includes-relationships, affection, intimacy, body image, touch, feelings, caring, sharing, intimacy, personality, identity, emotions, thoughts & actions. Having a sexual dimension to our personality is normal. There are innumerable ways of being sexual from-looking at each other, talking together, sharing work, holding hands, embracing, necking, petting, fondling, kissing.

Frequently asked questions on sex & sexuality

What are the various kinds of safer sexual practices?

The various kinds of safer sex practices are

- Kissing
- Fondling
- Talking, writing or reading about sex
- Watching sexy movies & live shows
- Individual or mutual masturbation
- Sex with underclothes on
- Sex with other parts of the body (thighs, breast etc.)
- Penetrative oral, vaginal and anal sex with condom.

What exactly is 'normal' sexual behaviour?

It is now recognized that there are many variations of sexual behaviour. Normal for one might be abnormal for the other. Culture, tradition, society and our own emotions and experiences have conditioned a person's thinking. We must learn to be non-judgemental with regard to alternative sexual behaviour whatever may be our beliefs or personal views.

Certain criteria to evaluate what is 'normal' in a relationship could be:

(a) Consent between the two partners to enact what gives them mutual pleasure - oral sex, variations in coital positions or anal sex.

(b) Any sexual activity that does not cause physical or mental harm

(c) It should be a private affair - not public

(d) The activity should not be exclusive e.g., one partner insisting that only oral sex should be done.

What is oral sex?

Using the mouth in any way on portions of the body is defined as oral sex. 'Fellatio' is when the female uses her mouth on the partner's genitals. 'Cunnilingus' is when the male uses his mouth to stimulate the female's vagina.

What is masturbation and does it have any side effects?

Masturbation means stimulating one's own genitals to reach orgasm. Both males & females can do it. There are no side effects in masturbation. In fact, it can be considered as one of the satisfactory and harmless ways to achieve sexual satisfaction. There are lots of myths & misconceptions surrounding masturbation and people feel anxious, uncomfortable or guilty about it.

Who are homosexuals and is homosexuality natural?

Persons who choose to share their bodies sexually with persons of the same gender are called homosexuals. Male -male relationship is called gayism & female-female relationship is called lesbianism. Bisexuals are persons who are sexually attracted to both men & women. The accepted term now is Men who have Sex with Men (MSM) & Women who have Sex with Women (WSW)

Homosexuality is now accepted as alternative sexual behaviour and is considered by psychologists as normal.

Homosexual behaviour is dangerous only if penetrative anal sex occurs. Condom use can prevent transmission of HIV among men who have sex with men

What is sexual health?

Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.

It is the capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic. It is also the freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships. It is also the freedom from organic disorders, diseases and deficiencies that interfere with sexual & reproductive functions.

In simple words to obtain sexual health, a person must:

(a) Be able to say 'yes' or 'no' to sexual encounters and respect a partner's wishes.

(b) Have proper information about sex.

(c) Be physically well and free from sexually transmitted diseases.

What are the barriers to sexual health?

The barriers include

(a) Myths, taboos and attitudes - These are responsible for much sexual inhibition and unhappiness. Taboos & attitudes are a barrier to talking about sex.

(b) The idea that sex is only for reproduction - It denies sexual acts as pleasure producing and as biological needs. It also negates expressions of closeness and love between people through simple acts of intimacy.

(c) Sex roles (male & female) and sexuality

(d) Denial of sexuality in childhood

How could one talk about sensitive topics like sex?

One must first be comfortable with the topic for discussion (human anatomy, physiology and sexual behaviour). There is a need to appreciate the range and variety of sexual expression in human culture. One has to work at being able to deal candidly with one's own sexuality in relation to others and reflect on the related moral & ethical dilemmas. Then bring up the issue in a non-threatening atmosphere adding personal insights and humour. Always reinforce the point that sex is natural and if not for sex, we would not be in this world!

Components of WPI -OHP 1-10

Day 2 two
Session five

Components of HIV/AIDS programmes
Policy/programme guidelines available from NACO

OHP - 1

Prevention:

- Behaviour Change Communication (BCC)
- Creating an enabling environment
- Condom Promotion
- Diagnosis and treatment for Sexually Transmitted Infections (STIs)/making blood transfusion safe
- Voluntary Counselling and Testing

Care and support of People Living with HIV/AIDS (PLWHA):

A continuum of care approach

- Home based/ community care approach.
- Care Center Approach
- Treatment and care in hospitals for Opportunistic Infections.
- Provision of Anti Retro Viral drugs

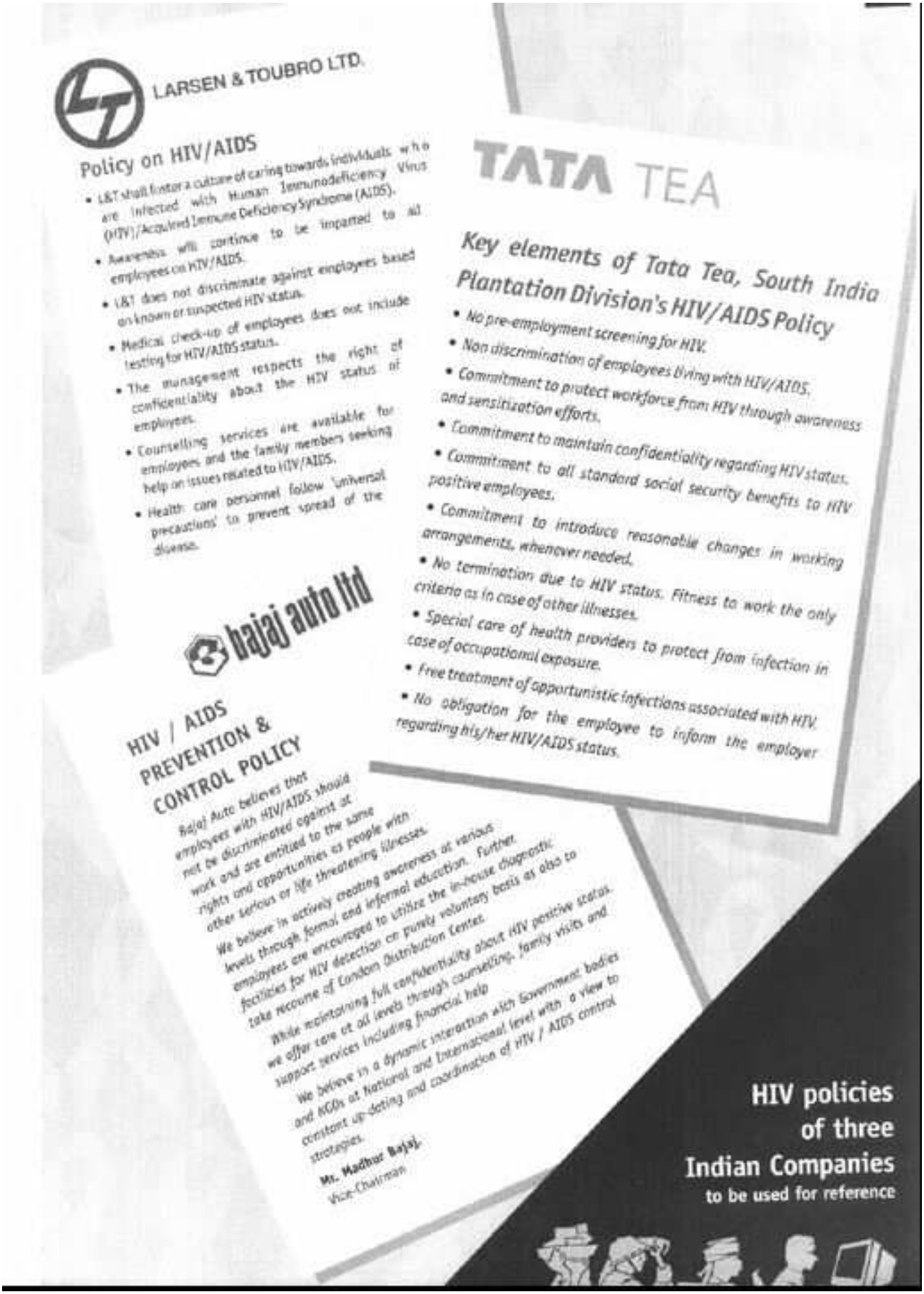
Components of programmes for the organized sector

OHP - 2

Development of a **policy** statement related to HIV/**AIDS.**

Process:

- Involvement of Human Resource, welfare division, medical department, trade unions and management.
- Review and analysis of existing support programmes/company regulations/laws of land
- Assessment of vulnerability of workforce
- Identifying support, wherever available (mostly technical support from NGOs/State AIDS Control Societies/international organizations etc).


LARSEN & TOUBRO LTD.
Policy on HIV/AIDS
• L&T shall foster a culture of caring towards individuals who are infected with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS).
• Awareness will continue to be imparted to all employees on HIV/AIDS.
• L&T does not discriminate against employees based on known or suspected HIV status.
• Medical check-up of employees does not include testing for HIV/AIDS status.
• The management respects the right of confidentiality about the HIV status of employees.
• Counselling services are available for employees and the family members seeking help on issues related to HIV/AIDS.
• Health care personnel follow 'universal precautions' to prevent spread of the disease.
TATA TEA
Key elements of Tata Tea, South India Plantation Division's HIV/AIDS Policy
• No pre-employment screening for HIV.
• Non discrimination of employees living with HIV/AIDS.
• Commitment to protect workforce from HIV through awareness and sensitization efforts.
• Commitment to maintain confidentiality regarding HIV status.
• Commitment to all standard social security benefits to HIV positive employees.
• Commitment to introduce reasonable changes in working arrangements, whenever needed.
• No termination due to HIV status. Fitness to work the only criteria as in case of other illnesses.
• Special care of health providers to protect from infection in case of occupational exposure.
• Free treatment of opportunistic infections associated with HIV.
• No obligation for the employee to inform the employer regarding his/her HIV/AIDS status.
bajaj auto ltd
HIV / AIDS PREVENTION & CONTROL POLICY
Bajaj Auto believes that employees with HIV/AIDS should not be discriminated against at work and are entitled to the same rights and opportunities as people with other serious or life threatening illnesses.
We believe in actively creating awareness at various levels through formal and informal education. Further, employees are encouraged to utilize the in-house diagnostic facilities for HIV detection on purely voluntary basis as also to take recourse of Condom Distribution Center.
While maintaining full confidentiality about HIV positive status, we offer care at all levels through counselling, family visits and support services including financial help.
We believe in a dynamic interaction with Government bodies and NGOs at National and International level with a view to constant up-dating and coordination of HIV / AIDS control strategies.
Mr. Madhur Bajaj
Vice-Chairman
HIV policies of three Indian Companies
to be used for reference

Prevention programmes *(Need for a regular and consistent effort, best to integrate in the ongoing welfare programmes of employers)*

OHP - 3

Behaviour Change Communication (BCC)

- Awareness and education of employees/families.
- Most sustainable: Peer education approach
- Identifying/ training selected workers as peer educators
- Organising special events/performances
- Procurement and use of education materials.
- Educating and sensitising key opinion makers: doctors/welfare officers/management

Condom Promotion STIs -

OHP - 4

- Providing condom education
- Identifying and addressing barriers
- Increasing access to condom by setting up outlets.
- Setting up a system for condom procurement and distribution

Treatment for Sexually Transmitted Infections (STIs)

- Diagnosis and treatment for STIs.
- Own clinics/hospitals or setting up referral linkages
- Counselling
- Need for education on treatment compliance, partner treatment and condom education
- Link with BCC and condom promotion efforts

Care and support of People Living With HIV/AIDS (PLWHA) — OHP -5

- Implementing policy of non- discrimination at workplace
- Counselling (PLWHA, families and co-workers)
- Providing access to treatment
- Provision of social safety network

Reaching out to workers in unorganised sector — OHP -6

Some approaches:

1. Enterprises cover their casual workforce/nearby communities.
2. Corporate -NGO model.
3. Sector-wise targeting and mobilisation (Transport/Mining/Sugarcane/Jute/Tea/ports etc.)
4. Targeted Intervention with mobile and migrant workers (implementation by NGOs/CBOs)
5. Integration of HIV/AIDS in other welfare programmes.
6. Involvement of institutions having reach with this group
   (Trade unions/ Central Board for Workers Education, labour training institutions etc).
7. Involvement of mass media (TV/Radio/press)

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Condoms - OHP 1 - 6

Day 2 two

Session Seven

Exercise one

What is a Condom? What is it for?

OHP - 1

- A Condom is a thin sheath made of latex/plastic to fit on the penis to make sex safer.
- It protects both partners during vaginal, anal, oral intercourse. It prevents pregnancy by preventing sperm from entering the vagina.
- The latex condom protects against many sexually transmitted diseases including HIV, by protecting the body fluids that may be infected.

How well it works? Its effectiveness:

OHP -2

- In relation to HIV prevention, condoms are the present solution and substantially reduce the risk of HIV transmission.
- Condoms are only effective when used consistently and correctly.
- Using a condom during intercourse is more than 10,000 times safer than not using a condom.
- Condoms are 98% effective in preventing pregnancy when used correctly and up to 99.9% effective in reducing the risk of STD transmission when combined with spermicide.
- The first-year pregnancy failure rates among typical condom users averages about 12% and includes pregnancies resulting from errors in condom use.
- Studies of hundreds of couples show that consistent condom use is possible when sexual partners have the skills and motivation.

How to use condoms

OHP - 3

- Handle condoms gently
- Store them in cool, dry place (long exposure to air. Heat and light makes the condoms more breakable
- Do not stash them continually in a back pocket, wallet, in vehicle dash board or glove compartment
- Use lubricant inside and outside the condom. Lubrication helps prevent rips and tears and it increases sensitivity.

Use only water-based lubricants, such as KY Jelly with latex condoms

Oil-based lubricants like petroleum jelly, cold cream, mobil oil damage the latex.

Latex will become brittle from changes in temperature, rough handling or age. Don't use damaged, discolored, brittle or sticky condoms.

