

A handbook for Peer Educators

Addressing HIV/AIDS in the workplace

ILO/USDOL HIV/AIDS

Workplace Education Programme for Trinidad and Tobago

ILO Subregional Office for the Caribbean

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FOREWORD

The International Labour Organization, as the United Nations specialized agency with responsibility for the world of work, recognizes that HIV and AIDS is a major threat to the workforce and to the Decent Work Agenda. In 2000, the ILO established ILO/AIDS, its programme to address HIV/AIDS and the world of work. The objective of the programme is to understand and respond to the effects of HIV/AIDS in the world of work and support action by governments, employers and workers to mitigate its effects. In 2001, the ILO developed the Code of Practice on HIV/AIDS and the world of work as a guide for action to be taken at the workplace.

In an effort to assist in scaling up the response to HIV/AIDS in Trinidad and Tobago, the ILO Subregional Office for the Caribbean signed a Memorandum of Understanding with the Ministry of Labour and Small and Micro Enterprise Development, on behalf of the Government of Trinidad and Tobago in 2006, to implement an HIV/AIDS Workplace Education Programme, with support from the United States Department of Labor. The programme was guided by the objectives of ILO/AIDS and the ILO Code of Practice on HIV/AIDS. The Programme identified 12 companies from the banking and finance, energy, manufacturing and retail, ports and tourism sectors, as well as an organization from the informal economy - the National Barbering Association of Trinidad and Tobago. One hundred and eighty persons from these companies, informal economy association as well as representatives of the employers' and workers' organizations have been trained as peer educators.

This handbook for peer educators was developed to support ongoing HIV/AIDS workplace education activities. It will be an indispensable tool for peer educators, HIV focal points and HIV committees. It includes a compact disc with Powerpoint presentations to support training and is accompanied by other resources, including information on contacts for further support.

We wish to express our sincere appreciation to Carol-Ann Senah, Project Coordinator, HIV/AIDS Workplace Education Programme and Moira Denman, Graduate Student, University of the West Indies and Intern on the project, for spearheading the work to produce this

useful output. We are grateful to members of the Project Advisory Board and other key stakeholders for their valuable inputs.

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*“Nine out of every ten people with HIV (globally)
will get up today and go to work”*



Juan Somavia, Director-General,
International Labour Organization



INTRODUCTION

The Annual Report of the National Surveillance Unit, Ministry of Health (2006) reveals that the HIV epidemic in Trinidad and Tobago is concentrated in the 15-49 age group in which occur 71% of new infections. The epidemic therefore has the potential to reduce the supply of labour and negatively affect productivity if workers do not have accurate information on HIV prevention and care. Most people infected with HIV are still healthy and can continue to work and live a productive life. They are infected with HIV but do not have AIDS and may only develop AIDS years after if the body's immune system becomes severely weakened by HIV. However, antiretroviral treatment can keep people living with HIV healthy and can extend their lives.

Fear and a lack of understanding of how HIV is transmitted can lead to discrimination against workers living with HIV, threatening fundamental principles and rights at work and undermining efforts for prevention and care. The ILO/United States Department of Labor HIV/AIDS Workplace Education Programme for Trinidad and Tobago is being implemented to inform workers about HIV and AIDS and promote behaviour change that will reduce the spread of the virus, reduce discrimination and support workers who are living with or affected by HIV and AIDS. Peer Educators from enterprises and workers' and employers' organizations have been trained as part of this comprehensive workplace programme on HIV and AIDS.

This handbook is adapted from the "ILO/Family Health International HIV/AIDS behaviour change communication: A toolkit for the workplace" and is part of a package of HIV and AIDS education resources to be used by Peer Educators in their sensitization and education activities. It provides basic information on HIV and AIDS and suggests sources of further information. It also includes practical exercises to assist Peer Educators in engaging their colleagues in participatory sessions. It is recommended that this handbook be used by workers who have had training in HIV and AIDS education.

1 PEER EDUCATION



What is Peer Education?

Peer Education is based on the idea that individuals are most likely to change their behaviour if people they know and trust persuade them to do so. It helps to break down barriers by allowing people to discuss sensitive matters without fear.

In the context of the HIV/AIDS workplace programmes, it involves the training of male and female workers to facilitate discussions with their co-workers, with the goal of encouraging them to examine and change their high risk behaviour.

Why Peer Education at the workplace?

Peer Education is a cost-effective option for employers. Compared to the cost of lost productivity, absenteeism, retraining and payment of health benefits due to HIV and AIDS, establishing a peer education programme as a part of the HIV/AIDS Workplace programme can save money by helping to reduce new infections.

It capitalizes on workers who will encourage their fellow colleagues to consider changing their current high-risk behaviour. A peer education programme can be initiated rapidly and can reach a large number of workers.

The development of a peer education programme improves the morale of workers, who see their employers' and workers' representatives contributing to the protection of their rights, health and well-being.

Characteristics of a good Peer Educator

- Being part of the workforce
- Being motivated by concern for the health of your colleagues
- Being available and accessible to workers at all times
- Having effective interpersonal communication skills
- Having natural leadership skills
- Possessing good organizational skills
- Being respected by colleagues
- The ability to listen to other peers without bias or assumption
- The ability to speak the language spoken at the workplace
- The ability to keep sensitive information confidential

What do Peer Educators do?

Peer Educators are trained to:

- Facilitate discussions on high-risk behaviour.
- Disseminate basic facts about HIV/AIDS and other Sexually-Transmitted Infections.
- Motivate co-workers to seek prompt and complete treatment from competent health care workers.
- Disseminate information about HIV/AIDS services at the workplace and surrounding community, make referrals to services such as those providing counselling and testing, antiretroviral therapy, prevention of mother-to-child HIV transmission and other opportunistic infections.
- Assist workers infected and affected by HIV and put them in touch with support groups.

- Promote HIV prevention through abstinence, mutual fidelity or condom use.
- Train workers to use and negotiate the use of condoms with a sexual partner and promote condom use among groups with high-risk behaviour.
- Distribute condoms.
- Help peers to assess their own personal risk.
- Lead large group meetings.
- Disseminate information about the HIV/AIDS workplace policy (if applicable).
- Be advocates by influencing workers to support HIV/AIDS programmes.

Behaviour Change

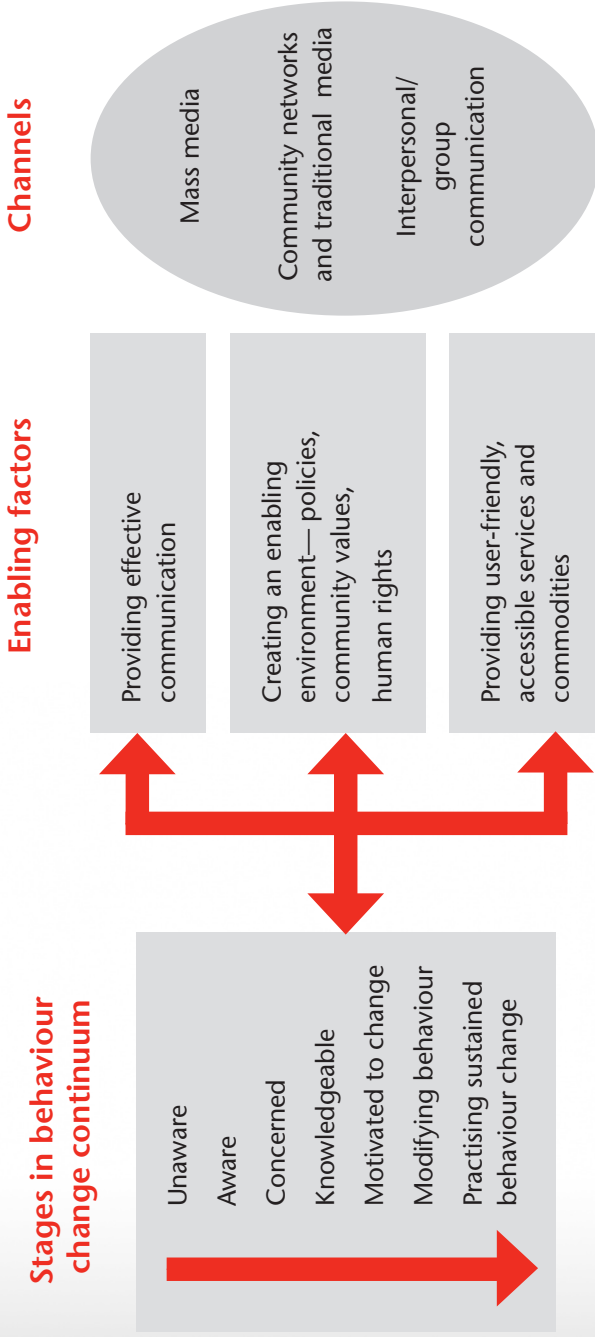
The process of behaviour change:

Behaviour change is a process that involves several stages. Simply telling people to change their behaviour or providing them with information about the risk of HIV infection is not usually enough to get them to make changes. People have to make their own decision to change behaviour that put them at risk of becoming infected with HIV.

Before individuals and communities can reduce their level of risk or change behaviour they must first understand the basic facts about HIV and AIDS, assess and modify their attitudes, learn new skills, and know how to access appropriate services. They must also perceive their environment as supportive of behaviour change and the maintenance of safe behaviour. A workplace education programme contributes to creating such an environment.

The following is a practical model that combines stages of change, focusing on individual behaviour change, with enabling factors that support behaviour change.

