

International
Labour
Organization

Manual for Training Trainers of Enterprises

HIV and AIDS Workplace Education Programme



MANUAL FOR TRAINING TRAINERS OF ENTERPRISES

**HIV AND AIDS WORKPLACE EDUCATION
PROGRAMME**

International Labour Organization

Sri Lanka



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Message from the ILO Country Director for Sri Lanka and Maldives

As shown by the Asian and African experiences, HIV and AIDS have been recognized as a threat to the development of a healthy workforce. Although Sri Lanka has a low prevalence of HIV, it is very important that we do not remain complacent but take early action to avert a future epidemic and support the national response to HIV and AIDS.

In order to provide an environment that is conducive towards the prevention of HIV among employees in workplaces in Sri Lanka, it is important that enterprises establish and implement HIV prevention programmes and policies in line with the National Policy on HIV AIDS in the world of work and international standards.

Through this training manual we anticipate that enterprises will be able to implement HIV prevention programmes for their employees and their family members. This manual will be of assistance to trainers, to conduct programmes to educate their co-workers and also to train peer educators.

In addition, this manual provides guidelines on developing Workplace HIV/AIDS policies and programmes and will also help the management and workers to develop a supportive environment conducive to behaviour change and protection from HIV.

By training trainers, training peer educators in workplaces and by conducting communication programmes to facilitate behaviour change, the spread of HIV among workers can be reduced and they could be prevented from engaging in risky behaviours.

It is praiseworthy that the ILO HIV/AIDS Workplace Education Programme in Sri Lanka has been able to publish a manual for training of trainers in enterprises. I am thankful to Dr. Indira Hettiarachchi, ILO National Project Coordinator on HIV/AIDS for the initiative taken to develop this manual.



Country Director, ILO Office
Sri Lanka and Maldives



Message from the Director National STD/AIDS Control Programme

Sri Lanka has a HIV prevalence of less than 0.1% and is considered a country with a low level HIV epidemic. As of the end of 2009, the estimated number of people living with HIV was 3,000. According to surveillance data the cumulative number of persons infected by HIV as at end of second quarter 2012 is 1,544.

The National AIDS Policy was ratified by the government of Sri Lanka in 2011. The Policy spells out two strategic objectives, to be achieved which are; to prevent HIV and other sexually transmitted infections and to improve the quality of life of people living with and affected by HIV and AIDS. A multisectoral approach and HIV prevention interventions in the world of work have been identified among priority areas and strategies in the National AIDS Policy.

The majority of those infected are in the most productive age group and are in the workforce. In this situation, enterprises can play a very important role in the national response to HIV and AIDS.

While the importance of directing prevention efforts at all sectors is indisputable, specific endeavours to address HIV in the world of work environment should receive emphasis, taking into account the wellbeing of employees and their families and also improving the productivity of enterprises while maintaining the economic stability of the nation. This manual will serve a very useful purpose to plan and implement workplace HIV prevention programmes.

I take this opportunity to thank the International Labour Organization for developing this manual and the Employers Federation of Ceylon for the important role they have played in promoting HIV prevention in the workplace. I wish those enterprises which take up the challenge of establishing workplace HIV prevention programmes and developing HIV/AIDS Policies every success in their endeavours.

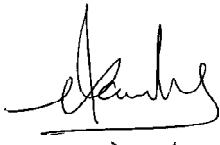
A handwritten signature in black ink, appearing to read 'N. Edirisinghe', with a horizontal line underneath.

Dr. Nimal Edirisinghe
Director
National STD/AIDS Control Programme

Message from the Director General - Employers' Federation of Ceylon

The preparation, by the ILO, of a Workplace Training Manual on HIV prevention and education is a useful addition to the information, education and communication material developed for Sri Lankan companies in recent years. The workplace provides a good launching ground for HIV prevention and education programmes, and it is especially encouraging to note that several businesses in the country, which commenced HIV education programmes in collaboration with the ILO and EFC, have expanded their HIV programmes beyond their employees and their families, to the wider community.

Although primarily a manual for training enterprise level trainers on HIV, this manual also takes employers through the steps for setting up a comprehensive workplace programme on HIV education and prevention. It will no doubt encourage and assist more Sri Lankan companies to commence HIV prevention activities at workplace level, contributing to the National Initiatives to keep Sri Lanka at its present low rates of HIV infection.



R L P Peiris
Director General
Employers' Federation of Ceylon



Acknowledgement

In 2006, the ILO/USDOL-HIV/AIDS Workplace Education Programme in Sri Lanka developed a manual for trainers in enterprises. This manual was in Sinhalese, and was based on the manual for HIV/AIDS Workplace Programmes for Master Trainers / Peer Educators of Enterprises, of the ILO Office in India. With the increase in the number of enterprises implementing HIV education programmes in Sri Lanka, a need to translate the Sinhalese version to English and to modify it to include recent developments in the field of HIV prevention was seen. As a result, this manual was developed.

My sincere gratitude is due to Mr. Syed Mohamed Afsar, Senior HIV/AIDS Specialist, ILO/AIDS, for the guidance provided to develop this manual. I also thank Richard Howard, ILO HIV/AIDS Specialist for Asia Pacific Region and Lee-Nah Hsu, ILO HIV/AIDS Technical Facilitator for the Asia Pacific Region.

My sincere thanks also goes to Dr. Sujatha Samarakoon, Consultant Veneriologist and Ms. Ayomi Fernando, Senior Industrial Relations Advisor, Employers' Federation of Ceylon for providing valuable inputs to developing the manual and for the support extended to conduct "training of trainers" programmes for enterprises, which inspired me to develop this manual.

The valuable inputs provided by the National STD/AIDS Control Programme and the members of positive organizations are also appreciated.

The guidance and encouragement provided by Mr. Donglin Li, ILO Country Director for Sri Lanka and Maldives is acknowledged with gratitude. I wish to extend my thanks also to the UNAIDS Programme Acceleration Fund (2011/2012) for providing funds to print this manual.

It is hoped that trainers in enterprises will use this manual effectively and in an innovative manner in their respective work places.

National Project Co-ordinator
International Labour Organization
Sri Lanka

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Abbreviations

AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Anti Retro Viral Therapy
EFC	-	Employers' Federation of Ceylon
HIV	-	Human Immunodeficiency Virus
ILO	-	International Labour Organization
OHP	-	Over Head Projector
PLHIV	-	Persons Living with HIV
PMTCT	-	Prevention of Mother to Child Transmission
PPP	-	Power Point Presentation
STI	-	Sexually Transmitted Infections
STD	-	Sexually Transmitted Diseases
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
USDOL	-	United States Department Of Labour
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organization

The Proposed Strategy for HIV Prevention Programmes in Enterprises

The Steps Involved:

1. Advocacy and Sensitizing the Management

It has been globally accepted that HIV is an important issue, causing serious health, economic and social consequences. The management should be well aware of this, and also should realize the role they have to play in responding to it, by means of providing support to launch HIV prevention programmes, targeting their employees and extending such programmes to families of workers, as well as neighbouring communities.

2. Appointing a Coordinator / Focal Point

Identifying a Focal Point to coordinate HIV prevention activities is recommended in order to plan, implement and monitor such programmes in an orderly and systematic manner. The selected person should have the necessary knowledge and skills and should also hold an important position enabling him / her to be a link between the management and workers.

3. Establishing a Workplace HIV/AIDS Committee

It is beneficial to establish a Workplace HIV/AIDS Committee in the enterprise. The committee should comprise representatives from the management, supervisors and workers from different sections /departments of the organization. Alternatively, an existing committee may be assigned to coordinate the workplace HIV prevention programme. It is important to ensure representation of both sexes and maintain a gender balance where possible. The committee members should be selected from persons interested in welfare activities in the workplace and should have a strong organizational commitment. In the event that there are known persons living with HIV (PLHIV) among the workers, it would be most useful to include such a person(s) in the committee, provided the person's consent is granted.

The committee should meet at least once a month. By limiting membership to ten to fifteen members in the committee, holding regular meetings will be made easier. This committee will be responsible for planning, implementing, monitoring and evaluating HIV prevention programmes in the workplace. Minutes of all meetings of the committee must be maintained, and the decisions taken at such meetings should be followed up and implemented in a timely manner.



4. Developing a Comprehensive Programme of Interventions for Prevention of HIV in the Workplace:

Three pillars of an HIV prevention programme in an enterprise

- HIV Prevention Programme
- HIV/AIDS Policy
- Care & Support

The following steps are involved in the implementation of the 3 pillars:-

a) HIV Prevention Programme

The following steps are recommended when setting up an enterprise HIV prevention programme:-

- Select trainers
- Train the trainers
- Develop and implement the action plan of the trainers
- Select and train a group of peer educators
- Engage peer educators to conduct behaviour change communication programmes including prevention of stigma and discrimination
- Extend the programme beyond the workplace, to cover the neighbouring communities, supply chains and families of workers

i. Selection of Trainers

- The trainers should be ideally selected from different units of the enterprise
- There should be a good gender balance, proportionate to the female and male workers employed in the enterprise
- Persons having good communication and training skills should be selected
- The HIV/AIDS Committee should, in consultation with the management, nominate persons from human resource development, training, medical staff, health and safety divisions, trade unions and workers themselves
- It is essential that the selected participants obtain prior approval from their sectional/ unit heads to ensure that they are in a position to devote time to engage in the workplace HIV prevention programme
- Participants should be mature persons who are willing to discuss a challenging subject and should have non-judgmental and positive attitudes

ii. Follow- up of Training of Trainers Programme

At the end of the training programme, the trainers will develop an action plan. This should be shared with the HIV/AIDS Committee and the management and be finalized in accordance with the requirement of the enterprise.

The work plan could include:

- Advocacy sessions
- Awareness programmes for employees
- Selection of peer educators
- Training of peer educators
- Integrating HIV education in on-going training programmes and orientation programmes for new recruits
- Assisting in the organisation of special events such as street dramas, games, competitions etc., to disseminate HIV information.

iii. Peer Education Programmes

Recruiting and training peer educators should be a major component of any workplace peer-education programme. The success or failure of a peer-education programme often depends largely on the capabilities of peer educators. Ideally one peer educator should be selected for 20- 30 employees. It is recommended that appropriate gender balance be taken into account when selecting peer educators. Management and workers' representatives should work together to identify and train a pool of peer educators for each workplace or group of workplaces. Workers can also be asked to nominate individuals as peer educators, or even vote for those whom they prefer.

Peer educators should share common characteristics with the peer group on which their programme focuses. For example, if the peer group is made up of females in an enterprise such as a garment factory, essentially the peer educators should be women of about the same age, economic status and position.

iv. Selection of Peer Educators

Desirable characteristics in peer educators include:

- They should be workers from the same enterprise, ideally between 25 to 50 years. Age should not be a barrier if the persons have other important characteristics needed in a peer educator
- They should be persons interested in training activities
- They should be motivated by concern for the health of their colleagues and should be willing to spare some time for the benefit of others and be available and accessible to workers at all times
- They need to possess natural leadership skills and good organizing skills
- Peer educators should be persons respected by both colleagues and the management
- They should have effective interpersonal communication skills and speak the languages spoken in the workplace



- Peer educators should be selected from all the units in order to facilitate informal and formal discussions
- They should have the ability to listen to other peers without bias or assumptions
- They should be able to keep sensitive information confidential

b) Workplace HIV/AIDS Policy

The Workplace HIV/AIDS Committee could draft the HIV/AIDS Policy of the enterprise, which would be thereafter finalized and adopted by the management. Steps in developing an HIV/AIDS Policy for an enterprise would involve:

- Studying the existing Policies of the enterprise
- Studying the guidelines published by the International Labour Organization (ILO) on HIV prevention. Eg. ILO Recommendation concerning HIV and AIDS in the world of work (Recommendation 200) and the Sri Lanka National Policy on HIV and AIDS in the world of work
- Drafting an HIV/AIDS Policy appropriate for the enterprise
- Discussing the draft Policy with the management and revising as necessary
- Management adopting the HIV/AIDS Policy of the enterprise
- Making all employees aware of the Policy
- Implementing the Policy within the enterprise

c) Care and support

Provision of care and support would involve:

- Establishing counselling services
- Improving access to condoms with the consensus of management and workers
- Establishing a referral system to obtain treatment for sexually transmitted infections and for voluntary counselling and testing
- Providing support services to persons living with and affected by HIV

5. Implementing and Monitoring the Programme

The Committee shall develop a work plan for six months or one year incorporating the above components and shall monitor its implementation. A systematic data collection mechanism should be developed to monitor implementation of the work plan.