Correct use of Condom

OHP - 4

- Check the expiration date.
- Carefully open the condom package - teeth or fingernails can tear the condom.
- Use a new condom every time a person has sexual intercourse.
- Put on the condom after the penis is erect and before it touches any part of a partner's body. If a penis is uncircumcised, the person must pull back the foreskin before putting on the condom.
- Put on the condom by pinching the reservoir tip and unrolling it all the way down the shaft of the penis from head to base. If the condom does not have a reservoir tip, pinch it to leave a half-inch space at the head of the penis for semen to collect after ejaculation.
- Withdraw the penis immediately if the condom breaks during sexual intercourse and put on a new condom before resuming intercourse. When a condom breaks, use spermicidal foam or jelly and speak to a health-care provider about emergency contraception.
- Use only water-based lubrication. Do not use oil-based lubricants such as cooking/vegetable oil, baby oil, hand lotion or petroleum jelly. These will cause the condom to deteriorate and break.
- Withdraw the penis immediately after ejaculation, while the penis is still erect, grasp the rim of the condom between the fingers and slowly withdraw the penis (with the condom still on) so that no semen is spilled.

Regulations and Tests

OHP - 5

- In India, manufacturers follow the performance standards for condoms given by the Schedule R of Indian Drugs and Cosmetics Act. India may soon follow the WHO standards which are more clear and precise.
- Before packaging, every condom is tested electronically for defects and pinholes. In addition, the samples from every batch using water-leak and airburst tests are conducted.
- Air inflation tests - Condoms are inflated to a diameter of 150mm and visually examined for pinholes and presence of foreign matter.
- The average batch of condoms tests better than 99.7 percent defect free.
- During the water-leak test, if there is a leak in more than four per 1,000 condoms, the entire lot is discarded. 50ml of water is filled into the condom and teat end is gently squeezed for visual evidence of leakage.
- Tensile strength, elongation at break and tensile set test ensures that latex used in condoms is of good quality and will not rupture.
- **Laboratory studies show that sperm and disease-causing organisms (including HIV) cannot pass through intact latex condoms.**

Specifications of Condom Manufacturing:

Quality Parameters	Schedule R	WHO
Length	160 mm	170 - 180mm
Thickness	0.04 - 0.07mm	0.45 -0.75mm
Width	-	49+/-2mm to 53+/-2mm
Silicone Oil	-	200mg
AQL	1	0.4
Water leakage Test	50 from a batch	75 from a batch
Air burst	-	25 from a batch

Addressing barriers to condom use OHP/handout - 6

1. Condoms reduce sexual pleasure

Sexual pleasure is a psychological experience of a physiological sensation as well as the thoughts, expectations and other emotions attached to sex. Amongst other factors, pleasure would depend on the relationship between the partners, their expectations, the novelty of the experience, the setting of the sexual activity, the degree and length of foreplay, and level of fatigue or freshness. Even with the same partner the same degree of pleasure may not be experienced every time.

Also, the condoms currently available are so thin that they do not in any way decrease sexual arousal or pleasure. Condoms should rather be seen in the context of providing protection from STI/HIV, enabling a person to enjoy sexuality for a longer time, free from the fear of getting any infections.

2. Condoms break and are not reliable

The condoms currently available are of good quality, handling them carefully and wearing it correctly, not using more than one condom at a time, using water based lubrication greatly reduce the chances of breaking. If the quality of the condom is ensured, and if the breakage occurs, it is more of a problem of usage. Properly, expelling the air, matters a lot in reducing the chance of breaking.

3. Too shy to buy a condom

It can be very difficult task to buy condoms. It is a public declaration of a private activity. We only overcome this shyness with practice. There are easier places to get condoms. However, you may find it easier to go to a shop where you are not known.

Some government clinics give them out for free, your doctor may sell condoms. A local community group focussing on health may also distribute them

It may help you to be courageous if you think of why you are buying them. Condoms protect you from disease and pregnancy. Would it not be more embarrassing to get pregnant/ get someone pregnant by accident? Would you not feel shy about having to go to a clinic if you got STIs/HIV? Feeling shy at the chemist is nothing compared to all this.

Positive points about condoms:

- Condoms are reliable method of disease prevention and birth control.
- Condoms have none of the medical side effects of other methods.
- Condoms are only used when they are needed.
- Condoms don't interfere with the way a woman's body works.
- Condoms can be bought easily and do not require prescription.
- Condoms help to prevent the spread of sexually transmitted disease including HIV.
- Condoms help to provide protection from cancer of the cervix.
- Condoms make sex a lot less messy. You don't have to argue about who sleeps on the wet patch and the woman does not have to put up with the sticky, wet, drippy feeling after sex.
- Condoms can be checked after sex if they have been used properly.
- Men can take responsibility for disease prevention.

Condom Promotion — OHP - 1

Condom Education: Advice about the use of condoms and provide usage skills

Accessibility: Information on where and how to access the condom

Availability: Making condoms available to people

Condom Education: — OHP - 2

- Provides basic information about condoms, what it is, how effective they are against disease such as STI including HIV.
- The benefits of condom use as we have seen in the exercise one of the condom sessions.
- Conduct dialogue with each client to identify and address potential barriers to use. And also giving information on where people can access the condoms.
- Condom education also provides skills building on condom by imparting the skills of correct condom use through demonstrations
- Teaching negotiating skills for condom use with the partner

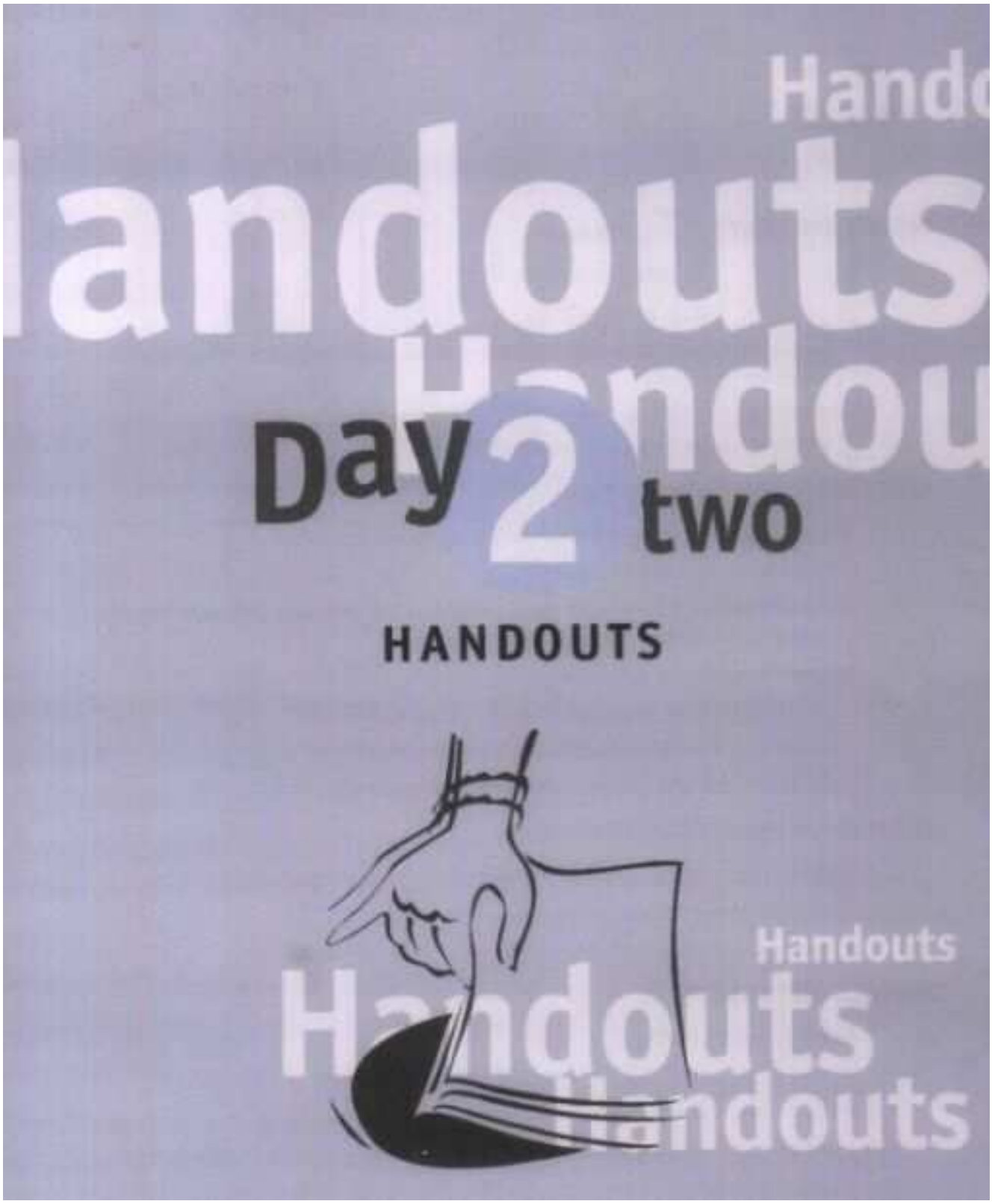
Constraints: OHP -3

1. Poor image of condoms
2. Perceived unreliability and unfamiliarity that leads to embarrassment
3. Implied lack of trust in a partner if condom use is suggested
4. Reduced sexual pleasure
5. Few staff trained in condom promotion.

Strategies for Condom Promotion: OHP -4

1. Develop critical Condom Messages
2. Condoms can be promoted through Interpersonal communication with the people in groups or as individuals
3. Condom events
4. Mass Media
5. Peer-educators
6. Clinics in the vicinity
7. Through Condom Outlets

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Handout on STIs

Day 2 two
Session four

DEFINITION OF STI:

S - SEXUALLY
T - TRANSMITTED/TRANSMISSIBLE
I - INFECTION

- Initially was called STDs but the term did not capture sexually transmitted illnesses that did not exhibit symptoms.
- Differs from UTI (Urinary Tract Infection) & RTI (Reproductive Tract Infection) as these infections need not be sexually transmitted.

MODES OF TRANSMISSION OF STIs:

- Spread if a person has unprotected sexual intercourse with an infected partner
- Sexual act can be vaginal, anal or oral
- STIs require direct contact of mucus membranes or open cuts/sores with infected blood or other body fluids (semen, vaginal secretion)
- Some STIs can also be transmitted by

  (1) Sharing of contaminated needles (Syphilis, Hepatitis B/C & HIV)

  (2) Transfusion of infected blood (Syphilis, Hepatitis B/C & HIV)

  (3) Infected mother to child (Syphilis, Gonorrhoea, Hepatitis B/C & HIV)

REASONS FOR UNDERESTIMATING STIs:

- Men & women with STIs may not have symptoms so they do not seek treatment
- Clinics that report STI cases may not be easy to reach
- People with STIs usually go first to alternative health care providers.

SIGNS & SYMPTOMS OF STIs:

(a) **GENERAL (MALE & FEMALE):**

- Burning/pain during urination, increased frequency of urination
- Blisters/sores (ulcers) on the genitals - painful/painless
- Swollen/painful glands in the groin
- Itching in the groin
- Non itchy rash on the body
- Warts in the genital area
- Sores in the mouth
- Flu like syndrome - fever, bodyache, headache

(b) **FEMALES:**

- Unusual vaginal discharge (yellow, frothy, curdlike, pus like, foul smelling, blood tinged)
- Lower abdominal pain
- Irregular bleeding from the genital tract
- Burning/itching around the vagina
- Painful intercourse

(c) **MALES:**

- Discharge from the penis

NOTE: Some STIs do not produce any symptoms particularly in females. Therefore, they are carriers of the disease.

STI CANNOT SPREAD BY:

Using a public latrine, insect, sins of past life, masturbation, eating 'hot' food, bad blood, working in a hot atmosphere !

STI CANNOT BE CURED BY:

Eating certain types of food, application of certain oils, having sex with a virgin girl or a boy.

COMPLICATIONS OF UNTREATED STIs:

- Pelvic inflammatory disease (PID) - swelling of uterus, tubes, ovaries causing abdominal pain, vaginal discharge and fever.
- Infertility (male & female)
- Ectopic pregnancy (pregnancy developing outside uterus)
- Abortion, stillbirth, early childhood deaths
- Eye infection of newborn - blindness (gonorrhoea)
- Birth defects
- Cancer of cervix
- Chronic abdominal pain
- Death due to sepsis, ectopic pregnancy or cervical cancer

RELATIONSHIP BETWEEN STI & HIV:

- Transmitted by the same route
- STI increases the chances of transmission of HIV (10 x genital ulcers, 5 x discharge)
- Same modes of prevention & same target group
- STI may be more severe and more resistant to treatment in HIV patients
- STI prevention is one of the main strategies to prevent HIV/AIDS

Increased risk of HIV infection associated with common STIs & their curability

Name of STI	Increased risk of HIV	Curability
Gonorrhoea (Genital discharge disease)	++	>95%
Chlamydia (Genital discharge disease)	++	>95%
Syphilis (Genital ulcer disease)	++	>95%
Chancroid (Genital ulcer disease)	+++	>95%
Trichomoniasis (Urethral / Vaginal discharge disease)	+	> 95%

COMMON STIs:

(a) GENITAL ULCER DISEASES

(1) SYPHILIS

(2) CHANCROID

(3) LYMPHOGRANULOMA VENEREUM (LGV)

(4) GRANULOMA INGUINALE (DONOVANOSIS)

(5) HERPES GENITALIS

(b) GENITAL DISCHARGE DISEASES

(1) GONORRHOEA

(2) NON-GONOCOCCAL URETHRITIS (NGU)

(3) CANDIDIASIS

(4) TRICHOMONIASIS

(5) BACTERIAL VAGINOSIS

(c) OTHER DISEASES

(1) GENITAL WART

(2) MOLLUSCUM CONTAGIOSUM

(3) SCABIES

(4) HEPATITIS-B/C

(5) HIV

(6) OTHERS

SYNDROMIC MANAGEMENT OF STIs:

- Identification of consistent group of symptoms & easily recognisable signs (syndromes)
- Treatment of main organisms responsible for causing the syndrome
- The common syndromes include - (a) Urethral discharge (b) Genital ulcer disease (c) Vaginal discharge (d) Lower abdominal pain (e) Ophthalmia neonatorum (f) Inguinal bubo (g) Swollen scrotum
- Main features include -
  - (a) Grouping the main infectious agents according to the clinical syndromes they cause
  - (b) Using flow charts as tools
  - (c) Treating patients for all important causes of a syndrome
  - (d) Educating patients, promoting condoms & emphasizing the importance of partner referral

Handout on Sex & Sexuality

Day 2 two

Session four

Definition of Sexuality:

"Human Sexuality is a function of your whole personality that begins at birth and ends at death.