The Behaviour Change Process



Stages of Behaviour Change

| Concept | Definition | Role of Peer Educator | Application (Examples) |
|----------------|--|--|--|
| Unaware | Unaware of problem, has not thought about change | Increase awareness of need for change, personalize information on risks and benefits | Peer educators could provide information to couples or through sessions, that make couples aware of the link between unprotected sex with casual partners and the risk to their regular partners and future children |
| Concern | Thinking about change, in the near future (six months) | Motivate, encourage to make specific plans | Supply information to ensure that their peers feel that it applies to them. Women may be concerned about giving birth to an HIV-infected baby which may motivate them to assess their behaviour |

Stages of Behaviour Change

| Concept | Definition | Role of Peer Educator | Application (Examples) |
|--------------------------------------|--|---|--|
| Knowledgeable and skilled | Making a plan to change | Assist in developing concrete action plans, setting gradual goals | Build skills by discussing sex and sexuality, and educating their peers about sexual behaviour |
| Motivated and ready to change | Implementation of specific action plans | Assist with feedback, problem-solving, social support, reinforcement | Peer educators must ensure that condoms and services are available. Engage peers in condom demonstrations and negotiation of safer sex with their partners |
| Trial change of behaviour | Continuation of desirable actions, or repeating periodic recommended steps | Assist in coping, reminders, finding alternatives, avoiding slips/relapses. | Ensure consistent and correct use of the condom |
| Maintenance | Not tempted to return to problem behaviour | Assist with social support and reinforcement | Keep peers informed and motivated |

2. TIPS FOR PEER EDUCATORS



Planning Peer Education sessions

Workplaces with HIV/AIDS programmes should have regular meetings to discuss the activities that would take place at the workplace. Peer Educators are expected to plan events such as information sessions on various topics, guest lectures on HIV issues, condom demonstration sessions and on-site voluntary counselling and testing.

The committee members should plan a calendar of events and each peer educator should decide in which activities they wish to participate.

Not all information dissemination will occur during planned activities as Peer Educators may be approached on a casual basis by co-workers who are seeking information on HIV and AIDS.

Preparing for sessions

A Peer Educator must be well prepared:

- Identify topics/issues to be covered, with appropriate exercises, and what you want to accomplish.
- Read background information before sessions.
- Choose a location that is convenient to your co-workers. If you go to where the workers are they are more likely to participate.
- Arrive on time. It is best to be early to greet participants.

Conducting Peer Education Sessions

Participatory methods are more effective than simply providing facts to motivate people to think through their behaviour choices and to inspire change.

Encouraging participation actually makes sessions easier for Peer Educators because they do not have to do all the talking. Also, when participants find sessions enjoyable, they are more likely to attend and benefit from them.

How to conduct a session

- **Introduce yourself and the goals of the session:** Emphasis should be on encouraging participation and the fact that everyone's opinions and experience are equally important.
- **Create an environment of trust:** Encourage participants to exercise strict confidentiality about what they hear in sessions and urge them to respect one another's privacy.
- **Be relaxed and informal:** Just be yourself!
- **Allow participants to have fun:** Role-playing, game-playing and discussing sex can be fun.
- **Avoid being judgmental or moralistic:** Making participants feel guilty when they are talking about high-risk behaviour can cause them to withdraw. It is essential for educators to focus on protecting people from infection, rather than on trying to change their moral and social values.
- **Try not to tell people what to do:** Participants have to conduct their own risk assessments and then decide for themselves whether it is to their advantage to change their behaviour.
- **Ask probing questions or follow-up questions:** Ask people how they feel and not just what they think or know.
- **Get participants to move and stretch:** Some group activities can break the monotony and refresh the participants.
- **Ensure that everyone participates:** Try posing questions directly to individuals; pose the same question to several different people.

- **If you don't know; say so!**: If you do not know the answer to someone's question, do not pretend that you do. Tell the person that you will find out and get back to him or her.

Group Size

Between **six to ten** is the best number of participants for a peer-education session. If there are too many people, the group can become unwieldy and harder to control, and it is less likely that everyone will get the chance to participate.

Suggestions for incorporating HIV/AIDS into on-going workplace activities

Provide HIV/AIDS information at the following times/locations:

Staff training sessions

- New staff orientation
- Special staff training
- Occupational Safety and Health Sessions

Staff activities

- Sports Day
- Staff Lime
- Christmas Party
- Awards Banquet
- Carnival activities (HIV calypso competition)
- Other

Staff areas

- Lunch Room
- Restroom
- Locker Area
- Other

Staff communication

- Newsletter
- Message Boards
- Intranet
- Pay slips
- Staff Meetings
- Other

Some ideas for the production of materials with your company's HIV message/motto (remember to include pre-testing).

Materials

- Posters
- Stickers
- Pens
- Pins
- T-shirts
- Calendars
- Banners (for display at functions)
- Coffee mugs
- Christmas cards
- Carnival rags
- Other

3. Peer Education: Topics and Activities



I. HIV Prevention

Basic Facts on HIV/AIDS

HIV is the virus which causes AIDS

- H** **Human:** Found only in humans, transmitted by humans and preventable by humans
- I** **Immuno-deficiency:** Body lacks ability to fight off infections. HIV causes problems by entering a person's body, then attacking and killing cells of the immune system
- V** **Virus:** Type of germ that lives and reproduces in body cells

- A** **Acquired:** HIV is passed from one person who is infected to another person (not hereditary)
- I** **Immune:** Refers to the body's immune system. The immune system is made up of cells that protect the body from disease. HIV attacks the cells of the immune system
- D** **Deficiency:** Not having enough of something; the body does not have enough cells from the immune system to protect against infection
- S** **Syndrome:** A group of signs and symptoms associated with a particular disease or condition. People have symptoms and diseases that occur together only when the HIV infection has progressed to AIDS

How is HIV Transmitted?

- Sexual intercourse (anal, vaginal and oral)
- Contaminated blood and blood products
- Contaminated needles, syringes and other piercing instruments
- Mother-to-child-transmission (MTCT) via placenta, blood, breast milk

The stages of HIV infection

Window period: Once a person becomes infected with HIV, there is a period of three to six weeks (sometimes as long as three months) before the body reacts to the presence of the virus and produces antibodies that can be detected in the blood by the laboratory test. If the antibodies are found, the test result is "positive" and the person is said to be "HIV positive". The period of time during which an

HIV test remains negative (even though HIV is in the body) is called the “window period”. Infected persons can pass on the virus during this time, even though they may still test negative for HIV.

HIV is NOT spread by:

- Hugging, kissing
- Sharing toilets
- Sharing cups, plates, bowls, utensils
- Swimming pools
- Mosquitoes
- Shaking hands

HIV has been found in saliva, but the amount of the virus present in saliva is extremely small. No one has ever contracted HIV by kissing.

Asymptomatic period: After a person is infected with HIV, there is usually no change in that person’s health for quite a few years. The person feels well, is able to work as before and shows no signs of being sick (this is what is meant by “asymptomatic”). Although HIV is present in the body, the person is fit for work. The asymptomatic period varies in duration, with the average range being between eight and 12 years. However, some individuals begin to get sick earlier than that.

Symptomatic period: This is the period during which people become sick with AIDS-related illnesses. Remember, AIDS is a syndrome: a collection of conditions, which, taken together, leads to a diagnosis of AIDS. Most of the conditions that start to appear are called “opportunistic infections”. These infections are caused by bacteria or viruses that normally do not cause illness in a person with a strong immune system, but do cause illnesses in someone whose immune system has been weakened by HIV. People with AIDS can live for a couple of years or much longer if they receive antiretroviral treatment.

Can a person become infected through a single exposure?

Anyone can become infected with HIV from a single unprotected sexual act or by sharing injecting drug needles. In the Caribbean, the primary mode of transmission is unprotected sexual intercourse with a woman or man who is already infected with HIV. People are more infectious just after acquiring HIV.

The origin of HIV

There is no definitive information about the origin of HIV. One theory suggests that it was first transferred to humans from monkey bites in Africa. Another theory is that it reached Asia through infected drug users who came from western countries as tourists. However, knowing the origin of the virus makes no difference when it comes to protecting yourself from getting it!

Is there a cure for AIDS?

There is no cure for AIDS at present. A great deal of research and vaccine trials are currently taking place, but nothing has proven successful up to now. A combination of drugs called antiretrovirals (ARVs) can help control the virus so that it does not weaken the immune system. ARVs can indefinitely control the virus, but they are not able to eliminate it.

The ABC...DE approach to HIV Prevention

- A** **Abstain:** Choose not to have sex.
- B** **Be Faithful:** Have sex with only one partner who has had a negative HIV test.
- C** **Condomize:** Use a condom correctly every time you have sex.
- D** **Do get tested:** Know your own HIV status.
- E** **Educate yourself:** Access the information that is available on HIV.

Activity 1: 'TRUE or FALSE' activity on basic facts on HIV

Objective:

To clarify misunderstandings about how HIV is, and is not transmitted

Background:

This exercise will help participants to examine their own values, particularly on subtle or culturally-imbedded issues and to have a better understanding of what puts them at risk of HIV infection.

Instructions:

- Prepare signs that read 'TRUE' and 'FALSE'. Post them in opposite corners of the room.
- Read one of the statements from the list below, and ask participants to go and stand under the sign of their choice.
- After each statement, encourage discussion of the topic and provide them with an explanation of the correct answer.

1. You can get HIV from kissing

False: HIV has been found in saliva, but the amount of the virus present in saliva is extremely small. No one has ever contracted HIV by kissing.

2. Breastfeeding can transmit HIV

True: The breast milk of infected women contains a small amount of HIV. In Trinidad and Tobago HIV positive mothers are advised not to breastfeed.

3. People can protect themselves from HIV by always using condoms correctly during sex.

True

4. You can get HIV by having oral sex without a condom.

True: During oral sex, HIV may enter the body through the mouth if there are any cuts or tears inside the mouth due to injury or gum disease. People taking sperm into their mouths are more vulnerable than those ejaculating. However, oral sex poses much less of a risk of infection than vaginal or anal sex, especially if sperm is not taken into the mouth.