The capacity of trainers and peer educators should be improved by means of regular in-service refresher training programmes conducted by resource personnel competent in the relevant subject areas. The Workplace HIV/AIDS Policy should be reviewed periodically, with a view to carrying out revisions, if found necessary.

Draft Agenda for a 'Training of Trainers' Programme

Day 1

Session No./Time	Title of session	Objectives of session	Methodology	Required material
No. 1 30 minutes	Registration and pre-test	<ul style="list-style-type: none"> • Welcoming participant • Ascertaining their knowledge and attitudes on HIV and AIDS 	Participants sign the attendance register Administration of the pre-test questionnaire	Attendance register Pre-test questionnaire forms
No. 2 15 minutes	Inauguration	<ul style="list-style-type: none"> • To explain the purpose and the objectives of the workshop, to the participants 	-Short speeches by invited guests/ Master Trainers	
No. 3 30 minutes	Introduction of participants	<ul style="list-style-type: none"> • Self-introduction by resource persons and participants • Identifying participants expectations, attitude toward HIV and AIDS and setting ground rules • Familiarizing with the workshop objectives and norms 	Paired introductions Group work Discussion	Cards prepared for the purpose Demy paper, Marker pens
No. 4 75 minutes	Basics of HIV and AIDS	<ul style="list-style-type: none"> • Participants gain knowledge on HIV and AIDS, as well as methods/services available for HIV prevention, diagnosis, treatment & care, in Sri Lanka. • Understand the global and local scenario of HIV and AIDS 	Lecture / discussion	Demy paper Marker pens Transparent sheets



No. 5 45 minutes	Sexually Transmitted Infections	<ul style="list-style-type: none">• Participants gain knowledge on common sexually transmitted infections	Lecture / discussions	Demy paper Marker pens Transparent sheets
No. 6 45 minutes	Sexual Behaviours vs. Vulnerability to STIs including HIV	<ul style="list-style-type: none">• Recognize sexual behaviours that have greater potential for contracting STIs including HIV infection	Group activity Discussions	Cards prepared for the purpose
No 7 45 minutes	Condom Education	<ul style="list-style-type: none">• Participants understand the importance of condoms as a method of prevention Gain knowledge about improving attitudes on safe sex• Develop skills on using condoms correctly	Group activities Discussions	Condoms Models(dildo)
No. 8 45 minutes	Gender dimensions of HIV and AIDS	<ul style="list-style-type: none">• Recognize the underlying gender issues which increase the risk of HIV infection in females and males and the enhanced risk and its adverse consequences on women	Brain storming Discussion	Paper cut into pieces White board Pens

Day 2

Session No./Time	Name of session	Objective of session	Methodology	Required material
No. 9 45 minutes	Recap of Day 1 work	<ul style="list-style-type: none"> • Reflection on subjects covered on Day1, and ensure clear comprehension by participants 	Quiz	List of questions
No. 10 45 minutes	HIV and AIDS and Human Rights	<ul style="list-style-type: none"> • Recognize rights of persons living with HIV and AIDS • Recognize issues likely to arise in an enterprise if it is known that a member or members are affected with HIV and AIDS 	Group work and discussion	Half sheets Pens
No. 11 45 minutes	HIV& AIDS as an Issue of the World of Work.	<ul style="list-style-type: none"> • Understand why enterprises must respond to HIV/AIDS. • Familiarize on the ILO Recommendation 200, National Policy on HIV and AIDS in the World of Work • Understand the components of a workplace HIV/AIDS Policy & a Programme 	Discussion Group activity	Copies of ILO Recommendation 200 National Policy on HIV and AIDS and the World of Work, Hand-outs of steps of a work place HIV programme. Demy paper Pens
No. 12 45 minutes	Effective communication and Behaviour change Communication	<ul style="list-style-type: none"> • Identify the characteristics of effective communication process • Identify different steps leading 	Group discussions. Presentations Lecture / discussions	Demy paper Pens Transparent sheets Overhead Projector



		to behavioural change, through communication		
No. 13 60 minutes	Preparing a sample Work Plan for a workplace education programme on prevention of HIV	<ul style="list-style-type: none">• Participants learn the different components of a workplace HIV prevention programme.• Gain skills in designing such a programme	Group activity Presentation Discussion	Pens Demy paper White board
No. 14 120 minutes	Practice session	<ul style="list-style-type: none">• Enhance skills in conducting training workshops• Enhance presentatin skills	Presentation of group work	Half sheets Demy paper Transparent sheets White board Pens
No 15 30 minutes	Evaluation of the programme and conclusion	<ul style="list-style-type: none">• Assess how far the programme objectives have been achieved• Assess the training skills acquired by participants• Concluding remarks(any follow-up activities, etc.)	Written test administered to the participants	Post-test questionnaires Evaluation forms

Session - 1

Registration and Pre-test

Objectives

- To maintain an attendance register
- To ascertain the participants' existing knowledge and attitudes on HIV, AIDS and STI

Time - 30 minutes

Materials required required

- Attendance register, file covers, pens, identification tags, felt pens, pre-test question papers

Methodology

- Register participants before the commencement of the programme
- Handover files, identification tags, and the pre-test questionnaires to participants
- Explain the purpose of the pre-test and request participants to fill the questionnaire individually without consulting others
- Instruct them to write their first name (or the name they wish to be identified by during the workshop) on the name tags already given and to wear them
- Begin the workshop at the right time, as announced in the programme

To the Workshop Facilitator

- Distribute the pre-test questionnaire
- Give necessary instructions on filling the pre-test questionnaire
- Study the completed pre-test questionnaires and gain an understanding of the level of knowledge of each participant
- Give marks to the answers in the pre-test questionnaire, as follows :-
 - 2 marks each for question 1 to 13
 - 8 marks each for question 14 to 19
 - 5 marks each for questions 20 to 23



Session - 2

Inauguration

Objectives

- To welcome the participants
- To officially commence the workshop

Time – 15 minutes

Methodology

- Facilitator introduces himself/herself, and welcome the participants
- Facilitator request the invited guest speakers to make a brief introductory speech

To the Workshop Facilitator

- It is good to invite the Chief Executive Officer or a top management representative to inaugurate the session
- The invitee (s) should be aware, of the purpose of the workshop and the importance of taking preventive measures to avert an epidemic

Session - 3

Introduction of Participants

Objectives

- Resource persons and participants to get to know each other
- To gain an insight about participants' skills
- To demystify the participants on the subject
- To make participants understand the workshop objectives and norms

Time – 30 minutes

Materials

- Cards prepared in advance

Methodology

- Cards (already prepared) are dropped on the floor
- Participants pick up one card each
- Each participant finds their partner by matching the cards
- Each participant finds out the name, place of residence, place of work, special abilities and hobbies of their partner
- Each participant takes a turn to introduce their partner to the audience, based on the findings made at the inquiry
- Divide the participants into 3 groups and give one topic to each group to discuss among group members
 - Group 1 – Expectations of participants from the workshop
 - Group 2– What they felt when they were selected to participate at the training programme
 - Group 3– Identify a set of ground rules to be observed during the workshop
- Explain the objectives of the training programme
- Obtain consensus on the norms that need to be followed during the programme

To the Workshop Facilitator

- Write down one of the following words / group of words on each card **(without duplicating)**
 1. HIV
 2. Heterosexual
 3. Penis
 4. Blood
 5. Safe sexual behaviour
 6. Single partner
 7. Elisa
 8. Seminal fluids
 9. Syphilis
 10. Sputum
 11. White blood cells
 12. Beliefs
 13. HIV positive
 14. Knowledge
 1. AIDS
 2. Homosexual
 3. Vagina
 4. Secretions
 5. Unsafe sexual behaviour
 6. Multiple partners
 7. Western blot
 8. Vaginal fluids
 9. Gonorrhoea
 10. Tears
 11. Red blood cells
 12. Attitudes
 13. HIV negative
 14. Behaviour
- The facilitator too should join the game
- Allow participants time to get to know each other
- Ask participants about their expectations of the workshop and write them down on the white board
- Thereafter, match workshop objectives with participants' objectives
- Ask participants about the rules that need to be set for the smooth functioning of the workshop.
- Write them on a demy paper and paste it on the wall

Session – 4

Basics of HIV and AIDS

Objectives

- To impart knowledge to participants on HIV and AIDS
- To enhance knowledge of participants on the services available for those affected with HIV and AIDS
- To make participants understand the global and national situation of HIV and AIDS and their socio-economic impact

Time – 75 minutes

Materials

- Demy paper, marker pens, transparent sheets or PowerPoint presentation, magi board, multimedia projector, laptop

Methodology

- Ask participants what is denoted by the terms HIV and AIDS
- Define the two acronyms
- Discuss the theories on the origin of HIV
- Discuss the body fluids in which the virus is mostly found
- Discuss methods of transmission of the virus
- Identify methods by which HIV is not transmitted
- Explain the progression from HIV positive status to AIDS
- Discuss the Window Period and its significance
- Describe the clinical stages of HIV infection
- Discuss tests to diagnose HIV infection
- Explain pre and post-test counselling
- Discuss Voluntary, Counselling and Testing (VCT)
- Discuss treatment available for HIV
- Explain Prevention of Mother to Child Transmission (PMTCT) and treatment
- Discuss the global and the national scenarios of HIV and AIDS
- Explain risk behaviours related to HIV
- Discuss the services and service points available for HIV diagnosis, treatment, care and support



To the Workshop Facilitator

- Prepare necessary transparent sheets for OHP /slides for Power Point presentations
- Allow participants to express their views at the commencement of the discussions
- Provide a short description during OHP / power point presentation
- Discuss any difficult points participants may encounter and explain them further

Session – 5

Sexually Transmitted Infections

Objectives

- To be aware of the main infections that are sexually transmitted, and their clinical manifestations
- To gain an understanding of how such infections affect men and women

Time – 45 minutes

Required material

- Demy paper, marker pens, transparent sheets

Methodology

- Name a few infections which are transmitted sexually
- Discuss the mode of transmission, common symptoms, and scope of the available treatment for sexually transmitted infections
- Discuss the symptoms that could be found among women
- Discuss the symptoms that could be found among men
- Discuss the services provided and locations of STD clinics in Sri Lanka

To the Workshop Facilitator

- Explain signs and symptoms of gonorrhoea, syphilis, herpes genitals and genital warts, by using transparencies, flip charts or pictures
- Emphasize the need to take the full course of drug treatment and the need to get the partner treated
- Discuss the importance of treatment of partner/s and seeking medical advice from a STD clinic



Session – 6

Sexual Behaviours

Objectives

- To enhance knowledge about different sexual behaviours practiced by individuals
- To create awareness about sexual behaviours that increase the risk of HIV transmission

Time – 45 minutes

Material

- Already prepared cards on risky sexual behaviours

Methodology

- Request the participants to sit in a circle
- Give each participant an already prepared card in which a sexual act is written
- Request participants to discuss the sexual behaviour and assess its risk/no risk for transmission of HIV
- Request participants to discuss with the two participants on either side, and compare cards to see which of the two types of sexual behaviours stated on the two cards they are holding, has a behaviour with a higher risk of HIV transmission
- The participants are requested to change their seating according to the degree of risk of HIV transmission associated with each sexual act stated on the card (from no risk → low risk → to high risk)