It includes

(i) How you feel about yourself as a person

(ii) How you feel about being a woman or a man and

(iii) How you get along with members of the same sex and the opposite sex.

Sexuality also includes genital and reproductive processes such as intercourse and childbearing, but it is much more than this. Human sexuality includes desires, feelings, acts, values and attitudes. It involves (a) Biological aspects (b) Psychological aspects (c) Social aspects.

Sexuality is, in its broadest sense, a psychological energy that finds physical and emotional expressions in the desire for contact, warmth, tenderness and often love. Sexuality is a part of a person, which cannot be removed and looked at separately from all other parts.

The scope of normal sexuality is very broad and includes-relationships, affection, intimacy, body image, touch, feelings, caring, sharing, intimacy, personality, identity, emotions, thoughts & actions. Having a sexual dimension to our personality is normal. There are innumerable ways of being sexual from-looking at each other, talking together, sharing work, holding hands, embracing, necking, petting, fondling, kissing.

'Normal' sexual behaviour:

It is now recognised that there are many variations of sexual behaviour. Normal for one might be abnormal for the other. Culture, tradition, society and our own emotions and experiences have conditioned a person's thinking. We must learn to be non-judgemental with regard to alternative sexual behaviour whatever may be our beliefs or personal views.

Certain criteria to evaluate what is 'normal' in a relationship could be:

(a) Consent between the two partners to enact what gives them mutual pleasure - oral sex, variations in coital positions or anal sex.

(b) Any sexual activity that does not cause physical or mental harm.

(c) It should be a private affair - not public.

(d) The activity should not be exclusive e.g... One partner insisting that only oral sex should be done.

Various kinds of safer sexual practices:

The various kinds of safer sex practices are	
o Kissing	o Individual or mutual masturbation
o Fondling	o Sex with underclothes on
o Talking, writing or reading about sex	o Sex with other parts of the body (thighs, breast etc.)
o Watching sexy movies & live shows	o Penetrative oral, vaginal and anal sex with condom.

Sexual practices and their risk of HIV transmission

Sexual Act	Risk of HIV transmission	Grading of risk (1-5)
• Anal Sex	Yes	4
• Oral Sex	Possible	2
• Vaginal Sex	Yes	3
• Tribidism (Vagina to Vagina Contact)	No	1
• Masturbation	No	1
• Mutual Masturbation	No	1
• Kissing (Deep Mouth)	No	1
• Rimming (Mouth to Anus)	Possible	2
• Breast Sex (Penis between breasts)	No	1
• Thigh Sex (Penis between thighs)	No	1
• Frottage (Body Rubbing)	No	1
• Water Sports (Golden Shower)	No	1
• Sado-Masochism (Whips, chains, handcuffs, etc.)	No	1
• Pornography	No	1
• Cyber sex (Sex on the internet)	No	1
• Telephone sex (Sex on the telephone)	No	1

Sexual health:

Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.

It is the capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic. It is also the freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships. It is also the freedom from organic disorders, diseases and deficiencies that interfere with sexual & reproductive functions.

In simple words to obtain sexual health, a person must:

a. Be able to say 'yes' or 'no' to sexual encounters and respect a partner's wishes

b. Have proper information about sex

c. Be physically well and free from sexually transmitted diseases

Addressing barriers to condom use OHP/handout - 6

1. Condoms reduce sexual pleasure

Sexual pleasure is a psychological experience of a physiological sensation as well as the thoughts, expectations and other emotions attached to sex. Amongst other factors, pleasure would depend on the relationship between the partners, their expectations, the novelty of the experience, the setting of the sexual activity, the degree and length of foreplay, and level of fatigue or freshness. Even with the same partner the same degree of pleasure may not be experienced every time.

Also, the condoms currently available are so thin that they do not in any way decrease sexual arousal or pleasure. Condoms should rather be seen in the context of providing protection from STI/HIV, enabling a person to enjoy sexuality for a longer time, free from the fear of getting any infections.

2. Condoms break and are not reliable

The condoms currently available are of good quality, handling them carefully and wearing it correctly, not using more than one condom at a time, using water based lubrication greatly reduce the chances of breaking. If the quality of the condom is ensured, and if the breakage occurs, it is more of a problem of usage. Properly, expelling the air, matters a lot in reducing the chance of breaking.

3. Too shy to buy a condom

It can be very difficult task to buy condoms. It is a public declaration of a private activity. We only overcome this shyness with practice. There are easier places to get condoms. However, you may find it easier to go to a shop where you are not known.

Some government clinics give them out for free, your doctor may sell condoms. A local community group focussing on health may also distribute them

It may help you to be courageous if you think of why you are buying them. Condoms protect you from disease and pregnancy. Would it not be more embarrassing to get pregnant/ get someone pregnant by accident? Would you not feel shy about having to go to a clinic if you got STIs/HIV? Feeling shy at the chemist is nothing compared to all this.

Positive points about condoms:

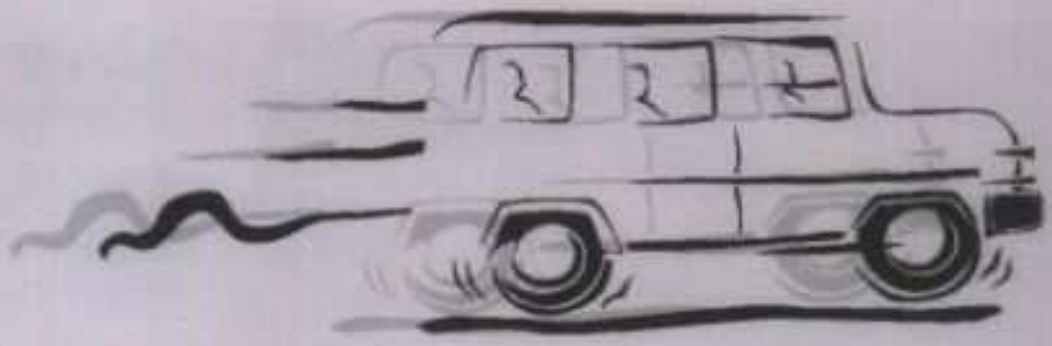
- Condoms are reliable method of disease prevention and birth control.
- Condoms have none of the medical side effects of other methods.
- Condoms are only used when they are needed.
- Condoms don't interfere with the way a woman's body works.
- Condoms can be bought easily and do not require prescription.
- Condoms help to prevent the spread of sexually transmitted disease including HIV.
- Condoms help to provide protection from cancer of the cervix.
- Condoms make sex a lot less messy. You don't have to argue about who sleeps on the wet patch and the woman does not have to put up with the sticky, wet, drippy feeling after sex.
- Condoms can be checked after sex if they have been used properly.
- Men can take responsibility for disease prevention.

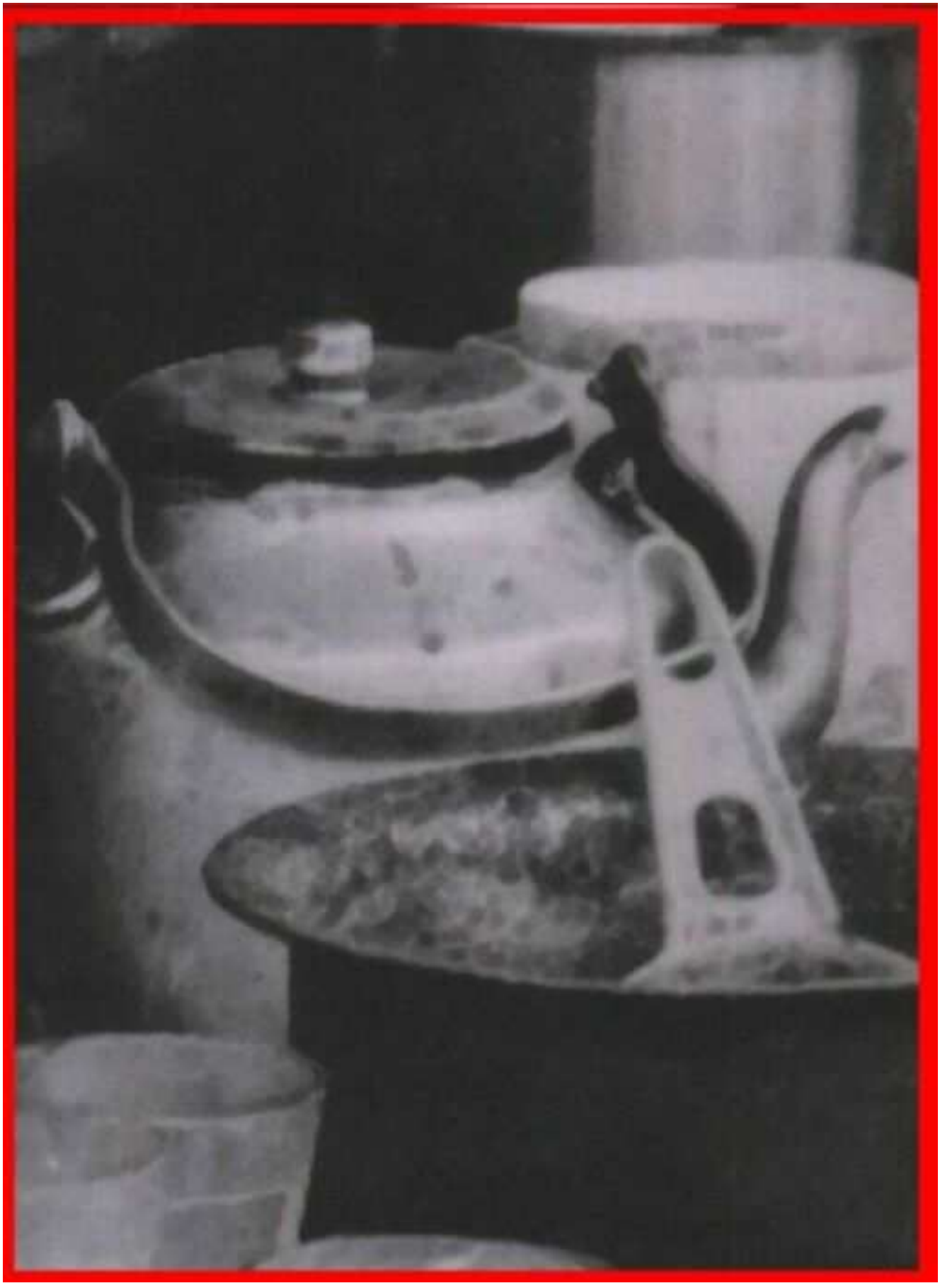
Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

Day 3 three

Field visit





Field Visit

Day 3 three

Objectives of the visit:

By the end of the field visit, the participants will be able to:

- Understand the field realities.
- Understand the key care and support issues of PLWHA.
- Understand the mechanisms of service delivery in HIV/AIDS prevention programmes.

Suggested Field visits:

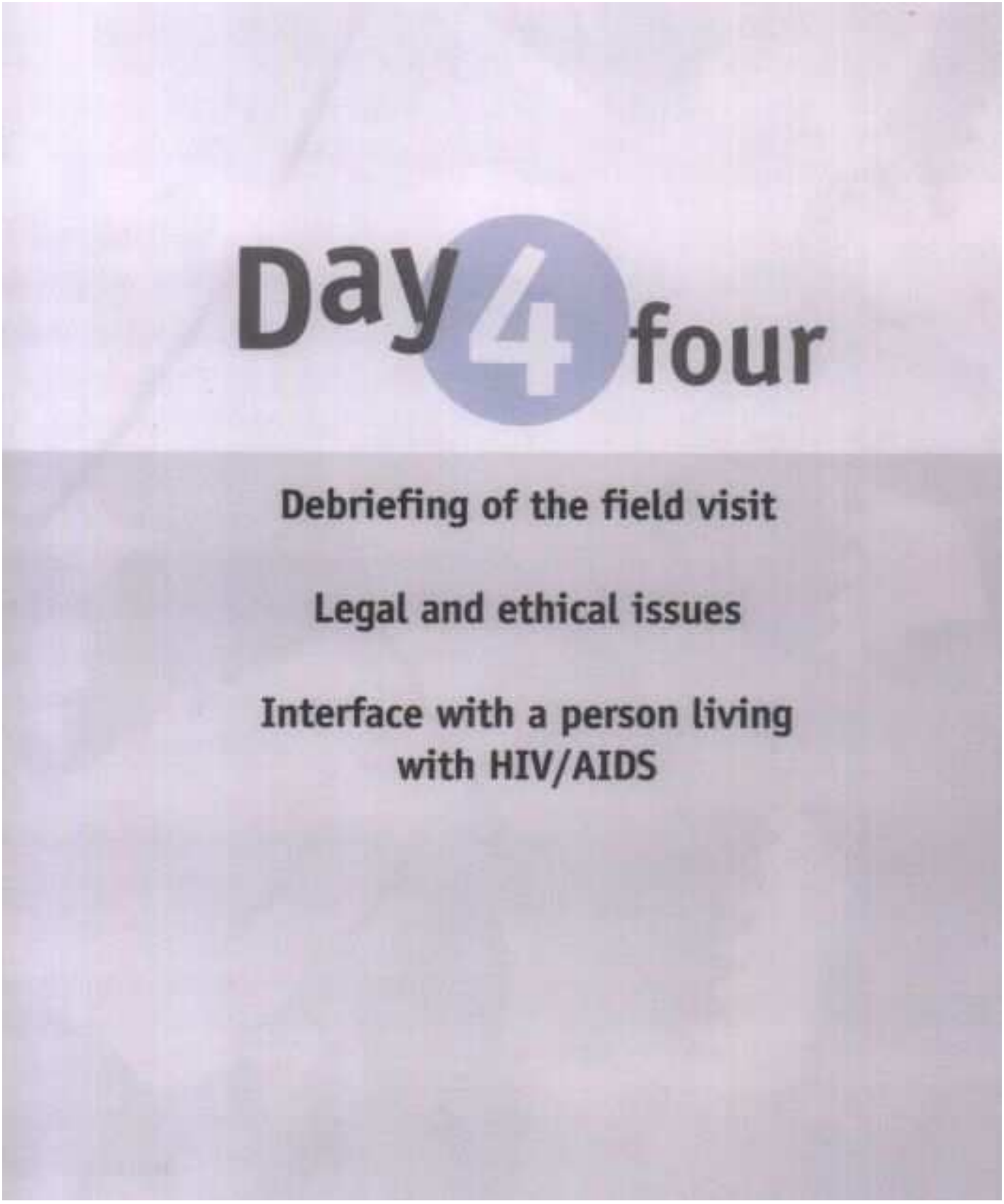
- To an NGO implementing Care and Support programme / meeting people living with HIV/AIDS.
- To an NGO implementing prevention programme.
- To the office of State AIDS Control Society to learn of their activities and the ways of collaboration with them.