5. People can protect themselves from HIV by only having sex with one faithful partner who is HIV negative.

True: The only way to be sure that someone is HIV negative is to get tested.

6. You can get HIV by receiving a transfusion of HIV-contaminated blood.

True: However, all of the blood that is donated in Trinidad and Tobago is screened for HIV, and only blood that is HIV negative is used for transfusions.

7. A person can get HIV from mosquito bites.

False: Mosquito bites cause other diseases, such as malaria, but they do not transmit HIV.

8. You can get HIV by having sex with a healthy-looking person.

True: Most people living with HIV look like everybody else and you cannot tell if they have HIV by looking at them.

9. Latex condoms have tiny holes through which HIV can pass.

False: Studies prove that HIV, other Sexually Transmitted Infections and sperm are unable to pass through a latex (rubber) condom.

10. All children born to HIV-positive women will get HIV.

False: During pregnancy, the placenta is usually a good barrier between the mother and the baby, and keeps infected white blood cells away from the baby. However, an HIV-positive mother may infect her baby if there is damage to the placenta during childbirth, or via breastfeeding. In Trinidad and Tobago pregnant HIV-positive women are offered antiretroviral therapy by their doctors to reduce the risk of the baby becoming infected with HIV.

Activity 2: HIV Transmission - HIV Scratch Chain

Objective:

To generate a better understanding of how quickly HIV can spread

Instructions:

- Step 1:** Have participants stand in a circle with their eyes closed. Tell them that you will designate one person from the group to be infected with HIV. That person will be given a tap on the shoulder.
- Step 2:** Get the participants to shake hands with three different people and tell the infected person to gently scratch the palm of the three people he/she shakes hands with.
- Step 3:** After all the hand-shaking is complete, ask the person who was tapped on the shoulder to step into the middle of the circle and say how he/she felt after realizing that he/she was infected with HIV.
- Ask how that person felt about infecting others.
- Ask those who had their hands scratched by that person to step into the middle of the circle.
- Ask them how it felt when they realized that they had been infected.
- Ask for any additional feedback from the group.
- Step 4:** Remind the group that this was just a game, and that no one got infected with HIV, but stress the importance of getting tested and knowing your HIV status. Provide information on where testing can be done.

Activity 3: Personal Risk Assessment

Objective:

To increase awareness of an individual's personal risk from HIV infection

Background:

The purpose of this exercise is to get participants to reflect on how the behaviour choices they make may render them vulnerable to HIV infection.

Materials:

Each participant will need a piece of paper and a pen or pencil.

Instructions:

Step 1: The facilitator will read out a list of questions to the group of participants. If the answer to the question is "Yes", they will mark a "Y" on their piece of paper. If the answer to the question is "No", they will mark an "N" on their paper.

1. Have you ever had sex without a condom?
2. Have you had sex without a condom with someone who was not a faithful partner?
3. If you are or were married, have you ever had sex without a condom with someone who was not your wife/husband?
4. Have you ever had a Sexually Transmitted Infection (such as Chlamydia, Gonorrhoea or Syphilis)?
5. Have you ever been so drunk that you did not remember having sex?
6. Have you ever treated a Sexually Transmitted Infection without consulting a health professional?
7. Have you had sex without a condom with more than 15

persons during your lifetime?

8. Have you ever had sex without a condom with someone you just met?
9. Have you ever had one or more new sexual partners in the period of a month and not used a condom in each case?
10. Have you ever paid money for sex?
11. Have you ever had anal sex without a condom?
12. Did your wife/husband ever have sex with another person before you were married?
13. Do you desire sex more after drinking alcohol?
14. Have you ever forced someone to have sex against his/her will?
15. Does the nature of your work force you to travel frequently and be separated from your spouse or regular partner?

Step 2: Have the participants count the number of times that they wrote “Y”.

12-15 “Ys”: Extremely high risk. You should consider having an HIV test.

6-12 “Ys”: High risk. You should seriously consider increased condom use, reflect on your behaviour choices and get tested for HIV.

0-6 “Ys”: Low risk. Your risk is moderate, but still exists.

Step 3: Ask participants to reflect on the exercise and make a list of the things they do that put them at risk of becoming infected with HIV. Then add to that list the actions that they personally can take to change those behaviours. (For example, one risk is having unprotected sex. The behaviour change might be to use a condom when having sex).

Step 4: Stress the importance of going for an HIV test and provide information where this can be done.

1.2 Sexually Transmitted Infections

What is the difference between STDs and STIs?

STD: Sexually Transmitted Disease. Disease implies a clear medical problem, usually with obvious signs and symptoms. Not all STDs have signs and symptoms.

STI: Sexually Transmitted Infection. The sexually transmitted virus or bacteria can be described as creating “infection”, which may or may not result in “disease”.

STIs and HIV

- STIs are indications that a person has engaged in unprotected sex and may have been exposed to HIV.
- STIs greatly increase the chances of HIV being transmitted by providing an opening (e.g. sores from genital herpes) for the virus to enter the body.
- STIs are the leading cause of infertility among women. These infections can damage a woman’s reproductive system, making it difficult or impossible for her to get pregnant.

STIs in the workplace

- STIs need to be treated rapidly and professionally. Employees are often reluctant to use workplace medical services (if available) for treatment of STIs. They may also think it is cheaper to go directly to a pharmacy rather than going to see the doctor.
- There is a tendency to let STIs go untreated or to treat oneself by getting an over-the-counter remedy at the pharmacy. It is important to get reliable treatment. Letting STIs go untreated

or treating oneself may lead to serious complications, including sterility and death.

- Ensure that all sexual partners are tested and treated. If you receive proper treatment and your partner does not, you may be re-infected. Remember, not all STIs have symptoms, and you could be infecting others without even knowing.

CAUTION: STI warning signs!!

- Bumps, sores, or rashes on/around the genital area
- Unusual discharge from penis or vagina
- Pain when urinating
- Itching or swelling of genitalia
- Or there may be no symptoms

Some common STIs

Listed below are some of the more common STIs and the symptoms associated with each one. Read below to find out what may happen if the STI is left untreated.

Chlamydia

Males: 25 per cent have no symptoms. Men may experience a painful or burning sensation when they urinate and/or a watery or milky discharge from the penis.

Females: 75 per cent have no symptoms. Women may experience abnormal vaginal discharge, irregular vaginal bleeding and abdominal or pelvic pain, accompanied by nausea and fever. May cause painful urination, blood in the urine, or a frequent urge to urinate.

If left untreated, chlamydia may cause severe complications such as urethritis in men and pelvic inflammatory disease in women.

Gonorrhoea

Males: A cloudy (thick, grayish-yellow) pus-like discharge from the penis and a burning sensation during urination. Some males show no signs of infection.

Females: Usually no signs of infection. Some women have a pus-like vaginal discharge, irregular bleeding, painful urination and lower abdominal pain.

If left untreated, a pregnant woman with gonorrhoea can pass the germ to the baby's eyes during birth, possibly causing blindness.

Genital Herpes

Both sexes: Caused by the herpes simplex virus and transmitted through direct skin-to-skin contact during vaginal, anal or oral sex. Although some people have no symptoms, most experience an itching, tingling or burning sensation, which often develops into painful, blistering lesions on or around the genitals and anus. Symptoms may appear two to ten days after exposure and last two to three weeks. Some people have no symptoms.

There is NO CURE for genital herpes, but the blisters can be controlled with medication. If left untreated, recurring outbreaks of the painful blisters occur in 33 per cent of persons infected. May increase the risk of cervical cancer and can be transmitted to a baby during childbirth.

Syphilis

Both sexes: Symptoms appear ten days to three months after contracting syphilis. A painless chancre sore appears on or in the genitals, anus, mouth or throat. If initially left untreated, a skin rash will develop, often on the hands and soles of the feet, three to six weeks after the chancre appears. It then usually disappears. Other symptoms may include hair loss, sore throat, fatigue or mild fever.

If left untreated, syphilis can eventually after many years, cause heart failure, blindness and damage to the brain and spinal cord.

Chancroid

Both sexes: Symptoms include soft, painful sores that bleed easily on or around the entrance to the vagina, penis or anus. May also cause enlarged, painful lymph nodes in the groin, and slight fever. Note: Many females have no symptoms; some females may have pain upon urination or defecation, rectal bleeding, pain during intercourse or vaginal discharge.

If left untreated, people with chancroid are highly susceptible to HIV because the sores bleed easily and allow the virus to enter the body via the bloodstream.

Genital warts

Both sexes: Genital warts are the result of a virus spread during sexual contact. They often grow together in little clusters on and inside the genitals, anus and throat. Depending on the location, they can be pink, brown or gray, and soft; or small, hard and yellowish-gray.

If left untreated, genital warts disfigure the genitals.

Trichomoniasis

Females: This is a vaginal infection that is most often contracted through sexual intercourse, but can also be transmitted through moist objects such as wet clothing, towels or washcloths. Symptoms include a burning sensation during urination and an odorous, foamy discharge, along with a reddening and swelling of the vaginal opening.

Males: Men usually have no symptoms but may have a slight discharge and/or lesions, and experience itching.

If left untreated it can cause urinary infections.

Pelvic inflammatory disease (PID)

PID affects the fallopian tubes, uterine lining and/or ovaries. It is usually caused by untreated STIs that enter the reproductive system through the cervix, such as Chlamydia or Gonorrhoea. While symptoms vary from person to person, the most common symptom is pain in the pelvic region. Other symptoms may include frequent urination and/or burning during urination, sudden fevers, nausea or vomiting, abnormal vaginal discharge and/or pain or bleeding after intercourse.

If left untreated, pelvic inflammatory disease can cause infertility or ectopic pregnancy.