To the Workshop Facilitator

- Write down the below-mentioned sexual behaviours, one on each card
 - Hugging
 - Lip sucking (French Kissing)
 - Sex between thighs
 - Caressing of breasts
 - Caressing sex organs
 - Watching sex acts on the sly
 - Vaginal sex
 - Anal sex
 - Oral sex
 - Pressing the genital area against behind of the other person
 - Anal sex wearing a condom
 - Oral sex wearing a condom
 - Vaginal sex wearing a condom
 - Group sex
 - Sex with animals
 - Masturbation
- Encourage them to discuss the different sexual behaviours
- Allow the group to discuss high risk and low risk behaviours



Session 7

Condom Education

Session Objectives

- To make participants understand the need for condom promotion
- To develop/improve participants' knowledge on using a condom correctly
- To make participants aware about barriers for promotion of the condom-using habit and measures that may be taken to overcome such barriers
- To get participants to discuss possible methods of improving access to condoms

Time – 45 minutes

Materials

- Model of the penis (dildo), condoms, condom demonstration film (CD)

Methodology

- Request participants to form 3 groups and to discuss methods of prevention of transmission of HIV
- Make use of the basis for their discussion, to impress on them the value of condom use for safe sex
- Invite a volunteer to demonstrate how a condom is worn, using a dildo
- Demonstrate the steps to be followed in wearing a condom correctly
- Allow participants to demonstrate the exercise several times
- Discuss barriers for condom use
- Discuss the present availability and access to condoms, and ways to promote condom use
- Expel myths and misconception related to condom use
- Show the condom demonstration film (CD) if facilities are available

To the Workshop Facilitator

Ensure that dildos and condoms are available in sufficient quantities

- Demonstrate the steps of wearing a condom correctly
- Expel myths and misconceptions related to condom use
- Show the condom demonstration film if available

Session 8

Gender Dimensions of HIV and AIDS

Session Objectives

- To enhance the participants' knowledge on gender issues that enhance HIV transmission
- To identify action that could be taken at the workplace to prevent or minimize issues which may promote the spread of HIV

Time – 45 minutes

Material

- Demy paper, pens

Methodology

Request participants to form three groups and discuss following topics and present

- Discuss the risk factors present for males and females
- Discuss the special risk factors faced by females
- Discuss ways of eliminating/minimizing risk factors

To the Workshop Facilitator

- Discuss the different roles and rights that have been entrusted to women and men, respectively, in society
- Discuss the measures that need be taken to minimize adverse consequences that would result from such assigned roles
- Discuss the special risk factors for females, due to biological, gender and socio-economic reasons
- Emphasize that while taking measures to minimize risk factors which promote HIV among males and females, in general, it is also important to conduct educational programmes that are gender-specific, which address issues of both men and women separately
- Discuss the importance of a dialogue between wife and husband/ partners regarding sex and sexuality, with the aim of enjoying a satisfying sex life and minimising risky behaviours



Session – 9

Recap of Day 1

Session Objectives

- To assist participants to reinforce their knowledge gained on the previous day

Time – 45 minutes

Materials

- A list of questions pertaining to discussions had on the previous day

Methodology

- Divide participants into three groups
- Conduct a quiz on facts that were discussed the previous day by posing questions to each group
- Request each group to discuss questions and give the best answer
- If the answer is incomplete, request the next group to make an attempt to answer
- Ensure that all participants are given a chance to answer
- Give 10 marks whenever the correct answer is received at the first instance
- If the response of the second group is correct that group will receive 5 marks
- At the end, the entire audience gives a round of applause to the winning team
- Facilitator should answer the questions that did not receive correct answers

To the Workshop Facilitator

Some sample questions that could be asked from participants (one each)

1. What is meant by HIV?
2. What is AIDS?
3. Name three body secretions that would have high concentrations of HIV
4. What is the estimated number of HIV infected persons in the world?
5. What is the estimated number of HIV infected persons in Sri Lanka?
6. State three ways by which one can acquire HIV infection
7. What are the tests done to diagnose HIV ?
8. Why do women face greater risk for HIV infection?
9. What is the immune system?
10. What does HIV do to the immune system?
11. What is meant by the Window Period?
12. Mention three symptoms a person could have when infected with sexually transmitted diseases
13. What is ART?
14. Name four sexually transmitted diseases
15. Describe how sexual transmission of HIV can be prevented
16. Name three sex practices that carry an increased risk of HIV infection
17. What is the relationship between other sexually transmitted diseases and HIV?

Please add more questions depending on the number of participants



Session – 10

HIV/AIDS and Human Rights

Objectives

- To sensitize participants on stigma and discrimination related to HIV and AIDS
- To Enable the participants to recognize the issues related to HIV and AIDS in the workplace, and measures to overcome them

Time – 60 minutes

Materials

- Half sheets, pens

Methodology

- Explain the exercise to participants
- Participants are requested to come to the centre and walk around in a circle
- While walking, they are requested to shake hands with each other
- While participants are shaking hands, the facilitator scratches the hands of three persons
- If someone's hand is scratched, that person scratches the hand of two other persons
- The participants are requested to stop after five minutes of walking and hand scratching is initiated
- Separate those whose hand was scratched and those whose hand wasn't scratched into two groups
- Facilitator explains that shaking hands denotes engaging in unprotected sexual activities.
- Hand scratching denotes getting infected with HIV following sexual activity
- Request those whose hands were scratched to come to the centre of the circle and sit on the ground or on chairs, while those whose hands were not scratched form an outer circle
- Request those who are in the 'not infected' group (outer circle) to express their feelings
- Invite those who are in the 'infected' group to express their feelings
- If possible, engage a person known to be infected with HIV, in the game
- Facilitator explains that the main reasons for stigma & discrimination are because
 - HIV and AIDS are often seen through the moralistic lens
 - only people with promiscuous / immoral behaviours get HIV
 - ignorance.



- There are many myths regarding the possible routes of HIV transmission
- Discuss the need to educate all employees in the organisation on the modes of spread of HIV
- Explain the importance of following the recommended universal precautions if a worker comes in contact with blood / body fluids
- Discuss the need to safeguard the rights of persons living with HIV and AIDS
- Discuss the need to eliminate employment- related stigma and discrimination
- Discuss how the workplace can create a non-discriminatory environment, through a consultative process between workers and management

To the Workshop Facilitator

- During the game make sure that hands of too many people are not scratched
- Try to invite a person living with HIV (PLHIV) as a resource person and explain his/her role
- Request the PLHIV to join the game
- If the PLHIV is willing, he/she could reveal his/her HIV status and explain his/her experiences on stigma and discrimination
- Ensure that participants do not ask embarrassing questions (e.g. how did he / she contract the infection) from the PLHIV, and that the person is treated with due respect
- Provide time for the participants to interact with the PLHIV
- Express appreciation to the PLHIV, for participating and making a valuable contribution to the workshop
- Discuss how stigma and discrimination can affect workers

e.g.

- Termination of services because of real or perceived HIV status
- Mandatory HIV screening for recruitment and to continue in the job
- Denial of promotions, benefits, opportunities etc.
- Non-cooperation by colleagues and management
- Forced early retirement



Session – 11

HIV and AIDS an issue of the World of Work

Objectives

- To make the participants acquaint themselves with the *ILO Recommendation concerning HIV and AIDS and the World of Work 2010 (Recommendation 200)* and the *Sri Lanka National Policy on HIV and AIDS and the World of Work*
- To make participants aware of the components of a workplace HIV prevention policy and a programme
- To enable participants to draft a Workplace HIV/AIDS Policy and a programme

Time – 45 minutes

Required material

- Copies of the Recommendation 200, ILO 10 Key Principles ILO Code of practice on HIV and AIDS, *National Policy on HIV and AIDS in the World of Work*, half sheets, pens, demy paper, transparent sheets

Session activities

- Discuss the impact of HIV and AIDS on enterprises and workers
- Discuss the steps of a HIV prevention programme in an enterprise
- Divide participants into groups and get them to study the *ILO Recommendation concerning HIV and AIDS and the World of Work 2010 (Recommendation 200)* and the *Sri Lanka National Policy on HIV and AIDS in the World of Work*
- Make sure that they understand the 10 Key Principles
- Request the groups to formulate a draft Workplace HIV/AIDS Policy using the above mentioned documents
- Allow the groups to present the draft policies formulated by them and discuss them.

To the Workshop Facilitator

- Obtain copies of the *ILO Recommendation concerning HIV and AIDS and the World of Work 2010 (Recommendation 200)* and the *Sri Lanka National Policy on HIV and AIDS in the World of Work*
- Share sample copies of existing workplace HIV and AIDS Policy with the participants
- Explain to the participants the steps of formulating a workplace HIV prevention Policy

Please see annexures

Session – 12

Effective Communication for Behaviour Change

Objectives

- To familiarize participants on the concepts of behaviour change in relation to HIV and AIDS
- To enhance participants' skills on effective communication strategies required for workplace HIV prevention programmes

Time – 45 minutes

Materials

- Demy paper, marker pens, transparent sheets/PPP, half sheets

Methodology

- Discuss characteristics of effective communication
- Discuss the steps that are involved in changing behaviour
- Discuss the methods that are used to change behaviour
- Discuss characteristics of messages designed for behaviour change communication
- Discuss different methods of communication

To the Workshop Facilitator

- Request participants to describe qualities of a good communicator and write them down on a white board or flip chart
- Prepare a list of characteristics that would cause effective communication
- Divide the qualities mentioned into skills and attitudes and discuss the importance of correct attitudes to be a good communicator
- Discuss the effectiveness of different communication methods, such as mass media, interpersonal, small group discussions etc
- Identify risky behaviours
- List risk behaviours according to the order of priority and decide on the proposed behaviours to be acquired
- Prepare cards stating the steps involved in behaviour change
- Request participants to arrange the cards in the order in which they think behaviour change occurs
- Explain to participants the behaviour change process
- Prepare transparent sheets/PPP stating the characteristics of effective communication methods and messages



Session – 13

Work plan for HIV Prevention Interventions in Enterprises

Objectives of session

- To sensitize the participants on the components of a workplace HIV prevention programme
- To enhance skills of participants to design and implement a workplace HIV and AIDS education programme
- To enhance communication skills of participants and to identify strengths and weaknesses

Time – 60 minutes

Material

- Demy paper, marker pens, prepared transparent sheets/ PPP, leaflets, posters

Methodology

- Divide participants in to 3 groups
- Recall workshop objectives
- Mention the different components of a workplace HIV prevention programme
- Discuss effective behaviour change communication
- Mention that interpersonal and small-group sessions using trained peer educators, street dramas, skits and information education materials (IEC) have been found to be more effective than mass media
- Allow each group to select target groups, develop an action plan and present it
- Discuss the programme presented by each group, and help the participants to recognize strengths and weaknesses
- Get the participants to present the revised programmes, after rectifying weaknesses

To the Workshop Facilitator

- Discuss the workshop proceedings by highlighting the main points
- Discuss the steps adopted in an enterprise- based HIV prevention programme
- Recall the main components of the enterprise HIV programme
- Engage participants in programme planning by getting them to form small groups
- Instruct them to prepare programmes under the following sub headings: date, time, objective, activities, responsibility and resources
- Draw the participants' attention to strengths and weaknesses observed in programmes prepared by them
- Provide time to rectify weaknesses in the programmes and present them again
- Show appreciation towards participants' work



Session – 14

Practice Sessions

Objectives

- To improve skills of participants in conducting sessions enumerated in the work plans

Time – 120 minutes

Material

- Demy paper, marker pens, transparent sheets

Methodology

- Divide participants into 3-4 groups
- Allow each group to select a specific knowledge-enhancing activity from the work plan (e.g. training peer educators, advocacy session for the management, sensitization programme for co-workers)
- Request participants to prepare a relevant programme, indicating date, time, session, objective, key contents, resources etc.
- Inform participants that each group member will have to make a 10 minute presentation based on the programme designed by the group
- Allow 20 minutes for preparation of presentations
- Give an opportunity to everyone to make presentations
- Discuss strengths and weaknesses in the designed programme and presentation skills