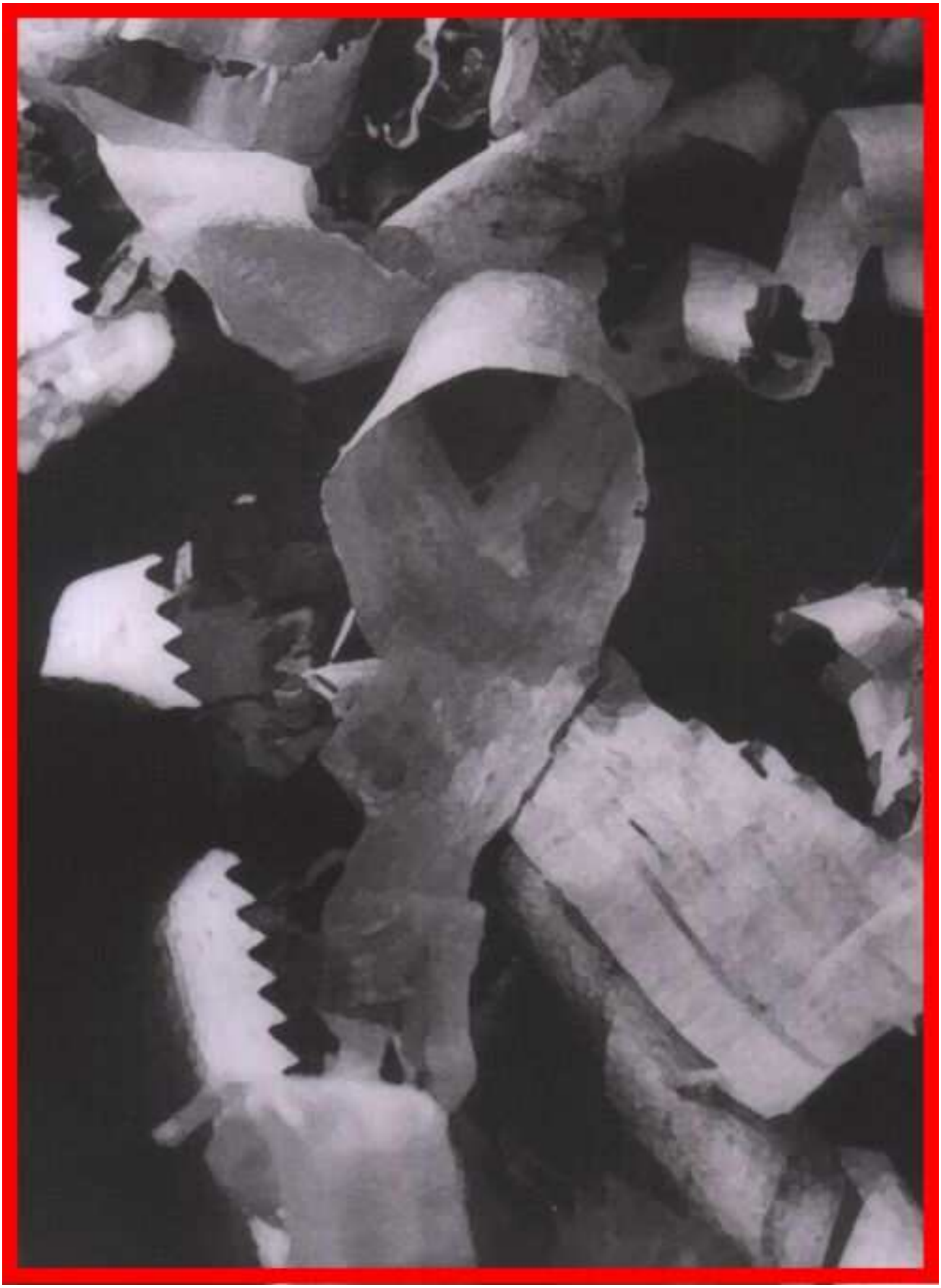
Check list for organising the field visit:

- Fixing up prior appointment with NGOs/SACS.
- Arranging transport and working out a road map to reduce the travel time.
- Organising lunch during the field trip.
- Reminding and reconfirming with the host institutions a day before.

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education





Day 4 four

SCHEDULE

9.00 - 9.30 AM
MET Presentation - Recap

Topic	Specific objective	Methodology/ Resource Persons
MET presentation	•To review the previous days' sessions and workshop environment.	Participants

9.30 - 1.00PM
Debriefing of the field visit

Debriefing of the field visit	•To enable the participants share the observations and lessons learnt from the visit and provide details if required.	Facilitators

Session-8 - 2.00 - 3.30 PM
Legal and Ethical Issues

Legal and ethical issues of HIV/AIDS	•To sensitise the participants to the legal and ethical issues related to HIV/AIDS.	Presentation and discussions

Session-9 - 3.30 - 5.30 PM
Interface with a Person Living With HIV/AIDS

Perspectives of People Living with HIV/AIDS and key care and support issues	•To sensitise the participants to the PLWHA and their concerns, their feelings and experiences. •To familiarise them about the key care and support issues.	Experience sharing and discussions

Legal and Ethical Issues and Rights of the Workers

Day 4 four
Session eight
Exercise one

Objectives:

By the end of the session, the participants will be able to

- Understand the legal and ethical issues involved in HIV/AIDS
- Realise and appreciate the rights of the workers infected with HIV

Learning Activity

Presentation and Discussion

Time: 45 Minutes 

Activity - Presentation on Legal And Ethical Issues

With the help of the OHP given as the resource materials, read out the questions one after the other, ask the participants to react and discuss.

Points for summing-up the discussion:

1. The fact that there is no law that prohibits people with other major illnesses to marry, why only HIV Positives? Also what about the situation when two HIV positive individuals want to marry. Therefore, it is ultimately the individual's decision.
2. The partners involved in marriage should be aware of the HIV status and should have consented for marriage going by ethics.
3. HIV positive person in a normal work situation does not pose any risk where there is no scope for exchange of blood.
4. There is approx. 30% chances that infected mother can transmit HIV to her baby during labour, delivery and post delivery through breast milk. It is best to be left to the decision of the couple whether to have children or not. Counseling assumes greater importance here. Also necessary is to offer complete education to the couple about mother to child transmission and the ways to minimize the risk.
5. Since the HIV virus is not transmitted through any casual contact, there is no reason why HIV positive person should be treated separately. The medical team should know the universal precautions while dealing with HIV positive patients.
6. HIV Testing can not be mandatory because it has to follow certain procedures. Testing should always have a pre and post test counseling where the individual is given to understanding the nature and purpose of the HIV tests, advantages and disadvantages of the tests and effect of the result upon the worker. These should form an essential part of testing procedure.
7. Confidentiality of a person's HIV status is the key, and should be maintained.

8. As HIV spreads only through certain specific behavious, HIV persons pose no risk to their fellow colleagues. Therefore, HIV positive persons should be kept in employment as long as they are fit to work.

9. Screening for HIV for job purposes and during employment HIV testing is not necessary.

What should be the rights of people living with HIV/AIDS(PLWHA) in a workplace?

1. PLWHA should not be denied employment or be removed from job based on the HIV status

2. PLWHA can be reasonably accommodated or transferred within the same organization if they are not fit to perform their current job.

3. Employers should not force a mandatory testing or compulsory testing as part of a medical examination at the time of recruitment or during the course of my employment.

4. Testing for HIV should be voluntary, accompanied by pre and post-test counselling.

5. PLWHA are not obliged to inform their employer about their HIV+ status unless required by a statutory law because the status is not relevant for the determination of the fitness or capacity to perform the job functions.

6. PLWHA are entitled to all terminal benefits, employment benefits such as pensions, PF and housing as well as those related to spouse, children and /or dependants.

7. Right to Confidentiality: The employers should keep the HIV Status of the employees confidential.

What is the role Employers can take on along with the Employees?

- Employers in consultation with the workers, should develop a written policy in relation to HIV/AIDS and implement it in the workplace.
- Employers should initiate and support Prevention Programs to educate, inform and train the workers.
- HIV related information of workers should be kept strictly confidential and kept only on medical reports.
- Employers should ensure a safe and healthy working environment, including the application of universal precautions and measures such as the provisions and maintenance of protective equipment and first aid, including Condoms. Services such as counseling, care and support and referral services.
- Reasonably accommodate the workers with AIDS related illnesses, including rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part time work, and return to work arrangements.

Facilitator can ask the participants to reflect on these issues and form an opinion for themselves.

HIV and Law in India:

" Article 14 of the Indian Constitution mandates that the state shall not deny any person, equality before the law or the equal protection of laws in India

While legal recourse can be taken against discriminatory practices carried out by the State under the jurisdiction of Supreme Court under Article 32 or the High Courts under Article 226, no remedy is available against the private sector (except a private health care institution denying treatment in emergency situations) as the private sector does not fall within the rigours of the Constitutional guarantee of Equality".

Excerpts from Colloquium HIV/AIDS: The Law and Ethics, 10 January 2002, Lawyers Collective HIV/AIDS Unit

ILO Standards

While there is no international labour convention that specifically addresses the issue of HIV/AIDS in the workplace, many instruments exist which cover both protection against discrimination and prevention against infection that can be and have been used. The conventions that are particularly relevant to promoting respect for human rights in the context of HIV/AIDS at work include:

- Termination of Employment Convention, 1982
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983
- Social security (Minimum Standards)Convention, 1952
- Occupational Safety and Health Convention, 1981
- Labour Inspection Convention 1947 and Labour Inspection (Agriculture)Convention,1969
- The eight fundamental conventions, especially the Discrimination (Employment and Occupation) Convention,1958

"In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention".

- Excerpts from the ILO code of practice on HIV/AIDS and the world of work

Legislation and discrimination in some of the countries:

- Zimbabwe's Labour Relations (HIV/AIDS) Regulations of 1998 ban non-consensual testing, outlaw workplace discrimination, require wide dissemination of the regulations and dictate strong penalties of up to 6 months imprisonment for employers who violate the regulations.
- Namibia 's National Code of HIV/AIDS and Employment gazetted as a Government Notice in1998 adopts a ban on testing, similar to Zimbabwe.
- South Africa's Employment and Equality Act 1998 prohibits discrimination based on HIV status and bans testing except where authorized by the Labour Court. The onus is on an employer to demonstrate why testing is necessary. In any legal proceedings in which it is alleged that any employer has discriminated unfairly, the employer must prove that nay discrimination or differentiation was fair.
- Philippines' AIDS Prevention and Control Act states that: "the state shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties" The act bans Compulsory testing. Discrimination "in all its forms and subtleties" and termination of employment on the basis of real or perceived HIV status.

WHO Principles

The WHO Principles for creating supportive environments at the workplace

- HIV/AIDS screening as part of an assessment of fitness to work is unnecessary and should not be required.
- For persons already in employment, HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviour) or asking questions about tests already taken, should not be required.
- Confidentiality regarding all medical information including HIV/AIDS must be maintained.
- There should be no obligation on the employee to inform the employer of his or her HIV/AIDS status.
- Persons in the workplace infected, or perceived to be infected, by HIV/AIDS must be protected from stigmatisation or discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain a climate of mutual understanding necessary to ensure this protection.
- Employees and their families should have access to information and educational programmes on HIV/AIDS as well as relevant counselling and appropriate referral.
- HIV-infected employees should not be discriminated against; this means that they should have unreserved access to and receipt of standard social security and occupationally related benefits.
- HIV infection by itself is not associated with any limitation on fitness to work. If fitness to work is impaired by HIV-related illness, reasonable working arrangements should be made.
- HIV infection is not a ground for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as they are medically fit for available and appropriate work.
- In any situation requiring first aid in the workplace, precautions should be taken to reduce risk of transmission of blood-borne infections, including hepatitis B, and standard precautions will be equally effective against HIV transmission.

Interface with a HIV Positive person

Day 4 four
Session nine
Exercise one

Objectives:

By the end of the session, the participants will be able

- To understand the issues of Positive people
- To understand the issues related to care and support
- To clarify their attitudes about the positive people.

Learning Activity: Discussion

Time: 2 hours 

It is preferred that a person living with HIV/AIDS should be invited to share the experiences, but in the case where it is not possible, with the help of the case studies provided and the issues mentioned below, the facilitator can present the perspectives of PLWHA.

Experiences of PLWHA- People Living with HIV/AIDS

1. Discovery of the status
2. Informing spouse/ family/friends/etc.
3. Stigma and discrimination instances
4. Struggle for survival
5. Coping with illnesses
6. Anti-Retroviral (ARV) therapy
7. Plans for the future
8. Collective Voice -Networks of People living with HIV/AIDS, Self groups
9. Proactive response along with the government, bilateral agencies, UN agencies and other NGOs, and
10. Others

CASE STUDY 1

X, 23 years, worker in a small private company, about to get married, presented himself with a STI at a hospital. History revealed frequent visits to sex workers. Upon counselling, agreed for HIV Test. He tested HIV positive. Post- test counselling was provided. However he narrated his main problem as to how to disclose the status to family? His fears were that his marriage may get cancelled. Family will suffer stigma, younger sister may not get married.

CASE STUDY 2

Y, a young married man of 26 years of age presented himself at the hospital with skin problem. He tested HIV positive, wife also tested positive. Counselling was provided, informed about MTCT. The couple narrated their problem as the societal pressure to have a child.

The doctor reported that the same couple came back to the clinic after a year. The man had become very weak, had lost a lot of weight and the skin problem was not responding to treatment. More than that his wife had a child. The man was not in a position to work and not able to afford the treatment.

CASE STUDY 3

A pregnant woman attending a private nursing home for ANC was admitted at 7am when she came with labour pains. At about 11am, the attending doctors felt the need for an emergency CS. Her blood was taken and tested and she tested HIV positive. At 4pm, she was discharged from the nursing home and asked to go to a govt. hospital.