Things to remember with STIs:

- You can have an STI without having any symptoms and can pass it on to others
- You should take the full treatment prescribed for you
- You should use a condom to avoid getting STIs
- You should go to a clinic for proper treatment when you suspect that you may have an STI

Activity 4: Musical Partners

Objective:

To create a better understanding of the risk of becoming infected with a Sexually Transmitted Infection (STI) from unprotected sexual relations with different partners

Background:

This game is designed to demonstrate graphically how quickly Sexually Transmitted Infection can be passed from person to person

Materials:

Two pieces of paper, condoms for half the group, CD or cassette player (or radio).

Instructions:

- Step 1:** Write “STI” and “Clinic” on two pieces of paper. Designate a small area in the room as the clinic, and place the “Clinic” sign there. Using chairs or other objects, form a square measuring nine feet by nine feet (three metres by three metres).
- Step 2:** Ask for about ten volunteers and give the “STI” card to one of them, telling that person that he or she has a Sexually Transmitted Infection. Give the condoms randomly to half of the participants. The game can be played with more or fewer people, but condoms should always be given to half of them.
- Step 3:** Explain that everyone must circulate in the square while the music is being played. As soon as the music stops, the person with the STI card grabs the nearest person. If they have a condom on them, they do not contract the STI and are released to continue the game. If they do not have a condom, they contract the infection and must retire to the ‘clinic’ for treatment. The game continues until only those with condoms are left in the square and transmission of the STI has stopped.

Step 4: Following the exercise, ask those without condoms what they were thinking when the music was playing. Did they feel vulnerable and nervous that they might be caught? Then ask those with the condoms how they felt.

Step 5: Provide information on where workers can obtain access to STI treatment services.

Activity 5: Names and symptoms of STIs

Objective:

To familiarize participants with the different Sexually Transmitted Infections, symptoms and problems that result if they are left untreated

Background:

The presence of STIs during sexual relations greatly increases the chances of HIV being passed from one person to another.

Instructions:

Step 1: The Peer Educator should read the section in this handbook on STIs for background information.

Step 2: Write the following list of Sexually Transmitted Infections on a flipchart, chalkboard or sheet of paper before starting the exercise:

Gonorrhoea
Syphilis
Herpes
Genital Warts
Candidiasis (thrush)
Chancroid
Chlamydia
Hepatitis B
Trichomoniasis

Step 3: Read each name and ask participants if there may be local names for the infections. Point out that HIV is a Sexually Transmitted Infection, but it is not included in this exercise.

Step 4: Clarify that these signs and symptoms do not include the signs and symptoms of AIDS. Remind participants that many people with STIs do not have any signs or symptoms, and that people can have more than one infection at a time.

Signs in males:

- Discharge from penis (green, yellow, pus-like)
- Painful urination, difficulty urinating, urinating more often
- Swollen and painful glands/lymph nodes in the groin
- Blisters and open sores (ulcers) on the genitals; painful or non-painful
- Nodules under the skin
- Warts in the genital area
- Non-itchy rash on limbs
- Itching or tingling sensation in the genital area
- Flu-like symptoms (headache, malaise, nausea, vomiting)
- Fever or chills
- Sores in the mouth

Signs in females:

- Unusual bleeding
- Lower abdominal/pelvic pain
- Abnormal vaginal discharge (white, yellow, green, frothy, bubbly, curd-like, pus-like and odorous)
- Swelling and/or itching of the vagina
- Painful or difficult intercourse

Step 5: Tell participants that untreated STIs can eventually cause serious, sometimes life-threatening, complications. Read through the list of complications of untreated STIs (if

possible, write the list on a flipchart or chalkboard).

- Infertility
- Blindness
- Pelvic Inflammatory Disease
- Cervical cancer
- Transmission of infection to newborn
- Increased risk of HIV infection

Some STIs can increase the risk of HIV transmission as much as tenfold. This is because of the open sores associated with genital ulcers and other infections. HIV infection may also increase transmission of some Sexually Transmitted Infections, due to the body's weakened immune system.

Activity 6: STI treatment for partners

Objective:

To increase understanding of the importance of prompt treatment of STI by participants and their partners

Background:

If people with Sexually Transmitted Infections do not ensure that their partners get treatment as well, they risk getting the infection again if they continue to have unprotected sex with the same person.

Instructions:

Step 1: Ask for two volunteers to act out the parts of a client of an STI clinic and the clinic worker.

Step 2: Ask the volunteers to perform a one-minute role-play following this story line:

Robert, a car mechanic, finally gets the courage to go to the clinic and check out a red sore on his penis. The clinic worker examines him and tells him he has an STI. The clinic worker tells him to bring in his wife

and any other sexual partners for treatment. Robert is very embarrassed and worried. He tells the clinic worker that he thinks this would be impossible. She explains that it is very important to keep the STI from spreading to others.

Step 3: Ask participants the following questions. (Make sure that each question is thoroughly answered before moving on to the next one).

- What happened here?
- Why does this happen?
- What problem does this cause?
- When it happens, what can be done?
- Why is it important to treat people with Sexually Transmitted Infections and their partners?

Step 4: Summarize some of the issues raised by the participants (such as poor communication between couples, personal denial, and overwhelming embarrassment).

Step 5: Provide information on where workers can obtain access to STI treatment services.

Activity 7: Treating STIs

Objective:

To increase the awareness of the importance of seeking professional treatment of STIs

Background:

A Sexually Transmitted Infection, if not properly treated, cannot get better and can even get worse. This exercise helps participants think about the implications of treatment.

Instructions:

Step 1: Write each of the following statements on five different sheets of paper:

- **A** "I thought I had an STI. But now, thank God, my symptoms are gone. I don't have to worry anymore."
- **B** "I'm sure I had an STI. But I got some antibiotics from a pharmacy friend, so I'm feeling better. I didn't even have to finish all the medicine."
- **C** "My male partner has a discharge and probably has an STI. Since I have no symptoms, I'm sure I didn't get it."
- **D** "I think I might have an STI, but I'm too nervous about going to the clinic."
- **E** "I had a red sore on my penis/vagina and bought four blue pills from a young man at the market. It was cheaper than going to the pharmacy. After a long time, the sore went away."

Step 2: Divide participants into three to five groups. Give one of the prepared statements to each group and ask them to read through their problem situation carefully. Ask them to imagine that one of their friends was in this situation and to consider what advice they would give them.

Step 3: Have each group share the advice they would give to the friend. The following points may be added if they were not raised by the groups:

- A** • It is possible to contract an STI and have symptoms that later disappear.
- You are probably still carrying the STI and are able to infect others with it.
- Go to the clinic and get checked.
- You should use condoms so that you do not get another STI.

- B** • Not taking all the prescribed antibiotics is bad, because although the symptoms may have disappeared, you may still have the STI in your system.
- Stopping the antibiotic halfway through its course enables the STI to develop a resistance to the antibiotic, which means that subsequent use of this antibiotic will be less effective.

- C** • You can have an STI without having symptoms.
- You may have passed on the STI to your partner.

- D** • You should muster up the courage to go to the clinic for a check-up.
- You should be concerned if you or your partner is having unprotected sex with someone else. You should be using condoms.

- E** • The symptom may have gone but the STI might still be there.
- You may think you are saving money but you may not be if the medicines are not the right ones and do not do the job.
- You should use condoms. Getting an STI is a warning sign that you are vulnerable to getting HIV.
- You should go to the clinic and get checked.

Step 4: Ask the participants to reflect on the exercise and share the lessons learnt. Mention the following:

- You can have an STI without having any symptoms and can pass it on to others.
- You should take the full treatment prescribed for the treatment of STIs.
- You should use condoms in the future to avoid getting an STI again.
- You should go to a clinic for proper treatment when you suspect that you might have contracted an STI.

Step 5: Provide information on where workers can access STI treatment services.

1.3 Alcohol/Drug Use and HIV

Substance use and HIV infection

Alcohol can reduce an individual's inhibitions and thus lead to high-risk behaviour. In places where alcohol is served, such as bars and clubs, sex workers may also be present. Alcohol can reduce a person's resolve to avoid unprotected sexual intercourse and use condoms. A person may intend to use a condom but forget if too drunk. Also, alcohol consumption can impair motor skills and reduce the likelihood of condoms being correctly used, if used at all.

Marijuana, cocaine, crack cocaine, and ecstasy are, like alcohol, associated with social gatherings and tend to reduce the fear of sexual infections and, consequently, reduce one's resolve to use condoms for protection.

Although not currently a widespread problem in Trinidad and Tobago, it should be noted that injecting drugs (most commonly heroin) is one of the most direct ways of transmitting HIV and other infections, such as hepatitis. This is largely because needles and syringes are often shared between users and blood from one user gets mixed with the drugs and is then injected directly into the veins of another user.

Activity 8: Alcohol Abuse

Objective:

To create an understanding of the negative impact of excessive alcohol consumption

Background:

Alcohol consumption is considered a risk factor for HIV and other STIs. This is especially true if consumption is excessive. Alcohol consumption tends to impair judgment. Those who intend to use condoms may lose their resolve after drinking. Negotiating condom use with a drunken partner is very difficult. Alcohol is also related to violence against women.

Instructions:

Step 1: Read aloud or have one of the participants read aloud the following story and then ask the related questions listed below.

A young construction worker was working at a job site near the entrance to a large secondary school. He often watched the teenage schoolgirls walking by on their way to and from school. Sometimes they would stop and talk to him. There was one in particular whom he found very beautiful and sexy. Her name was Brenda. Though he had several girlfriends in town, it was Brenda he dreamed of having, but she always politely rejected his advances. It seemed to him that Brenda became more beautiful and sexy as each day went by. But no matter how hard he tried to convince her, Brenda said she wasn't ready and was not going to go with him.