To the Workshop Facilitator

- Listen carefully to presentations
- Make encouraging comments
- Emphasise the use of participatory techniques rather than giving lectures
- Stress the importance of building on knowledge that participants have
- Mention that with practice their communication skills will improve

Session – 15

Programme Evaluation and Conclusion

Objectives

- To make an assessment on how far the programme objectives have been achieved
- To assess the success of the programme

Time – 30 minutes

Material

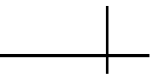
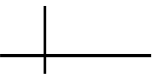
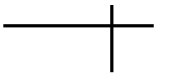
- Post-test questionnaire forms, half sheets, ball of thread

Methodology

- Distribute post-test questionnaires
- Collect questionnaires after they are filled
- Take the expectations listed by the participants and ask them whether each expectation was achieved
- Draw an evaluation chart on a white board or hand over half sheets to participants, and explain
- Allow each participant to make their remarks
- Allow a few participants to express their opinions about the workshop
- Take the ball of thread. Tie one end round the finger of a participant and request that person to make a short comment about the workshop and thereafter to pass the ball of thread over to another person and request that person too, to make a short comment about the workshop.
- Repeat the process
- After the ball of thread has been moved around further and further, between participants, inquire as to what has happened to it
- Demonstrate that we are bound to each other with this thread
- Discuss the objectives we all want to achieve
- Conclude the workshop by thanking everyone

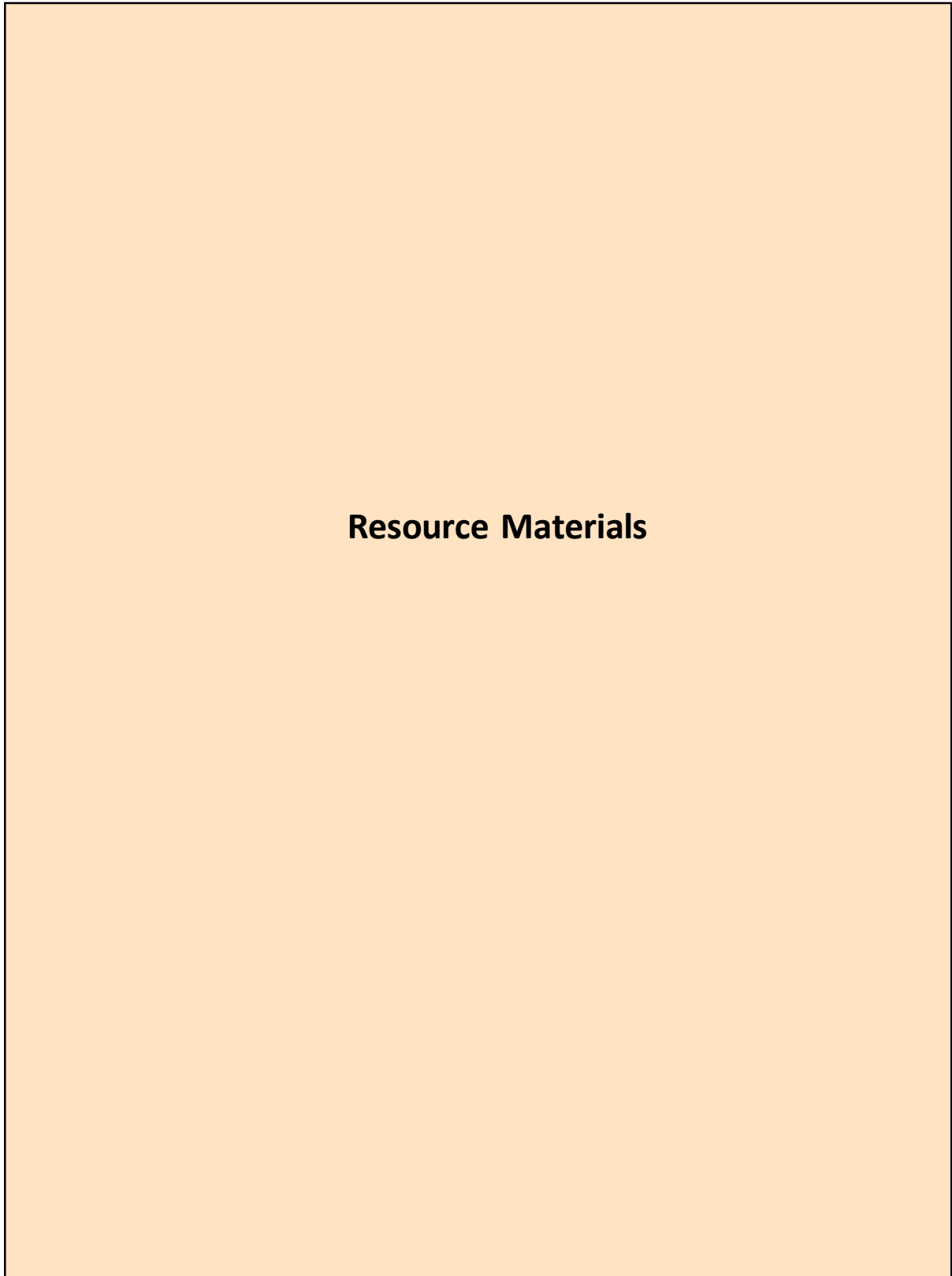
To the Workshop Facilitator

- Have the post-test questionnaires ready
- Thank all those who contributed towards the workshop





Annexures



Resource Materials



Day 1 - Materials required by Workshop Facilitators

- Pre-test questionnaires
- Information on HIV and AIDS
 - What is HIV?
 - What is AIDS?
 - Methods of transmission of HIV
 - How HIV is not transmitted
 - Progress from HIV infection to AIDS
 - Clinical stages of HIV infection
 - Diagnosis of HIV infection
 - Treatment for HIV infection
 - Global and national scenarios of HIV and AIDS
 - Services available for VCT, treatment, care and support in Sri Lanka
 - Government hospitals providing services for HIV & STI
- Sexually Transmitted Infections (STI)
 - Common signs and symptoms of STIs in women
 - Common signs and symptoms of STIs in men
 - Complications that would result if sexually transmitted infections are not treated
 - Relationship between sexually transmitted diseases and HIV
- Sexuality
- Sexual behaviours

Pre/Post Test Questionnaire

Please mark for correct and wrong for the statements given below

1. AIDS can be cured
2. HIV can be contracted by mosquitoes
3. Correct use of condoms can give protection from HIV
4. Risks faced by women for HIV is greater than for men
5. It is wrong to talk about sexuality
6. The appearance of a person with HIV is different from that of a normal person
7. It is safe to care for a person with HIV and maintain a caring association
8. There is no way of my contracting HIV any day
9. There is every right for a HIV infected person to get married and have children
10. There is every right for a HIV infected person to engage in one's occupation and receive equal opportunities at the work place
11. It is possible for a HIV infected person to obtain legal advice and support
12. HIV infected persons often face social discrimination



Answer the following questions in the best possible way you could

13. What is HIV?
14. State the methods by which one can contract it
15. What is AIDS?
16. Can a person protect himself/herself from contracting HIV? If so how?
17. What is the estimated number of HIV infected persons in Sri Lanka?
18. Why is it difficult to control the spread of HIV?
19. Under what situations can a person get infected with HIV, at the workplace?
20. Name the main symptoms of diseases that are sexually transmitted, other than HIV
21. Can sexually transmitted diseases be treated and cured? Explain.
22. Why is it important to know about HIV and AIDS?
23. What are the important components of an HIV and AIDS workplace intervention?

Answers to Pre/ Post Test questions

1. Wrong
2. Wrong
3. Right
4. Right
5. Wrong
6. Wrong
7. Right
8. Wrong
9. Right
10. Right
11. Right
12. Right
13. HIV means, Human Immunodeficiency Virus
14. *HIV spreads through:*
 - a. unprotected sex with an HIV infected person
 - b. by an HIV infected person's blood entering a healthy person's body (eg. transfusion of blood or blood products, sharing of injection needles and syringes)
 - c. from an HIV infected mother to her baby, while in the womb, during labour/delivery, or during breast feeding
15. AIDS - Acquired Immunodeficiency Syndrome
16. Yes
 - a. by postponing sexual debut or abstinence from having penetrative sex
 - b. by having sex with only one mutually faithful partner
 - c. by correct and consistent use of condoms
17. 3000 (as at 2009)
18. *Difficulties in effecting behaviour change*
 - a. Ignorance
 - b. Social discrimination and stigma
 - c. Fear of loss of employment
 - d. Apathy towards verifying HIV status
19. *Situations by which a person can get infected with HIV, at the workplace*
 - a. Through sexual harassment
 - b. Engagement in casual sex
 - c. Through HIV contaminated blood during an accident
 - d. Accidental inoculation by a contaminated needle or broken glass, in a laboratory or hospital setting
 - e. possibility of getting addicted to drugs and alcohol
 - f. Influence by peers



- 20 *Main symptoms of diseases that are sexually transmitted, other than HIV*
 - a. Discharge of pus from urethral orifice of males
 - b. Wounds / rash on penis
 - c. Unusual vaginal secretions with offensive odour
 - d. Pain in the lower abdomen
 - e. Pain / burning sensation while urinating
 - f. skin rash

21. Yes, treatment could be obtained from STD clinics situated island wide

22. *Importance of knowing about HIV and AIDS*
 - a. To protect oneself
 - b. To educate others
 - c. To offer equal treatment to infected persons and provide them with care and support
 - d. support
 - e. To minimize adverse effect from a socio-economic point of view, and to minimize adverse effects on production capacities

23. *Important components of an HIV and AIDS workplace intervention*
 - a. A policy on HIV and AIDS
 - b. An HIV prevention programme
 - c. Care and support programme for the infected and affected persons

Basics of HIV and AIDS

The body's ability to resist diseases is called immunity. While the white blood cells in the body play a key role in the production of immunity, a particular type of white cells, named CD 4 cells, perform a special role. In a healthy person there are approximately 1000 CD 4 cells in one cubic millilitre of blood.

HIV stands for Human Immunodeficiency Virus. If a person gets infected with this virus, he/she is known as a person living with HIV, or as an HIV positive person, as up to now a method of eliminating the virus from the infected person, has not been found. HIV positive individuals may remain without symptoms for up to 10 or more years. During this period they are infectious but can only be identified through screening blood for HIV antibodies.

After a period that varies from person to person, viral replication resumes, leading to destruction of immune cells resulting in progressive immune deficiency. Immune deficiency results in the person becoming more vulnerable to opportunistic infections such as tuberculosis, fungal infections and cancers.

It is also important to distinguish the difference between HIV and AIDS. HIV (Human Immunodeficiency Virus) affects the cells of the immune system and either destroys them or stops them from functioning properly, while AIDS (Acquired Immunodeficiency Syndrome) refers to a condition in which a person's immune system has been severely weakened by the HI virus, leading to numerous opportunistic infections.

The first indication of the infection may include brief flu like symptoms, a rash, sore throat, diarrhoea and vomiting, loss of appetite or swollen glands, and is often dismissed as a minor episode. The majority of these symptoms disappear spontaneously. Most HIV infected people have not suspected HIV infection at this point as most of the symptoms were nonspecific and is associated with common viral fevers.

After the virus has entered the body it is important to note that an infected person can pass on the HI virus to others, even before being diagnosed. As this virus can only live in the human body, it cannot be found in any other animal or in the environment.

For a period of 8 to 12 years after the virus enters the body, a person can lead a normal life. Thereafter, unless treatment is given, opportunistic infections appear and the person develops signs and symptoms of AIDS. Factors such as proper medication, a person's living environment, food intake, social acceptance, mental status and indulgence in health promoting activities, would influence the time taken for AIDS to appear in a person following HIV infection.