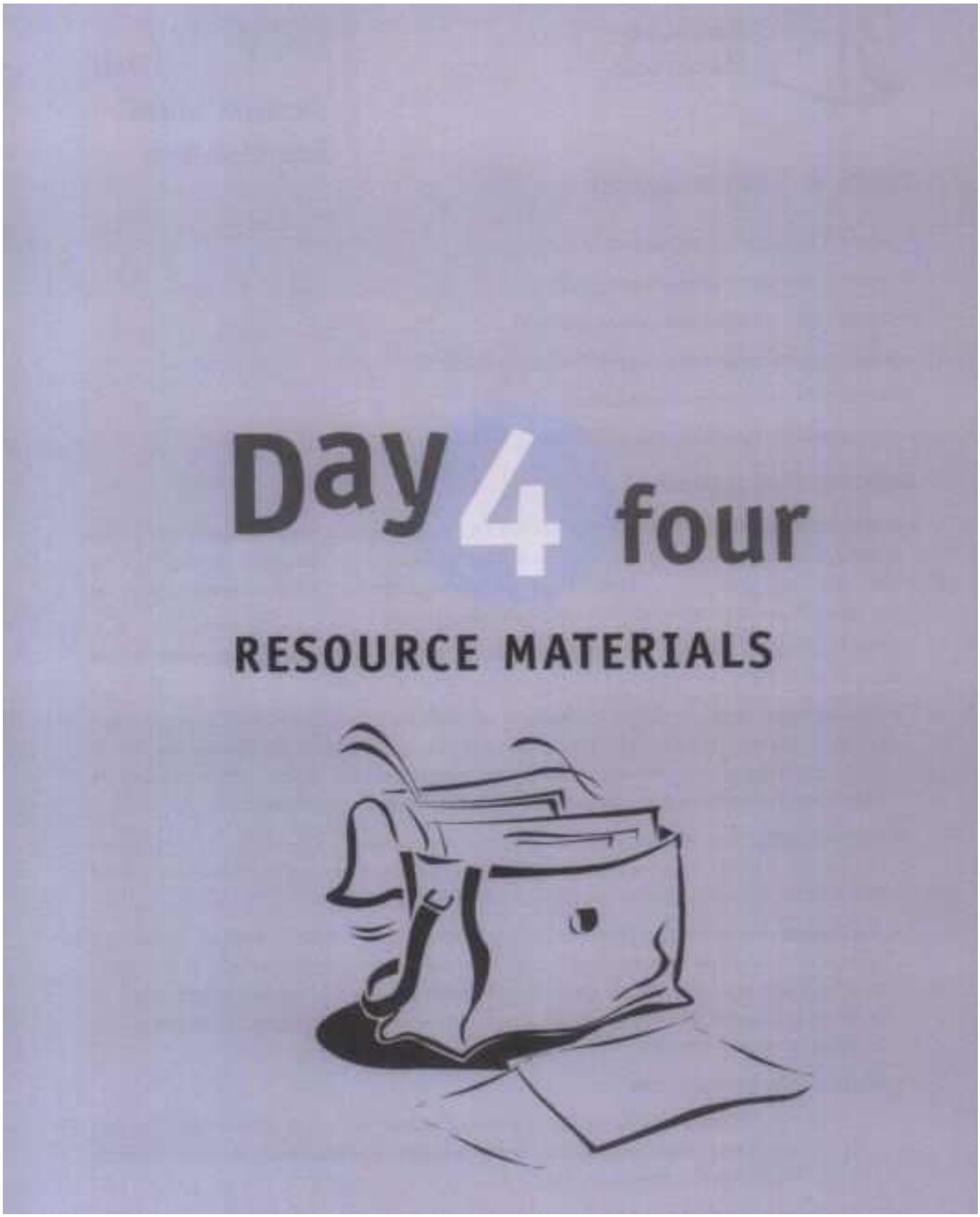
CASE STUDY 4

A driver of a nationalised bank died of AIDS. His wife was also HIV positive, but healthy and fit to work. In spite of the provision of offering a job to the dependent as per the bank's rules, the wife was denied the job because of her HIV status. To compound the problem, her in-laws demanded job for the younger brother of the deceased, not for the wife.

These are real case studies, presented by Dr. Y. S. Marfatia, Professor & Head, Skin & VD Department, Medical College, Vadodara, Gujarat, in an ILO-FICCI workshop in Vadodara, on 14 February 2002.

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Resource Materials

Day 4 four

Session eight

Exercise one

Legal & Ethical Issues OHP

- **Should a HIV+ person be allowed to marry?**
- **Should a HIV+ person be allowed to work?**
- **Should a HIV+ couple or women have children?**
- **Should hospitals treat HIV+ persons along with others?**
- **Should HIV testing be made mandatory?**
- **Should the HIV+ results be disclosed to family/Friends?**

Legal and Ethical Issues

- **A rights- based response:** If rights of HIV positive persons were secured, the battle against the spread of the HIV pandemic would be easier. Countries where the rights of Positive people are respected, the rates of HIV sero-prevalence are lower. Rights are very important part of HIV prevention programme and should be part of the awareness and sensitisation programmes.

  An enabling legal environment which respect and protects the fundamental and human rights of those worst affected. The issues that link HIV/AIDS epidemic to human rights are

  - **Consent and Testing:** the person who seeks to be tested must be fully informed of various issues related to the test and result prior to taking his/her consent for testing. This includes the right to health and safety, right to information, the right to make autonomous choices without coercion, the right to refuse and informed consent for testing including counselling procedures.
  - **Confidentiality:** Not releasing the result of test of a person to any other than the person him/herself. If confidentiality is not maintained, the risk of avoiding the health care services and HIV/AIDS will remain beyond the control of public health.
  - **Discrimination in Health Care:** The right to equal treatment and the right to health are fundamental rights. Patients and care providers must both be made aware of rights and risks of HIV/AIDS. There is no valid reason why HIV/AIDS patients should be isolated or why they should not have access to treatment provided for any other illness. An anti-discrimination law covering both public and private health care services is required.
  - **Discrimination in Employment:**
    - Pre-employment check up: should pre-employment check up be allowed, given the fact that it might lead to difficulty for those not qualifying health-wise to earn a living (which is guaranteed in the constitution)
    - Routine check up: should employers be able to terminate the employee's contract if a routine check up reveals HIV status?
    - Reasonable accommodation: as reasonable accommodation is granted to those people affected by other diseases, it should be granted also in the case of HIV

- Benefits to HIV positive employees and families: as employees who suffer from other illnesses are entitled to benefits such as provision of medical services and compensation of medication expenditure by the employer, the same should be the entitlement of employees with HIV, and their families.

Rights of the people living with or affected by HIV/AIDS

- Right to treatment: main concerns are the limited access to medicines at affordable prices, access to appropriate health care
- Right to information so as enable the PLWHA to lead an informed positive life
- Right to legal remedy: There is a dire need to review all legislation impeding effective HIV Interventions especially examine anti-discrimination, health legislation and disability and introduce affirmative action of PLWHA.

MX v. ZY case:

A casual labourer was refused confirmation in a public sector undertaking on account of his HIV status. A petition was filed in the Bombay High Court challenging the denial of confirmation and recruitment as being violative of the workers" Fundamental Rights of Equality (article 14 &16 and Life (Article 21).

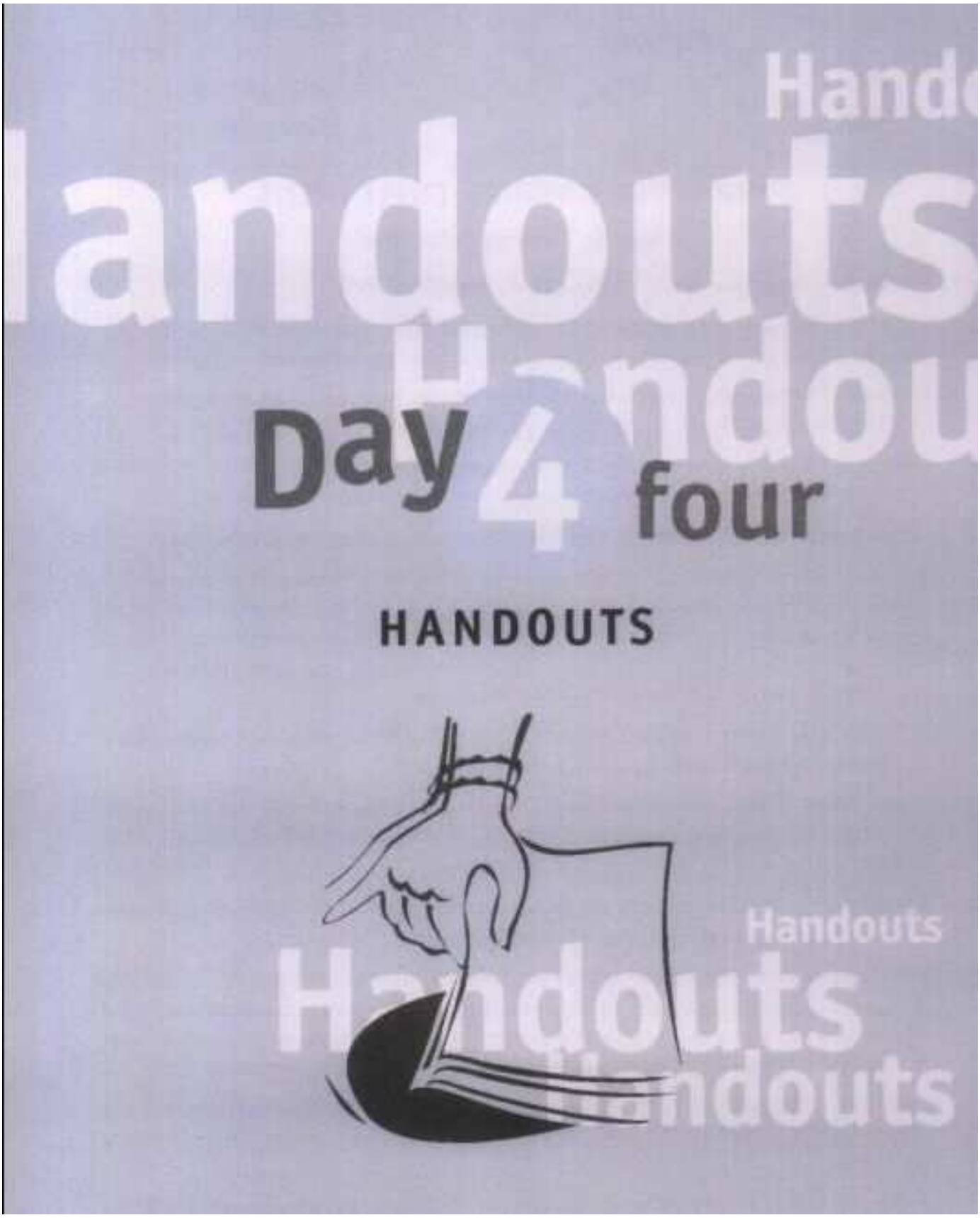
In a seminal judgment Justice Tipnis of the Bombay High Court held that a person cannot be denied recruitment in a public sector company only on account of the HIV positive status provided s/he is fit to do the work (that is able to perform the functions of the job) and does not pose a substantial risk to his coworkers, customers, and consumers.

More importantly the Court allowed that the HIV positive person could approach the Court by suppressing his identity from the public. Thus a Court would allow the person to file the case with his/her name and substitute with pseudonym with an order that there be a ban or publication of any matter by any person leading to the identity of the person being discovered. This judgment is being followed all over India.

Following MX Case, the Bombay High Court has given compassionate appointments to widows who are HIV positive and whose husbands died while in service on account of HIV.

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Handout

Day 4 four

Session eight
Handout

KNOW YOUR RIGHTS: EMPLOYMENT

(Source: Lawyers Collective)

- **Can I be denied employment or be removed from my job if I am HIV+?**

No. If you are fit to perform your job functions, otherwise qualified and do not pose a substantial risk to your fellow workers, a government/public sector employer cannot deny you employment because you are HIV+

This has been held by the Bombay High Court in MX v ZY and arises from your fundamental rights to work, to be treated equally and to earn a livelihood under the Indian Constitution.

Similarly, you cannot be removed from your job by any employer because you are HIV+, provided you are fit to continue to perform your job functions and do not pose a substantial risk to your colleagues

- **What are the remedies available to me if I am removed from my job due to my HIV+ status?**

You cannot be removed from your job merely due to your HIV+ status. However, if you are, you have different remedies under the law depending on certain variables. Your remedies could include approaching the Labour or Industrial Court for reinstatement and back wages or approaching a civil court for damages or the High Court, if you are in the government/public sector, for setting aside the termination as violative of your fundamental and/or statutory rights.

- **If , due to my medical condition, I am not fit to perform my current job, can I be transferred to a different department within the same organization?**

If your medical condition does not permit you to perform your job functions, you may be offered an alternate job. But this arrangement should not pose any undue financial or administrative burden on the employer.

- **Can an employer make me undergo a compulsory HIV test as part of a medical examination at the time of recruitment or during the course of my employment?**

No. The purpose of a medical examination is to decide whether a person is fit enough to do a particular job during employment. A medical examination tests a person's functional abilities by examining aspects of her/his health that are relevant to the job s/he perform e.g. tests for the heart, eyesight, breathing etc. An HIV test does not indicate the capacity of the individual to perform her/his job functions.

Government testing policy states that a compulsory HIV test should not be imposed as a pre-condition of employment or for providing health care facilities during employment or as an assessment of fitness to work.

An HIV test can be a voluntary part of a medical examination and should only take place with the specific informed consent of the employee.

However, the above may not apply to a private employer.

- **Do I need to inform my HIV+ status to my employer?**

No. You are not obliged to inform your employer about your HIV+ status unless required by a statutory law because your status is not relevant for the determination of your fitness or capacity to perform your job functions.

- **Can a doctor inform my employer of my HIV status?**

The doctor has an obligation to maintain the confidentiality of his/her patient's medical status. However, the doctor may disclose the status if the employee agrees, either expressly or impliedly, to waive his/her right to confidentiality.

- **If I am a spouse of an HIV+ person who has passed away, do I have a right to employment in his/her place?**

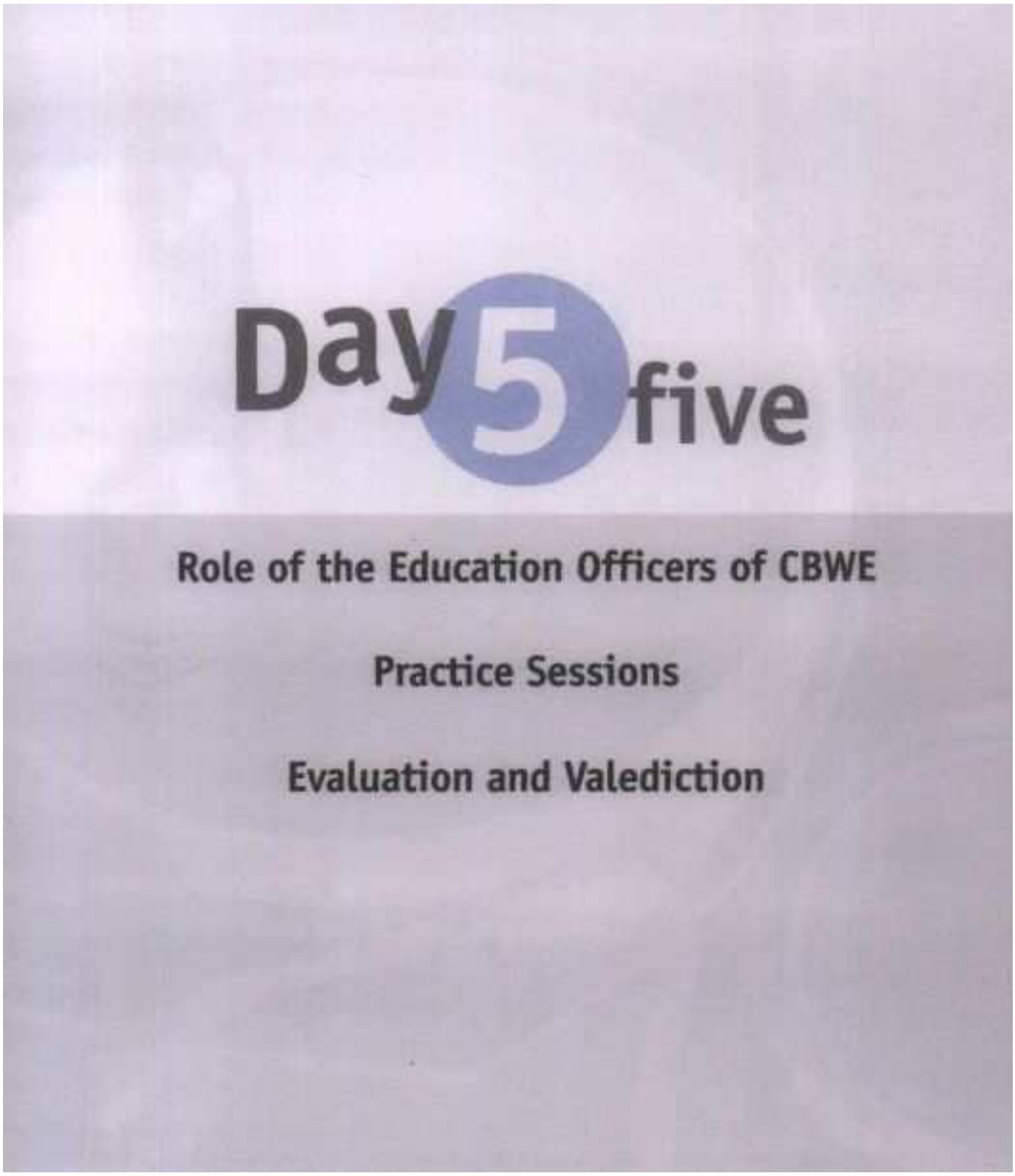
If your spouse was working in the government/public sector and the employer has a scheme for compassionate employment, you as the dependant family member can apply for a job on compassionate grounds provided you are fit to perform the job functions and qualified to work in accordance with the scheme.

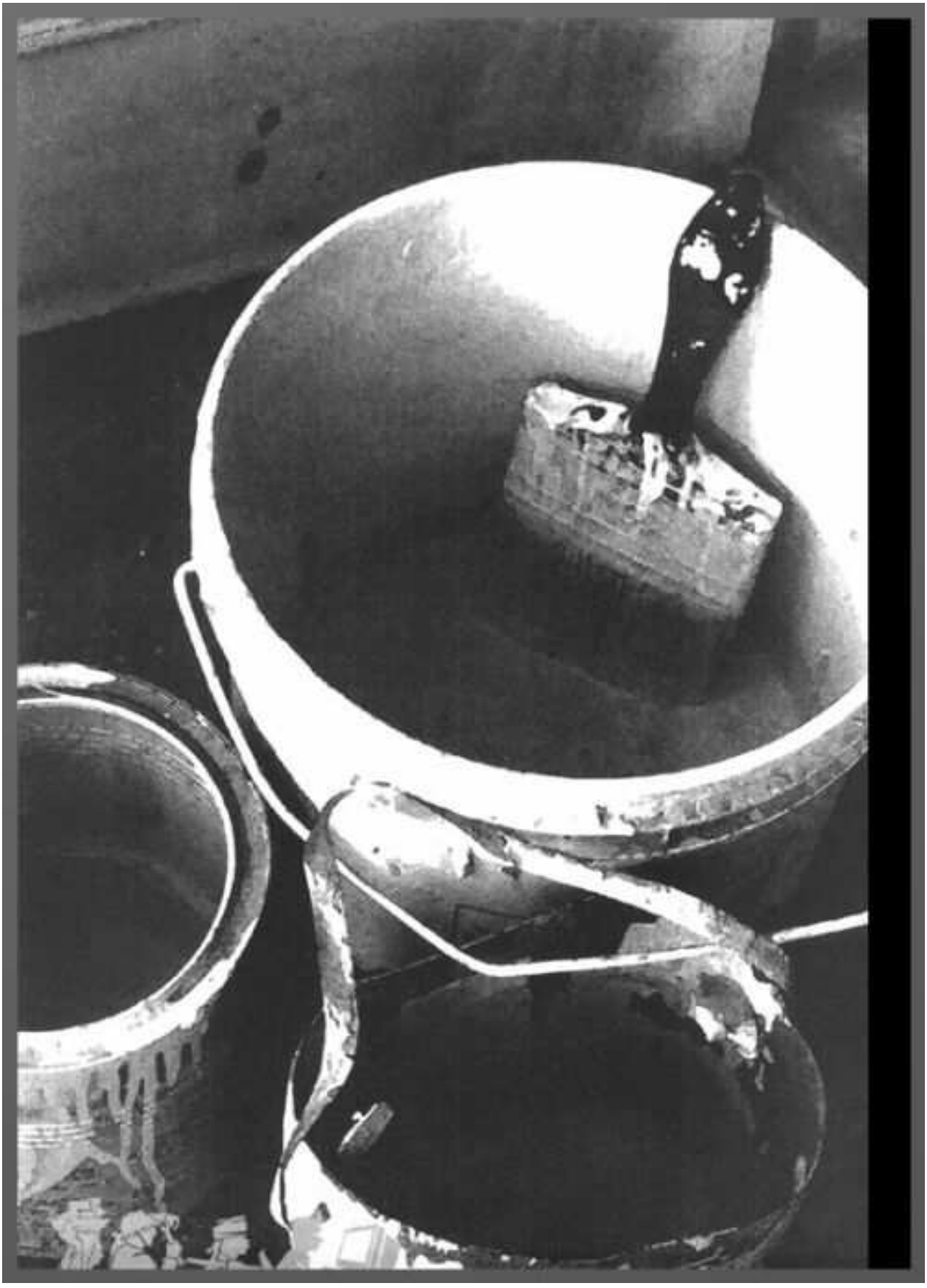
- **Am I entitled to benefits even if I am HIV+?**

All employees, irrespective of their status, are entitled to terminal benefits. You are entitled to all employment benefits such as pensions, provident funds and housing as well as those relating to spouse, children and/or dependants. However, only insured employees i.e. those covered under the Employees State Insurance Act or other insurance schemes, are entitled to medical benefits.

Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education





Day 5 five

SCHEDULE

9.00 - 9.30 AM
MET Presentation - Recap

Topic	Specific objective	Methodology/ Resource Persons
MET Presentation	• To review the previous days' sessions and workshop environment.	Participants

Session-10 - 9.30 - 11.45 AM
Role of the Education Officers of CBWE

Role of Education Officers of CBWE in mainstreaming HIV/AIDS in their activities	• To enable the participants to appreciate their role in HIV/AIDS prevention. • To discuss the constructive role they could play and develop an action plan.	Discussions, Group work, Presentation Participants

Session-11 - 11.45 - 4.00 PM
Practice Sessions

Practice sessions	• To enable the participants to demonstrate the sessions.	Participants and facilitators

Session-12 - 4.00 -5.30 PM
Evaluation and Valediction

Post evaluation and Valediction	• To assess knowledge gain and obtain feedback on the workshop process. • Conclude the workshop.	Questionnaire and presentation

Role of the Education Officers of CBWE

Day 5 five

Session ten

Exercise one

Objectives:

By the end of the session participants will be able

- To appreciate their role in mainstreaming HIV/AIDS in their training programs
- To develop curriculum to integrate HIV/AIDS for various kinds of trainings that they undertake as part of their workers' education programme

Learning Activity: Group work and presentations

Time: 2 hours 

Materials Required: OHP Transparencies, Pens, and Flip Charts

(Prototype of the curriculums developed for various education programmes are given as resource materials)

Procedure:

1. Make groups based on the various kinds of training that they conduct.
2. Give them the group work to develop curriculum for each kind of training finalising the duration of programme/ participants/ how much of content/others.
3. Give them an hour to discuss and develop.
4. Give about 10 - 15 minutes for each group to make a presentation.
5. The copies of the presentations should be made available to all the participants as the output of the workshop.
6. These curriculums can be used by the CBWE with some adaptations in their training programs.

Facilitator's note:

Facilitator should be around to provide assistance and clarifications

(Prototype of the curriculum for integrating HIV/AIDS in various programmes of CBWE, developed based on the suggestions that came from the previous training programmes are provided as the resource materials on page 163 for further reference and use).

Practice Session

Day 5 five
Session eleven
Exercise one

Objective:

By the end of the session the participants will be able:

- To practice atleast one of the sessions on HIV/AIDS, planned in the curriculum as part of Session Ten.

Learning Activity:

Group work and session demonstration.

Time: 3 hours and 15 minutes.

Materials required:

OHP, Transparencies, Pens and Flip Charts.

Procedure:

1. Make groups to work on developing different sessions. The sessions could be on various topics covered in the workshop like:
    - Basics of HIV/AIDS
    - Magnitude of HIV/AIDS problem
    - Gender dimensions of HIV/AIDS
    - STIs diagnosis and treatment
    - Condom Promotion
2. Distribute materials to group to prepare their sessions.
3. The groups can be asked to demonstrate sessions developed by them, one by one. After each group presentation, other groups can be encouraged to give feedback or ask questions.

Facilitator's note:

Facilitator should try to give feedback to groups on their sessions. The feedback should include technical areas as well as communication skills demonstrated by the participants.

Evaluation and Valediction

Day 5 five
Session twelve
Exercise one

Objectives:

- To assess knowledge gain and obtain feedback on the workshop process
- Conclude the workshop

Activity: Questionnaire, Presentation

Time: 1 hour 

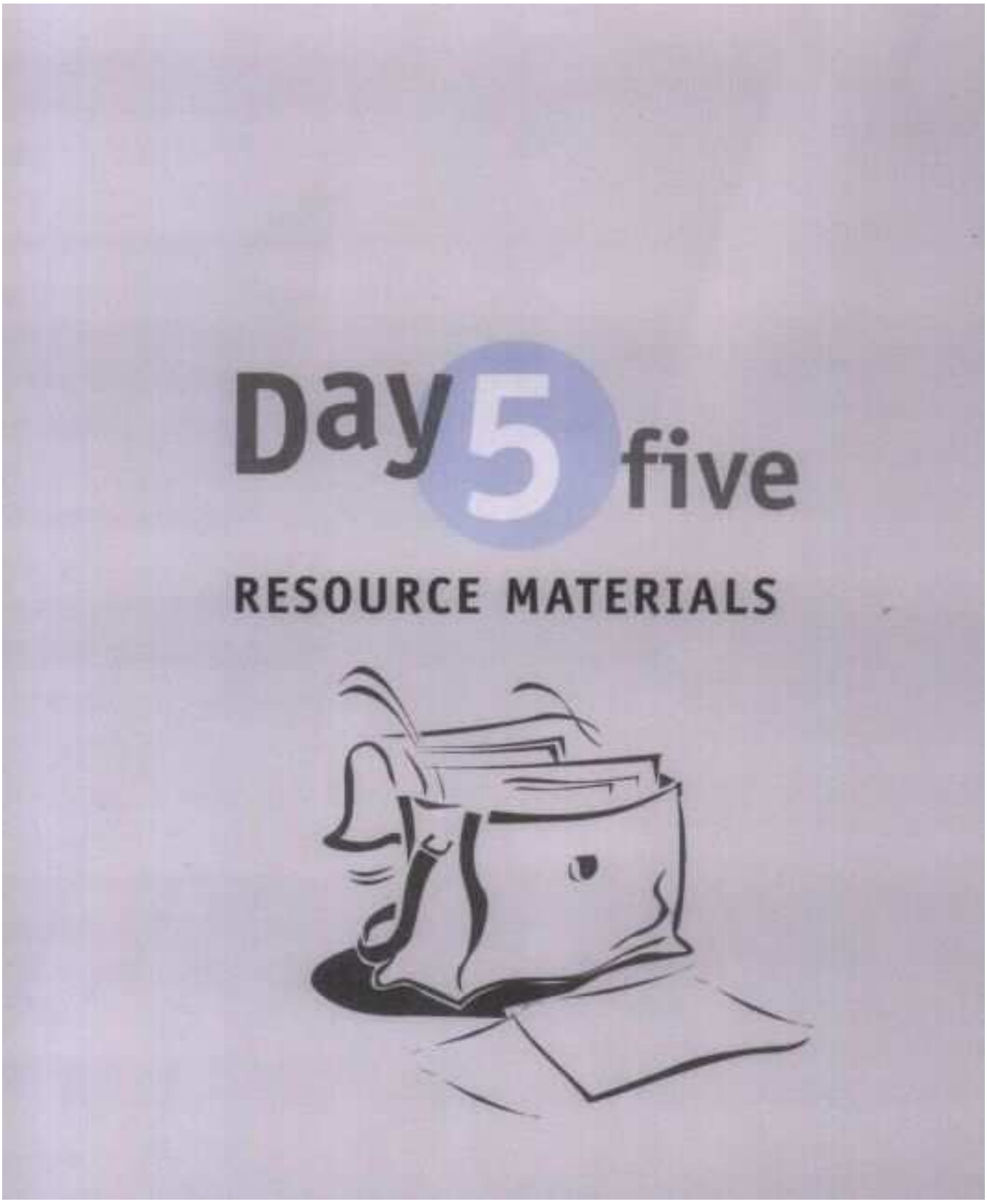
Procedure:

- Distribute the copies of the Pre & Post test Questionnaire to all the participants to fill in.
- Give them about 15 minutes for filling in the questionnaire.
- Ask the MET to present the days proceedings.
- In the case of a Chief Guest's visit, few of the participants can share their opinion about how the workshop was conducted and how it benefited them and their future plans to integrate it into their ongoing programs.
- Thank the participants for their cooperation and close the workshop.

Facilitator's note:

The Pre and Post test Questionnaires should be rated and analysed and the difference should be seen in the knowledge before and after the workshop. If there is any difference in the scores, to higher rates, then it may be interpreted as the workshop being successful in meeting the objectives.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Resource Materials

Day 5 five

Session Ten

Application of the Manual - Integrating HIV/AIDS in the education programmes of CBWE - Prototype Curriculum

The integration plans presented below are the output of the pretest workshop conducted for the Education Officers of North Zone, CBWE, in April 2002, "Mainstreaming HIV/AIDS in the ongoing programmes of Central Board for Workers Education". This exercise was done involving all the participants and respective Deputy Directors for Education and Training.

The curriculums were developed through a consultative process in small groups. The curriculum development discussion questions were

1. Who are the target audience the programme is planned for - description of the target audience ?
2. What are the kind of training CBWE conducts and what are their durations ?
3. How long can the HIV/AIDS session be in each training ?
4. What can be the content based on the type of audience and duration available ?
5. How can the HIV/AIDS sessions be integrated with other sessions in the training programme ?

These prototypes are just to provide some guidance, the trainers have the flexibility to adopt and adapt according to the needs of the audience, time available and type of audience that they are dealing with.

There were five groups that worked on five kinds of education programmes, which are as below

• Self-Generation of Funds (SGF) programme:

Self-generation of funds programmes of varied duration are conducted at national and regional levels by charging a nominal fee from the management. These programmes are on education for participative management and productivity.

- **Target Audience:** This programme is conducted for Employees from unit comprising workers and management representatives.
- **Duration:** one day
- This programme is conducted for self-development of the participants.
- **Contents of the training**
    - The challenges of the industries in the present modern situation,
    - Human resources development for performance leadership.
    - Importance of People for development
    - HIV/AIDS epidemic and need to protect people from it
    - Evaluation & Valediction
- **Methodologies :** Exercises, group discussion, Buzz-session

- **Remarks:** In the one-day SGF programme, one hour is allocated for HIV/AIDS session. It is integrated well within the context of the training. While talking about importance of people being key for development, the importance of protecting them from deadly disease of HIV/AIDS is done.
- **The contents for the one hour session could be**
    - What is HIV/AIDS? How different is it from other diseases?
    - How it spreads and how it does not spread?
    - Signs and symptoms
    - What can one do to prevent them from being infected?
    - How does it affect the workers?

• Quality of life programme

A new programme on quality of life for workers and their spouses of 2/5 days duration is being conducted with a view to improve their socio-economic status in the society, commitment to work, discipline, mutual trust.

- Target audience: spouse of the workers from rural/unorganized and organized sectors aged between 18-35years.
- Duration: Two and a half days can be devoted to HIV/AIDS sessions.
- Contents of the session:
    - Basics of HIV/AIDS
    - Myths and misconception
    - Consequences on family, society, world of work, country's economy
    - Identifying STIs and information on how STI and HIV are linked
    - Condom promotion
- Methodology: Through question-answers and case study, discussions.

Remarks: Since the participants are spouses and also couples, the main focus is on providing information on HIV, Implication on the workers, identifying STIs and promoting condom as prophylaxis. The methodology also seems to be appropriate.

• Programme for weaker sections

Camps for 5 days duration for workers of weaker sections are conducted to generate awareness among them about their rights and entitlements.

- Target audience: weaker section workers (women).
- Duration: 5-day programme (one day can be allocated for HIV/AIDS).
- Contents of the sessions:
    - Magnitude and extent of the problem
    - Basic information about HIV/AIDS
    - Psycho-social and economic consequences of HIV/AIDS - motivational aspects for Behaviour Change
    - Preventive measures

Remarks: four sessions are planned for the day to cover the above-mentioned topics. The focus is more on the implications of HIV/AIDS. Since women also participate in this training, the information will have gender dimension to it.

• Programme for unorganised sector

Camps for unorganized sector are conducted to develop awareness among them about their socio-economic problems and equip them for developing their own organizations.

- Target audience: workers from unorganized sector, Beedi industry, construction, small scale industry, etc.
- Duration: 5-day programme.
- Contents of the HIV/AIDS session:
    - Basics of HIV/AIDS
    - Prevention - condom promotion
    - Participants role in creating awareness about HIV/AIDS in the rural areas

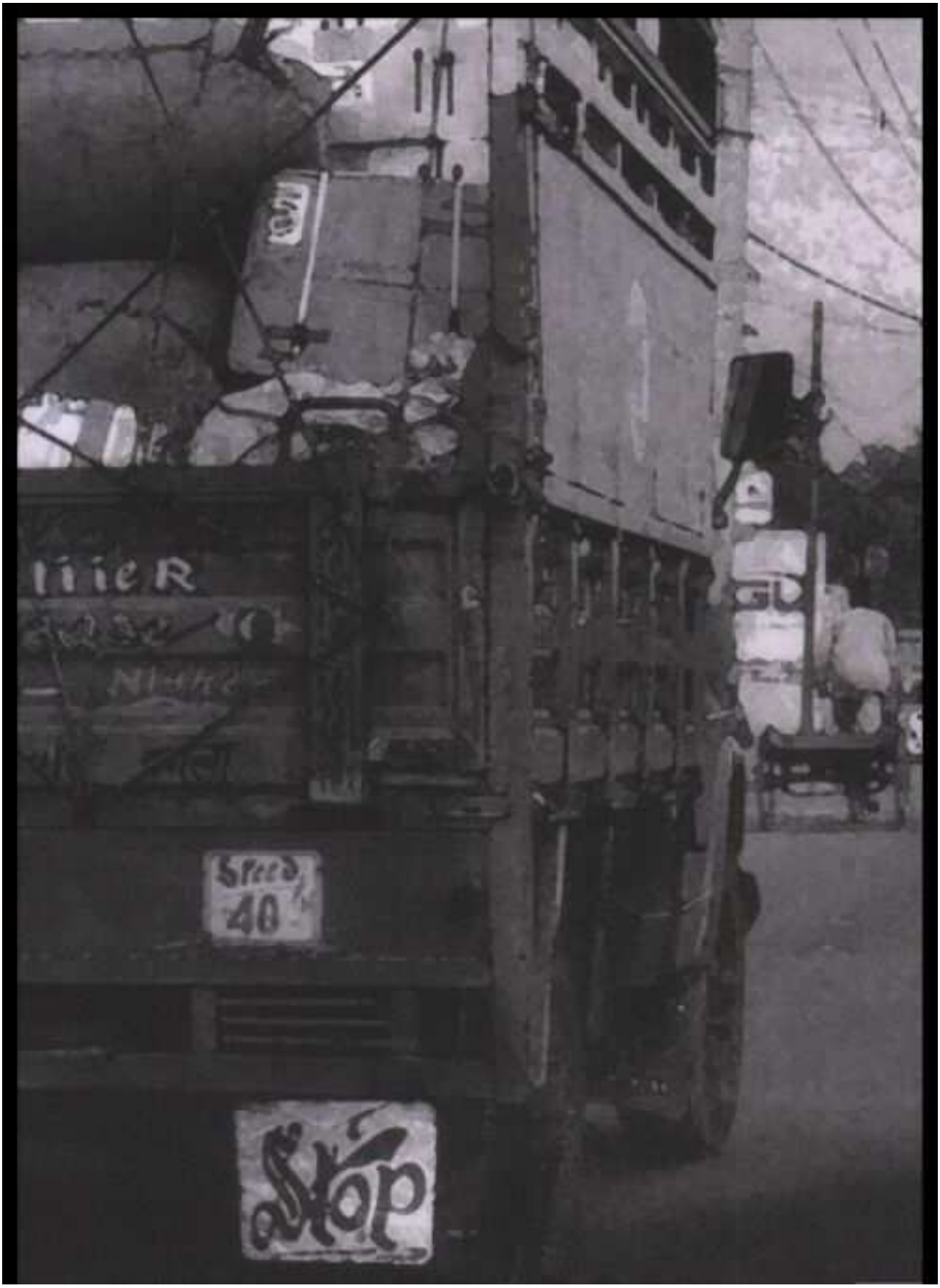
Remarks: Since the group is from unorganised sector, the methodologies used to communicate should be appropriate and effective. Involving the group in discussions will be an advantage and a challenge.

• Personality Development Programme

Personality development programme of 21 days duration are organised with an objective to equip trade unions with all sorts of skills to function effectively and to participate in different committees at the enterprises level

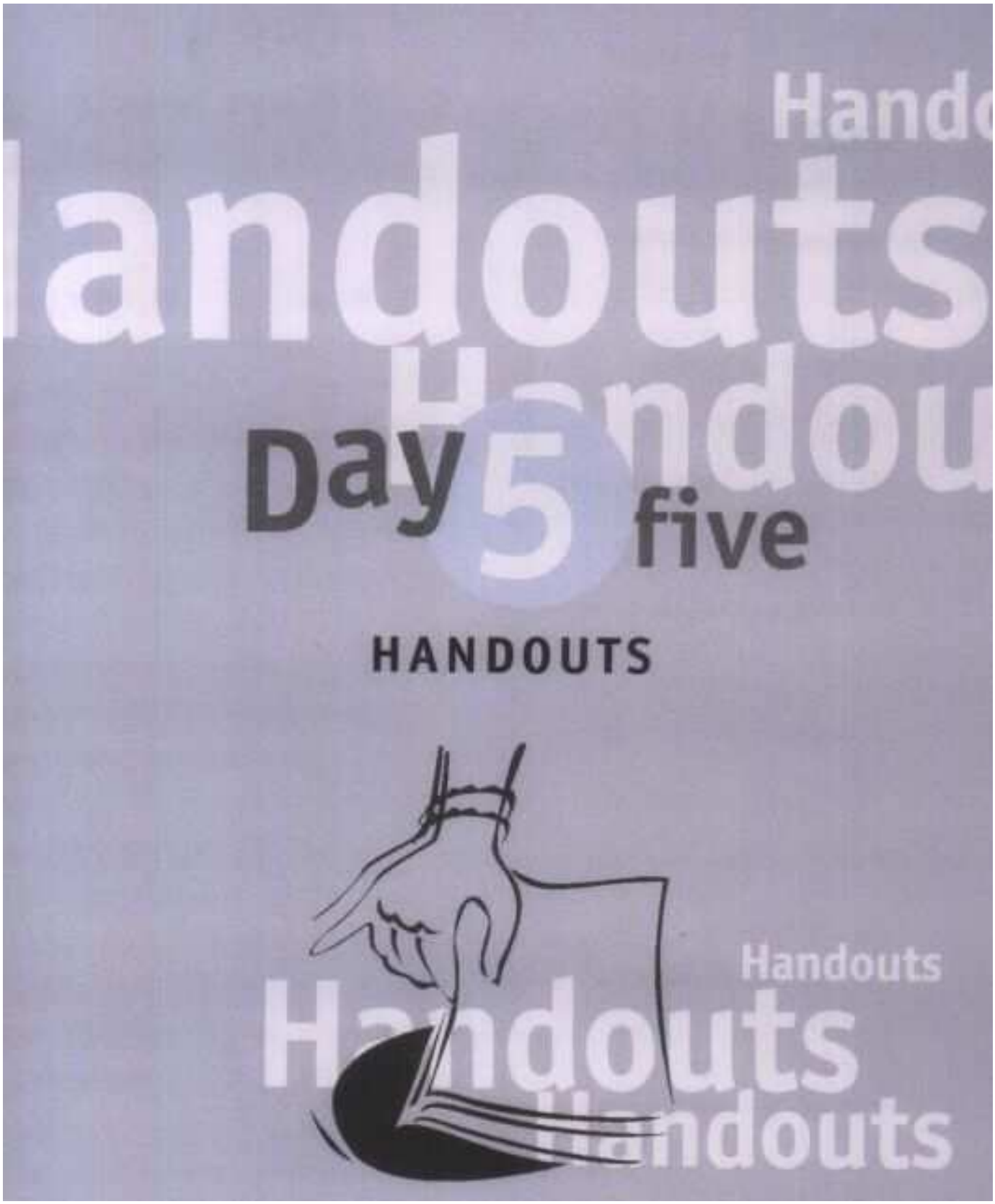
- Target Audience: From miscellaneous organisations of organised sector.
- Duration: 21 days - 2 days for HIV/AIDS Sessions.
- Contents of HIV/AIDS sessions:
    - Overview of HIV/AIDS scenario
    - Magnitude of the problem (global /national)
    - Basics of HIV/AIDS
    - STIs, Sex &Sexuality
    - Myths and misconceptions
    - Why is HIV/AIDS a workplace issue
    - Issues related to care and support and counselling
    - Role of participants to create awareness on HIV/AIDS
- Methodologies: Presentations, discussions, video film, group work, etc.

Remarks: Two days are allocated in 21 days of personality development. The contents are quite detailed. Also behaviour change communication is part of the information on HIV/AIDS. It is not given separately.



Created by India HIV/AIDS Project. Approved by MB.

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education



Handout

Day 5 five

Session Twelve

Pre/Post Test Questionnaire of the workshop

1. What do you know about HIV/AIDS?
2. List the modes of transmission
3. What is the difference between HIV and AIDS?
4. Is HIV/AIDS preventable? How can it be prevented?
5. Can you guess the number of HIV infected persons living in India?
6. Why do you think the control of HIV spread is so difficult?
7. State some of the implications HIV/AIDS have on the workers.
8. Name some of the STI symptoms in men.
9. Name some of the STI symptoms in women.

10. Can the STIs be treated?

11. Is HIV education important? Why is it important?

12. What should be the components of an intervention programme on HIV/AIDS?

13. **Please tick the following statements (True or False):**

- ☐ HIV/AIDS is curable
- ☐ One can get HIV by Mosquito bite
- ☐ Condom use protects one from HIV
- ☐ It is wrong to talk about sex
- ☐ People who are living with HIV look different from everyone else
- ☐ It is safe to extend friendship and support to people living with HIV/AIDS
- ☐ I can never get HIV
- ☐ HIV positive person has the right to marry and have children
- ☐ Positive person has the right to work and equal opportunity at workplace

14. Are there any legal help available to People living with HIV/AIDS?

15. List some of the social problems that People living with HIV/AIDS go through.

Handout

ATTITUDE TEST
on HIV/AIDS and People Living With HIV/AIDS (PLWHA)

Please attempt the following test by ticking in 'Yes' or 'No' column
There is no need to write your name.

Sl. No.	Statement	Yes	No
1.	Would you agree that AIDS is a well-deserved punishment for promiscuous people?		
2.	Would you agree that HIV testing should be compulsory?		
3.	Would you agree that the PLWHA should be allowed to move freely in society?		
4.	Would you agree that PLWHA should be allowed to work?		
5.	Would you avoid PLWHA even if they were your close friends		
6.	Would you agree that PLWHA should not get married?		
7.	Would you feel comfortable working with a PLWHA?		
8.	If your tenant becomes HIV positive, would you ask him/her to vacate the house?		
9.	Would you be comfortable if your children played/studied with the children of PLWHA?		
10.	Would you be comfortable visiting a friend living with HIV/AIDS during his/her sickness?		

Process Evaluation of the Workshop

"Mainstreaming HIV/AIDS in the ongoing activities of Central Board for Workers Education" Training of Trainers Programme for the Education Officers

Date ..... Place .....

1. **Did the workshop meet the stated objectives? Provide the extent to which each objective was met**

- To orient the participants about the magnitude of the problem and relevance of HIV/AIDS as a workplace issue and country's response to HIV/AIDS and programmes

☐ Fully met
☐ Substantially met
☐ Met to a large extent
☐ Partially met
☐ Not met at all

- To enhance the knowledge level of the participants on STIs/HIV/AIDS and related issues

☐ Fully met
☐ Substantially met
☐ Met to a large extent
☐ Partially met
☐ Not met at all

- To enable the participants appreciate their role in HIV/AIDS prevention by integrating it in their ongoing education programmes

☐ Fully met
☐ Substantially met
☐ Met to a large extent
☐ Partially met
☐ Not met at all

2. **How appropriate was the design of the workshop?**

- ☐ Appropriate
- ☐ Somewhat
- ☐ Not at all

3. **How skilled were the trainers?**

- ☐ Very skilled
- ☐ Reasonably skilled
- ☐ Not at all

4. **How useful did you find the resource materials?**

- ☐ Very useful
- ☐ Reasonably useful
- ☐ Not at all

5. **What did you find most useful in the workshop?**

6. **What did you find least useful in the workshop?**

7. **What are your suggestions for improving a workshop of this kind?**

8. **Would you be able to provide inputs to your organization for integrating HIV in your education programmes? If not, indicate the type of assistance required for improving these.**

9. How did you find the arrangements?

	Satisfactory	Good	Excellent
Stay			
Food			
Other facilities			

A Resource MANUAL FOR on HIV/aids for training of education officers of the central board for workers education

References

1. AIDSCAP, 1995 "Private sector AIDS Policy - businesses Managing HIV/AIDS" a resource for businesses in designing HIV/AIDS prevention Policies and Programs, Family Health International, Arlington, VA
2. Central Board for Workers Education, 2001 "A profile" annual report of CBWE, Nagpur, India
3. Lawyers Collective HIV/AIDS Unit 2002 : Colloquium HIV/AIDS: The Law &ethics 10 January 2002, New Delhi
4. Department for International Development India, 2000 "Reaching Out: A Training Manual for building Communication skills if Outreach Workers" developed by Xavier Institute of Communication, Mumbai, New Delhi, India
5. Department for International Development India's Regional Management Unit, 1999 "Training of Outreach workers on Technical Capacity Building for Behaviour Change Communication" Manual for trainers, New Delhi, India
6. Institute for Social Study Trust, 2000 " Gender dimensions of HIV/AIDS: Community based study in Delhi 2000" ISST monograph 2-2000, New Delhi
7. International Labour Office, 1999 "HIV/AIDS and the World of Work" a draft framework for global and regional initiatives, Geneva
8. International Labour organization, 1996 "AIDS and the Workplace" Your health and safety at work a collection of modules, Geneva
9. International Labour Organization, 2000 "HIV/AIDS: A threat to decent work, productivity and development", Geneva
10. International Labour Organization, 2001 "An ILO Code of Practice on HIV/AIDS and the world of work" Geneva
11. Ministry of Health and Family Welfare, National AIDS Control Organization, 2002 "National AIDS Prevention and Control Policy" New Delhi, India
13. Ministry of Health and Family welfare, National AIDS Control Organization, 2001 "Combating HIV/AIDS in India 2000 2001" annual report, New Delhi, India
14. National Human Rights Commission, National AIDS Control Organization, Lawyers collective, UN Children's Fund and UN Joint Programme on HIV/AIDS, 2000 "National Conference on Human Rights and HIV/AIDS" report of the conference, New Delhi, India
15. The Joint United Nations Programme on HIV/AIDS and World Health Organization, 2001, "AIDS epidemic update" Geneva
16. The Joint United Nations Programme on HIV/AIDS, 1998 "Putting HIV/AIDS on the business agenda" Geneva
17. The Joint United Nations Programme on HIV/AIDS, 2000 "The Business response to HIV/AIDS: Impact and response learned" Geneva and London

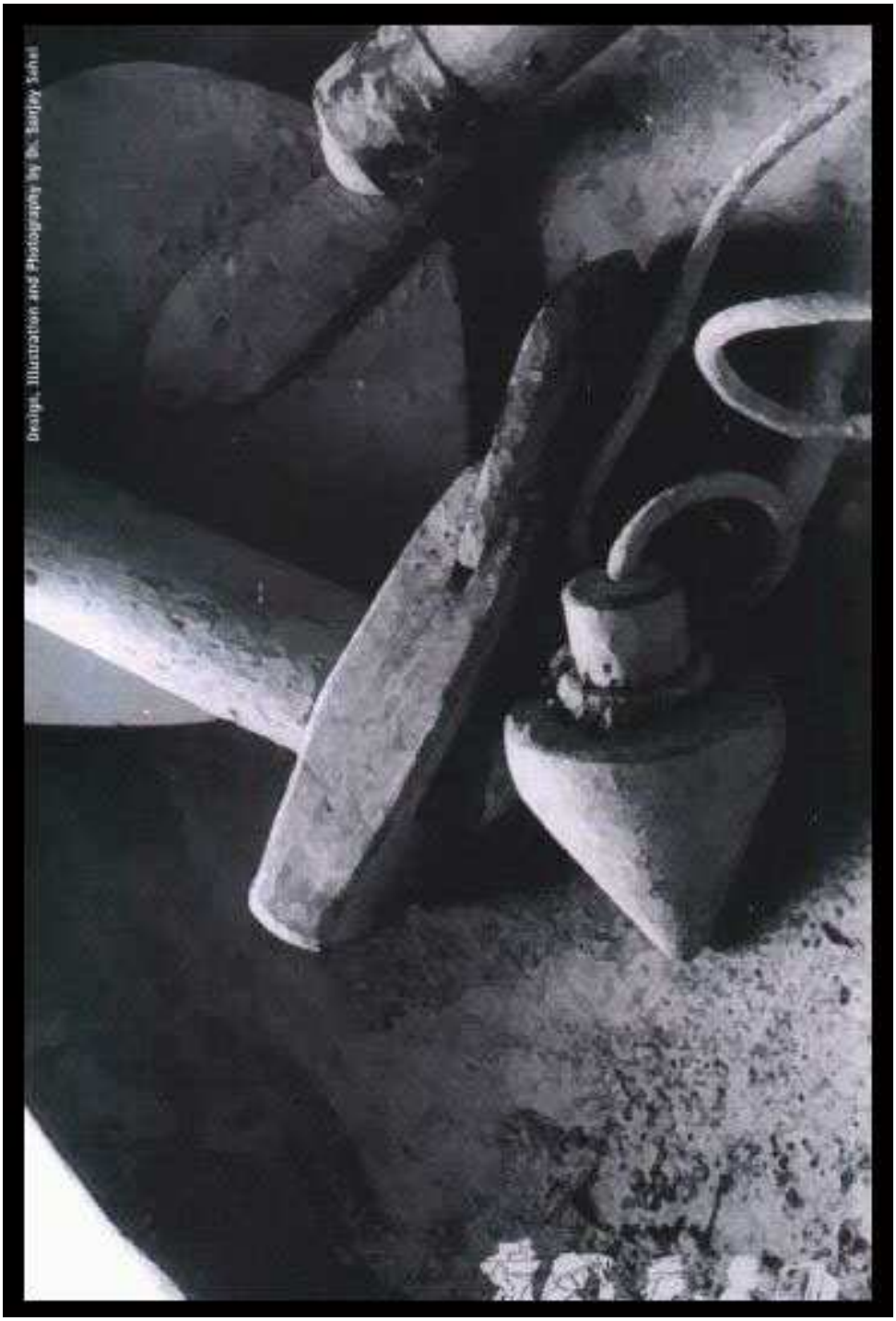
18. The Joint United Nations Programme On HIV/AIDS, The Prince of Wales Business Leaders Forum, and The Global Business Council On HIV/AIDS, 2000 "The business response to HIV/AIDS: Impact and lessons learned" Geneva and London 2000

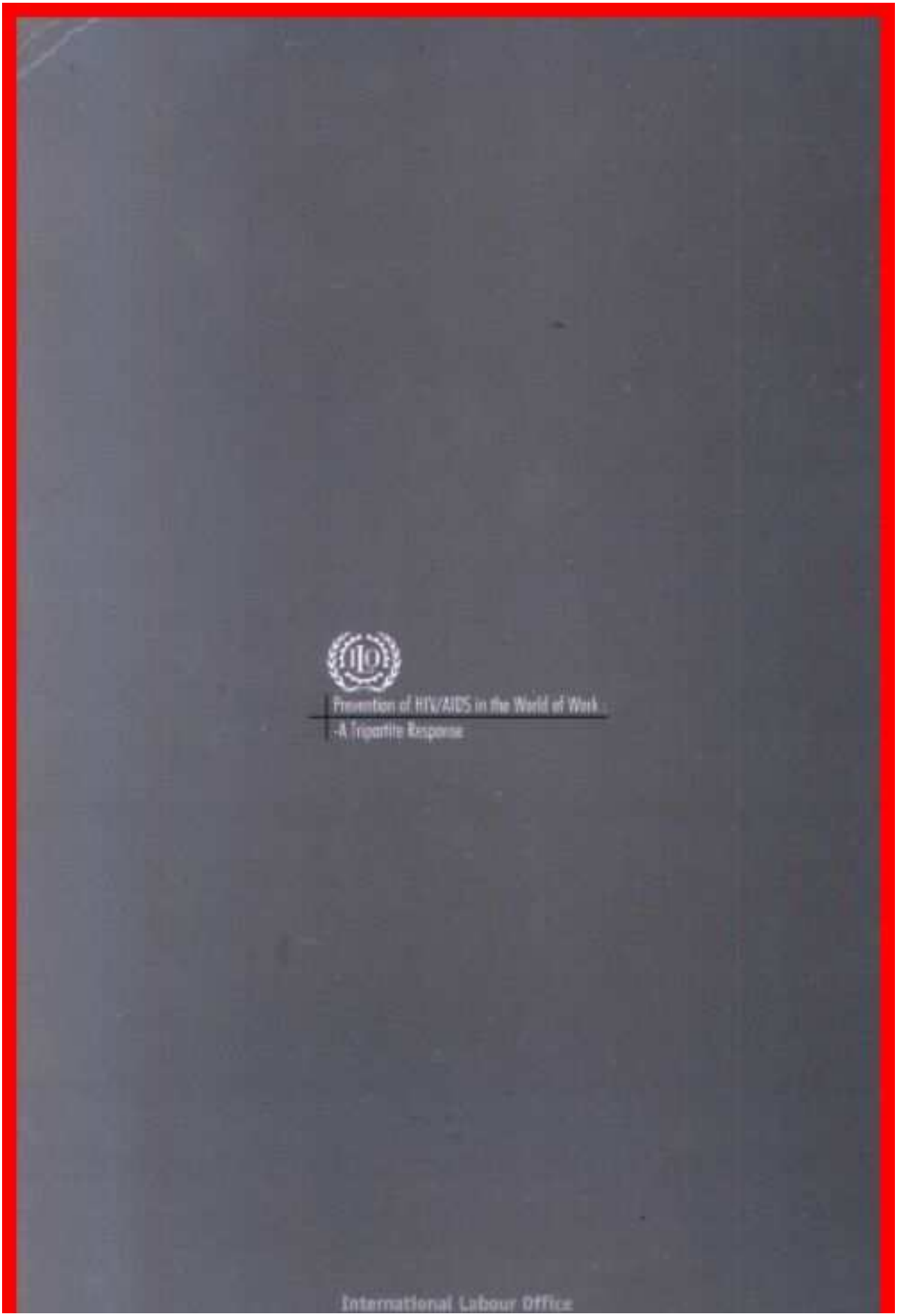
19. The United Nations Development Programme, 2001 "HIV Vulnerability and Migration: A South Asia Perspective" HIV and Development Project South and South West Asia, New Delhi, India

20. United Nations Department of Peacekeeping Operations,,"HIV prevention and Behaviour change in International Military Populations" International training Center of the ILO, Turin, Italy

21. United Nations, 1998 " Human Rights and HIV/AIDS: An International Guidelines", New York and Geneva

22. World Health Organization, 1995 "AIDS Prevention and Care in the Workplace: Enhancing the role of the Private Sector" report of the regional workshop, New Delhi, India


Design, Illustration and Photography By Dr. Sanjay Sahai


Prevention of HIV/AIDS in the World of Work
-A Tripartite Response
International Labour Office

Created by India HIV/AIDS Project. Approved by MB.