On his day off, the construction worker had the habit of going to a bar where he would lime whole day. Late one afternoon, he was staggering back to his residence after drinking and he saw Brenda off in the distance carrying fresh bread that she had just bought for her family. She looked very appealing to him. She looked more like a woman and less like a schoolgirl when she wasn't wearing her school uniform. He was surprised that she was not glad to see him when he put his arm around her. She told him he was drunk and should leave her alone. This made

him angry and he decided he should teach her a lesson. He twisted her arm behind her back and forced her to walk off the road into nearby bushes and slapped her several times hard across the face to quiet her. He then proceeded to force himself on her. After it was over, she lay on the ground whimpering, her clothes ripped and soiled. The bread lay on the ground. He told her that if she ever told anyone about this, he would beat her severely.

- Do you think it is possible for your judgment to be impaired by drinking a lot of alcohol?
- Do you know of anyone who gets violent when he/she drinks alcohol?
- Do you think people can drink to the point of losing control?
- Is there anything Brenda could have done to avoid this situation?
- What is the worst thing that you could imagine happening after the rape? (e.g. he rapes Brenda several times and she contracts HIV, but neither know they have HIV. Brenda then gets pregnant but he denies that he is the father. The baby is born with HIV and Brenda discovers that she is infected. He gets transferred to another job site, refuses to believe he is infected and continues to have unprotected sex with other women).

Step 2: Now ask the participants to answer the following questions and write them on a sheet of paper, blackboard or flipchart.

- List the positive things about drinking alcohol (e.g. makes a person feel good)
- List the negative things about drinking alcohol (e.g. makes people feel sick)
- List the circumstances that may lead to alcohol consumption (e.g. work-related stress)

Step 3: Summarize all the points from the discussions. Highlight that alcohol consumption is very prevalent in this culture. It is important to recognize the risks associated with heavy drinking, and to attempt to avoid over-consumption of alcohol.

Recap risks of alcohol consumption:

- Impairs judgment
- Those who intend to use condoms may lose their resolve after drinking
- Negotiating condom use with a drunken partner is very difficult
- Alcohol is related to violence against women

1.4 Condom Use

To prevent the transmission of HIV and other STIs, it is necessary to deal openly and honestly with human sexuality and condom use. The use of male and female condoms should be discussed.

Some Peer Educators may face resistance to discussing condom use at the workplace from those who:

- oppose condoms for religious or moral reasons;
- deny the reliability of condoms
- are embarrassed by condoms and sexual matters;
- deny the risk presented by sexual activity and the need for condoms; and
- think condom promotions will encourage sexual activity.

Those conducting condom promotion have to be both subtle in their approach, so as not to offend people unnecessarily.

Passing condoms around and demonstrating their use can help individuals to overcome their discomfort around condoms.

Benefits of using condoms

- Condoms are the only barriers now available to prevent the spread of STIs, including HIV, during sexual intercourse.
- A condom gives reliable protection from pregnancy if used correctly
- Condoms can be purchased without a doctor's prescription
- Condoms can be easily carried around by a man or a woman
- An erection may last even longer with a condom

Make condom use more enjoyable

Many people do not use condoms because they feel it will reduce their sexual pleasure. Here are some suggestions on how to get more pleasure out of using condoms.

- Experiment with condoms. Play with them with your partner. Condoms will never feel like the naked skin. Simply accepting this and exploring the sensations of latex can increase the pleasure of condoms.
- Have your partner put the condom on you. Condoms can become a part of sex, rather than an interruption. They can be put on using the mouth or along with affectionate kissing and caressing.
- Use one condom after another. Men often make the mistake of thinking that once they put on a condom they must ejaculate, which makes them nervous about their sexual performance. Condoms can be taken off and a new one put on during sex before ejaculation.
- Lubricants increase sensation. Water-based lubricants (e.g. K-Y) can enhance sensations when using condoms. Add more lubricant to the exterior of the condom. Lubricants are necessary for anal sex, since the condom without lubrication

is more likely to break in the anus than in the vagina.

- Condoms make sex last longer. Condoms reduce friction and as a result can delay ejaculation.
- Try different condoms. If possible, keep several types and colours of condoms around so that you can experiment to find the ones you and your partner like best.
- Fantasize about sex with condoms. Include images of condoms in your sexual fantasy.
- Talk with your partners and friends about how to make condom use more pleasurable.
- Try female condoms. It may be something that both men and women prefer.

Allergic to latex?

Most male condoms are made of latex.

If you or your partner are allergic to latex:

- 1 Buy non-latex male condoms such as polyurethane but not pig skin or other condoms made of natural skins.
- 2 Try using the female condom (there are two types and neither one is made from latex).

Using the condom

- 1 Check expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms that have passed the expiry date or seem old.
- 2 Tear package carefully along one side. Avoid using teeth or nails as this can burst the condom.
- 3 Roll down condom slightly to find the right side.
- 4 Pinch the tip of the condom (to leave space for the semen to collect), and place on the top of the penis.
- 5 Unroll the condom down the shaft to the base of the penis.
- 6 Do not use grease (e.g. Vaseline). This can cause the

condom to burst. Use a water-based lubricant (e.g. K-Y) which is available at the pharmacy.

- 7 After ejaculation (cum, break), withdraw the penis while still hard, otherwise there might be a spill.

Activity 9: Sex and Sexuality

Objective:

To get participants to talk comfortably about sex

Background:

This exercise is designed to encourage participants to think about sexual influences.

Materials:

CD/cassette player or radio

Instructions:

Step 1: Explain to participants that you are going to turn on some music and they are to walk around the room. When the music stops they are to partner up with the person closest to them.

Step 2: Start the music and when it stops, ask each person to share with their partner what their mother/father/guardian told them about sex when they were young.

Step 3: Start the music again and when the music stops, ask each person to share with their partner what the church said about sex.

Step 4: Repeat the steps and ask participants to do the following:

- Change partner; ask participants to share with their partner what society says about sex.

- Change partner; ask participants to share with their partner their own views about sex.
- Change partner; ask participants to share two things that they like about sex.

Step 5: Now with the whole group, ask for volunteers to share what they have discussed with their partners. Highlight the importance of being able to talk about sex, especially with our children.

Activity 10: Correct and Consistent Condom Use

Objective:

To practise using condoms

Background:

If a condom breaks or slips during sex, it is more likely to be because the user has not properly handled it or put it on correctly.

Materials:

Sheets of paper, condoms, dildo (if available)

Instructions:

Step 1: Place participants into groups of four or five. Ask each group to write down on a piece of paper the steps to using a condom.

Step 2: Ask each group to share the steps that they have written down.

Step 3: Ensure that the following steps are included:

- Check expiry date of the condom.
- Ensure that there is a pocket of air in the unopened condom package.
- Carefully remove the condom from the package. Avoid using teeth or nails as this can burst the condom.
- Hold the tip of condom to squeeze out air and place on erect penis.
- Unroll the condom down the shaft to the base of the penis.
- Do not use oil-based lubricant (e.g. Vaseline). Use only water-based lubricants such as K-Y.
- After you ejaculate (cum, break), withdraw the penis while still erect (hard).
- Remove condom from penis and tie the open end of the condom.
- Wrap tied condom in tissue and dispose safely (do not flush down toilet).

Step 4: Ask the participants to discuss what might happen if condoms are not used correctly.

Remind participants that condoms must be stored in a cool and dry place (not in a car or pants pocket).

Encourage participants to shop around for different condoms. Try out different condom types (flavoured, ribbed, ultra thin), to find one that is suitable.

Activity 11: Condom excuses

Objective:

To get participants to examine the reasons why they do not use condoms

Background:

What follows is a list of common excuses that people use to explain why they do not want to use a condom, and possible responses to those excuses.

Instructions:

Step 1: Write down the answers to the following questions on a sheet of paper at the front of the room.

- 1) Ask participants to list brands of condoms available.
- 2) What are some other names for condoms?
- 3) What are the benefits of condom use?
- 4) What are excuses that people use for not using condoms?

Step 2: Divide the participants into groups of approximately four people, and get each small group to write down responses to the excuses. Give one example to all of the participants so that they can have an idea of the exercise.

Example: Excuse: "You think I have a disease?"

Response: "Probably neither of us has a disease, but isn't it better to be sure?"

Step 3: Have each group share their responses with the rest of the group.

Step 4: Read through the following responses and check to see if anything was missed by the participants.

Excuse 1: You think I have a disease?

Responses: *I don't want either of us to run the risk of getting HIV. Many people infected with HIV have no symptoms at all. Probably neither of us has a disease, but isn't it better to be sure?*

Excuse 2: But condoms don't work

Responses: *They work if we use them the right way. Condoms may even be fun. I have never had a condom break.*

Excuse 3: They spoil the mood

Responses: *It will be OK once we're accustomed to them. Why don't we try condoms a few times and see? But it would make me feel more relaxed if I felt safe.*

Excuse 4: They don't feel good

Responses: *But we know condoms can protect us. I know you don't like the idea, but condoms are so important now. Think about the fun we are going to have, and not the condom.*

Excuse 5: They make me feel cheap and dirty

Responses: *These days, condoms have become a way of life for everyone. You would be surprised how many people use them.*

You know I care for you and respect you. That's what's important.

I want to use condoms because I don't want you to get pregnant before you want to. There is nothing cheap and dirty about that.

Excuse 6: I'm already using pills for birth control

Responses: *We have to use condoms as well because the pill doesn't stop infections.*

That doesn't help against HIV and other Sexually Transmitted Infections.

Too bad: no condoms, no sex.

Activity 12: Condom Reliability

Objective:

To instill confidence in the reliability of condoms

Background:

Almost all workers know about condoms and why they should be used, but not everyone uses them. Some have never even tried them. One often-cited reason for not using condoms is the myth that they are unreliable. This exercise allows participants to experience the durability of condoms.

Materials:

Condoms, water, cups/water bottles, petroleum jelly, K-Y lubricant.

Instructions:

- Step 1:** Slowly pour water into a condom using a cup or water bottle. Hold the condom over a bucket or bowl to avoid spillage. Fill the condom to approximately penis size and tie the condom closed. Let the participants handle the condom and notice that the condom does not burst when pressure is applied.
- Step 2:** Blow up two condoms to capacity (around two feet long) and ask for two volunteers. Apply a small amount of Vaseline on one condom and a small amount of KY on the other. Have the two participants start vigorously rubbing the lubricant on the condoms. In about one minute, the condom with the Vaseline should burst.
- Step 3:** Ask participants what they have learnt. (They should tell you that you must never use an oil-based lubricant with a condom).

Activity 13: Negotiating Condom Use

Objective:

To improve skills for discussing condom use

Background:

This exercise increases awareness of the importance of discussing condom use before having sex.

Instructions:

Step 1: Ask two participants (preferably a male and female) to role-play the following scenario. In other words, the participants will act out what is described below.

Joseph has just been transferred to a new job site outside the city. He meets Sandra and they want to have sex. Sandra suggests using a condom, but Joseph is against it, saying that he is clean. He says that he has not had sex with anyone in six months. Sandra answers that as far as she knows, she is also disease-free. But she explains that she still wants to use a condom since one of them might have an infection and not know. Joseph says that condoms are unnatural and they ruin his enjoyment of sex. Sandra says that she will help him to put it on, so that they can make it enjoyable. Joseph reluctantly agrees to try it.

Step 2: Ask the following questions about the role-play:

- What did you see happening here?
- Why do you think it is not a good idea to assume that someone is not infected with HIV, based on how they look?
- Do you think Sandra was right in suggesting that a condom be used? Why?
- How were the two able to resolve the problem about the condom use?

Explain to the participants that when one person wants to use a condom and the other does not, negotiation is needed to deter-

mine whether or not a condom will be used before they have sex.

Step 3: Ask the participants to define negotiation. Ensure the following points are included in the definitions:

- A process in which two or more people with different needs or interests interact in order to come to a mutual agreement on a common goal or course of action
- Involves making a mutual decision
- Different options are proposed and discussed, including the pros and cons of each option.

Step 4: Negotiation involves the following steps:

- Each person is able to express himself or herself
- Each person listens to the other
- There is time to discuss opinions and options
- Each person is respectful
- There is a willingness to compromise

Step 5: Ask participants to give examples about how these steps for negotiations were illustrated in the role-play.

Step 6: Ask participants to think about risky sexual situations where negotiation might help, and ask them to do the following:

- Describe a situation involving risky sexual behaviour where negotiation could help.
- Describe how this negotiation might be difficult.

I.5 Voluntary Counselling and Testing (VCT)

Know your HIV Status

Voluntary HIV counselling and testing “VCT”

Voluntary HIV counselling and testing involves a person choosing to go for a blood test to find out if any HIV antibodies are present in his/her blood. The presence of antibodies is an indication that the person being tested is infected with HIV. A trained professional will provide counselling before and after the test.

Benefits of an HIV test

- If you are negative, you can protect yourself and those you're close to.
- If you are positive, you can get access to care and support (treatment, if necessary) and learn ways to keep you and your loved ones healthy.

The test is not an end but a beginning; it gives you the knowledge you need to live positively and responsibly, with or without HIV.

Pre-Test Counselling: Goals

- Establish rapport
- Explain issues of confidentiality
- Explain the meaning of the test
- Help the client to assess the risk
- Identify and negotiate behaviour
- Assess/reinforce client's coping skills
- Reinforce need for a return visit (if rapid testing is not used)

Post-Test Counselling: Goals for Negative result

- Provide test results and explain meaning
- Reinforce safe behaviour
- Discuss need to re-test in three to six months (window period)
- Answer questions
- Refer client to support services

Post-Test Counselling: Goals for Positive result

- Provide test result and explain meaning
- Clarify the difference between HIV and AIDS
- Discuss medical follow-up
- Discuss partner notification
- Reinforce safe behaviour
- Emphasize that HIV is not a death sentence
- Refer client to support services

Mandatory HIV testing

Mandatory HIV testing is testing that is forced on someone with or without his/her consent (and sometimes even without his/her knowledge). It arouses very strong feelings and provokes opposition because it disregards fundamental rights and may lead to discrimination.

The *ILO Code of Practice on HIV/AIDS and the world of work* has a detailed section on testing. HIV screening should not be required of job applicants or persons in employment. However, workers who, of their own initiative, wish to be tested should be encouraged to do so. Voluntary testing should normally be carried out by trained health care workers either at the workplace or at public/private health facilities with adherence to strict confidentiality and disclosure requirements. Pre- and post-test counselling which facilitates an understanding of the nature and purpose of the HIV test should form an essential part of any testing procedure.

Activity 14: Exploring obstacles to Voluntary HIV Counselling and Testing (VCT)

Objective:

To get participants to reflect through group discussion on why they might be reluctant to get tested

Background:

In many countries, and for a variety of reasons, HIV counselling and testing services are underused. This exercise is designed to get participants to think about why they would or would not go for a test and consider what influences their decision.

Instructions:

Step 1: Write down the following questions on pieces of paper (one question per paper):

Group 1: “Why should people undergo HIV counselling and testing? What are the advantages of doing so?”

Group 2: “Why are people reluctant to undergo HIV VCT? How can those who are reluctant be convinced to go?”

Group 3: “How does stigma or fear of HIV affect people’s attitude to undergo VCT, to bring in sexual partners for testing, or to accept a positive result?”

Step 2: Divide the participants into small groups and assign questions for discussion to each group.

Step 3: Have each group report back to the main group regarding their discussion points.

Step 4: Summarize the points with the groups. Some examples of possible points to develop:

Why people may want testing:

- They are pregnant (women)
- The doctor says they should get tested
- They feel sick
- They suspect their partner has been unfaithful

Why people may refuse testing:

- Fear of rejection by partner if found to be HIV positive
- Stigma associated with HIV
- Lack of awareness of the benefits of VCT
- Fear of being HIV positive
- They know there is no cure
- AIDS is associated with death
- Cost of testing is prohibitive
- Guilt and fear of rejection
- Test centres are too far away or difficult to access
- Fear of lack of confidentiality

Stigma in relationships:

- The tendency to blame the first partner to be tested for being the first one to be infected
- Both men and women are reluctant to tell partners of HIV-positive status
- Some women fear beatings, divorce and poverty

Stigma associated with VCT

- Fear of being seen at the clinic and being branded as HIV-positive
- Stigma associated with HIV and AIDS prevents them from accessing the appropriate health-care services

Step 5: Provide information on where workers can access VCT.

I.6 Prevention of Mother-to-Child Transmission (PMTCT)

Under the close supervision of their doctor, some HIV positive women may choose to become pregnant and give birth. Only a doctor with extensive HIV knowledge can advise a woman on this process.

How can an HIV-positive woman give birth to an HIV-negative baby?

During pregnancy, the mother and baby do not normally share blood. Although the child receives nutrients, vitamins and other important substances from the mother, blood does not pass through the placenta into the baby's body. The placenta is a natural barrier that (unless damaged) prevents the virus from passing from the mother to the child.

However, HIV can be transmitted from a pregnant mother to her child during:

- Pregnancy (damage to placenta)
- Childbirth (baby's eyes, mouth or nose can come in contact with mother's blood)
- Breastfeeding (HIV transmission via breast milk)

The following factors increase the risk of mother-to-child transmission:

- High viral load in the mother
- Advanced HIV disease (AIDS)
- Giving birth shortly after becoming infected with HIV
- Presence of other infections
- Genital infections from STIs
- Difficult childbirth (lots of blood)
- Prolonged duration of childbirth
- Bleeding wounds in the birth canal of the mother or on the baby's body
- Breastfeeding, especially of newborns receiving breast milk together with other foods
- Breastfeeding with dry or cracked nipples

Activity 15: Preventing mother-to-child transmission

Objective:

To generate a better understanding of how to prevent mother-to-child HIV transmission

Background:

Since mothers do not always pass HIV to their unborn babies, there are ways to greatly reduce the risk of babies becoming infected.

Instructions:

Step 1: Explain to participants that in Trinidad and Tobago, every pregnant woman who attends a pre-natal clinic would be strongly advised to take an HIV test. Therefore, many women find out about their HIV status after they are already pregnant. Ask participants to list the things they think HIV-positive mothers can do to reduce the chances that they would transfer the virus to their babies.

- Go for an HIV test. It is very important for a pregnant woman to be tested for HIV so that she can be counselled on how to prevent mother-to-child transmission.
- Avoid getting pregnant in the first place. Once a woman is aware that she has been infected with HIV, she can decide whether or not she wants to have a baby and risk passing the virus on to the child. If she decides that she does not want to take that risk, she can take action to avoid pregnancy.
- Keep the immune system strong. If a pregnant woman has a strong and healthy body, she is less likely to pass HIV on to her unborn child. If the

immune system is strong, there is less chance that the placenta will be damaged, and less chance that the mother's blood will come into contact with the baby.

- Take antiretrovirals. As prescribed by your doctor ARVs can greatly reduce the risk of mother-to-child-transmission, reducing the risk of transmission by 50 per cent. The mother is given ARVs in the early stages of labour and then one dose of ARV syrup is given to the baby within 72 hours of its birth. ARVs reduce the amount of HIV in the mother's body, thereby decreasing the risk of HIV transmission to the baby during childbirth.
- Use infant formula. The breast milk of infected women contains a small amount of HIV. An HIV-positive mother should not breastfeed, but should give her baby milk formula made with boiled water.
- Seek spiritual and other counselling.

II. CARE AND SUPPORT

II.1 Living Positively with HIV

Living positively means doing everything possible—mentally, emotionally and physically—to stay healthy, active and well for as long as possible. In the case of HIV, it also means helping the immune system to stay strong so that it can cope with the virus.

People living with HIV (PLHIV) who take care of themselves and have a positive outlook on life, can live much longer than other people who have the virus, even without medication or other treatments.

Tips for living positively:

- Make plans for life. PLHIV should not stop doing the things they enjoy doing or give up on their dreams and aspirations. They should keep working for as long as possible. Keep old friends and make new ones; continue to live a fruitful and enjoyable life.
- Find people to talk to for emotional support. PLHIV need the love and support of those around them. Keeping their infection a secret can weaken the immune system and diminish their quality of life.
- Avoid tobacco, drugs, alcohol and other harmful substances. These can weaken the immune system and hamper the absorption of essential nutrients.
- Devise a healthy eating plan. Eat a variety of food from the four main food groups every day. Eat at least three meals a day and have wholesome snacks in-between. It is also important to drink plenty of clean water and other liquids—at least eight glasses a day.
- Keep up daily hygiene. Maintaining good daily hygiene helps prevent infections and makes people feel good about themselves.
- Exercise regularly. It is important for people to remain active

as long as they can. Exercise keeps them strong and is also good for the heart, ensuring that the blood circulation maintains a good supply of oxygen to the brain and the body.

- Get enough rest. Getting a good night's sleep is critical. Naps or rest periods during the day can help if someone is feeling tired or weak.
- Avoid other infections. PLHIV have weakened immune systems and should stay away from contact with anyone who has a cold, upset stomach, cough or flu. The living space should be clean and kept well ventilated.
- Monitor general health. PLHIV should visit a doctor regularly for check-ups, early treatment of possible co-infections, and any other health problems.

Activity 16: Making the right choices

Objective:

To get participants to examine the ethical choices they make, related to care and support, and to examine the consequences of those choices

Background:

Living positively means doing everything possible mentally, emotionally and physically to stay healthy, active and well for as long as possible.

Instructions:

Step 1: Explain that you will read a list of statements and ask participants to decide if the action recommended in the statement would be a good or bad thing to do, and why.

Step 2: Read the statements listed below, one at a time. Read the correct answer after the participants have finished discussing each statement.

- Put a person with an AIDS-related illness in a back room so that they do not infect others in the family.

(Bad: It is almost impossible for people living with HIV or AIDS to infect other people through casual contact. As with all sick people, having contact with others caring for them improves their morale and their health.)

- Find out where people living with HIV can get treatment for opportunistic infections and AIDS-related illnesses.

(Good. At times, people living with HIV who are sick are too weak to look after themselves and really appreciate someone giving them a helping hand. Knowing that someone is trying to help them makes them feel much better.)

- If someone is suffering from a fever and sweating, avoid giving the person water since he/she may infect the drinking cup.

(Bad: When people have a fever, they need to drink a lot of fluids and clean cold water is one of the best things to give them. There is no risk that sharing a cup with a person living with HIV or AIDS will transfer the virus from one person to another.)

- Sponge baths make people living with HIV or AIDS who have a fever feel much better, and cost nothing.

(Good. It is impossible to get infected with HIV by giving a person with HIV or AIDS a sponge bath, and it can help the fever to break).

- Take the time to chat with a person with AIDS who has become ill to distract him or her from the discomfort or pain that he or she may be feeling.

(Good. Sometimes people living with HIV feel lonely,

isolated and abandoned. Even simple contact with others makes them feel better and encourages them.)

- Do not allow a person with HIV or AIDS who is sick to sit near a window because neighbours will see the person and the whole family will suffer.

(Bad. Looking out a window at passers-by and children playing is a healthy distraction for people living with HIV and AIDS who are ill. The fresh air from an open window can also be refreshing.)

- Do not bring children to see people living with AIDS because it is better for them to remember the people as they were before they got sick.

(Bad. Often, seeing children can cheer someone up. There is no risk of children getting infected through casual contact such as hugging or touching. Children have no fear of people living with AIDS unless they have been told by their parents or others that they should be afraid.)

- A person with HIV or AIDS could be cured by a traditional healer instead of with modern medicine.

(Bad. It is very important to seek medical care at a hospital or clinic and follow the advice of the doctor and nurse.)

- Clear liquids with salt added, such as chicken broth, coconut water, rice water or oral rehydration solutions should be given to people living with HIV and AIDS, who often have diarrhoea.

(Good. Some people mistakenly think that withholding liquids stops diarrhoea, but it actually makes the situation much worse and can even cause death. Everyone with diarrhoea needs lots of clear liquids).

Step 3: Provide information on care and support services available for people living with HIV and AIDS. *(See end of Appendix for list of services provided)*

II.2 Opportunistic Infections and Antiretroviral Therapy

Opportunistic infections are infections that only cause disease in persons with weak immune systems. With the passage of time and in the absence of treatment, the immune system gets weaker and weaker, and people living with HIV or AIDS become more and more vulnerable to opportunistic infections and AIDS-related illnesses.

Some examples of opportunistic infections include tuberculosis, thrush in the mouth and throat, skin rashes, pneumonia, skin cancer, dementia (mental illness/forgetfulness), fever and night sweats, weight loss and herpes zoster.

The immediate treatment of opportunistic infections helps support the immune system and minimize the viral load.

The body is protected by the immune system, which consists of white blood cells. There are different types of white blood cells, including CD4 cells. HIV attacks and destroys CD4 cells, and when the CD4 count is very low (around or below 200), a person will begin to suffer from opportunistic infections because the immune system is no longer strong enough to fight off disease.

Antiretroviral drugs

Antiretroviral drugs (ARVs) are not a cure for HIV. ARV therapy attacks HIV directly and decreases the viral load (amount of virus in the body). A medical doctor will advise on when ARV therapy should start.

Once ARV therapy has been started, the medication must be taken every day at the same time. If the ARVs are not taken every day, at the same time, the person may develop a resistant strain of the virus that is difficult to treat. ARVs cause side effects such as nausea, anaemia, rashes and headaches, especially at the beginning of the treatment.

ARVs are used to reduce the likelihood of mother-to-child HIV transmission if taken by pregnant HIV-infected women before, during and/or after birth, and by the baby after birth. When a pregnant woman in Trinidad and Tobago attends a pre-natal clinic, she will

be encouraged to take an HIV test and offered appropriate treatment if the test is positive.

Activity 17: Taking Antiretroviral (ARV) drugs.

Objective:

To better understand how to keep taking antiretroviral drugs and why people may decide to stop taking them

Background:

Taking antiretroviral (ARV) drugs regularly for the rest of their lives is a big challenge for people living with HIV and AIDS, especially if they suffer side effects. There are different approaches to assisting individuals in taking their ARVs regularly.

Instructions:

Step 1: Explain to participants that not all people living with HIV have to take medications, but once the body's immune system becomes very compromised (CD4 count below 200), they will have to take ARVs every day, at the same time. It is VERY important that they do not miss any doses of the medication as the body can become resistant to the medication.

Step 2: Ask participants to make a list of reasons why people living with HIV might have difficulty taking ARVs every day at the right times.

Compare their list with the following reasons:

- People naturally forget
- Drinking alcohol or using drugs makes people forget
- People are afraid that their HIV positive status will be found out if they are seen taking lots of pills

- It is difficult to coordinate taking medicine with or without food (some ARVs have strict food requirements)
- Individuals get tired of the side effects of ARVs
- Individuals get tired of always having to take ARVs
- People may start to feel better and stronger and think they no longer need the medication
- Getting to the clinic to pick up the ARVs may be difficult (money, time-off, travel-time etc.)
- People who are travelling away from home may forget to take their ARVs with them
- Some people sell their ARVs

Step 3: Now make a list of things that people living with HIV can do to make it easier for them to take the ARVs.

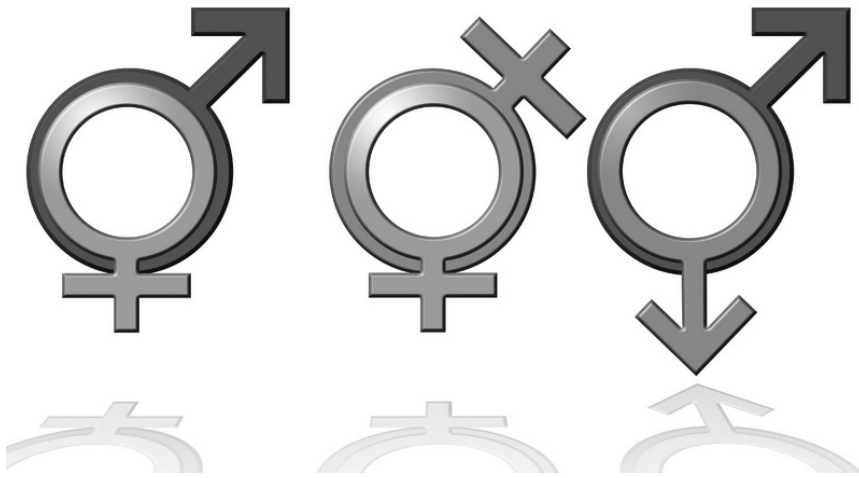
- Get advice from your doctor about the importance of adherence
- Use memory aids: timers, alarm clock, cell phones, written schedule, pill boxes
- Recruit family, friends and peers to help remind them to take the tablets
- Create an atmosphere at work and at home where it is okay to be HIV positive, so that people need not fear negative reactions from others when taking medications

Other ways to stay healthy:

- Live positively with HIV
- Find people to talk to for emotional support
- Make plans for life
- Avoid tobacco, drugs, alcohol and other harmful substances
- Keep up daily hygiene
- Exercise regularly
- Get enough rest

- Avoid other infections
- Monitor your general health
- Seek spiritual and other counselling
- Devise a healthy eating plan

4 Gender and HIV



Challenges for men and women

In Trinidad and Tobago, as in other parts of the world, women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men, due to biological, socio-cultural and economic factors. The greater the gender discrimination in societies and the lower the socio-economic position of women, the more negatively women are affected by HIV.

- **Inequality:** Women are often assigned inferior social and economic roles. This makes them less powerful in their relationships with men. As a result they are often unable to resist men's sexual demands. They cannot negotiate safer sex or refuse unsafe sex, even if their partner engages in high-risk behaviour. Some men may not want to use a condom, or they may want numerous sexual partners. In its most extreme form, this inequality results in violence against women, for example rape, sexual assault and beatings.
- **Special vulnerability of girls:** The average age of infection for women is much lower than for men. Young girls are especially vulnerable in a number of ways. Until her body is fully physically developed, a girl's reproductive system is more likely to be torn during sex, making her more vulnerable to STIs (including HIV). Young women are also the least able to assert themselves or protect themselves from

the sexual advances or coercion by older men. In some cultures, it is believed that sex with a virgin will cure a man of the virus, and that younger females are less likely to be infected.

- Challenges for men: Men are often expected to be the chief provider of income through work—however dangerous, dirty or unpleasant. They may travel within their country, or even go abroad to find work. Or they may have to accept jobs that mean they are away from their families for long periods. In many societies, men believe that they know, or are expected to know, about sex and what to do, though they may not. This may prevent them from seeking information about sex and are less likely to receive information about HIV and AIDS.

Addressing gender inequality in the context of HIV/AIDS

- Education about the need for mutual respect and communication (both men and women have the right to refuse sex).
- Workplace programmes for prevention and care should be gender-sensitive.
- Work patterns that separate workers from their families for prolonged periods should be avoided.
- Enterprises need to be careful that their business practices do not encourage or condone risky behaviour.
- Zero tolerance for violence and harassment against women at work.

If we want to reduce the vulnerability of women to HIV infection, and the spread of the disease, we must look at ways of enabling men and women to negotiate their relationships on a basis of equality.

Men who have sex with men

MSM refers to “men who have sex with men”. These men may be homosexual and only have sex with men, or they may be bisexual, which means that they have sex with both women and men. Men who have sex with other men, may not want to identify themselves as being either homosexual or bisexual. In addition, some men married to women also have occasional sex with men. Finally, there are men, such as those restricted to remote construction sites or prisons, who sometimes have sex with men because they do not have access to women.

MSM are vulnerable to HIV infection for a number of reasons. One reason is that most HIV prevention campaigns target heterosexuals, and as a result MSM mistakenly think that they are not at risk of being infected with HIV when they have sex with other men. Another reason is that many MSM live a clandestine lifestyle because of society’s views of homosexual activity. As well, few prevention programmes will talk openly and explicitly about safer sex between same-sex couples.

Remember, anal sex (for both men and women) is very risky behaviour, particularly for the receiver. It is recommended that non-oil based lubricants are always used during anal intercourse.

5. Workers' Rights and HIV



Human Rights

Human rights are entitlements that are due to all individuals. Persons living with HIV and AIDS have the same human rights as every other person. These internationally recognized rights include the following:

- The right to life
- The right to protection against discrimination
- The right to private life
- The right to employment
- The right to education
- The right to health care
- The right to dignity
- The right to shelter
- The right to freedom of movement
- The right to freedom of expression
- The right to freedom of thought and religion

Human rights violations based on HIV status occur at the workplace. These violations can take numerous forms, such as:

- Mandatory HIV testing as a part of the job application
- Breaches of confidentiality regarding HIV-related personal information
- Denial of promotion/training based on HIV status
- Termination of employment based on HIV status

If people are afraid of losing their jobs or being stigmatized, they are more likely to conceal their HIV-positive status.

At the workplace, people living with HIV need and deserve the respect and support of their co-workers in dealing with the challenges of being HIV positive.

Stigma

Stigma can be defined as negative thoughts about a person or group based on a prejudice. In the context of HIV and AIDS at the workplace, stigma may lead to workers living with HIV being ostracized by their co-workers because of the co-worker's misconceptions about HIV and how it is transmitted.

Discrimination

Discrimination is defined as the negative practices that stem from stigma. For instance, an HIV-positive worker is discriminated against if he/she does not get promoted because of his/her HIV-positive status. Stigma is the attitude and discrimination is the behaviour.

How to overcome stigma and discrimination at the workplace

- Emphasize that casual contacts do not pose a risk of HIV infection.
- Stress that HIV-positive people can live productive lives. They can remain in good health and work for years, despite their infection. Work keeps them going and enables them to contribute to productivity and take care of their families.
- Involve people living with HIV in peer-education sessions. Whenever possible, ask people living with HIV to talk about their situation with participants.
- Bring HIV out of the shadow. Most adults have sex. Many have sexual relations that put them at risk. Young people are particularly vulnerable because many do not have regular partners. Sexual realities that put people at risk need to be talked about openly and honestly.

Employers should not engage in, or permit, any personnel policy or practice that discriminates against workers infected or affected by HIV and AIDS.

HIV/AIDS Workplace Policies

The *ILO Code of Practice on HIV and AIDS and the world of work* has been developed in collaboration with governments and employers' and workers' organizations. The ILO Code of Practice has ten key principles to be applied in the development of effective policies and programmes at the workplace:

- 1) Recognition of HIV and AIDS as a workplace issue
- 2) Non-discrimination
- 3) Gender equality
- 4) Healthy work environment

- 5) Social dialogue
- 6) No screening for purpose of exclusion from employment or work processes
- 7) Confidentiality
- 8) Continuation of employment relationship
- 9) Prevention
- 10) Care and Support

The Trinidad and Tobago National Workplace Policy for HIV and AIDS is based on the key principles of the *ILO Code of Practice on HIV/AIDS and the world of work*.

Appendices

APPENDIX I - Glossary

Acquired Immune Deficiency Syndrome (AIDS): A condition caused by infection with the Human Immunodeficiency Virus (HIV). HIV injures cells in the immune system. This impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of potentially life-threatening diseases and infections. AIDS is the last and most severe stage of the clinical spectrum of HIV-related disease.

Antiretroviral therapy: Antiretroviral (ARV) drugs inhibit the replication of HIV. When antiretroviral drugs are given in combination, HIV replication and immune system deterioration can be delayed, and survival and quality of life improved.

Asymptomatic: Without signs or symptoms of disease or illness. Most people who are HIV positive show no symptoms for five to ten years.

Behaviour Change: An interactive process to develop tailored messages and approaches for a specific group, to enable them to develop positive and sustained behaviour.

Behaviour Change Communication (BCC): A strategy that involves various tactics such as peer education to inspire behaviour change.

CD4 cells: Cells that are responsible for attacking and killing many other disease-causing germs. These are the cells that HIV attacks and destroys.

Human immunodeficiency virus (HIV): The virus that causes AIDS. The virus remains in the body for five to ten years before the full symptoms of opportunistic infections or AIDS appear.

Interpersonal communication: Exchange between people regarding information or experience related to HIV and AIDS. Peer education is one example of interpersonal communication.

Opportunistic infections: Illnesses that afflict people with weak immune systems. Common opportunistic infections include tuberculosis, certain kinds of pneumonia, fungal infections, viral infections and lymphoma.

Peers: A group of people who share common characteristics such as age, gender, socioeconomic status or occupation.

Peer Educator: Person at the workplace who is trained to facilitate discussions on high-risk behaviours relating to HIV, and leads his or her peers in the examination of solutions.

People living with HIV (PLHIV): People who have contracted the virus that causes AIDS.

Stigma: Negative thoughts about a person or group, based on a prejudice.

Universal precautions: A set of standard infection-control practices to be used to minimize the risk of infection or disease from blood-borne organisms which cause disease.

Voluntary counselling and testing (VCT): A service provided to anyone who wants to be tested for HIV, to find out if HIV antibodies are present in his/her blood. The test should only be done with the full consent of the individual, and pre- and post-test counselling.

APPENDIX II

Contacts for Care and Support

TRINIDAD

Caribbean Regional Network of Positive Persons (CRN+)
627-8741

Community Action Resource (CARE)
625-0632

Cyril Ross Nursery
662-8975

The Rap Port Youth Information Centre :
Port of Spain branch
627 1240 Ext. 242

Arima branch
667 5774

South AIDS Support (SAS)
652-AIDS(2437)

Trinidad and Tobago HIV and AIDS Alliance (TTHAA)
623-9714

Voice of One: Overcomer's Club
679-6747

TOBAGO

Tobago AIDS Society (TAS)
635-1024

Tobago Oasis Foundation
635-1088

HIV and AIDS Hotline:
625-AIDS (2437) or 800-4HIV(4448)

APPENDIX III

Further Reading

Caribbean Epidemiology Centre (Carec)/PAHO/WHO Special Programme on Sexually Transmitted Infections/the National AIDS Coordinating Committee of Trinidad and Tobago. 2002. FAQ (Frequently Asked Questions) Some facts about AIDS and HIV

Centers for Disease Control and Prevention. 1986. Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections. (Department of Health and Human Services, USA).

Government of the Republic of Trinidad and Tobago, Ministry of Health, National Surveillance Unit 2006. Annual Report 2006.

Government of the Republic of Trinidad and Tobago.2008. National Workplace Policy on HIV and AIDS.

ILO, 2001. An ILO Code of Practice on HIV/AIDS and the world of work. (Geneva),

ILO/Family Health International. 2006. HIV/AIDS behaviour change communication: A toolkit for the workplace. (Geneva).

ILO. 2002. Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual (Geneva).

ILO/World Health Organization. 2005. Joint ILO/WHO guidelines on health services and HIV/AIDS (Geneva).

Useful websites

<http://www.ilo.org/aids>

ILO Programme on HIV/AIDS and the World of Work (ILOAIDS)

<http://www.unaids.org>

Joint United Nations Programme on HIV/AIDS

<http://www.nacctt.com>

National AIDS Coordinating Committee, Trinidad and Tobago