The HI virus is found in all the body secretions of an infected person, but the concentration will vary. Once the virus enters the human body it is there for life.



Secretions with high concentration of virus	Secretions with low concentration of virus	Secretions usually not exchanged between people
Blood Semen fluid Menstrual discharges Vaginal and cervical secretions Breast milk	Sweat Tears Sputum (or saliva)	Cerebrospinal fluid Faeces / Urine

What do HIV and AIDS denote?

- H - Human**
- I - Immuno-deficiency**
- V - Virus**

A virus that gradually destroys our immune system

- A - Acquired**
- I - Immuno**
- D - Deficiency**
- S - Syndrome**

- A deficiency that occurs in the immune system as a result of the HIV infection
- Syndrome: A group of symptoms that occur together that represent a specific condition

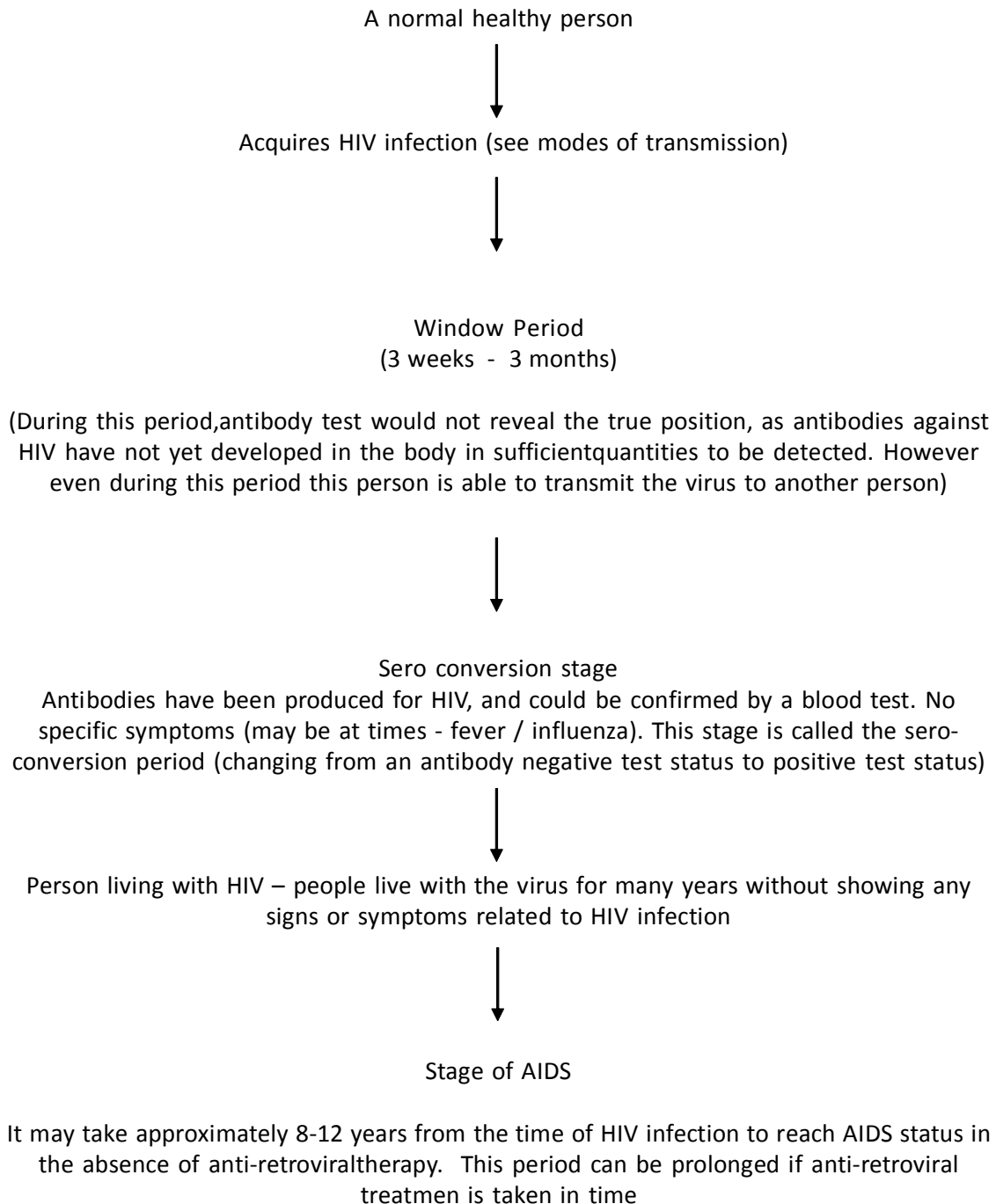
Methods of HIV Transmission

- Sexual contact with an infected person
 - Risk exists for both males and females
 - Women are at a higher risk of acquisition of the virus
 - Presence of other sexually transmitted infections increase the risk of acquiring HIV
- Through virus - contaminated blood or transfusion of blood or blood products
 - Quickest form of transmission
 - Receiving virus contaminated blood or blood products
 - Using syringes and needles used on an infected person, which have not been sterilized properly after use
- From infected mother to child
 - Via the placenta when the child is in the womb
 - During labour/delivery
 - During breast feeding

HIV is not transmitted by-

- Normal social relationships
 - Shaking hands
 - Sharing a room or living in the same house or living in the same house
 - Exchanging towels and clothing
 - Using a common toilet
 - Taking meals together
 - Mosquito bites
- Sharing equipment
 - Telephone, typewriter, computer, sewing machine
- Kissing and hugging
 - The virus does not spread as the quantity of virus found in saliva is very small
 - However in deep kissing there is room for transmission of the virus, especially if there is a breach in the mucous membranes of the tongue/ mouth

Progression to AIDS - After Being Infected with HIV



Window period

The window period is the time between the initial HIV infection and the development of a measurable antibody response to the infection. During this period, a person infected with HIV has a negative HIV test result.

The window period can vary from 3 weeks to 12 weeks. During this period although the HIV antibody test result is negative, the person is infected and is able to spread the virus.

Clinical Stages of HIV Infection

According to the WHO classification after the initial infection, 75% of persons will develop HIV sero conversion illness (like a viral fever) in 1-4 weeks, which can last 3-5 days to maximum of 4 weeks. They could look perfectly normal for 8-12 years (about 33% of them will have persistent lymphadenopathy).

Thereafter they progress to stage 2 and 3 (WHO classification). These are called pre-AIDS diseases which indicate an immune deficiency in the person infected with HIV. Persons who develop one of the 4 clinical stages is said to be an AIDS patient.

Clinical Stage 1

- Asymptomatic
- Persistent generalized lymphadenopathy (PGL)- Painless enlarged lymph nodes more than 1cm, in two or more sites (excluding inguinal nodes), in the absence of a known cause and persisting for more than 3 months. (This occur in 33% of HIV infections)

Clinical Stage 2

- Unexplained moderate weight loss (<10% of presumed or measured body weight)
- Recurrent respiratory tract infections
- Herpes zoster
- Angular cheilitis
- Recurrent oral ulcerations
- Papular pruritic eruptions (PPE)
- Seborrhoeic dermatitis
- Fungal nail infections

Clinical Stage 3

- Unexplained severe weight loss (more than 10% of presumed or measured weight loss)
- Unexplained chronic diarrhoea (more than 1 month)



- Unexplained persistent fever (over 37.5 C for longer than 1 month)
- Persistent oral candidiasis
- Oral hairy leukoplakia (OHL)
- Pulmonary TB (current)
- Severe bacterial infections (pneumonia, empyema, pyomyositis, bone or joint infections)
- Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis
- Unexplained anaemia (<8g/dl)

Clinical stage 4 - AIDS Defining Illness

If an HIV positive patient has one of the following diseases that patient is said to be an AIDS patient. There are 22, WHO defined diseases.

1. HIV wasting syndrome
2. Pneumocystis pneumonia
3. Recurrent bacterial pneumonia
4. Chronic herpes simplex virus infection > 1 month
5. Oesophageal candidiasis
6. Extrapulmonary TB
7. Kaposi sarcoma
8. Cytomegalovirus disease (excluding liver, spleen, lymph nodes)
9. CNS toxoplasmosis
10. HIV encephalopathy
11. Extrapulmonary cryptococcosis
12. Disseminated non-tuberculosis mycobacteria infection
13. Progressive multifocal leucoencephalopathy (PML)
14. Cryptosporidiosis
15. Chronic isosporiasis
16. Disseminated mycosis
17. Recurrent septicaemia
18. Lymphoma
19. Invasive cervical carcinoma
20. Atypical disseminated leishmaniasis
21. HIV nephropathy
22. HIV cardiomyopathy

Diagnosis of HIV

HIV infection is diagnosed by a blood test. There are 2 types of HIV tests;

- HIV Antibody tests – ELISA test and WESTERN BLOT test
- Virological tests for HIV

HIV infection in a person is diagnosed through a blood test for HIV which detects antibodies that have been produced in the person, against HIV. This test is known as the “ELISA Test”, Sometimes this test can show a positive result even in a person not infected with HIV (a false positive). Therefore a test known as “Western Blot” is carried out, in order to confirm an HIV infection.

- Where testing could be done?
Government STD clinics, private hospitals / clinics in which facilities for these tests are available

Treatment

Up to now there are no drugs to destroy the virus. anti-retroviral drugs are available which control the replication of the virus. Once the viral burden is reduced the immunity does not deteriorate. Thus the likelihood of developing opportunistic infections (OI) /malignancies is reduced. By treatment, an HIV infected person reaching AIDS status can be delayed. Anti-retroviral therapy or ART refers to medication that stops or inhibits the replication of HIV.

- ART is aimed at prolonging and improving the quality of life by suppressing the HIV replication
- Four types of drugs are taken to suppress different stages of the life cycle of the virus
- ART may not be necessary at the early stages of HIV infection
- ART is commenced if symptoms of AIDS appear or when the CD4 count falls to < 350
- Taking ART continuously could delay the onset of AIDS status
- Once commenced on ART treatment is for life
- ART has made HIV a chronic manageable illness
- This treatment can be obtained from the National STD/AIDS Control Programme, free of charge.

Prevention of HIV

Although there is no cure or vaccine for HIV, it can be prevented. Nearly 93% of HIV infections in Sri Lanka are due to sexual transmission. Most HIV infections can be prevented by avoiding risky behaviours.

- Conducting behaviour change communication programmes to reduce risky behaviour
- Early diagnosis and treatment of STI
- Promoting correct and consistent use of condoms
- Providing opportunities for behaviour change by creating an enabling environment
 - By ensuring zero discrimination of people infected and affected by HIV
 - By providing education and training on HIV to persons at all levels
 - By adopting and implementing workplace HIV/AIDS policies
 - By making available condoms and other services
- Prevention of mother to child transmission- family planning for prevention of unwanted pregnancies, VCT, ART, delivery by caesarean section and formula feeding of baby
- Screening all blood donated for HIV antibodies, prior to transfusion
- Practicing universal precautions to avoid accidental transmission in healthcare settings

Developing positive attitudes towards condoms

- Using condoms correctly and consistently could protect from contracting HIV and STI
- Condoms provide dual protection by way of prevention of STI and unwanted pregnancies
- Condoms do not cause any harmful effects
- Condoms can be obtained easily and does not need a prescription
- By using condoms it is possible to avoid cervical cancers in women
- Responsible sexual behaviour will protect from HIV and STI



Barriers to condom promotion

- Shyness to purchase condoms
- Being a novice and having lack of confidence may lead to hesitation to use a condom
- Partner losing confidence when suggesting condom use
- The belief that sexual pleasure will be reduced when using condoms

Global statistics of HIV and AIDS (Key HIV data in 2011)

- 34.2 million [31.8 – 35.9 million] people globally living with HIV
- 2.5 million [2.2 – 2.8 million] people became newly infected with HIV
- 1.7 million [1.6 – 1.9 million] people died of AIDS-related illnesses
- More than 8 million people receive antiretroviral therapy

National statistics of HIV and AIDS (Cumulative data up to end 2nd Quarter 2012)

- | | | |
|---|---|------|
| • Reported number of HIV infected persons in Sri Lanka | - | 1544 |
| • Reported AIDS deaths in Sri Lanka | - | 270 |
| • Reported number of infected children | - | 54 |
| • Estimated number of HIV infected persons in Sri Lanka(2009) | - | 3000 |

Probable modes of HIV transmission in Sri Lanka

- 82.5% by heterosexual transmission
- 11.3% by homosexual or bisexual transmission
- 4.4% by vertical transmission from and infected mother to her child
- 0.6% by sharing needles and syringes for intravenous injection of drugs
- 0.3% by blood transfusions

Sexually Transmitted Infections

Sexually transmitted infections (STI) are a group of contagious diseases whose principal mode of transmission is via unprotected sexual intercourse with an infected partner. There are at least 25 different STI. These may be spread through vaginal, anal and oral sex. This could be between men and women or between two men. Most STI are transmitted only during sexual contact with someone who has a STI. Some STI are transmitted from an infected mother to infant during pregnancy or through transfusion of contaminated blood or blood products or by sharing contaminated drug injecting equipment.

Sometimes people who have STI do not have symptoms and are not even aware of being infected. They appear to be healthy looking. This is the reason experts prefer to use the term “sexually transmitted infections” to “sexually transmitted diseases.” The symptoms of several sexually transmitted infections are also easy to mistake for those of other conditions, so the correct diagnosis may be delayed. Only some STI are curable.

Certain STIs such as gonorrhoea, chlamydia, herpes simplex virus infection, syphilis can be passed from an infected mother to her child during pregnancy or delivery. STIs in infants can cause serious problems and may be fatal. HIV infection can be passed during pregnancy or delivery or during breast feeding. All pregnant women should be screened for these infections and treated, if necessary.

STIs are caused by bacteria, viruses and parasites. Some of the most common infections are given below.

Common bacterial infections

Gonorrhoea
Chlamydia
Syphilis
Chancroid
Lympho Granuloma Venereum

Causative organism

Neisseria gonorrhoeae
Chlamydia trachomatis
Treponema pallidum
Haemophilusducreyi
Klebsiellagranulomatis

Common viral infections

AIDS
Herpes genitalis
Genital warts
Hepatitis B infection

Causative organisms

Human immunodeficiency virus
Herpes simplex virus type 2
Human papillomavirus
Hepatitis B virus

Parasitic infections

Trichomoniasis
Candida

Causative organism

Trichomonasvaginalis
Candida albicans



Gonorrhoea

Gonorrhoea is caused by the bacteria, *neisseriagonorrhoeae*. It has a short incubation period of 2-5 days. Men are symptomatic and usually present with a purulent urethral discharge. Associated symptoms are dysuria and frequency. The site of infection in women is the endocervix and around 70-80% of women are asymptomatic, therefore detection of infection depends on screening by culture. If not treated correctly and early can cause damage to reproductive organs and can cause infertility of men and women. Infected pregnant women can infect the new-born's eyes during delivery. Gonorrhoea can be treated completely.

Syphilis

Syphilis is a systemic disease caused by the bacterium *treponema pallidum* and has an incubation period of 9-90 days. The primary stage is characterized by the appearance of an ulcer at the site of contact. The secondary stage occurs after 6 weeks to 6 months and present with generalized systemic manifestations such as skin rash and enlargement of lymph nodes. The next stage is the asymptomatic latent stage. If not adequately and correctly treated around one-third may develop tertiary syphilis (neurosyphilis, cardiovascular syphilis and gummatous syphilis).

Today tertiary syphilis is rarely seen. In pregnancy, untreated early syphilis will result in congenital syphilis in the new-born, stillbirths and neonatal deaths. Syphilis if diagnosed early can be easily treated with antibiotics, usually penicillin injections. But if it is left to progress untreated, syphilis can go on to cause serious conditions such as stroke, paralysis, blindness or death.

Genital Herpes

Genital herpes is one of the commonest sexually transmitted infections worldwide including Sri Lanka. Caused by herpes simplex virus (HSV) type 1 and type 2 and it is contracted by having vaginal, anal or oral sex with a person having the disease. The majority, of HSV infections is asymptomatic or signs and symptoms can be mild. When symptomatic, they may include: small red bumps, blisters (vesicles) or open sores (ulcers) in the ano-genital areas. The first outbreaks are painful and may last for 10-15 days. After the virus enters the body it goes into latency and subsequently recurrences occur for years.

Some experience more frequent symptoms while others rarely have an outbreak. Recurrent episodes are milder and heal faster. In some cases, the infection can be active and contagious even when lesions are absent. Having genital herpes can increase your risk of transmitting or contracting other sexually transmitted diseases, including HIV.

A pregnant mother with active lesions can spread the infection to her new-born during delivery. Genital herpes may result in central nervous system infection, blindness or death of the new-born. Mothers experiencing their first outbreak of herpes closer to delivery are the most likely to transmit the infection to their babies.

There is no permanent cure for genital herpes. In healthy adults, genital herpes generally doesn't cause other serious permanent complications besides sores.

Genital Warts

It is caused by the human papilloma virus which is passed on through genital contact often during vaginal or anal sex. They appear as red, pink or brownish round or pointed growths of the skin or mucus membranes with a tendency to form cauliflower like masses.

They may appear anywhere on the genitalia of both sexes but are commoner in moist areas of the genital area. Most infections are asymptomatic. Sometimes the infection goes away without any treatment. If the virus persists recurrences occur. The virus can cause cell changes in the cervix leading to cervical cancer.

Some resistant lesions and widespread masses may require surgical excision. Although the symptoms of genital warts can be treated and eliminated the underlying virus is not completely eliminated. Therefore genital warts may reappear even after treatment.

Common Symptoms of Sexually Transmitted Infections

Symptoms in women

- Genital ulcers, warts
- Unusual discharge from the vagina (foul smelling / yellow / frothy / curd- like / pus -like, blood stained)
- Lower abdominal pain
- Painful intercourse
- Burning /itching sensation around the vagina

Symptoms in men

- Genital ulcers, redness of genital areas
- Itchy rashes, warts, blisters, sores
- Burning sensation/pain during micturition, increased frequency of micturition
- Flu like syndrome - fever, body aches, etc.

Complications of untreated STI

- Pelvic Inflammatory Disease (PID) - swelling of uterus, tubes, and ovaries, causing abdominal pain, vaginal discharge and fever
- Infertility (male & female)
- Abortions, still birth, early childhood deaths
- Cancer of the cervix
- Blindness of the new born



Relationship between STI and HIV

The presence of untreated STIs (both those which cause ulcers and those which do not) increase the risk of both acquisition and transmission of HIV. Prompt treatment for STIs is thus important to reduce the risk of HIV infection. Controlling STIs is important for preventing HIV infection, particularly in people with high-risk sexual behaviours.

- Common routes of transmission
- Presence of STI increases the chance of HIV transmission by sexual contact(3- 10 times)
- Lesions of STI facilitate entry of HIV to the blood stream
- Same modes of prevention
- Same high risk groups are targeted for interventions
- STI may be more severe, and more resistant to treatment, in HIV positive persons
- Most of the STI s are curable (examples of exceptions being HIV and Hepatitis)

Control of sexually transmitted diseases

- Practice of safer sexual behaviours
- Early detection – screening for STI after a risky sexual exposure
- Timely and correct treatment should be obtained from the government STI Clinics (Including follow-up as advised)
- Partner too should be treated
- Advise on behaviour change
- Advise on correct and consistent use of condoms

Main Messages

- Most STI can be cured
- Recognizing symptoms and obtaining correct medical treatment should be done as quickly as possible
- If prescribed drugs are not taken completely, then a complete cure cannot be assured
- In order to prevent re-infection from partners, they too need be treated
- Correct use of condoms should be adhered to at all times

Sexuality

On reaching puberty, a girl having menstruation and a boy passing semen is seen as a new stage in sexuality. While the onset of this stage varies from person to person, generally it occurs in girls around 12 years and in boys around 15 years.

Sexual desire arises along with changes in hormonal activity, and afterwards, seeking sexual pleasure is a normal occurrence. It is a physical need very much like hunger, thirst, and sleep. Hence it should not be considered an anti-social behaviour.

There are three ways by means of which the sexual urge could be met, i.e., self-indulgence, homosexuality and sex with a member of the opposite sex. As stated by Sex Psychologists, every person generally gets some experience in these three ways.

These sexual behaviours are not only based on social relationships, but also on the result of hormonal activity in the body. Therefore each individual has sex needs unique to that particular individual. They are individual desires, and should not be considered as perverted sex desires. Thus it is important to ensure that no sex behaviour is underrated when discussing sexuality.

Sexual Behaviours

Social kissing and hugging

HIV is not transmitted by social kissing and hugging.

Lip sucking

Infection will not take place by sucking the lips of a person infected with HIV. However, if injury to the lips is caused during the process, infection can take place.

Sex between thighs

This denotes the passing of semen by pressing the penis between the thighs of a male or female. During the process, the seminal fluid of one partner comes in contact with the other person, and if the HI virus is present in the semen, it is possible that the other person can get infected. Factors such as whether semen is passed very close to the sex organs of the partner, and whether the partner is wearing underwear or not, would be important, when one considers the degree of risk involved.



Sex between the breasts

This involves the rubbing of the penis between the breasts of a female or even against male breasts, and passing seminal fluid. There is no risk of HIV infection.

Feeling sex organs

Feeling sex organs can be done on self, between two persons, or among a group. If activities are confined to feeling sex organs only, then it does not lead to HIV infection.

Watching the sex act on the sly (voyeurism)

Some people may watch sex acts on the sly and derive sexual pleasure. This behaviour does not cause HIV infection.

Vaginal sex

The penis is inserted into the vagina and moved to achieve an orgasm which is accompanied by the passage of seminal fluid. The vagina of the female has a large surface area covered with epithelial cells, which can be damaged during sexual intercourse. Since the vagina is formed in the shape a sack seminal fluids can be retained for a longer time. If the seminal fluids or the vaginal discharge is infected with HIV, the risk for the passage of the virus from the infected to the non-infected partner is very high. If there are lesions of any other STI they will enhance both entry and exit of the virus. Therefore, transmission of HIV during vaginal sex is enhanced by the presence of any other STI in the partners.

Anal sex

This involves the insertion of the penis into the anus of either a male or a female and the passing of seminal fluid. Since the anal canal is a narrow passage with a tight sphincter and has a dry surface the possibility of damage to membranes of the anal canal and the penis, during anal sex is high. Therefore, entry of HIV from an infected person's seminal fluid or blood, to the other person's blood stream can occur. This form of sexual activity is a very high risk behaviour causing HIV infection.

Oral Sex

During this activity, the penis is inserted into the mouth of either a male or female partner and the activity may result in the passage of seminal fluids into the oral cavity. If the lips, tongue or the oral cavity has breaches/lesions, or if there are breaches/lesions on the penis, the passage of HIV infection is possible.

Leaning from behind

This involves the passing of seminal fluid by pushing the genital area against a person's body, or simply leaning against others during crowded travel or similar instances, for sexual pleasure. This does not involve any contact with secretions from sex organs, and there is no risk of HIV infection.

Anal sex using condoms

Since the anal sex act in this instance is performed using a condom, there is no interchange of fluids. By applying lubricants (only water based) and by correctly wearing the condom, greater protection can be assured.

Vaginal sex using condoms

Because the sex act is performed using a condom there is no interchange of fluids, and therefore there is no risk of HIV infection.

Group sex relationships

This involves many persons getting together in a group, and engaging in anal, oral and vaginal sex, often exchanging partners. This is the most unsafe and risky of all sex acts.

Sex relations with animals

During this activity a person commits the sex act on an animal or gets an animal to perform a sex act on him/her. The passage of seminal fluid may be involved. It has no risk for HIV infection.

Masturbation

This is the practice of handling one's own sex organs and gaining self- satisfaction. As this is confined to one person, there is no interchange of fluids. There is no harm done by self- indulgence. There is no risk of HIV transmission.

Tongue insertion

During this activity, the tongue of the male is inserted into the female vaginal canal. There is no risk of HIV infection unless there are breaches/lesions on the lips, tongue, or the oral cavity of the male.



Government Hospital Providing Services for HIV & STI

Hospital	Telephone number
Anuradhapura	025-2236461
Kandy	081-2203622
Ampara	063-3636301
Kegalle	035-2231222
Kalmune	067-2223660
Kurunegala	037-2224339
Badulla	055-2222578
Mannar	023-2250573
Batticaloa	065-2222261
Mathale	066-3664387
Chilaw	032-2220750
Matara	041-2232302
Colombo	011-2667163
Monaragala	055-2276261
Kalubowila	011-4891055
Balapitiya	091-2255447
Negombo	031-2224156
Mahamordara	091-2245998
Ragama	011-2960224
Nuwaraeliya	052-2234393
Gampaha	033-2234383
Polonnaruwa	027-2225787
Hambanthota	047-2222247
Rathnapura	045-2226561
Jaffna	021-2222261
Trincomale	026-2222261
Kaluthara	034-2236937
Vauniya	024-2224575

Organizations of PLHIV

1. Lanka Plus
2. Positive Women's Net work
3. Positive Hopes Alliance

Day 2 - Materials required by Workshop Facilitators

- Workplace Response to HIV/AIDS
- National Tripartite Declaration
- Sample HIV/AIDS Policies of enterprises
- ILO Recommendation 200
- The 10 Key Principles of the ILO code of practice in relation to HIV/AIDS
- Sri Lanka National Policy on HIV and AIDS in the World of Work
- Behaviour change communication model and concepts
- Barriers to condom use

Workplace Response to HIV and AIDS

Steps involved

- Nominate a Focal Point
- Set up a committee to develop the policy and work plan for an HIV prevention intervention
- Cover all units in the enterprise, contractual staff and workers in supply chains / communities around businesses
- Some employees should be selected to be trained as 'Trainers', and subsequently trained
- Train peer educators at unit / divisional level
- Set up referral linkages with Voluntary Counselling and Testing Centres and STI clinics
- Undertake periodic knowledge, attitude, practice and behaviour (KABP) surveys to track progress
- Seek technical support from the National STD/AIDS Control Programme, ILO, Employers' Federation of Ceylon, Ministry of Labour & Labour Relations and other resource agencies / persons, on policy/work plan development, training, KABP and communication materials
- Integrate HIV and AIDS into overall corporate social responsibility (CSR) / welfare activities

National Tripartite Declaration on Prevention of HIV/AIDS at Workplaces in Sri Lanka

Whereas the spread of Human Immunodeficiency Virus (HIV) leading to Acquired Immunodeficiency Syndrome (AIDS) has assumed the status of an important national problem deserving high priority as a health issue at workplaces;

Whereas the majority of infected persons belong to the most productive age segment in society, thereby impacting on labour supply, incomes, compulsory retrenchment and the loss of skills and work experience leading to deleterious health, economic and socio political consequences;

Whereas this situation is a matter of grave concern to the Government of Sri Lanka, Employers' and Workers' Organisations and people living with affected by HIV;

Whereas there is a need to prevent the spread of HIV/AIDS and minimise suffering from it on the basis of an integrated system with the participation of employers, employees of relevant Government Agencies, Civil Society Organisations and people living with and affected by HIV/AIDS.

Whereas it is a logical sequence that the Ministry of Labour Relations and Manpower (MLR&MP), Employers and Workers Organisations can play a vital role in controlling the spread of HIV;

Whereas the GOSL has given prominence to measures to counter the spread of HIV by mobilizing the National AIDS Committee (NAC) and the Ministry of Health in preparing a National AIDS Policy in consonance with ILO's Code of Practice on HIV/AIDS and the World of Work (COPWW); and,

Against this background we the undersigned tripartite constituents; comprising MLR&MP jointly with other Government Sector Organizations on behalf of the Government, Employers and Trade Unions do hereby commit ourselves to a National Tripartite Declaration on HIV/AIDS at workplaces in Sri Lanka both within and outside the formal sectors and undertake to put in operation the following commitments:-

- 1. The MLR&MP will establish a COPWW Management Team comprising representatives from the Ministry of Health, Department of Labour, National AIDS Committee, Employers and Workers Organisations, representatives of UNAIDS, ILO and Non Governmental Organisations and will work closely with the Department of Labour and PLWH, which will work in close liaison with all relevant stake holders /groups with regard to coordinating , monitoring , reviewing, steering stake holders / groups & in any other relevant activity related to workers & employers , on HIV/AID and will consult the National STD/AIDS Control Programme, as and when necessary.*
- 2. MLR&MP will provide HIV/AIDS education to its employees and implement the principles of the Code of Practice on HIV/AIDS and the World of Work within the MLR&MP and its ancillary institutions.*
- 3. MLR & MP will encourage the implementation of Code of Practice on HIV/AIDS and the World of Work key principles/ guidelines at all workplaces in the country with the involvement of Federations, Chambers of Commerce, Associations, Trade Unions and NGOs.*

4. *The MLR & MP will encourage capacity building of organisations to prevent the spread of HIV at workplaces including the provision of care and support programmes and the uninterrupted maintenance of zero tolerance of stigma and discrimination associated with HIV/AIDS.*
5. *All these constituents will encourage formulation of in-house workplace policies and programmes by public and private sector organisations in keeping with the Code of Practice on HIV/AIDS and the World of Work and the National AIDS Policy.*
6. *Trade Union and Employer Organisations who are signatories to this declaration will encourage development of HIV/AIDS workplace policies and programmes in collaboration with the employers / employees and take the lead in protecting workers and their families from HIV/AIDS.*
7. *Workers Organisations and Employers Organizations hereunder will contribute to the prevention of HIV/AIDS by developing their own policies and programmes in this regard and include HIV/AIDS awareness raising in their education and training programmes focusing on employees, their families paying special attention to vulnerable communities and taking into consideration the special needs of women and children.*
8. *Worker Organisations hereunder will also raise awareness on the effects of HIV/AIDS amongst the workers in the informal sector in collaboration with their subsidiary units at all levels.*
9. *All the three constituents being signatories to this Tripartite Declaration firmly dedicate themselves to cooperate and support each other in all activities related to HIV/AIDS in the workplaces.*



Watawala Plantations Ltd Workplace HIV/AIDS Policy

Policy on HIV/AIDS

General

- (A) Watawala Plantations Limited is committed to provide its employees with a healthy and safe working environment in accordance with accepted standards on occupational health as well as current national and international public health regulations and requirements relating to HIV/AIDS.
- (B) Our policy on HIV/AIDS is intended to ensure that all employees are aware of the causes, consequences and prevention of the disease to adequately protect themselves and others. It fosters an environment that enables employees suffering from HIV/AIDS to work freely in a non-discriminatory environment where they could seek appropriate support with their dignity and self-esteem being protected.

Creating Awareness

- (A) The Company shall conduct and sustain HIV/AIDS awareness campaigns and programmes that emphasise the key aspect of prevention.

Behaviour at Workplace

- (A) The Company believes that HIV/AIDS is not transmitted through routine, casual personal contact under normal working conditions. Therefore, the Company expects co-workers to maintain normal working relationship with any employee with HIV/AIDS as there are no valid grounds for refusal to work with a HIV/AIDS carrier.
- (B) The company shall be sensitive and responsive to concerns of employees on HIV/AIDS related issues.
- (C) With a view to keeping the employees with HIV/AIDS as long as it is medically and functionally possible, the Company shall make reasonable adjustment in the workplace or processes.
- (D) The Company will take disciplinary action against any Company employee who causes harassment to or discriminates a person with HIV/AIDS employed by the Company.

Providing Support & Protection

- (A) The Company shall make every endeavour to provide support services including counseling so that employees are empowered to cope with social, emotional and other HIV/AIDS - related issues that are likely to affect them in the workplace.
- (B) The Company shall endeavour to take precautions to prevent the transmission or spread of HIV to other persons when providing facilities to its staff.

Testing for HIV

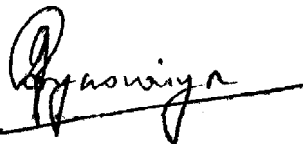
- (A) The Company shall not make testing for HIV/AIDS a compulsory condition for employment or insist on routine periodical examination for that disease.
- (B) However, screening for HIV will be carried out with adequate pre and post test counseling, only if an employee consents to subject himself/herself to that procedure.
- (C) The Company shall ensure that results of such tests are kept confidential and are not disclosed to any third party.

HIV and AIDS Workplace Policy of the John Keells Group (Specimen)



**The HIV and AIDS Workplace Policy
of
John Keells Foundation**

- 1. We recognize HIV and AIDS as workplace issue and treat it like any other serious illness/condition affecting the workforce.**
- 2. We do not discriminate in the workplace against employees on the basis**
- 3. We ensure confidentiality of personal data relating to a worker's HIV status.**
- 4. We are committed to prevention of HIV and AIDS by promoting change of attitudes and behaviours through ongoing education and awareness programmes.**

..... 

Head of Operations

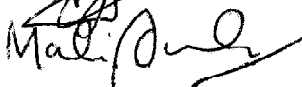
JOHN KEELLS FOUNDATION

Signature of other employees

1.



2.





The Recommendations Concerning HIV and AIDS and the World of Work, 2010 (No. 200)- (extract)

The first International labour standard on HIV and AIDS was adopted by consensus of governments, employers' and workers' organizations at the International Labour Conference in June, 2010.

General Principles

The following general principles should apply to all action involved in the national response to HIV and AIDS in the world of work:

- (a) The response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms and gender equality for all, including workers, their families and their dependants;
- (b) HIV and AIDS should be recognized and treated as a workplace issue
- (c) There should be no discrimination against or stigmatization of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status
- (d) Prevention of all means of HIV transmission should be a fundamental priority
- (e) Workers, their families and their dependants should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services;
- (f) Workers' participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognized and reinforced;
- (g) Workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;
- (h) Workers, their families and their dependants should enjoy protection of their privacy, in particular with regard to their own HIV status;
- (i) No workers should be required to undertake an HIV test or disclose their HIV status;
- (j) Measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health; and
- (k) The protection of workers in occupations that are particularly exposed to the risk of HIV transmission.

For the full text visit: www.ilo.org/aids

Key Principles of the ILO Code of Practice on HIV/AIDS and the World of Work

01. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, and should be treated like any other serious illness / condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

02. Non-discrimination

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

03. Gender equality

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies, and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital for the successful prevention of the spread of HIV infection, and for the enabling of women to cope with HIV/AIDS.

04. Healthy work environment

The work environment should be healthy and safe for all concerned parties, as far as practicable. This is necessary in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155).

A healthy work environment facilitates optimal physical and mental health in relation to work, and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

05. Social dialogue

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives, and the government whenever appropriate, with the active involvement of workers infected and affected by HIV/AIDS.



06. Screening for purposes of exclusion from employment or work processes

HIV/AIDS screening should not be a requirement for job applicants or for persons already in employment

07. Confidentiality

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997.

08. Continuation of employment relationship

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit, in available, appropriate work.

09. Prevention

HIV infection is preventable. Prevention of transmission by all means can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive.

Prevention of HIV can be reinforced through changes in behaviour, and knowledge. Progression of HIV status to AIDS is controlled through treatment, and the quality of life of a person with HIV can be improved by the creation of a non-discriminatory environment.

The social partners are in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviours, through the provision of information and education, and by addressing socio-economic factors.

10. Care and Support

Solidarity, care, and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants, for their accessing and receiving benefits from statutory social security programmes and occupational schemes.

Sri Lanka National Policy on HIV and AIDS in the World of Work (extract)

Policy statement

The National Policy on HIV and AIDS in the world of work aims to guide the national response to prevention of HIV and AIDS, treatment care and support and mitigate and manage its impact in the workplace, in public, private and informal sectors, while safeguarding and respecting workers' rights in line with the ILO Code of Practice on HIV/AIDS and the world of work and the ILO Recommendation Concerning HIV and AIDS and the World of Work (Recommendation 200). The Policy shall ensure promotion of decent and productive employment in a non-discriminative environment, where the protection of fundamental rights is upheld to the highest standards, as enshrined in the Constitution of the Democratic Socialist Republic of Sri Lanka.

Objectives

Through workplace cooperation and social dialogue all stakeholders shall take action;

1. To prevent HIV infection among the workers and their families
2. To ensure a supportive working environment without stigma and discrimination for workers and their families
3. To promote access to treatment, care and support
4. To protect the rights of those infected and affected

Scope

The policy applies to all employers and workers (new recruits and those in service), involved in all aspects of work formal and informal self-employed and migrant workers, including their spouses and children. The employers and workers' organizations are advised to use this policy framework in formulating and implementing workplace policies in their individual institutions.

Fundamental Principles of the Policy

The policy incorporates the 10 key principles of the ILO Code of Practice on HIV/AIDS and the world of work and abides by the National AIDS Policy of Sri Lanka.

1. Recognition of HIV and AIDS as a workplace issue
2. Non discrimination
3. Gender equality
4. Healthy and safe work environment
5. Social dialogue
6. No screening for purposes of employment
7. Confidentiality
8. Continuation of employment relationship
9. Prevention
10. Treatment, care and support



Key strategies:

1. Provide clear, consistent, accurate and up-to-date information & counselling
2. Integrate HIV prevention into the existing workplace programmes.
3. Promote availability and accessibility to condoms.
4. Ensure no screening for HIV infection for job applicants or while in service.
5. Include effective grievance procedures in workplace policies.
6. Provide access to information on antiretroviral therapy and other services.
7. Develop appropriate partnerships for treatment, care and support
8. Establish HIV/AIDS workplace policies which harmonize with the National Policy.

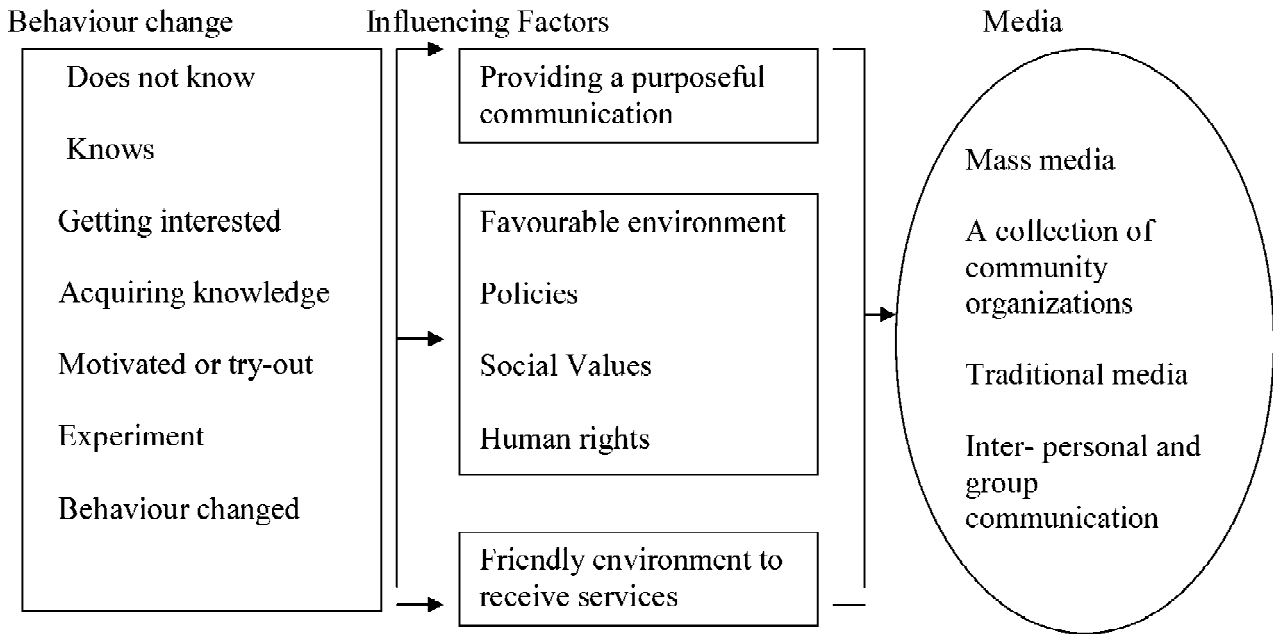
The Policy is based on guidelines of the ILO Code of Practice and the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No.200)

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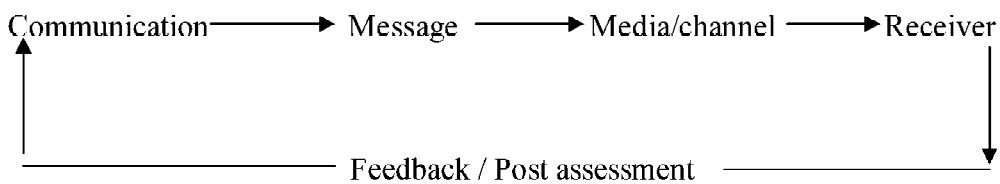
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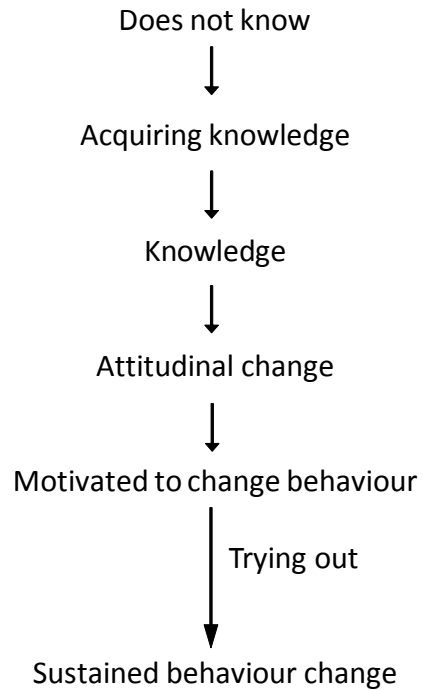
Behaviour Change Communication Model



Communication Process



Steps of sustained behaviour change



Factors Influencing Behaviour Change

1. Predisposing factors

- Knowledge
- Attitudes
- Skills

2. Enabling factors

- Free availability of condoms
- Providing opportunities for blood testing

3. Reinforcing factors

- Social approval
- Institutional policies

Ice Breakers

At appropriate moments during the workshop, engage in suitable games (as illustrated below)

Ice Breaker– 01

Time - 10 minutes

Activities

- Let everyone stand up and count 1, 2.... 1, 2so as to form two groups (with 1 s together and 2 s together)
- For this game select a place with a non-hard surface (a sandy spot) where participants won't get injured
- Group No. 1 forms into a large circle
- Group No. 2 comes to the centre of the circle
- Give a big plastic ball to those who formed the large circle
- Participants in the large circle aim the ball at to those in the centre
- If the ball strikes anyone below the knee, that person who was hit is dismissed
- Remove anybody who crosses the circle
- Continue doing so till all centre participants are out
- Thereafter group No. 2 forms into a circle, and the game is repeated
- If this game reaches a highly competitive level and the players get dismissed too fast, then get them to start afresh
- After the game is over, get participants to discuss their experiences

Ice Breaker– 02

Time - 10 minutes

Activities

- Get everyone to stand in a circle
- The person who starts the game straightens one hand and bends the other towards the chest and says "ONE".
- The person who stands in the direction of the stretched hand says "Two"
- Mention that they can keep on directing hands either to the left or to the right
- Mention that the 7th person should direct one hand towards the chest and the other above the heads and say "SEVEN UP"
- Those who fail to keep their hands pointing towards their chests have to say "ONE" as was done before
- Get them to engage continuously
- Mention that those who fail to keep their hands in the right position and those who counted incorrectly get dismissed
- In this manner carry on the game up to the last person



Ice Breaker– 03

Time - 10 minutes

Activities

- Get everyone to sit in a circle
- Get them to name three kinds of fruits
- Let each one name one of the three fruits, in that order
- One person who will be the conductor, removes his/her chair
- Each person keeps in mind the name of the fruit he/she named. When the conductor mentions the name of a fruit, those persons who belong to that fruit group get up and quickly grab a vacant chair
- The conductor too should grab a chair
- As one of the chairs is missing, one person naturally will fail to grab a chair
- That person then mentions the name of another fruit and gets the group to grab chairs, while he/she also grabs one
- If two fruits are mentioned, then two groups rush for chairs, and if the word 'SALAD' is mentioned then the whole group rush for chairs
- Repeat this several times

Ice Breaker– 04

Time - 10 minutes

Activities

- Get everyone to stand in a circle
- All stay in the same position and when the conductor says 'BIG FISH', they show with their hands a small fish, and when the conductor says 'SMALL FISH' they show a big fish
- The conductor says BIG FISH, SMALL FISH, SMALL FISH and BIG FISH
- Request them to judge on their own and drop out if they fail
- Now start the game
- If it is difficult to dismiss them, then repeat the words BIG FISH, SMALL FISH in quick succession
- Continue the game until one person remains •All stay in the same position and when the conductor says 'BIG FISH', they show with their hands a small fish, and when the conductor says 'SMALL FISH' they show a big fish
- The conductor says BIG FISH, SMALL FISH, SMALL FISH and BIG FISH
- Request them to judge on their own and drop out if they fail
- Now start the game
- If it is difficult to dismiss them, then repeat the words BIG FISH, SMALL FISH in quick succession
- Continue the game until one person remains

Ice Breaker– 05

Time - 10 minutes

Activity

- Get the group to stand in a circle
- Discuss with the group how three varieties of birds sing and flap their wings
- Request those who have special skills to imitate
- Commencing with the person who conducts, get the group to mention the names of the three birds in that order
- Mention that when the conductor mentions the name of a particular bird, those persons who belong to that bird group should sing and flap wings
- Now start the game
- When the conductor mentions the names of one, two or three birds, the whole group will sing and flap their wings beautifully thus making everyone happy



Frequently Asked Questions on HIV& AIDS

1. How is AIDS different from other serious illnesses?

AIDS is different from other illnesses because:

- AIDS affects people at the most productive age (15-49 yrs.)
- As at present AIDS is incurable, killing particularly younger people
- There are no specific symptoms in the initial years. So, the HIV infection goes unnoticed for several years. That is why AIDS is called a silent killer.
- HIV infection is preventable
- Stigma and discrimination associated with HIV/AIDS interfere with the prevention as well as with care and support efforts.
- It predominantly spreads through sexual contact. Sexual behaviour being in the private domain, people don't want to talk about it. Discussion on sex is a taboo in most of societies. Hence, correct information does not reach people.

**We all need to know about HIV and AIDS as it can infect any one.
Everyone can play a role in the prevention of this infection**

2. What is HIV and how does it affect us?

HIV stands for:

H= Human

I=Immuno-deficiency

V= Virus.

- HIV, after entering the human body, gradually destroys the immune system, i.e. the ability to fight infections/diseases.
- As it is a human virus, it is found only in human beings.

**There are no immediate and specific symptoms of HIV infection, generally.
HIV infection does not mean that a person has AIDS.**

3. What is AIDS?

AIDS stands for:

A= Acquired

I = Immuno

D= