Prevenção do HIV, Tratamento e Cuidados da SIDA
Quadro da Mãe Líder

Módulo 6 de 6

Produzido pela FH Moçambique-CABO DELGADO MYAP
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HIV Prevention, AIDS Treatment and Care

Lesson Plan
Module 6 of 6

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Lessons, stories, and activities in the *HIV Prevention, AIDS Treatment and Care Lesson Plan* complement the information provided in *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart.*

Understanding the Lesson Plan

Each lesson begins with **objectives.** These are behavior, knowledge, and belief objectives. Reinforce each of these objectives during the lesson. There are four types of objectives. Each objective is described below.

Our main goal is for caregivers to **practice healthy behaviors.** For this reason, most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

A few objectives are **knowledge** objectives. We want mothers to be able the name the three ways that HIV is transmitted as well as symptoms of AIDS. The caregivers must memorize these things during the lesson, using the pictures as a reminder.

Most lessons contain a **belief** objective. We know that beliefs and attitudes affect our practices. Many times, a person's inaccurate belief or worldview hinders them from making a healthy behavior change. In this module, we are reinforcing the belief that change is possible. If caregivers do not believe that change is possible, or that they can change, the lessons will not make an impact.

Many lessons contain **behavioral determinant objectives.** Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are eight possible behavioral determinants as identified in the Barrier Analysis[1] surveys done in each region. The surveys identify the most important determinants for each behavior. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior), we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, the lesson **materials** are listed. The facilitator should bring all of these materials to the lesson. Materials marked with an asterisk (*) are required for the lesson's Activity. The Activity Leader will organize these materials. See below for more information.

A small picture identifies each exercise (section of the lesson plan)**.** Pictures remind non-literate Mother Leaders of the order of the activities. For example, when it is time to lead the game the lesson plan shows a picture of people laughing (see below). This is a cue to non-literate mothers to begin the lesson with a game. Review the descriptions below for more information.

The first activity in each lesson is a **game.** Games help the participants to laugh relax, and prepare for the new teaching. Some games review key messages that the participants have already learned. Some games promote the belief objectives.

Following the game is the **attendance and troubleshooting** section. All facilitators will take attendance. The troubleshooting questions only apply to facilitators training others (promoters).[2] The promoter follows up with any difficulties that the Leader Mothers had teaching the previous lessons. Refer to the role play in Module 1, Lesson 1 for more information.

Next, the facilitator opens the **flipchart to the first picture** of the lesson. He or she reads the story printed on the back of the flipchart, adding more details and descriptions as desired.

[1] See http://barrieranalysis.fhi.net for more information.

[2] In the MYAP program, paid staff are called promoters. The role of the promoters is to train Leader Mothers to facilitate lessons with their neighbors. A few exercises, noted above, are only for promoters and do not need to be used by the Leader Mothers when sharing with their neighbors.

Discussion questions follow each **story**. These questions help the facilitator to find out the caregivers current practices (related to the lesson). This section is marked by the A (ask) in the ASPIRE method.[3] This section is for discussion not for teaching. Be sure to let everyone voice his or her opinion.

The second, third and fourth picture in each lesson are for teaching the key objectives of the lesson. After turning to the second flipchart page [the S (Show) in ASPIRE], ask "What do you see in this picture?" Let the participants respond and describe what they think the flipchart pictures are telling them.

Next, explain the key messages written on the back of the flipchart. The key messages also appear as captions on the flipchart pages. Be sure to explain each picture using the additional bullets printed on the back of the flipchart (or in the lesson plan). The lesson plan contains **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it directly relates to questions by the participants.

After the fourth picture of the lesson, is an **activity.** Activities are "hands on" exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations. The needed materials (those with an asterisk in the materials section) are the responsibility of the Activity Leader (see below). If the activity leader is sick, the facilitator is responsible to bring these materials.

The **Activity Leader** meets with the facilitator ten minutes before **each lesson** to discuss the needed materials for the next lesson's activity. The Activity Leader is responsible to talk with the others (Leader Mothers or neighbors) during the "Attendance and Troubleshooting" to organize the materials needed for the next meeting, asking mothers to volunteer to bring the items. The facilitator will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the facilitator as needed during the activity. Elect a new Activity Leader during the fifth lesson.

After the activity, the facilitator completes the **P and I of the ASPIRE method**. The ASPIRE method is used to reinforce participatory methods of teaching. It is explained in detail in Module 1, Lesson 2.

[3] For more information about the ASPIRE method review Module 1, Lesson 2.

In the **probe** section, the facilitator asks about obstacles that prevent the caregivers from trying the new practices. They discuss these obstacles and then move to the next section.

The facilitator **informs** the caregivers of ways to overcome their concerns. The facilitator gives more information or a different perspective to help the caregivers understand how to move forward.

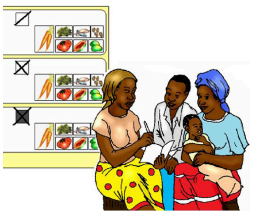
Practice and Coaching

Next is **Practice and Coaching.** This section is required for the training of Leader Mothers. We want to make sure that they understand the material and can present it to others. In this activity, the promoter will observe Mother Leaders as they practice teaching in pairs. The Promoter will coach those who are having difficulty.

Finally, the facilitator completes the **R and E of the ASPIRE** method.

Request

The facilitator **requests** a commitment from the Leader Mother (or caregivers) to begin practicing the new behaviors they have discussed. If they agree, the caregivers should make a verbal commitment. It is up to the caregivers to make a choice. Do not force them to make a commitment if they are not ready.



The last section is where the facilitator **examines** (or requests an update on) the Leader Mother's (or caregivers') commitments from the previous lesson. Were they able to keep their commitments? Have they been practicing behaviors they learned in the last lesson? The facilitator offers support and encouragement to help them maintain their commitments.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your care group. Lessons should not exceed two hours in length. However, some lessons may take longer than others. The suggested time for each section is listed below.

Section name	Time needed for this section
Game	10 minutes
Attendance and Troubleshooting	15 minutes
Story and **A**sk (picture 1)	10 minutes
Show and Explain (picture 2)	5 minutes
Show and Explain (picture 3)	5 minutes
Show and Explain (picture 4)	5 minutes
Activity	15 minutes
Probe	10 minutes
Inform	5 minutes
Practice and Coaching	20 minutes
Request	10 minutes
Examine	10 minutes
	2 hours

Acknowledgements

Many thanks to the illustrators including (your local illustrator's name), Octavio Gonzales and Petra Röhr-Rouendaal. Carolyn D. Wetzel and Julie A. Davis are greatly appreciated for reviewing and editing the materials. Games used in the lessons are available through the HIV/AIDS Alliance. See below for full details as well as sources for HIV recommendations.

- International HIV/AIDS Alliance. (2002). 100 *Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community*. Available at www.aidsalliance.org.
- Röhr-Rouendaal, Petra. (1997). Where *There is No Artist: Development Drawings and How to Use Them. London, UK:Intermediate Technology Publications.*
- World Health Organization. (2010). Guidelines *on HIV and Infant Feeding: Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence.*
- World Health Organization. (2009)*. Rapid Advice: Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants.*

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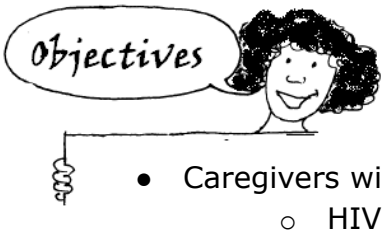
[4] Please adapt the MYAP Award No and add relevant logos as described in your country's USAID branding document (Award No DRC = FFP-A-00-08-00072; Award No Moz = FFP-A-00-08-00086). Delete this note and all other notes in green after you have added the appropriate logos and information.

those of the authors and do not necessarily reflect the view of the U.S. Agency for International Development.

Lesson 1: HIV Defined, Transmission and Symptoms



- Caregivers will be able to describe HIV and AIDS.
    - HIV is a germ (virus) that causes the body's immune system (germ fighting system) to stop working. Without treatment, a person with HIV will become sick with many different illnesses.
    - AIDS is the stage of illness when the immune system is no longer able to fight infection.
- Caregivers will be able to explain three routes of HIV infection from an infected person:
    - HIV may be transmitted in genital fluids exchanged during sex. This is the most common route of infection.
    - HIV may be transmitted from an HIV positive mother to her infant during pregnancy, delivery, and/or breastfeeding.
    - HIV may be transmitted in fresh blood entering the bloodstream through the sharing of unsterilized needles, syringes, razors, or other cutting instruments.
- Caregivers will take adults and children with AIDS symptoms immediately to the VCT Center (Volunteer Counseling and Testing Center) for care and treatment.
- Caregivers will be able to identify AIDS symptoms:
    - Diarrhea for more than one month
    - Fever for more than one month
    - Severe weight loss in one or two months
    - Thick white patches on the lips, tongue or throat (thrush).
- Caregivers will believe that they are susceptible to HIV (perceived susceptibility).[5]

Materials:

1. Attendance Registers
2. *HIV Prevention, AIDS Care and Treatment Leader Mother Flipchart*
3. *Three glasses filled with water**

Lesson 1 Summary:

- Game: People to People
- Attendance and Troubleshooting
- Share the story and ask about their knowledge of HIV and AIDS: Mother A is Very Sick.

[5] Perceived susceptibility is a behavioral determinant in barrier analysis. For more information visit www.barrieranalysis.com.

- Show pictures and share key messages on flipchart pages 6-11: HIV and AIDS Defined, HIV Transmission, and Symptoms of AIDS.
- Activity: The Cholera Problem
- Probe about possible barriers
- Inform about possible solutions to barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine practices related to deworming.

	**1. Game: People to People – 10 minutes**

1. *Ask each woman to find a partner.*
2. *The facilitator calls out actions such as "nose to nose." Participants have to follow the facilitator's instruction with their partner (standing with their noses touching). The facilitator continues to call out new actions such as foot to foot, arm to arm, hip to hip, etc.*
3. *When the facilitator calls out, "People to People" everyone must find a new partner (including the facilitator). The person who does not have a partner becomes the new facilitator.*
4. *The new facilitator begins calling out new actions.*

Let's begin today's meeting.

	**2. Attendance and Troubleshooting – 15 minutes**

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems mentioned.*
4. *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[6] to discuss the needed items for next week's activity and solicit volunteers.*

Story: Mother A is Very Sick (Picture 1.1) – 10 minutes

[6] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

3. Story

- Read the story on page 4 of the flipchart.
- In the story, **Mother A** is sick with diarrhea and a respiratory infection. She continues to lose weight. Mother A has always been healthy. Her husband doesn't understand why she is suddenly so sick.

Mother A has diarrhea. She has had it for one month. Today, she begins to cough. She coughs very hard. Mother A has lost a lot of weight. Her husband is very worried. **Mother A** has always been very healthy. Now, she is very sick.

4. Ask

- Read the questions on page 4 of the flipchart.
- Ask the first question to review Mother A's symptoms.
- Ask the last two questions to find out their beliefs about HIV.
- We hope that participants respond in this way: Mother A's symptoms are diarrhea, respiratory infection, and weight loss. These symptoms could be many different things: tuberculosis or pneumonia (coughing and weight loss), and parasites (diarrhea) or other illnesses from unpurified water. However, Mother A takes good care of herself. She follows the practices that she teaches. It is unusual that she is suddenly very sick. She may have HIV.
- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

? What are Mother A's symptoms?

? What sickness does Mother A have? Is it one sickness or many sicknesses?

? What causes this?

HIV and AIDS Defined (Picture 1.2) - 5 minutes

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5. Show:

- Ask the caregivers to describe what they see in the pictures on page 7.

	**?** What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 6 and 7.
- Use the captions on the flipchart to remind you which images represent each point.

- HIV is a germ that lives in the body of a person with HIV. The red animals represent HIV germs.
    - HIV is too small to see.
    - These pictures show us what happens inside the body.
    - HIV lives in blood, genital fluids, and breastmilk.
- In a body without HIV, germ fighters kill germs in the body. The green animals are germs.
    - The germ fighters live in the body.
    - They work to keep the body healthy.
    - They kill germs that cause infection.
    - If there are too many germs, the person becomes sick.
- Once inside the body, HIV kills the germ fighters. Germs multiply. The person gets sick with many infections. Doctors call this sickness AIDS.
    - After HIV infection, a person may be healthy for many years.
    - It may take many (2-10) years before HIV multiplies and kills the germ fighters.
    - When a person has AIDS, the body is no longer able to fight germs.

Additional Information for the Trainer

HIV Prevalence

- Mozambique adult prevalence was estimated to be 12.5% in 2007 (Population Reference Bureau and UNAIDS).

Definitions

- HIV stands for **h**uman **i**mmunodeficiency **v**irus. This is the virus that leads to AIDS or **a**cquired **i**mmune **d**eficiency **s**yndrome.

HIV Origin

- Doctors first saw HIV in a chimpanzee in West Africa. They believe hunters first became sick with HIV after hunting and coming into contact with infected chimpanzee blood.

- HIV spread through the human population from the infected hunters. Now HIV is found in all parts of the world.[7]

Acute HIV Infection

- This first stage of infection is the acute HIV infection. Some people may not feel well during this time. Many people do not have symptoms.
- The most common symptoms are fever, tiredness and a rash which lasts for one or two weeks after the infection. These symptoms are often confused with malaria.
- For more information on HIV stages, see the additional information for Picture 1.4.

Routes of Transmission

- In rural sub-Saharan Africa HIV is usually transmitted through sex with an opposite sex partner or through mother-to-child transmission.
- In other parts of the world and urban populations, it is more common for HIV to be transmitted through same sex partnerships, sex with prostitutes, and intravenous drug use (sharing needless with other drug users).

HIV Transmission (Picture 1.3) - 5 minutes

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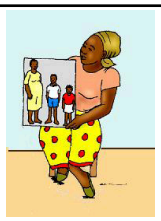
7. Show:

- Ask the caregivers to describe what they see in the pictures on page 9.

	**?** What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 8 and 9.
- Use the captions on the flipchart to remind you which images represent each point.

[7] Centers for Disease Control and Prevention. Basic Information about HIV and AIDS. Visited July 2010. Available: http://www.cdc.gov/hiv/topics/basic/

- HIV gets inside the body in three ways.
- HIV may pass from a person with HIV to another person during sex.
    - HIV enters the body through fluids exchanged during sex.
    - In this picture, the man has HIV.
    - His partner may get HIV tonight.
- HIV may pass from a mother with HIV to her infant during pregnancy, delivery, and breastfeeding.
    - HIV lives in breastmilk and blood.
    - HIV may pass from the mother to her child during pregnancy.
    - HIV in the mother's blood may infect the infant during delivery.
    - HIV may pass to the infant when breastfeeding.
- HIV may pass from infected blood to another's body when sharing needles, razors, or other cutting instruments.
    - Add two sentences here describing Picture C.
    - Adapt the sentences below based on common practices in your country.
    - HIV may pass from one person to another when sharing razors for circumcision.
    - HIV may pass from one person to another when sharing razors used for ethnic scarring.
    - HIV may pass from one person to another when sharing needles during tattooing.

? Have any of you had sex before? (yes) Have you asked each of your partners if they have HIV? (no) Do you think we are vulnerable to HIV?
    - Yes. All of us are vulnerable to HIV. Even those who look healthy may have HIV.

Additional Information for the Trainer

Times of High Transmission

- Body fluids (blood, genital fluids, and breastmilk) of someone recently infected (in acute phase of infection) are more likely to result in HIV transmission than the body fluids of someone who has had HIV for many years and shows no symptoms.

- The amount of HIV in the blood rises quickly within a few days or weeks after infection. HIV transmission during the acute phase of HIV accounts for 30% or more of new infections.[8]
- During the clinical stages three and four (when sickness has progressed to visible signs), the body is again highly infectious to others.
- For more information on HIV stages, see the additional information for Picture 1.4.

Symptoms of AIDS (Picture 1.4) – 5 minutes

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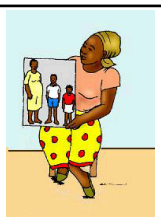
9. Show:

- Ask the caregivers to describe what they see in the picture on page 11.

	**?** What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 10 and 11.
- These pictures describe stage three of HIV infection. They are the first signs usually seen as the body becomes overwhelmed with germs.
- Use the captions on the flipchart to remind you which images represent each point.

- If you see these signs in an adult or child, go immediately to the health clinic[9].
    - **Mother A's husband** is taking **Mother A** to the health clinic.
- Fever for more than one month.
    - See the heat coming off the man's head. He has fever.
    - The calendar shows he has had fever for 30 days.
- Diarrhea for more than one month.

[8] Bebell, LM et al. *Acute HIV-1 infection is highly prevalent in Ugandan adults with suspected malaria.* AIDS, advance online publication, June 2010. Available: http://www.aidsmap.com/en/news/E26E339C-06C4-47BE-B780-ED25EA7F6A05.asp?Tracking=Bulletin&Referrer=1413678

[9] Use Health Clinic or VCT center as locally appropriate.

- **Mother A** has marked the calendar each day that she has diarrhea. She has been sick for 30 days.

- Sudden, unexplained, weight loss
  - **Mother A** eats well each day, but still loses weight.
  - She has lost a lot of weight in a short time.
- Thick white patches on the lips, tongue, or throat.
  - Mouth infections are common with AIDS.

Additional Information for the Facilitator

Stages of HIV

- The HIV sickness is divided into three stages. The first stage has very few symptoms. As the years pass, HIV multiplies in the body and the symptoms increase.

Symptoms and Stages of HIV Infection[10]

1	2	3	4
(few weeks)	**1-10 years**		
• Mild respiratory infection • Swelling of glands in the neck or other body parts	• Unexplained Weight loss • Recurrent respiratory infections • Skin sores (blisters, rashes or scales on the skin) • Mouth sores (ulcers and lesions on lips, throat, and corners of mouth) • Nail infections (thickened, discolored finger or toenails)	• Severe, unexplained weight loss • Diarrhea for more than one month • Fever for more than one month • Thick creme-colored patches or ulcers on the mouth, tongue and throat • Difficulty and pain when swallowing • Tuberculosis (persistent cough with blood, night fever and weight loss) • Severe bacterial infections (pneumonia, meningitis or others) • Severe anemia	• All of symptoms from stages 2 and 3 and the following: • Blisters on lips, genitals or anus for more than one month • Cognitive impairment (memory loss, headaches, seizures, blurred vision and tremors) • Flat pink or purple skin lesions that develop into lumps • Lesions and white patches on the whites of the eyes

[10] The World Health Organization defines these stages. They have been simplified for this lesson. World Health Organization. *WHO Case Definitions of HIV for Surveillance and Revised Clinical Staging and Immunological Classification of HIV-Related Disease In Adults and Children* . 2007. Accessed March 30, 2009. Available online at www.who.int/hiv/pub/guidelines/HIVstaging150307.pdf.

	11. Activity: The Cholera Problem — 15 minutes

During the meeting:

1. *Show the three glasses filled with water to the group.*
2. *Explain: We will review the ways that HIV is passed by using a simple story.*
3. *One glass of water is from a river in a village where many people are sick with cholera. The water has cholera germs in it. [Explain if needed: Cholera is a sickness in water. If you drink the water with the cholera germs, you will have severe diarrhea. Many people die from dehydration (with cholera, the diarrhea is constant and the person is not able to drink enough water to replace what has been lost).*
4. *Two of the glasses contain purified water with no cholera germs. That water is clean and will not make you sick.*
5. *We do not know which water is in which glass. You cannot see cholera germs, can you? (no) Germs are too small to see.*
6. *Tell the women to imagine it is a very hot day. You are very thirsty, but you don't want cholera. You have three choices.*
    a. *Do not drink the water. Wait until you can go home and drink water from your home. You know your water is safe to drink.*
    b. *Choose only one glass and drink it.*
    c. *Drink water from each glass. You are very thirsty.*

? Which choice would you make? Why?

Explain:

- Option A: You be sure that you will avoid cholera. You will still be thirsty, but you can be sure that you will not be sick.
- Option B: If you choose to drink only one glass, there is a chance you will choose the glass with cholera germs in it. You may get sick.
- Option C: Everyone who chooses the last option will get cholera. You won't be thirsty right now, but soon you will suffer from severe diarrhea and will be thirsty to the point of death.

? Let's think about what we have learned about HIV today. How does this story relate to HIV transmission through sex?

Cholera is like HIV and AIDS. They are both illnesses that result from a decision.

- Like cholera germs in the water, we cannot tell by looking at a person if they have HIV.
- Having two partners is more risky than having one partner. Having three partners is even more risky than having two partners. (Same as drinking from two glasses is more risky than drinking from one glass.)

- Drinking from many glasses is like a person having sex with many partners. The more partners you have, the greater the risk of getting HIV.
- If your spouse (or long term partner) does not have HIV, you can be sure you will not get HIV by having sex with them. Like drinking water from your own well, you do not need to fear sex with a partner that is free from HIV.

7. *Review the three ways that HIV is transmitted and answer questions.*

12. Probe – 10 minutes

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*

2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*

	**15. Request – 10 minutes**

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to going to the VCT center for an HIV test.
- I commit to talking to my husband about HIV transmission.
- I commit to helping others understand how HIV affects the body.

	**16. Examine – 10 minutes**

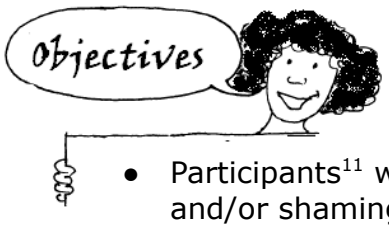
Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about her practices in the last two weeks:

- Has your child received all of his vaccinations so that he will avoid severe respiratory infections?
- Have you made improvements to your cooking room?
- How old is your child? How often do you breastfeed your child?
- How can breastfeeding prevent respiratory infections?

Lesson 2: HIV Stigma



- Participants[11] will define stigma as: rejecting, isolating, blaming and/or shaming those affected or infected with HIV.
- Participants will be able to identify HIV-related stigma and discuss personal instances when they have felt rejected, blamed, or shamed by others.
- Participants will reduce stigma by explaining safe contact (contact that does not pass HIV) to others in the community. Safe contacts include kissing, sharing food, or beverages, sitting next to someone and greeting.
- Participants will prevent stigma in their community by helping the ill with work in their field or home.
- Participants will have compassion for those with HIV and their families. They will not blame them for their illness.
- Participants will provide awareness to others in the community about HIV and its impact.
- Participants will not isolate the sick, but help them attend and participate in social activities.
- Participants will believe that they can change the way that those with HIV and their families are treated in the community. They can help others to understand HIV and give all people equal care and respect.

Materials:

1. *Attendance Registers*
2. *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart*

Lesson 2 Summary:

- Game: In the River
- Attendance and Troubleshooting
- Share the story and ask about stigma in the community: The Neighbors Whisper about Mother A
- Show pictures and share key messages on flipchart pages 14-19: Stigma Defined, Safe Contact with Those with HIV, Practices to Stop Stigma.
- Activity: Discussing Stigma
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs

[11] In this lesson and all future lessons on HIV, we are using the word participants to refer to women in the care groups. The word caregiver might be confused with the word used to describe those who care for people living with HIV.

- Request a commitment
- Examine practices related to HIV transmission.

	**1. Game: In the River – 10 minutes**

1. *Draw a line on the ground with a stick in front of the women. The line represents the river. Ask everyone to stand on the bank (just at the edge of the river).*
2. *Explain: You are standing on the bank of a river.*
3. *When I say, "in the river," take one step forward into the "water."*
4. *However, if I say, "on the river," do not move.*
5. *When I say, "on the bank," take one step back.*
6. *However, if I say, "in the bank," do not move.*
7. *If you make a mistake, you have to leave the game.*
8. *Give commands quickly. When someone makes a mistake, she must leave the game. Continue until only one person is left.*

? (For those who made a mistake) How did it feel when you had to leave the game?

? (For the person who won the game) How did it make you feel when all the others had to leave? Why?

? How does this game relate to people with HIV living in our community?

In this game, it is easy to blame others for their mistakes and continue the game without them. It feels good to be "the winner." In real life, we sometimes blame those with HIV for their illness and continue life without them. However, all of us are vulnerable to HIV - just as we were all vulnerable to making a mistake in this game.

Today we are going to discuss stigma and HIV. Live the river game, being excluded hurts those with HIV. Today, we will discuss how to reduce stigma in our communities.

	**2. Attendance and Troubleshooting – 15 minutes**

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*

2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[12] to discuss the needed items for next week's activity and solicit volunteers.*

The Neighbor Asks for Treatment (Picture 2.1) — 10 minutes

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3. Story:

- Read the story on page 12 of the flipchart.
- In the story, Mother A notices that people are treating her differently because of her illness. People at the market refuse to sell her vegetables; others refuse to meet with Mother A at the care group meetings. **Mother A** becomes depressed.

Mother A goes to the market to buy vegetables. The woman refuses to sell her vegetables or take **Mother A's** money. She sees other women whispering about her. Some of the women in her care group refuse to meet with her. She doesn't understand why everyone is treating her this way. She is very sad and lonely.

4. Ask:

- Read the questions on page 12 of the flipchart.
- Ask the first question to discuss the possible reasons that people have changed the way that they treat Mother A.
- Ask the second question to find out what the women believe about HIV. Do the sick deserve this treatment?
- Ask the last question to hear about stigma in their communities.
- We hope the participants respond in this way: People in the community have changed the way they treat Mother A because of her sickness. Some may be scared that they can "catch" her sickness by taking something from Mother A's hand (money) or by sitting next to her (at the care group). The women are whispering because they think she has had sex with another man. They think she deserves to be sick.
- **Mother A** does not deserve this treatment. No one deserves stigma, especially not **Mother A**. For many months, she has

[12] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

helped the women in her community. Now they are turning against her.

- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the followings pages."

	**?** Why have people changed the way they treat **Mother A**? **?** Does **Mother A** deserve this treatment? **?** Does this happen in this community? Why?

Stigma Defined (Picture 2.2) – 5 minutes

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5. Show:

- Ask the caregivers to describe what they see in the pictures on page 15.

	? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 14 and 15.
- Use the captions on the flipchart to remind you which images represent each point.

- Stigma is treating someone in a negative way because of an illness or other trait. Blaming someone for his or her illness is stigma.
    - Many people are afraid or don't understand the sickness of AIDS.
    - They treat those with HIV poorly because of their own fears.
    - The people in the community are telling **Mother A** she deserved to get HIV.
    - They are saying it was her fault that she has HIV.
- Ignoring someone is stigma.

- The two women do not sit with **Mother A**.
- They talk about her as if she is not there.

- Excluding someone from activities is stigma.
  - **Mother A** and her family were not invited.
  - The man is telling them to go away.
  - They don't want to "catch" HIV from **Mother A**.
  - Stigma affects everyone in **Mother A's** family.

? Think of a time when you felt blamed, ignored, or excluded. How did it make you feel?

? Did you deserve this treatment?

? How does stigma affect those who are sick?
- It affects the way they feel.
- It affects the way that they work.
- It may affects services they receive from the government.
- It affects their income and their family members.

Additional Information for the Trainer

Impact of Stigma

- Stigma affects those with HIV in many ways. Stigma affects their emotions: they may feel guilty, ashamed, and depressed. These feelings may cause a lack of appetite. They may not feel able to do normal activities or chores around the home because of these feelings.
- Stigma affects their work: Stigma may put people's land at risk. If the community will not buy or sell to those with HIV, they lose income and sink into poverty. Children may be unable to attend school because of a parent's sickness and loss of income. Some property owners may send away a sick tenant.
- Stigma affects their social life: Community members may exclude those with HIV from social activities because of fear or misunderstanding. This separates those with HIV from normal activities. They may feel lonely, and disconnected from others in the community.
- Stigma affects their spiritual life: Sickness and guilt about the illness may separate them from religious institutions (churches, mosques, etc). Religious leaders may condemn the sick for sinful actions which caused the illness.

Safe Contact with Those with HIV (Picture 2.3) — 5 minutes

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7. Show:

- Ask the caregivers to describe what they see in the picture on page 17.

	? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 16 and 17.
- Use the captions on the flipchart to remind you which images represent each point.

- People have many fears about HIV. Explain HIV to them. This reduces stigma.
    - Mother B is explaining HIV transmission to the care group.
    - She is helping them not to be frightened of **Mother A**.
        - **Mother B** is helping others to understand Mother A's illness.
- You cannot get HIV from kissing or greeting.
    - **Mother A** is kissing and greeting her friend.
    - They are not afraid of her illness.
    - They know they cannot get HIV from kissing or greeting.
- You cannot get HIV by working or sitting with someone.
    - **Mother A** is eating with her family.
    - They are not afraid of HIV.
    - They cannot get HIV from sharing food or drinks.
- You cannot get HIV by working or sitting with someone.
    - **Mother A** is talking with a friend at the health clinic.
    - Her friend is not afraid.
    - She knows that HIV cannot be passed this way.

? What are other "safe" contacts that we can have with those with HIV?

- HIV is not passed through the air (sneezes), insect bites or witchcraft.
- HIV is not passed through saliva, tears, sweat, or kissing.

Practices to Stop Stigma (Picture 2.4) – 5 minutes

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9. Show:

- Ask the caregivers to describe what they see in the picture on page 19.

	? What do you see in these pictures?

10. Explain:

- Use flipchart pages 18 and 19 for guidance.
- Use the captions on the flipchart to remind you which images represent each point.

- Stop stigma. Help harvest the crops of those who are sick.
    - **Mother B** asked the care group to help Mother A.
    - Together they harvest her crops.
    - **Mother A** was too sick to finish the work herself.
- Stop stigma. Help those who are sick to attend community activities.
    - **Mother B** encourages the community to accept Mother A.
    - A man from the community helps Mother A to walk.
- Stop stigma. Have compassion. Visit those who are too sick to leave home.
    - Mother B visits Mother A.
    - She doesn't blame **Mother A** for her sickness.
    - She shows kindness.

? Do you think these actions helped **Mother A**? Do you believe that you could help others like this?

11. Activity: Discussing Stigma – 15 minutes

1. *Discuss the following questions together.*

   ? Who is stigmatized (ignored, blamed, isolated, or rejected) in our community? Why?

   ? What can we do (as a group) to reduce or stop this stigma?

   ? What can we do (as individuals) to reduce or stop stigma?

Ask the women to think of simple things they can do. Below are a few examples of solutions to possible problems.

Possible Problems	Possible Solutions
Land owners send away tenants who have AIDS.	• Talk to community leaders about these land owners. Ask the leaders to confront the land owner about this behavior. • Organize a drama to discuss the problems of stigma. Invite land owners to come to the drama.
People who care for those with HIV are said to "carry AIDS." Caregivers are stigmatized by the community.	• Help the community to understand how HIV is transmitted. Explain that those who care for the sick do not carry AIDS. • Teach community members safe contacts and ways to prevent HIV transmission. • Increase compassion for those with HIV by asking people to share personal stories of HIV at community meetings.

12. Probe – 10 minutes

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*

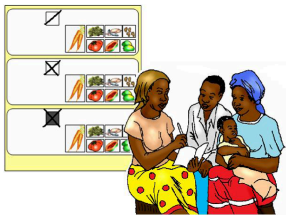
15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- *I commit to visit my neighbor who is sick in bed.*
- *I commit to reduce stigma in my community by not blaming others for their illness.*
- *I commit to tell others the ways that HIV is NOT spread so they won't fear those with HIV.*



16. Examine – 10 minutes

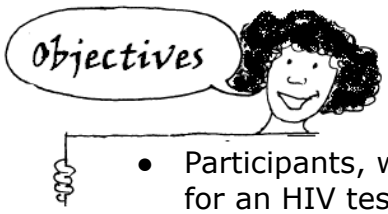
Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about the topics from the last lesson:

- Have you shared the teachings you learned last week with your spouse?
- What are the three ways that HIV is spread?
- What does HIV do inside the body?

Lesson 3: HIV Testing and Treatment



- Participants, who do not know their status, will go to a VCT center for an HIV test.
- Participants with more than one sex partner (or whose current sex partner has multiple partners) will go to a VCT center for testing every six months[13].
- At the first sign of pregnancy, pregnant women will get an HIV test to make sure they are not HIV positive.
- Participants will identify at least two reasons why testing is important:
    - If you are HIV positive, you can take action to lower the risk of transmitting HIV to your sex partner, partners, and children.
    - Knowing your status will help you to begin early treatment, before the sickness is very strong.
    - If you are HIV negative, you do not have to worry or fear.
- HIV positive participants will inform their sex partners of their HIV status. If one partner in a long term relationship is HIV positive, the other partner is also at risk of becoming HIV positive.
- All HIV positive adults will begin treatment for their own health as directed by a health worker. Treatment will not cure AIDS, but it will allow the person to live a long, healthy life.
    - HIV treatment is recommended when the blood shows a weakened germ fighting system (CD4 count ≤ 350 cells/mm^3) or they show clinical signs of AIDS (stage three or four).[14]
    - HIV treatment involves taking a combination of three or more drugs at one time. If only one drug is taken, HIV will begin multiplying again in the blood, causing symptoms of AIDS to return. Taking two or more drugs at the same time increases the ability of the medication to prevent HIV from developing into AIDS.
    - Once a person begins taking HIV treatment, they will continue taking this treatment for the rest of their life.
- Caregivers will believe that they can take action to stop HIV by talking with their spouse, getting an HIV test and taking preventative actions if HIV is found (self-efficacy).

Materials

[13] The US Government recommends testing every 12 months for those in the US who lead a life with high risk for HIV. Adapt testing recommendations based on your MOH's guidelines.

[14] This is the recommendation from the World Health Organization (2010 guidelines). Adapt as necessary based on your MOH's treatment guidelines.

1. *Attendance Registers*
2. *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart*

Lesson 3 Summary:

- Game: Taxi Rides
- Attendance and Troubleshooting
- Share the story and ask about their beliefs about HIV testing and transmission: Mother A receives an HIV Positive Test
- Show pictures and share key messages on flipchart pages 22-27: Volunteer Counseling and Testing, When to get Tested, HIV Treatment
- Activity: Talking to your Partner
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine practices related to HIV stigma.

	**1. Game: Taxi Rides – 10 minutes**

1. *Divide the women into small groups with an equal number of women in each group. There should be at least three groups.*
2. *Each group should choose one taxi driver who "sits up front." The others pretend to climb in the back behind the driver. The "driver" moves around the room and the others in the car must follow her.*
3. *The facilitator calls out a new number. The women must quickly make new taxis with that number. Some women may have to find a new car. Once a car is full with the number given by the facilitator, the driver must quickly drive away. Women who are not in a car with the correct number must leave the game.*
4. *The facilitator continues to call out new numbers. The women must quickly make new taxis with that number. Those who are not able to enter a taxi (or if a taxi does not have the correct number) must leave the game.*
5. *Continue until two people are left.*
6. *Repeat the game as needed.*

Now that we are energized, let's begin today's meeting.

	**2. Attendance and Troubleshooting – 15 minutes**

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[15] to discuss the needed items for next week's activity and solicit volunteers.*

Mother A receives an HIV Positive Test (Picture 3.1) — 10 minutes

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3. Story:

- Read the story on page 20 of the flipchart.
- Mother A goes to a VCT center for a blood test. The health worker tells her that she is HIV Positive. He says that her husband and children are also at risk.

Mother A goes to a VCT center. The health worker tests Mother A's blood for HIV. The health worker tells her she is HIV Positive This means there is HIV in her body. Mother A cannot believe it. How did she get HIV? "Your husband and children may also be infected. Ask them to come to the clinic for a test," says the health worker.

4. Ask

- Read the questions on page 20 of the flipchart.
- Ask the first question to review the test result of **Mother A**.
- Ask the second question to find out the beliefs of the women about Mother A's infection.
- Ask the last question to find out the beliefs of the group regarding mother-to-child transmission.
- We hope that participants respond in this way: Mother A's test is positive; she has HIV.
- Many participants may want to know how Mother A became infected. When you find out you are HIV positive, they do not tell you when you became infected. We are all vulnerable. Sometimes our own choices make us vulnerable. Sometimes our spouses or sex partners make choices that negatively affect us. We will never know how Mother A became infected. Below are some possibilities: Maybe her husband is HIV positive and passed the disease to

[15] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

Mother A. Maybe Mother A had other sex partners before she was married and one of them had HIV. Maybe Mother A was helping deliver a baby and HIV infected blood entered into a cut on her hand.

- HIV can live in the blood "silently" for many years. She may have transmitted HIV to her husband during this time. All of her children are under the age of ten. They may also be infected.
- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the messages on the following pages."

	**?** What was Mother A's result on her test? What does that mean? **?** How do you think she was infected? **?** Why should the health worker test her husband and children?

Volunteer Counseling and Testing Center (Picture 3.2) – 5 minutes

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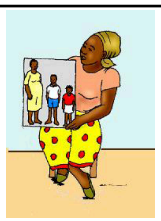
5. Show:

- Ask the caregivers to describe what they see in the pictures on page 23.

	? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 22 and 23.
- Use the captions on the flipchart to remind you which images represent each point.

- Find out if you have HIV. Go to the VCT center.
    - **Mother B** and her husband go to the clinic.
    - **Mother A's husband** is taking the children to the clinic.
    - They want to know if they have HIV.
    - The children may have received HIV during pregnancy, delivery or birth.
    - **Of Great Worth** is still breastfeeding. Mother A is very sick with AIDS. This increases possibility of passing HIV.
- The health worker takes blood from the arm or finger.
    - The health worker takes a small amount of blood.
    - Special tests look for HIV germ fighters in the blood.
    - If HIV germ fighters are in the blood, the test is positive. HIV is in the body.
- After the blood is tested, the health worker talks with you in a room by yourself. He will explain your results. He will tell you where to find treatment and help you cope with the results.
    - Most tests give you immediate results. Some tests may take one week before you can see your results.[16]
    - **Mother B** is HIV negative. This means there is no HIV in her blood.
    - The health worker is telling **Mother B** how to prevent HIV infection.

Additional Information for the Trainer

HIV type 1 and 2

- There are two types of HIV: HIV-1 and HIV-2. Both types are transmitted by sexual contact, through blood, and from mother-to-child. HIV-2 is harder to transmit and the time between infection and illness is longer than HIV-1.
- HIV-1 is the most common strain worldwide. Health workers have found HIV-2 type in West Africa, but few other places.

Antibody Tests

- The most common HIV test is the antibody test. When a virus enters the body, the immune system (the body's disease fighting system) begins to produce antibodies (germ fighters specific to that type of germ). Health workers can look for HIV antibodies in blood and saliva.
- If HIV antibodies are seen, the test is positive; the person is infected with HIV. If the result is negative (no antibodies found) then the person does not have HIV.

HIV Oral Test

[16] Health Managers: Edit the text based on HIV tests available in your country. It is likely that the results will be available immediately, but some tests must be sent away for analysis and results take some time.

- The health worker uses a stick with a pad on one end. He rubs the pad along the inside of the person's mouth and gums. He places the stick into a vial of liquid to determine the result.
- Results are available in 20 minutes. This test can detect only HIV type one (HIV-1) antibodies. If HIV type 2 is common in your region, you cannot use this test.

When to be Tested (Picture 3.3) — 5 minutes

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7. Show:

- Ask the caregivers to describe what they see in the pictures on page 25.

	? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 24 and 25.
- Use the captions on the flipchart to remind you which images represent each point.

- Get an HIV test as soon as you know you are pregnant. Test again at seven months.[17]
    - Mothers who get HIV during pregnancy have a greater possibility of passing HIV to their infant.
    - If you are positive, HIV treatment can help protect your infant.
- Test infants born to HIV positive mothers at birth. Test them again during the time of breastfeeding.
    - Of Great Worth breastfeeds each day.
    - The health worker tests Of Great Worth.
    - She is HIV negative.
    - She will test for HIV again in six months.
- If your spouse has HIV, or you have more than one sex partner, get tested every six months.[18]
    - Health workers cannot see the infection for three months after HIV enters the blood.
    - If you think you were recently infected, wait three months to get an HIV test. Test again at six months.

[17] Health Managers: Adapt the pregnancy testing recommendation according to MOH guidelines.
[18] The CDC recommends every 12 months for those in the US. Adapt based on MOH guidelines.

- If you have never had an HIV test, go to a VCT center.
    - If you have HIV, you can begin treatment before you are very sick.
    - If you have HIV, you can protect your sex partners.
    - If you have HIV, you can protect your children.

? Are there advantages to talking with your spouse (or sex partners) about HIV, when you do not have HIV? What are they?

Additional Information for the Trainer

HIV, Malaria and Pregnancy

- HIV-infected pregnant women are at higher risk of malaria, anemia, and poor birth outcomes including low birth weight, maternal death, and infant death.
- Dual infection with malaria and HIV greatly increases the risk of maternal and early infant death.
- It is very important for pregnant women to know their status. If HIV positive, they should begin ARVs or infant prevention pills, and IPT treatment (malaria prevention).

Window Period

- It can take three to six months after a person is infected with HIV for their body to produce enough antibodies to be detected with an antibody test. This is the "window period," the time between the HIV infection and the body's response to the virus.
- In most people, this period is between 2 and 12 weeks. In a very small number of people, the process takes up to 6 months.
- If a person has an HIV antibody test during the window period, the test will be negative, even though they have HIV. They can still transmit the virus to others.
- To avoid false negative results, get an HIV antibody test three months after the time of the "possible" infection and again at six months. If an individual's test is still negative at six months, (and they have not been exposed to HIV during this time) they are not infected with HIV.

HIV Testing and Infants

- Antibody tests cannot be used on newborns. Newborns will have the mother's antibodies in their bodies for many months after birth. Antibody tests will always produce a positive result when used on infants.
- Test infants with an HIV virus test instead of an antibody test. These are more expensive and may not be available in all countries.
- If only antibody tests are available, parents must wait until the child is 18 months for accurate results.

Multiple Sex Partners

- Having multiple, concurrent partners [sex with several people during the same period (e.g., during a month)] makes HIV spread more quickly than having one sex partner at a time.
- People who exchange sex for money or gifts often have a greater number of sex partners, and are therefore at higher risk of HIV.

Polygamy

- Those in polygamous marriages are at high risk of HIV infection. If any one of the sex partners becomes infected, all of the adults are at risk of HIV infection. Since HIV transmission is highest in the first two or three weeks after infection, it is common for HIV to spread quickly after infection.
- If polygamous marriages are common in your region, encourage each adult in the polygamous marriage to be tested. They should test frequently and make sure that each adult is aware of HIV prevention measures.

HIV Treatment with ARVs (Picture 3.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the picture on page 27.

	? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 26 and 27.
- Use the captions on the flipchart to remind you which images represent each point.

- Begin treatment as soon as possible. You must show signs of AIDS or have weak germ fighters.
    - Mother A already shows signs of AIDS.
    - This man's blood shows he has very weak germ fighters.
    - Both of them need to begin HIV treatment.
- Treatment does not cure HIV. It helps the body gain weight and overcome illness.
    - Mother A will always have HIV in her body.
    - Mother A has been taking treatment for two months.
    - She has gained weight and no longer suffers from many sicknesses.
- Those with HIV will take treatment for the rest of their life. The pills are called ARVs.
    - Mother A takes nine pills, three times a day.
    - She will take ARV pills for the rest of her life.
    - People taking ARVs can live a long, healthy life.
- Take all the ARV pills given by the health worker. Never skip a treatment.
    - Many pills are needed to help the body fight HIV.
    - When you skip treatments, HIV learns to resist and overcome the ARVs.
    - When you start ARVs again, HIV will be too strong.

Additional Information for the Trainer

ARV

- ARV stands for antiretroviral. These drugs treat retroviruses (HIV).
- The aim of antiretroviral treatment is to lower the amount of HIV in the body. This stops the damage to the immune system and allows the body to recover from any damage that HIV might have caused already.

Drug Resistance

- HIV treatment cannot stop HIV completely. Some HIV is able to survive. When HIV multiplies in the body, it often makes slight mistakes, so each new generation of HIV is slightly different. These tiny differences in the structure of HIV react differently to the ARV drugs. Some of these HIV strains may be able to survive and replicate despite treatment. This HIV is called drug-resistant HIV.
- When someone has drug resistant HIV, the amount of HIV in the blood increases and AIDS symptoms return.
- To prevent drug resistance, take medication exactly as prescribed. Missing doses or not taking them on time lowers the amount of treatment in the body. This allows HIV to multiply again. Taking a combination of 3 or 4 drugs can also help reduce resistance.
- Return to the health center for regular HIV viral load tests. Viral load tests measure HIV in the blood. If the drugs are working, the

viral load should be maintained at a very low level. An increasing viral load is a sign of growing drug resistance.

Treatment Eligibility

- Adults with a CD4 count ≤ 350 cells/mm3 or those showing signs of stage three or four HIV infection are eligible to begin treatment.
- CD4 cells are white (germ fighting) cells that help the immune system. By counting the number of CD4 cells in the blood, health workers are able to measure the strength of the immune system.
- For a list of HIV stages, see the additional information under Picture 1.4.

11. Activity: Talking to your Partner – 30 minutes

? Have any of you discussed HIV testing with your spouse?

? How did you bring it up?

? What advice would you give to other women who want to talk with their partner about getting HIV tests? (*This means both of them would go together and both be tested.)*

Add any of the following suggestions that are not mentioned.

- Talk with your partner when the two or you are alone (away from other adults).
- Find a good time to talk with your partner (not before or during sex). Not when he is too tired to talk. Find a time that is relaxed.
- Tell him about the things you have been learning about HIV.
- Tell him why it is important to know your HIV status. 1 - We can protect each other from infection, 2 - We can protect infants from transmission during pregnancy, 3 - We can seek out treatment before we become very sick, 4 - we can reduce our fear of the illness by knowing our HIV status.
- If he becomes angry, ask for forgiveness (or a culturally appropriate response).
- Set a time to go to the clinic (or if he needs to think about it), set a time to talk again.

1. *Ask a volunteer to demonstrate in front of the group.*
2. *Explain to the volunteer: We are going to do a short simulation. You will practice asking your spouse to go with you for an HIV test. The group will watch and learn from you. We will also give you advice on ways to improve your communication.*
3. *Explain: It is evening. Your husband is sitting with you in the house. He asks you about what you learned today at the health meeting. Talk with him about going together to be tested for HIV.*

4. *Explain: During the simulation, be yourself. Don't think about the observers; respond as if the situation was real. Make sure that you use the suggestions that we have already discussed.*
5. *Ask the volunteer to explain her role to you. Clarify misunderstandings.*

6. *Next, ask for a volunteer who will act as the woman's husband. Explain the following to the volunteer in private (so the "wife volunteer" does not hear).*
7. *Explain: Start the conversation by asking your wife about the health lesson. When your wife mentions that she wants an HIV test, act angry. You think she is saying that you have had sex with other women. When she clearly explains that she is not blaming you, calm down. Ask her why a test is important. At the end of the conversation, tell her you are glad that she has talked with you about HIV tests. Do not be angry, be caring. Tell her that you need to think more about it, but you can talk about it tomorrow again.*

Additional Information for the Trainer:

- Coach the volunteer so that he acts appropriately, (as a man in this community would act). The volunteer also needs to listen and come to an agreement at the end of the simulation.
- If the simulation ends after five minutes of arguing, the woman will feel as if she failed. Coach the "husband volunteer" so that the conversation comes to a happy agreement at the end. The volunteer must not try to be too difficult or too harsh.

8. *Ask the husband volunteer to explain his/her role. Clarify any misunderstandings. Then bring everyone back together.*
9. *Explain to the rest of the group: You are the observers. Your role is to watch SILENTLY. Do not laugh or make noise. We will talk after the simulation is over.*
10. *Begin the simulation.*

Additional Information for the Trainer:

- *Observe the simulation. Do not stop the simulation unless there is a problem.*
- If the woman is ACTING *(not being herself)*: Stop the simulation. Remind the woman to use her own ideas and skills. The woman should **not** try to entertain the observers.
- If the woman does not know what to say (for a long time): Pause the simulation. Ask the observers, "What could the woman say now?" Ask the woman to continue the simulation using these suggestions.
- If the husband over-reacts or acts like a clown: Pause the simulation and remind the husband of his/her role.
- If they simulation is too long: Stop the simulation at 10 minutes. Move to the discussion questions.

11. *After the simulation, ask the following questions.*

? What good techniques did the woman use during the simulation?
? What other things could she have said?

Add if needed:

? Did the woman explain why HIV tests were important?
? Did the woman blame her partner or make him feel threatened?
? Did the woman explain what she wanted?
? Did she arrange another meeting or a time for the HIV test?

12. *Ask each woman to work in pairs with the person next to her. One person will practice being herself and talking with her partner about HIV tests. The other will pretend to be her male partner. Explain the roles of the husband and woman to the large group. Observe the pairs; coach those who are having difficulties. After a few minutes, ask the pairs to switch roles.*

	**12. Probe – 10 minutes**

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

	**13. Inform – 5 minutes**

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern,

praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*

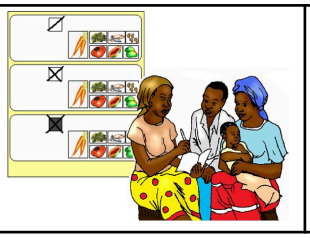
15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to getting an HIV test at the first sign of pregnancy.
- I commit to talking with my spouse about getting tested for HIV.
- I commit to getting an HIV test so I can begin treatment.
- I commit to sharing my test results with my partner.



16. Examine – 10 minutes

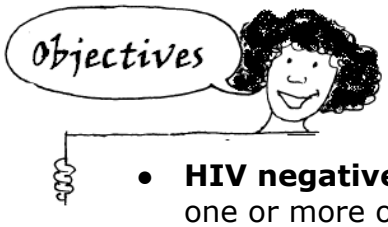
Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about her practices in the last two weeks:

- What have you done to reduce stigma in the last two weeks?
- Have you visited anyone who is sick in bed?
- Have you helped anyone who is unable to work?
- Have you helped others to understand how HIV is transmitted?

Lesson 4: HIV Prevention



- **HIV negative participants** will avoid HIV infection by practicing one or more of the following:
    - Have only one, uninfected, mutually faithful sex partner. If HIV status is unknown, both partners will confirm their HIV status.
    - Prevent blood to blood HIV transmission by using new, unused cutting instruments for each person. Cutting instruments include razors and needles for tattooing or circumcision or other tools that come in contact with blood.
    - If the tool or instrument cannot be replaced, it will be sterilized in boiling water for twenty minutes.
- **HIV positive participants** or those with HIV positive sex partners or an HIV positive spouse will lower the possibility of HIV infection by practicing one or more of the following:
    - Circumcise male adults and male infants at a medical facility to reduce the risk of male infection. Circumcision can reduce male infection by 50-60% during sex as compared to non-circumcised men.
    - Use male or female condoms consistently (every time) and correctly when having sex with a partner of unknown HIV status or HIV positive status.
    - Avoid high risk sex practices. High risk sex practices including anal sex, sex during menstruation, forced sex, dry sex (using drying agents or herbs), and sex with a partner with sexually transmitted infections.
- **HIV positive participants** will decrease their risk of transmitting HIV to their sex partners or spouse by increasing safe practices in their relationships.
    - Safe sexual practices include kissing, massaging (rubbing one another), mutual stimulation (using hands with or without lubricants to stimulate sensitive parts of the body or other practices which do not include the exchange of body fluids. (Avoid these practices when skin is broken).
- Participants will believe that low-risk and safe practices work to prevent HIV infection (increased action efficacy).[19]
- Caregivers will believe that they can prevent HIV in their home and help others to protect themselves from HIV (agent of change).

Materials

[19] Action efficacy is a behavioral determinant in barrier analysis. For more information visit www.barrieranalysis.com.

1. *Attendance Registers*
2. *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart*
3. *A red scarf or piece of string.*
4. *Three pieces of cloth (one white cloth, one multicolored cloth, one black or red cloth)**

Lesson 4 Summary:

- Game: Transmission
- Attendance and Troubleshooting
- Share the story and ask about HIV prevention: Mother A's husband is HIV Negative
- Show pictures and share key messages on flipchart pages 30-35: Practices that Protect from HIV, Practices that Decrease HIV Transmission, and Practices that Increase HIV Transmission.
- Activity: Risky Sex
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine practices related to HIV testing

	**1. Game: Transmission – 10 minutes**

Before the lesson begins, ask someone (in private so no one else hears) to tie a string around their hand or red scarf around their head for the game. Explain that the string represent HIV. Remind them that it is only a game.

1. *Ask everyone to stand. Each person should greet three people in the group. They should remember whom they greet and in what order. Ask them to sit down when they are finished.*
2. *After everyone is seated, ask the person with the red scarf to stand.*

In this game, the scarf represents the germ HIV. The woman with the red scarf represents a woman infected with HIV.

3. *Explain that this is only a game. She does not have HIV. It is a game to help us understand HIV transmission.*

In this game, greeting represents sex. HIV cannot be passed by greeting.

4. *Ask the woman with the scarf, "Who did you greet first?" That woman should also stand. Because that woman was greeted (had sex with) someone with HIV, now both women have HIV.*
5. *Ask the two women standing, "Whom did you greet second?" Ask the women named to stand. All of them have now have HIV.*
6. *Ask all four standing women to identify the women they greeted last. Now up to eight women are standing. All of them are infected with HIV. They had "sex" with someone with HIV.*
7. *Discuss the following questions.*

- **?** At the start of the game, who was infected? (only one person)
- **?** How many people are infected, now? (up to eight people may be infected)
- **?** How were they infected? (By having sex with someone with HIV - or greeting).

In this game, is there something you could have done to avoid HIV? (Yes, refused to greet, worn a glove (condom) on our hand, greeted only people without scarves).

In real life, what are the ways that we can protect ourselves?
(Encourage women to discuss the prevention methods that they already know. These may include using a condom, not having sex with more than one partner, having sex with only those who don't have HIV or other ideas.)

Today we will learn some other ways to prevent HIV. Let's begin today's session.

2. Attendance and Troubleshooting – 15 minutes

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[20] to discuss the needed items for next week's activity and solicit volunteers.*

[20] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

Mother A's Husband is HIV Negative (Picture 4.1) – 10 minutes

3. Story:

- Read the story on page 28 of the flipchart.
- In this story, Mother A's husband has an HIV test. He doesn't have HIV. He is committed to stay with Mother A, even if she has HIV. However, he doesn't know how to protect himself from HIV. He talks with a health worker about sex.

After his HIV test, **Mother A** and her husband talk. **Mother A's husband** does not have HIV. Her husband does not blame her for her illness. He is committed to stay with her. The next day, early in the morning, he goes to the VCT center to ask about sex. "My wife is HIV positive. How can I protect myself from HIV? I cannot abstain from sex forever."

4. Ask

- Use the first question to review the reasons Mother A' husband decided to stay with his wife.
- Ask the last two questions to find out what HIV prevention methods that the women already know.
- We hope that participants respond in this way: Mother A's husband is committed. He loves his wife and will stay with her no matter what her HIV status. Mother A and her husband cannot continue to have sex as they have in the past. Now, they must be careful. They can choose to use condoms every time they have sex. Mother A's husband may be circumcised to lower his risk of infection. They can also avoid sex practices that cause bleeding like forced sex, or sex during menstruation.
- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your thoughts with the messages on the following pages.

? Why does Mother A's husband stay with his wife?

? Can he and Mother A have sex? What do you think the health worker will say?

? If your spouse had HIV, what would you do?

Practices that Protect from HIV (Picture 4.2) – 10 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 31.

	? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 30 and 31.
- Use the captions on the flipchart to remind you which images represent each point.

- If you and your partner are HIV negative, do not have sex with others. Mother B and her husband are HIV negative. They do not have sex with others.
    - Mother B says "no" to the men at the bar.
    - Her husband says "no" to the women on the street.
    - Having only one sex partner protects them from getting HIV during sex.
- Use new, unused blades for each person when scarring, cutting, shaving, or circumcising.
    - Use a new razor to cut a newborn's umbilical cord.
    - Use new needles on each person who is tattooed.
    - Use a new razor for each male's circumcision.
- If you cannot replace tools, boil them for 20 minutes before using again.
    - Scrub the tools with soap and water first.
    - Cover the tools with water in a large pot and boil.
    - Boiling kills the HIV germs on the tools.

? What tools are used for cutting or piercing?

? Are they replaced? Or cleaned? How often?

? What changes can we make to protect our community from HIV?

Additional Information for Trainers

HIV Transmission

- Prevention of Mother-to-child HIV Transmission will be discussed in Lesson 5.

Practices that Decrease HIV Transmission (Picture 4.3) – 5 minutes

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7. Show:

- Ask the caregivers to describe what they see in the pictures on page 33.

	? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 32 and 33.
- Use the captions on the flipchart to remind you which images represent each point.

- If one partner has HIV, use condoms every time you have sex.
    - Mother A's husband is opening a condom so that he can have sex with **Mother A**.
    - Condoms protect the man and woman from exchanging fluids during sex.
    - Condoms decrease the possibility of getting HIV as compared to sex without a condom.
- Use a male or a female condom.
    - A female condom fits inside the woman's vagina.
    - A male condom covers the man's penis.
    - Only use one condom at a time. Never reuse a condom.
- Male circumcision of adults and infants lowers the risk of HIV infection for men.
    - The health worker circumcises Mother A's husband and his son.
    - Male circumcision lowers the possibility of HIV infection.
    - **Mother A**'s husband must wait to have sex until his skin heals.

? What if you don't know if your partner has HIV? What should you do?

- Use condoms every time you have sex.
- Go together to get an HIV test.

Additional Information for the Trainer

Circumcision

- Male circumcision involves removing the foreskin, a loose fold of skin that covers the head of the penis. The foreskin creates a moist environment that allows HIV from an infected partner to survive while in contact with delicate parts of the penis. The inner surface of the foreskin also contains cells that are especially vulnerable to HIV.
- Removing the foreskin toughens the skin at the head of the penis making it resistant to infection.
- Circumcised males must wait until they are completely healed before having sex.
- Studies have shown that circumcision is associated with a 50-60% reduction in risk of HIV transmission (from female to male) during sex.[21]
- Circumcised men can still become infected, and if HIV-positive still infect their sex partners. Combined with other prevention measures, circumcision greatly reduces the risk of HIV transmission.

Dual Infection

- If both partners are infected, wearing a condom will prevent both partners from becoming infected with a new strain (or type) of HIV. There are many types of HIV and each person may have a different type. Infection with more than one type of HIV will bring AIDS symptoms more quickly.

Condoms

- A male condom, when used consistently and correctly, is 80-95% effective in preventing the transmission of the HIV virus. The female condom is believed to offer the same level of protection as the male condom.

Sex that Increase HIV Transmission (Picture 4.4) – 5 minutes

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9. Show:

- Ask the caregivers to describe what they see in the pictures on page 35.

[21] WHO and UNAIDS Secretariat. Welcome Corroborating Findings of Trails Assessing Impact of Male circumcision on HIV Risk. World Health Organization. 23 February 2007. Available: http://www.who.int/mediacentre/news/statements/2007/s04/en/index.html

	? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 34 and 35.
- Use the captions on the flipchart to remind you which images represent each point.

- During the woman's monthly bleeding, avoid sex or use a condom.
    - Mother A is bleeding.
    - She and her husband use a condom to prevent HIV transmission.
    - If one partner is infected, the blood puts both partners at risk of new HIV infections.
- If you or your partner has genital sores or scabs, avoid sex or use a condom.
    - HIV enters the blood through the sores.
    - This man has red pumps on his penis. Yellow liquid oozes from his penis.
    - This woman has a red sore near her vagina.
    - They use a condom to prevent HIV transmission.
- Avoid sex that causes bleeding or tearing. Forced sex, dry sex and anal sex increase the possibility of HIV transmission.
    - HIV lives in the blood and easily enters broken skin.
    - Using herbs, stones, or powders to dry out the vagina increases the possibility of passing HIV.
    - Anal sex increases the possibility of HIV transmission through blood.
- What happens if both sex partners have HIV? Do they have to change their sex practices?
    - Yes. A person can be infected with more than one type of HIV. When both partners are infected, they should use a condom every time they have sex.

Menstruation

- Women are more vulnerable to sexually transmitted infections during menstruation because of changes in the vaginal canal. The presence of blood during sexual intercourse increases the possibility of HIV transmission from HIV positive women to men.[4]

- It is believed (not clearly proven) that having sex with an HIV positive man during menstruation is also a risk for women.

Sexually Transmitted Infections (STIs)

- STIs increase the risk of blood to blood (or fluid to blood) transmission because of the open sores on the genitals.
- Using condoms consistently and correctly every time you have sex helps to lower the risk of STIs including HIV.
- Treat STIs immediately to reduce HIV transmission.
- Some infections such as genital warts can easily be transmitted by skin-to-skin contact.
- For this reason, someone with STIs should use a condom consistently and correctly every time they have sex.

Anal Sex

- The risk of HIV transmission during anal sex is 18 times higher for the woman (or receiving partner) than during vaginal sex.[22]

Drug and Alcohol Use

- People who abuse alcohol and drugs are more likely to have high-risk sex. Drugs and alcohol reduce one's ability to be cautious and take action to prevent HIV.
- People using drugs and alcohol are also more likely to be forced or force others into sex.

11. Activity: Risky Sex – 30 minutes

Explain to the women that you want to speak openly about the risks of different sex practices. Ensure that everyone is comfortable talking about these issues. If someone in the group does not want to participate, do not pressure them. They can still watch and listen.

1. *Show the group three pieces of colored cloth. Explain the meaning of each cloth. Repeat the meaning of each cloth until each woman can correctly identify the meaning of each cloth[23].*
    a. *The white cloth represents sex practices that have <u>no possibility</u> of transmitting HIV. These practices do not involve the exchange of blood or genital fluids.*
    b. *The multicolored cloth represents sex practices <u>that have some risk</u> of HIV transmission[24]. If an HIV positive person practices*

[22] Baggaley RF et al. *HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention.* Int J Epidemiol (online edition), doi:10.1093/ije/dyq057

[23] Note to the Health Manager: Use colors that have local meanings. If colors do not carry meaning, use other objects such as foods or grains that carry significance.

[24] Risk is the possibility or likelihood of something happening. Using the example of the water glasses: safe sex practices are like refusing a drink - they have no possibility of HIV transmission; drinking ONE of the glasses has some risk (you might take the wrong glass and get sick); drinking from ALL THREE glasses is high risk (you will get sick).

these sex practices, there is a possibility that HIV can be passed to their partner. These practices involve genital fluids.

c. *The red (or black) cloth represents sex practices that increase the possibility of HIV transmission (high risk sex practices). If one person has HIV and their partner does not, they should avoid these sex practices. These practices involve the exchange of blood.*

2. *Place the three cloths on the ground. Leave space between each cloth so the women can line up in a row behind each cloth.*
3. *Ask a volunteer to name one sex act that is practiced between couples in this region (for example, vaginal sex without a condom, or anal sex, massaging, etc). The woman should name the practice and then stand. Ask for more details if necessary. (For example, is a condom used? Is there an exchange of body fluids?)*
4. *The group will decide the risk of this practice and tell the woman where to stand: if this practice is safe (no possibility of HIV transmission), if this practice has some possibility of transmission (low risk) or has a high possibility (high risk) of HIV transmission.*
5. *Continue with the rest of the women in the group; each woman naming one practice and standing behind the appropriate cloth.*
6. *Help guide the women as they decide where the sex practice belongs. See the HIV Risk Guide at the end of this lesson for more information about each practice.*
7. *Correct any misunderstandings that occur during the discussion. If there is a practice that you are unsure about, consult with the health manager and clarify at the next meeting.*

Safe Practices No Risk of HIV Transmission	**Some Possibility of HIV Transmission Practices**	**High Possibility of HIV Transmission Practices**
Kissing (regular or deep kissing)	Vaginal sex with a condom	Sex with a partner who has an STI
Massaging (e.g. rubbing the person's back)	Oral Sex	Forced sex (rape) or any rough sex causing bleeding
Non-penetrative sex (where the penis does not enter the rectum, vagina, or mouth and no bodily fluids are exchanged)		Using a condom with oil based lubricant.
		Withdrawing before the man ejaculates (if the man is HIV +)
Cuddling / Hugging		Anal sex

Mutual stimulation (e.g., using hands with or without lubricants)		Dry sex

8. *Review the practices in each category.*

   ? What should you do with this information? Will it help you with your spouse? Can you discuss these things with your spouse?

9. *Encourage the women to think of ways they can share these messages with their spouse and others. Knowing information will not protect them. They must take action to prevent HIV in their home. Help them to develop strategies to discuss these sensitive topics at home with their spouse.*
10. *Answer questions.*

Please note: If there are cuts on hands or lips or inside the mouth during kissing, massaging or oral sex that allows the exchange of blood, the risk is increased. The safe and low risk practices assume that the person is healthy and there are not cuts or sores on the genitals or mouth.

12. Probe – 10 minutes

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*

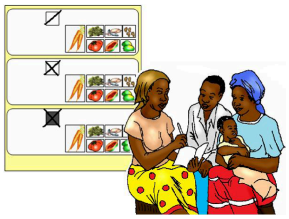
15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to avoiding high risk sex practices.
- I commit to talking with my spouse about HIV transmission and sex practices.
- I commit to adding safe sex practices to my relationship.
- I commit to sterilizing my cutting tools.



16. Examine – 10 minutes

Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about her practices in the last two weeks:

- Have you had an HIV test? If not, when are you going?
- Have you talked with your spouse about HIV tests?
- Did you share your HIV test result with your sex partner?

HIV Risk Guide

No Risk - All of these practices are **No Risk** in terms of transmitting HIV since they do not involve exchange of genital fluids or blood.

- Cuddling / hugging
- Kissing (Kissing can involve some exchange of saliva, but scientists have never found a case where someone contracted HIV through kissing.)
- Massaging (rubbing one another)
- Masturbation (touching one's genitals to please one's self)
- Touching or mutual stimulation (using one's hands on the other person's genitals or breasts with or without lubricants to stimulate them)
- Non-penetrative sex (a general term for any of the above activities or others that do not include vaginal, oral, or anal penetration or the exchange of bodily fluids)

Low Risk - All of these practices have **some risk** of transmitting HIV. They involve exposure to genital fluids. However, no blood is exchanged.

- **Vaginal intercourse with consistent and correct condom use.** A male condom – when used consistently and correctly – is 80-95% effective in preventing the transmission of the HIV virus. When they break, come off during sex, or are removed poorly (allowing liquid to leak out), they are not effective. Sex with a condom is always a lower risk than sex without a condom. The female condom is believed to offer the same level of protection as the male condom.
- **Oral sex** (the stimulation of the genitals with the mouth or tongue). Oral sex without a dental dam[25] or condom caries a very low risk of HIV infection. If there are cuts or sores on the mouth or genitals, it is a high risk practice, and the chance of getting an STI and HIV increases. Using a dental dam (on the woman's genitals) or condom (on the man's genitals) reduces the risk of getting HIV or an STI during oral sex.

High Risk - All of these practices have **high risk** of transmitting HIV. They involve the exchange of genital fluids and blood.

- **Withdrawing before ejaculating** (if the male is HIV infected). This does not lower the risk of HIV transmission since the virus is present in pre-ejaculation fluids. A condom used correctly and consistently is the best way to protect each other from HIV during sex.
- **Anal sex** (the insertion of the penis into the anal cavity). This has a very high risk of HIV transmission (much higher than vaginal sex). It causes tears in the anal canal and bleeding. Using latex

[25] A dental dam is a non-lubricated condom that is cut in half horizontally and placed over the woman's genitals.

condoms and lots of water-based lubricant helps stop tearing, but does not eliminate the risk of transmission.

- **STIs**. When one of the partners has a sexually transmitted infection (STI) and a condom is not used, there is an increased risk of infection because of the sores and open wounds on the genitals which allow the exchange of blood.
- **Dry sex** is practiced in some societies where a woman dries out her vagina with herbs or local products. This increases the chances of vaginal tears, bleeding, and slows the grown of good bacteria that live in the vagina (the germ fighting agents). Dry sex increases the chance of HIV infection.
- **Using a condom with an oil-based lubricant**. Oil-based lubricants damage condoms. Using an oil-based lubricant with a condom is more risky than having sex with a condom and no lubricant, or using a water-based lubricant with a condom.
- **Forced sex** or rough sex that causes bleeding increases the chances of HIV transmission as the woman's vaginal canal may tear and bleed. The chance of transmission is higher for both the man and woman.

Lesson 5: Mother-to-child Transmission

- HIV positive women taking ARVs for their own health will continue treatment during pregnancy, delivery, and breastfeeding.
    - ARVs lowers the possibility of mother-to-child transmission during pregnancy, delivery, and breastfeeding.
- HIV positive women who do not need treatment for their own health will begin infant prevention pills at the fourteenth week of pregnancy and continue through labor and delivery.
    - Infant HIV prevention pills taken by the pregnant mother helps to lower the possibility of mother-to-child transmission during pregnancy, delivery, and breastfeeding.
- HIV positive women taking infant HIV prevention pills will continue treatment after delivery as directed by the health worker.
    - Treatment guidelines depend on the HIV treatment that is given.
    - Mothers will continue taking HIV prevention pills until one week after delivery or one week after breastfeeding has finished. Length of treatment depends on HIV treatments available.
- Infants born to HIV positive women will receive HIV prevention drops at birth and each day as directed by a health worker.
    - Infant prevention drops will continue each day for one week after delivery or each day for one week after breastfeeding has finished. Length of treatment depends on HIV prevention treatments available.
    - Infant prevention drops lower the possibility of the child receiving HIV from their mother while breastfeeding.
- HIV positive mothers will exclusively breastfeed their infants for the first six months of life.
    - HIV positive mothers who want to give replacement feeding will meet with a health worker to discuss feeding options. Replacement feeding (infant formula or heat-treated, expressed milk) is only recommended during the first six months if environmental circumstances and social circumstances are safe for and supportive of replacement feeding.
    - Do not give animal milk, other foods, water, or liquids to infants in the first six months of life. Mixed feeding during the first six months of life (giving breastmilk and water and other foods) almost doubles the chance of passing HIV to your infant compared to exclusive breastfeeding.

- HIV positive mothers will begin adding porridge and other foods when the infant is six months old and continue breastfeeding.
- HIV positive mothers will continue breastfeeding until 24 months.[26]
    - If infants are known to be HIV positive, continue breastfeeding for 24 months.
    - Do not give boiled animal milk to an infant before 12 months.
    - Breastfeeding (and replacement milk) should not be stopped before 24 months unless a nutritious diet can be provided without breastmilk.
- Participants will believe that they can take action to protect their infant from HIV (agent of change).

Materials

1. *Attendance Registers*
2. *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart*
3. *Soap and water for hand washing (Tippy Tap)**
4. *Clean cup for each breastfeeding mother**
5. *Pot of water, cooking fire, glass jar or small pot with lid**

Lesson 5 Summary:

- Game: Bottle Caps and HIV
- Attendance and Troubleshooting
- Share the story and ask about prevention HIV transmission practices between mother and child: Mother A Continues to Breastfeed.
- Show pictures and share key messages on flipchart pages 38-43: HIV Treatment during Pregnancy, Labor and Delivery, HIV Treatment at Birth and First Six Weeks, and HIV Treatment and Child feeding: Six Months and Older.
- Activity: Heat Treating Milk
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine practices related to HIV prevention.

	**1. Game: Bottle Caps and HIV – 10 minutes**

[26] WHO 2010 guidelines suggest that mothers breastfeed until 12 months and then only stop if "a nutritionally adequate and safe diet without breastmilk can be provided." Based on malnutrition rates and hygiene and sanitation conditions in the MYAP regions, FH encourages breastfeeding for 24 months.

1. *Prepare the following materials:*
    a. *Set 10 bottle caps or stones on the ground in one group. Set another 10 bottle caps or stones in another group. Place a packet of pills or a pill container next to the second group.*
    b. *Hold two pieces or red cloth, or five red beads, or small stones in your hand.*

2. *Point to the first group of 10. Explain that these 10 objects represent 10 pregnant women with HIV.*

    ? Is it possible for HIV to pass from mother to infant during pregnancy, breastfeeding, and delivery? (Answer: yes).

    ? Will ALL mothers pass HIV to their children during pregnancy, delivery, and breastfeeding, or only some of the mothers? (Answer: some).

    ? How many of these ten mothers will pass HIV to their children?

3. *Explain: Without treatment, four of the ten mothers will pass HIV to their children during pregnancy, delivery, and breastfeeding.*
4. *Place piece of red cloth under four bottle caps (or a small piece of cloth in each cap). Explain that the cloth represents the four infants who received HIV from their mothers during pregnancy, delivery, or breastfeeding.*

    ? Are you surprised? How many infants did you guess?

5. *Explain: HIV is very dangerous for an infant. Without treatment, half of the infected children will die before their second birthday.*[27] *Push two caps to the side.*[28]

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[27] PMTCT Strategic Vision 2010-2015 Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals: Geneva, WHO, 2010. Available: http://www.who.int/hiv/pub/mtct/en/

[28] HIV positive children usually develop symptoms of AIDS within the first two years of life.

6. *Now point to the second set of 10 bottle caps. Place the pill container next to the bottle caps.*
7. *Explain: These 10 objects represent 10 pregnant women with HIV. However, these women are taking HIV treatment to prevent HIV transmission to their child.*

? Is it possible for HIV to pass from mother to infant during pregnancy, breastfeeding, and delivery when mothers are taking treatment? (Answer: yes).

? If all 10 mothers take HIV treatment, how many infants will be protected from HIV?

8. *Explain: With treatment, nine of the infants will be healthy, without HIV. HIV treatment reduces the possibility of passing HIV from mother-to-child. Treatment helps to prevent HIV transmission.*
9. *Only one child will get HIV from his mother.*[29] *However, HIV is not as severe as for the infants in the first group. Treatment has prevented severe illness and death for this child.*

? Is Treatment available for pregnant mothers here?

? Based on this demonstration, what are some advantages of taking treatment? (Answer: fewer children die of HIV before their 2nd

[29] Without treatment, around 15-30% of infants born to HIV positive women will become infected with HIV during pregnancy and delivery. Five to twenty percent more will become infected while breastfeeding. Numbers in this activity are averaged and simplified. 'Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice', De Cock et al, JAMA 283(9), March 2000

birthday, fewer children are infected; mothers are also protected while taking the drugs).

After attendance, we will learn more about HIV treatment during pregnancy. Let begin today's' meeting.

	**2. Attendance and Troubleshooting – 15 minutes**

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[30] to discuss the needed items for next week's activity and solicit volunteers.*

Mother A Continues to Breastfeed (Picture 5.1) - 10 minutes

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3. Story

- Read the story on page 36 of the flipchart.
- In this story, Mother B is surprised to see Mother A is still breastfeeding. Mother A explains that she and her husband reviewed the breastfeeding options and decided breastmilk was the best choice for them.

Mother A is breastfeeding **Of Great Worth**. **Mother B** says, "Isn't breastfeeding dangerous? **Mother A** says, **"**I spoke with a VCT counselor (or nurse) about the different feeding options. There is a possibility of passing HIV to **Of Great Worth** in breastmilk. However, **Of Great Worth** is more likely to get sick and even die from diarrhea if I give her infant formula. Both options have risks. My husband and I decided that breastfeeding was the best option for us."

4. Ask

[30] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- Ask the first question to review the reasons that Mother B is concerned.
- Ask the second question to allow the participants to guess Mother A's reasons for choosing breastmilk over the other options.
- Ask the last question to find out the knowledge of the women about preventing mother-to-child transmission during pregnancy and breastfeeding.
- We hope that participants respond in this way: Mother B is concerned because she knows that HIV can pass through breastmilk.
- We don't know the exact reason that Mother A chose breastmilk, but below are a few possible reasons: Her family cannot afford to buy enough infant formula; they do not have enough money for the wood needed to boil water for the infant formula each day; breastfeeding is socially acceptable and they want to encourage others in the community to breastfeed too. Replacement feeding increases the risks of malnutrition, diarrhea, and infant death.
- HIV Positive mothers can protect their infants in the following ways: taking HIV treatment, boiling breastmilk if the woman shows severe signs of AIDS, prepare infant formula each day for two years, breastfeed until 12 months and then provide boiled animal milk to the child. There are risks for each choice. Each family must decide what is best considering the environment and socially acceptable behaviors in the community.
- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.

? Why is **Mother B** concerned?

? **Mother A** says breastfeeding is best for Of Great Worth. How?

? How can an HIV positive mother protect her infant from HIV during pregnancy, delivery, and breastfeeding?

HIV Treatment and Prevention
during Pregnancy, Labor, and Delivery (Picture 5.2) - 5 minutes

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5. Show:

- Ask the caregivers to describe what they see in the pictures on page 39.

	? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 38 and 39.
- Use the captions on the flipchart to remind you which images represent each point.

- Women taking ARVs will continue treatment during pregnancy.
    - This woman takes ARVs each day for her own health.
    - She takes ARVs each day during pregnancy.
    - ARVS help to protect the child from HIV.
    - She does not need to take extra pills for her infant.
- HIV positive women not taking ARVs will begin infant prevention pills at the first signs of pregnancy.
    - This mother's sickness does not need ARV treatment yet.
    - She takes infant prevention pills to protect the infant from HIV.
    - She begins these pills during the fourth month (14th week) of pregnancy.
    - These pills help to protect the child from HIV.
- HIV positive women will take treatment (ARVs or infant prevention pills) on the day of labor, and delivery.
    - The woman takes ARVs on the day of delivery.
    - This woman takes infant prevention treatment on the day that her child is born.
    - Both women take treatment each day.

? What if a woman does not know her HIV status? What should she do?

- Take an HIV test as soon as you know you are pregnant.

Additional Information for the Trainer

Infection during Pregnancy

- If a woman is infected during pregnancy, or in the months before pregnancy, the risk of transmitting HIV to the infant is much higher.[31]

[31] For more information, review the Guidelines on HIV and infant feeding: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. 2010. World Health Organization. Available: http://www.who.int/child_adolescent_health/documents/en/

- Encourage all pregnant women to be tested at the first sign of pregnancy and again at 6-8 months of pregnancy if they at high-risk of infection.

Maternal Treatment and Infant Treatment

- Women (and men) with a CD4 count ≤ 350 cells/mm3 or women showing clinical signs of stage three or four HIV infection, should begin ARVs immediately whether or not they are pregnant. [32]
- Women taking ARVs for their own health do not need to add infant prevention treatment. ARVS are safe and effective in reducing mother-to-child transmission.
- Pregnant women who do not have a low CD4 count and do not show signs of AIDS, will begin HIV prevention pills to prevent mother-to-child transmission during the 14th week of pregnancy.

CD4 Cells

- CD4 cells are white (germ fighting) cells that help the immune system. By counting the number of CD4 cells in the blood, health workers are able to measure the strength of the immune system.
- For a list of HIV stages, see the additional information under Picture 1.4.

HIV Treatment from Birth to Six Months (Picture 5.3) – 5 minutes

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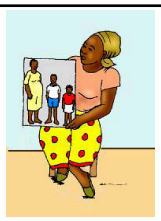
7. Show:

- Ask the caregivers to describe what they see in the pictures on page 41.

	? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 40 and 41.
- Use the captions on the flipchart to remind you which images represent each point.

- Give only breastmilk for the first six months of life.
    - Breastfeeding prevents diarrhea and poor health.

[32] For more information on WHO recommended treatment, see the Rapid Advice: use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. November 2009. World Health Organization. Available: http://www.who.int/hiv/pub/mtct/advice/en/index.html

    - In this region (where care groups meet), infants given infant formula are more likely to get sick and even die from diarrhea.
    - If you are worried about HIV, talk with a health worker.
    - Even if HIV treatment is not available, breastfeed your child.
- Do not give animal milk, water, tea, porridge or other drinks for the first six months.
    - Animal milk is dangerous for infants less than six months.
    - Adding foods and liquids is dangerous.
    - They increase the possibility of HIV transmission.
    - Breastmilk is the only food and drink the infant needs.
- Give infant prevention drops to breastfeeding infants each day.
    - Infant prevention drops are squeezed into the child's mouth.
    - Prevention drops help to protect the infant from HIV.
    - The health worker will tell you when to stop the treatment.
- HIV positive mothers will take treatment each day (ARVs or infant prevention pills) to prevent passing HIV while breastfeeding.
    - This mother takes ARVs to prevent HIV from passing to her infant.
    - Mothers taking infant prevention pills should meet with health worker. He will tell you when to stop taking infant pills.

Additional Information for the Trainer

Infant Treatment (WHO 2010 Recommendation)

- If the woman has taken ARVs throughout the pregnancy, upon birth the infant should receive NVP (Nevirapine) or twice daily AZT at birth until 4 to 6 weeks of age. These guidelines are the same if the child is breastfed or receives replacement feeds. (The mother's treatment will provide the needed protection to the infant if breastfed.)
- If the woman has taken infant prevention pills (prophylaxis) through the pregnancy, upon birth the infant should receive either daily HIV prevention drops for four to six weeks, or daily HIV prevention drops until one week after breastfeeding has been completed. Consult the MOH for the appropriate guidelines based on the ARV drugs available in your country.

Breastfeeding without Treatment

- Even when HIV treatment is not available (ARVs or HIV prevention pills or drops for infants), mothers should exclusively breastfeed in the first six months of life and continue breastfeeding for 24 months unless environmental and social circumstances are safe for, and supportive of replacement feeding.

Replacement Feeding

- Replacement feeding (infant formula and heat-treated milk) can reduce the chances of passing HIV to the infant. However, the infant is at greater risk for malnourishment and death if the liquids

and containers used to feed the infant are not cleaned and prepared correctly at each feeding.[33]

- Infant formula milk and heat-treated expressed breastmilk are the only two options for the first six months of life.
- After 6 months, mothers can give boiled animal milk, infant formula, or heat-treated expressed milk with complementary foods.
- For short, pictorial materials in Swahili or English about Infant Feeding, see the following website: http://www.qaproject.org/strat/stratHIVjobaids2.html

HIV Positive Infants

- If the infant is known to be HIV positive, HIV positive mothers can follow guidance for the general population: exclusively breastfeeding for the first six months and continue breastfeeding for two years or more.

Mixed Feeding

- The risk of HIV transmission from mother to infant from 6 weeks to six months of exclusive breastfeeding is about 4%.
- If the breastfed infant is given solid foods in the first six months he has a risk of HIV infection ***eleven*** times higher than the exclusively breastfed infant.[34]

HIV Prevention and Child Feeding after Six Months (Picture 5.4) – 5 minutes

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9. Show:

- Ask the caregivers to describe what they see in the picture on page 43.

	? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 42 and 43.
- Use the captions on the flipchart to remind you which images represent each point.

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[33] Guidelines on HIV and Infant Feeding. 2010. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. WHO. Available: http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html

[34] Prevention of Mother-to-Child Transmission of HIV. Generic Training Package Draft Trainer Manual. January 2008. Module 6 Infant Feeding in the Context of HIV Infection. WHO, US Department of HHS-CDC, Global AIDS Program. http://www.womenchildrenhiv.org/wchiv?page=gtp-01-00

- Begin giving foods to infants at six months of age. Breastfeed whenever the infant asks for it.
    - Follow the same feeding guidelines as children of mothers without HIV.
- In this region (where care groups meet), mothers should continue breastfeeding until 24 months.
    - Follow the same feeding guidelines as children of mothers without HIV.
    - Infants given infant formula, boiled milk, or boiled breastmilk are more likely to get sick and even die from diarrhea.
    - If you are worried about HIV, talk with a health worker.
- Mothers and infants will continue taking infant prevention pills and drops until told to stop by the health worker.
    - This mother is meeting with a health worker.
    - She tells her when to stop taking the HIV prevention medicine.

Additional Information for the Trainer:

Breastfeeding for 24 months

- Exclusive breastfeeding is recommended for 24 months based on the regions where FH works. Replacement foods (boiled breastmilk, boiled animal milk, or infant formula) are only recommended at 12 months <u>if environmental and social circumstances are safe for, and supportive of replacement feeding</u>. This includes: 1) Safe water and proper sanitation facilities in the home and community. 2) Ability to provide reliable, sufficient infant formula to support normal growth and development for the infant for up to 24 months. 3) Ability to prepare the formula cleanly and frequently enough so that is it is safe and carries a low risk of diarrhea and malnutrition. 4) Ability to provide replacement foods (considering time and money). 5) Support from the family for replacement feeding instead of breastfeeding. 6) Location near a health facility that has a full range of child health services. [35]
- If boiled breastmilk, boiled animal milk, or infant formula can be given each day for one year from 12 to 24 months, these options can replace breastmilk at 12 months and continue until 24 months

Transmission Risk

- Although HIV infant treatment has substantially reduced mother-to-child transmission, infant treatment does not provide long-term protection for the breastfeeding infant.
- With treatment in breastfeeding populations, HIV transmission from mother-to-child can be reduced to 5% or less.[36]

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[35] Prevention of Mother-to-Child Transmission of HIV Generic Training Package. World Health Organization in collaboration with the United States Department of Health and Human Services, Centers for Disease Control and Prevention (HHS-CDC)WHO, DCD. July 2008. Available: http://www.womenchildrenhiv.org/

[36] PMTCT Strategic Vision 2010-2015 Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals: Geneva, WHO, 2010.

- Without treatment, about 5-10% of HIV positive mothers pass the virus to their infants during pregnancy; between 10-20% during labor and delivery; and another 10-20% through breastfeeding to 24 months.[37]

11. Activity: Heat Treating Milk – 45 minutes

This activity has two parts, and may take up to one hour with mothers depending on their current knowledge. Adapt the exercise based on the needs of the women in your group and the time that you have for teaching.

Before you begin:

- Prepare a fire to boil the expressed milk.
- Prepare a pan of water and a clean, tall jar of expressed milk with a lid.
- Use a Tippy Tap to wash hands.

? Have any of you ever had sores or cracked nipples from breastfeeding? (Answer: *Yes. There may be one or two women with these problems.)*

1. *Explain: Many women develop breast sores, ulcers or cracked skin around the nipples. This is especially dangerous for HIV positive women.*
    a. *Remember people with HIV have trouble fighting infection. It is important to help the mother's body to heal quickly so that she does not become overwhelmed with many infections.*
    b. *The mother's infection is also a risk for the infant (especially if the child has cuts or sores in their mouth). Breastfeeding on breasts that have sores or cracks could increase the possibility of HIV transmission from blood.*

? What should an HIV positive mother do if she develops sores one or both breasts?

2. *Explain: If one breast is infected, it is best to breastfeed on the opposite breast until the other breast heals. Draw out the breastmilk of the infected breast by hand and throw it away until the breast heals.*
    a. *This protects the mother: her breast continues to produce milk. She draws it out daily so it is not engorged.*

[37] World Food Program (WFP). Getting Started: WFP Support to the Prevention of Mother -to-Child Transmission of HIV and Related Programmes. Rome: WFP, 2004.

b. *This protects the infant: the infant is feeding more often on the un-infected breast and is not in danger from the exposure to blood on the infected breast.*

3. *Explain: If both breasts are infected, the mother can express (draw out) her milk and heat it to kill the HIV germs. The heated milk is safe for the infant.*

Additional Information: *Some HIV positive mothers may choose to heat ALL breastmilk for the infant. This is very expensive and time consuming, but effective in killing HIV in the breastmilk. Milk must be expressed regularly throughout the day, heated, and stored until feeding time. This is also a good strategy for women with stage three or four HIV. In the latter stages of infection, HIV transmission is increased.*

? Does anyone know how to express by hand?

4. *As you explain, ask a lactating mother to demonstrate in front of the group. She will express her milk into a clean cup.*
    a. *The volunteer begins by washing her hands with soap and water.*
    b. *The volunteer sits in a comfortable position with the cup on a table or stool in front of her.*
    c. *Using one hand, the volunteer puts her thumb on the top of the breast above the dark area around the nipple. She places her first finger below the nipple and the dark area. She supports her breast with her remaining fingers.*
    d. *She pushes back with her thumb and finger towards her chest wall while squeezing her thumb and fingers rhythmically. Instruct the volunteer to mimic the way an infant pushes against your breast when feeding. As the milk begins to slow, the volunteer rotates around the breast in order to get all of the milk from the breast.*
5. *Explain: If a mother wants to express milk from both breasts, when the flow slows from one breast, she switches to the other breast. She continues this way until both breasts are empty. This takes about the same amount of time that it would take an infant to feed.*

Heat-treating Expressed Milk

6. *Explain: When both breasts are infected, a mother will need to heat the milk to kill HIV in the milk.*
7. *Place the expressed milk into a tall, clean jar with a lid.*
    a. *It is best to use a pot or jar washed with soap and water and rinsed with boiling water (or dipped into boiling water).*
    b. *Boiling water kills all the germs on the pot. This keeps the breastmilk clean.*
    c. *Never heat a plastic container.*
8. *As you explain the process, demonstrate with a cup of expressed milk.*
    a. *Put the covered jar of milk into a pot of water.*

b. *The <u>water level in the pot should be two fingers above the level of milk in the jar</u> so that all the milk is heated.*

c. *Heat the pot of water until it boils with large bubbles. Remove the milk immediately after the water boils. Do not wait until the milk boils - boiled milk loses its nutrients.*

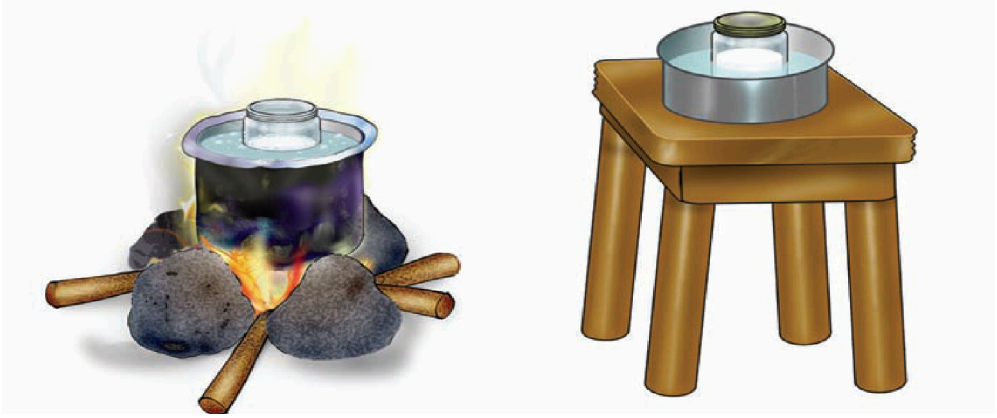
d. *Let the milk cool by setting it in a bowl of cool water, or leaving it covered in a cool place.*

e. *The jar of heated, expressed milk can be kept for 6 hours in a cool place and be safe to feed the infant. After 6 hours, all of the heated, expressed breastmilk must be thrown away.*[38]

9. *Once the milk cools, pour a small amount into an open, clean cup for the infant.*

a. *Clean the cup by washing it with soap and water and rinsing it (or dipping it into) boiling water.*

b. *Throw away milk left in the infant's cup after he is finished feeding. The milk has germs from the infants tongue and mouth.*



39

10. *Explain the following points:*

a. *Never use a baby bottle to feed an infant. Bottles are very difficult to wash and have small corners and cracks which hide germs. Always use a clean, open cup instead.*

b. *An infant will slowly learn how to drink out of a cup. It may take one or two feedings.*

c. *Discuss places mothers can store jars of milk to keep it cool. Examples might include: in a pan of water in a covered cabinet or buried underground (digging a hole in the sand and covering*

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[38] Keeping the milk cool is important. Keep milk cool (in a place between 15 and 25 degrees C.) Keeping milk in a pot of water, in the shade, or buried in wet soil are two effective ways to keep milk cool in hot climates. "Storage of human milk (before heating) is safe at 15 degrees C for 24 hours, whereas at 25 degrees C, it is safe for 4 hours. Treated or untreated milk should not be stored at 38 degrees C." [Hamosh M. Breastfeeding and the working mother; effect of time and temperature of short-term storage on proteolysis, lipolysis, and bacterial growth in milk. Pediatrics. 1996 April; 97 (4): 492-8.] FH recommends using 6 hours of storage for expressed milk and heated milk and as a median time assuming it is stored in cool conditions.

[39] Illustrator -Victor Nolasco. Job Aids on HIV and Infant Feeding. Available: http://www.qaproject.org/strat/stratHIVjobaidsintro.htm

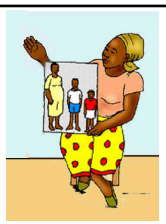
the covered jar with wet sand). Add other locally appropriate examples.

11. *Answer questions. Review the importance of heat-treating milk to kill HIV when HIV positive mothers have breast infections.*
12. *If there is time, encourage lactating mothers who want to try to hand express their milk to try. Help those who are having difficulty.*

Additional Information for the Trainers:

Stored Milk

- Hand expressing milk may be an important skill for breastfeeding mothers who are not able to take their infants with them to the field.
- They can express milk in the morning and give it to a caregiver to feed later in the day. Untreated breastmilk can be stored in a clean, covered container in a cool place for approximately 8 hours.



12. Probe – 10 minutes

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

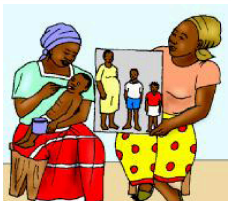
Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices to this woman. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*



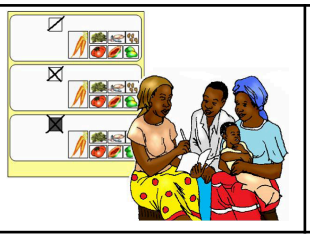
15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to getting an HIV test the next time I am pregnant.
- I commit to taking HIV infant prevention treatment during pregnancy, labor, delivery and while breastfeeding if I am HIV positive.
- I commit to advising HIV positive mothers to breastfeed their children for 24 months.



16. Examine — 10 minutes

Ask each mother one-on-one about her commitments.

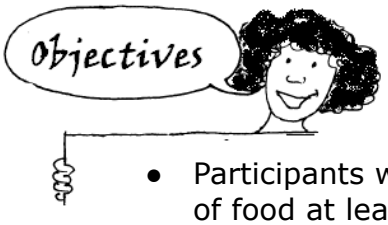
? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about her practices in the last two weeks:

- Have you talked with your spouse about HIV transmission?
- What can you and your spouse do to protect each other from HIV?
- What practices can help reduce HIV transmission for a couple when one person has HIV?
- What practices should someone with HIV avoid?

Lesson 6: Nutrition and Care for the Chronically Ill:

For those with unknown status or when treatment is not available



- Participants will offer the chronically ill small, high-nutrient portions of food at least three times a day to help them maintain their body weight.
    - Offer foods high in vitamin A, iron, vitamin C, and protein each day. The immune system (germ fighting system) needs these nutrients to work well.
    - Add oils, fats, and sugars to increase appetite and weight gain.
    - Make porridges thick. Thin, watery soups will fill up a person's stomach without providing the needed nutrition.
- Participants will take the chronically ill to the health clinic for vitamin A, zinc and other micronutrients to help the body recover.
    - Vitamin A and Zinc can be given to help the body heal and recover after diarrhea. Vitamin A supplements help to reduce severe illness.
- Participants will help to soothe oral thrush (white coating on tongue and inside the mouth), by dabbing gentian violet liquid onto mouth sores.
- Participants will help those who stay in bed all day to bathe and care for their skin by cleaning often with soap and using petroleum jelly to soothe and reduce skin sores.
- Participants will offer purified water and ORS often to the chronically ill to regain fluids lost from diarrhea, sweating or vomiting.
- Participants will help the chronically ill to get treatment for severe respiratory infections such as pneumonia and tuberculosis.
- Participants will help the chronically ill to sit up and exercise for small amounts of time each day to help muscles and bones to stay strong.
- Participants will encourage friends and family to visit and talk with the chronically ill each day to encourage, support, and help the sick overcome loneliness.
- Participants will believe that they are able to improve and aid the chronically ill by taking simple actions of care and support (perceived self-efficacy).[40]

Materials

1. *Attendance Registers*
2. *HIV Prevention, AIDS Treatment and Care Leader Mother Flipchart*

[40] Perceived self efficacy is a behavioral determinant in barrier analysis. For more information visit www.barrieranalysis.com.

3. *A caregiver, prepared to share with the group.**

Lesson 6 Summary:

- Game: Mirrors
- Attendance and Troubleshooting
- Share the story and ask how they care for the chronically ill: Mother A Helps Others Recover
- Show pictures and share key messages on flipchart pages 38-43: Feeding Guidelines for the Chronically Ill, Physical Care for the Chronically Ill, Treatment, and Care of the Chronically Ill.
- Activity: Caregiver Testimony
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in pairs
- Request a commitment
- Examine practices related to prevention of mother-to-child HIV transmission.

	**1. Game: Mirrors – 10 minutes**

1. *Everyone will work with a partner for this game (including the facilitator).*
2. *One person in each pair is a "mirror." The other person is the "actor." The "actor" will move their body in different ways. The mirror must copy everything that the actor does.*
3. *The facilitator should demonstrate with his partner first until everyone understands.*
4. *After a few minutes, ask the women to find a new partner and to switch roles (the mirror becomes an actor, the actor becomes a mirror)*
5. *Repeat several times.*

Now that we are energized, let's begin today's meeting.

	**2. Attendance and Troubleshooting – 15 minutes**

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*

2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader[41] to discuss the needed items for next week's activity and solicit volunteers.*

Mother A Helps Others Recover (Picture 6.1) - 10 minutes

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3. Story

- Read the story on page 45 of the flipchart.
- In this story, a man in the community asks Mother A to help his wife. She is very ill. Mother A remembers her own illness and agrees to help. Mother A follows the man to see how she can help.

Mother A's husband comes to speak with **Mother A**. "This man's wife is very ill, just as you used to be. He has heard that you are very wise. You were sick, but now are healthy. He asks that you come and help his wife recover." **Mother A** remembers her own illness. She quickly agrees and follows the man to his house.

4. Ask

- Ask the first question to review the changes that others have seen in Mother A's life.
- Ask the second question to review positive changes that others have seen in the lives of the women in the group.
- Ask the last question to find out about if and how women in the group have helped the chronically ill in their community.
- We hope that participants respond in this way: the man asks Mother A because he has seen her help others in the past (mothers in the care groups). He has also seen the way that she recovered from her own illness.
- Participants will share their own stories of helping others. It is important to help the women see how "far" they have come from the beginning of the program.
- Finally, we hope the women discuss practical things that they have done to help the sick. This might include: giving soft foods to those with mouth and throat pain, offering clean water, helping them to visit the clinic, helping soothe their skin sores, and helping them exercise.

[41] The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- **Encourage discussion. Don't correct "wrong answers**." Let everyone give an opinion. You will correct their inaccurate beliefs in the flipchart pages that follow.

	**?** Why does the man come to Mother A's house? **?** Has anyone come to your house to ask for your help? What did you do? **?** Have you ever given care to those with chronic illness? How? What did you do?

Feeding Guidelines for the Chronically Ill (Picture 6.2) - 5 minutes

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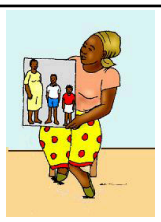
5. Show:

- Ask the caregivers to describe what they see in the pictures on page 47.

	? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 46 and 47.
- Use the captions on the flipchart to remind you which images represent each point.

- Offer foods with vitamin A, vitamin C, iron, and protein each day.
    - These foods will help the immune system to regain strength.
    - Offer foods with Vitamin A: pawpaw, liver, orange sweet potato, carrots, plantain, pumpkin and red palm oil.
    - Offer foods with iron: legumes, organ meat, and dark green leafy vegetables.
    - Offer foods with Vitamin C: oranges, lemons, jackfruit, tomatoes, okra, avocado, and mango.
    - Offer foods with protein: beans, lentils, nuts, split peas, eggs, meat, chicken, and fish.
- Offer small portions of thick porridges and soft foods at least three times a day.
    - Offer thick porridges, soups, and stews.

    - Thick foods fill the stomach with nutrients.
    - Mouth and throat sores make it difficult to swallow.
    - Soft foods are easier to swallow and digest.
- Add fat, oil, and sugar to foods to help the sick gain weight.
    - Fat and oil help the body to gain weight.
    - Sugar adds flavor and increases appetite.
    - Offer sugary snacks between meals.
- Offer purified water and ORS to help the sick recover.
    - Give ORS after diarrhea or vomiting.
    - Offer purified water many times a day.

? How do you make ORS?

- Mix one liter of water with one ORs packet.

Additional Information for the Trainer

Weight Loss

- HIV positive people need more energy, protein, and nutrients than those without HIV. However, adults with HIV often eat <u>less</u> because of loss of appetite, mouth and throat sores, nausea, and the side effects of medication.
- HIV also damages the inside of the intestines especially when the sick suffer from regular diarrhea and vomiting. This reduces the ability of the body to absorb nutrients from food.
- These things work together to cause severe weight loss, malnutrition, and wasting.

Micronutrients

- Foods rich in vitamin A protect against severe illness, promote growth and healthy sight (vision). Vitamin A helps to shorten the length of an illness.
- Foods rich in vitamin C increase the absorption of iron into the blood. Iron helps to build strong blood.
- Protein helps to build and repair body organs and tissues.
- For more information on these nutrients, see Module 2, Lesson 5.

Physical Care for the Chronically Ill (Picture 6.3) – 5 minutes

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7. Show:

- Ask the caregivers to describe what they see in the pictures on page 49.

	What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 48 and 49.
- Use the captions on the flipchart to remind you which images represent each point.

- Bathe those who are not able to clean themselves.
    - Those who are very sick may not have strength to wash themselves.
    - Use soap and water to clean the skin.
- Massage petroleum jelly into irritated skin.
    - Petroleum Jelly helps to soothe irritated skin.
    - Rub petroleum jelly on skin and bones that rub against the bed.
    - Petroleum jelly will help to prevent skin sores.
- Help soothe mouth sores by dabbing them with gentian violet liquid.
    - Her husband is dabbing gentian violet onto the woman's sores.
    - This helps to heal sores in the mouth.
    - The liquid is a dark purple.
- Give the sick person a bucket with a lid for vomiting or to use as a latrine.
    - This woman is too weak to stand up and vomit outside.
    - Wash the bucket each day with soap and water.
    - Her husband is wearing plastic bags to protect himself from HIV in the blood in the bucket.

? When should a caregiver wear gloves (or plastic bags) to protect themselves from HIV?

- When touching, rubbing, or cleaning broken skin, blood, or genital fluids.

Additional Information for the Trainer

Skin Lesions

- Diets that do not have enough Vitamin A and Vitamin B6 can increase skin sores. Adding foods high in these vitamins may improve the skin.
- Vitamin A foods include yellow, orange, and green vegetables and liver. See Module 2, Lesson 4 for more information on vitamin A.

- Vitamin B6 foods include cereals, kernels, whole grains, seeds and nuts, figs and green leafy vegetables.

Malaria

- It's important to protect people with HIV from malaria. Malaria increases HIV symptoms while HIV increases the symptoms of malaria.
- People with HIV should sleep under insecticide-treated bed nets, especially HIV positive pregnant women and children.

Treatment and Care of the Chronically Ill (Picture 6.4) – 5 minutes

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9. Show:

- Ask the caregivers to describe what they see in the picture on page 51.

	? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 50 and 51.
- Use the captions on the flipchart to remind you which images represent each point.

- Visit the clinic for treatment of severe respiratory infections.
    - Help those who are weak, to get treatment.
    - One out of every three people with AIDS has tuberculosis.
    - Encourage the sick to be tested and begin ARVs.
- Ask the health worker for supplements like zinc, Vitamin A, iron or folate to help the body heal.
    - Supplements for pregnant women can also help those who have chronic illness.
- Help the chronically ill to sit up and walk.
    - Exercise helps the muscles and bones to stay strong.
    - Support those who can't walk on their own.
- Encourage friends and family to visit those who are sick.
    - Mother A encourages the women's friends to come.
    - She tells them not to be frightened of her illness.
    - The visitors help the woman to laugh.

Additional Information for the Trainer

Tuberculosis

- One out of every three people living with AIDS has tuberculosis. Tuberculosis is the main cause of death for half of all people living with AIDS.[42]

	**11. Activity: Caregiver Testimony– 30 minutes**

Before the meeting:

1. *Identify a dynamic, well respected woman or man in the community who cares for someone who is chronically ill, or cares for those with HIV.*
2. *Ask the caregiver if he is willing to talk with the group of women. If he agrees, explain the details of the meeting. The caregiver should speak for about 15 minutes about the following things:*
    a. *Description of the types of illnesses and the symptoms related to the illnesses that he cares for.*
    b. *Description of the way that he helps the person to overcome physical needs, social needs and spiritual needs.*
    c. *Suggestions on how to care for someone with AIDS or someone who is severely ill.*
    d. *Description of how he protects himself from HIV and the sicknesses of those he cares for.*
    e. *Encouragement for the audience that they can help those with HIV, giving suggestions of what they can do.*

At the meeting:

3. *Introduce the speaker and allow him to share the things you have discussed.*
4. *After she is finished speaking, give the group time to ask questions.*
5. *Close by reviewing the main messages shared in the testimony and encouraging the women to help those suffering from AIDS or other illnesses.*

	**12. Probe – 10 minutes**

[42] UNAIDS. Frequently asked questions about tuberculosis and HIV. Accessed January 10, 2008. Available: http://data.unaids.org/pub/factsheet/2006/tb_hiv_qa.pdf

? What do you think about the things you have learned today? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices to this woman. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*

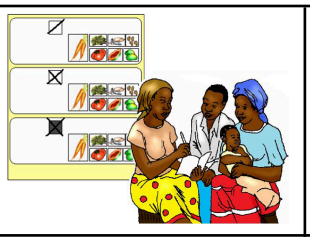
15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

For example:

- I commit to take the ill to the health clinic for zinc and vitamin A.
- I commit to sharing with people at my church how they can care for those who are sick.
- I commit to helping bathe and soothe the skin of my elderly parents.
- I commit forming a team of women who will care for those with AIDS in our community.



16. Examine – 10 minutes

Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

Finally, ask each mother one-on-one about her practices in the last two weeks:

For mothers who have shared their HIV positive status:

- *If they are pregnant:* What are you plans for feeding your infant?
- *Have you taken treatment every day in the last week?*
- *For those with a child 24 months or younger: What did you give your child to eat and drink in the last week?*
- *What will you do if you have a breast infection?*

For all other mothers:

- What should an HIV positive mother feed her infant at birth? At six months?
- Should an HIV positive mother continue taking ARVs?
- What should an HIV positive mother do if she has a breast abscess or if her infant develops sores in his mouth?

Lessons 1 – 6 Pre and Posttest

Two questions from each lesson are listed below. Before and after training the staff, give the posttest to evaluate their comprehension. For those who score less than 75%, give them more training to help them grasp the key content.

1. **What does HIV do to the body? How does it cause sickness?**

   _____

2. **Circle the <u>three body fluids</u> that contain HIV in an infected person. Circle ONLY three.**

   - blood
   - spit
   - tears
   - sweat
   - breastmilk
   - genital fluids (fluids from the penis or vagina)

3. For each of the following statements, circle true or false.
   a. **HIV can be passed by sitting next to someone with HIV.** True or False?
   b. **HIV can be passed by greeting someone with HIV.** True or False?

4. **Name two things you can do to reduce stigma.**

   c. _____

   d. _____

5. **Name two reasons why it is important to get an HIV test.**

   a. _____

   b. _____

6. **When should a pregnant woman take an HIV test?**

   _____

7. **Name two sex practices that a couple (where one spouse has HIV) should avoid.**

   a. _____

   b. _____

1. **Name one thing <u>a woman can do</u> to LOWER her risk of HIV infection (one thing to prevent sexual infections).**

   _____

8. **How long should an HIV positive mother breastfeed her child?**

   _____

9. **If a mother is heat-treating her breastmilk to kill HIV, when should she remove the milk from the fire?**

   _____

10. **Name two feeding guidelines for the chronically ill. What types of foods and liquids should be offered?**

    e. _____

    f. _____

11. **Caregivers should wear gloves (or plastic bags) on their hands to protect themselves from HIV when touching broken skin, blood, or genital fluids.** True or False?

Posttest Answer Key

For those who score less than 75%, give them more training to help them grasp the key content.

2. **What does HIV do to the body? How does it cause sickness?**
   HIV destroys the germ fighters (immune system) so that the body is no longer able to fight infection.

3. **Circle the <u>three body fluids</u> that contain HIV in an infected person.**
   The following three answers are correct:
   - **blood**
   - **breastmilk**
   - **genital fluids (fluids from the penis or vagina)**

4. **For each of the following statements, circle true or false.**
   a. HIV can be passed by sitting next to someone with HIV. **FALSE**
   b. HIV can be passed by greeting someone with HIV. **FALSE**

5. **Name two things you can do to reduce stigma.**
   Any two of the following answers are correct:
   - Explain HIV transmission to people that don't understand.
   - Help others in the community with work in the field.
   - Help those who are sick to attend community activities.
   - Visit the sick at home.
   - *Add any other activities discussed during the teaching meetings.*

6. **Name two reasons why it is important to get an HIV test.**
   Any two of the following answers are correct:
   - So you can begin treatment before you become too sick.
   - So you can protect your spouse from infection.
   - So you can protect your child from infection.
   - So you do not have to worry about your HIV status.

7. **<u>When</u> should a pregnant woman take an HIV test?** <u>as soon as she knows she is pregnant.</u>

12. **Name two sex practices that a couple (where one spouse has HIV) should avoid.**
    Any two of the following answers are correct:
    - anal sex
    - sex when one person has an STI

- forced sex
- sex without a condom
- sex when a woman has her time of bleeding.
- dry sex

8. **Name one thing <u>a woman can do</u> to LOWER her risk of HIV infection (one thing to prevent sexual infections).**
   Either of the following answers is correct:
   - wear a female condom
   - Do not have sex with other partners; have only one sex partner
   - talk to her husband about using a male condom during sex

9. **How long should an HIV positive mother breastfeed her child?** <u>A mother should breastfeed until 24 months. However, if she is able to provide replacement feeding every day for one year, she should stop breastfeeding at 12 months and use replacement feeds for one year up until 24 months.</u>

10. **If a mother is heat-treating her breastmilk to kill HIV, when should she remove the milk from the fire?** <u>As soon as the water pot boils (big bubbles form continuously in the pot of water).</u>

11. **Name two feeding guidelines for the chronically ill. What types of foods and liquids should be offered?**
    Any two of the following answers are correct:
    - Offer foods with vitamin A, vitamin C, iron, and protein each day.
    - Offer small portions of soft foods and thick porridges.
    - Offer foods at least four times a day.
    - Add fat, oil, and sugar to help increase appetite.
    - Offer purified water and ORS to help the sick recover.

12. Caregivers should wear gloves (or plastic bags) on their hands to protect themselves from HIV when touching broken skin, blood, or genital fluids. **True**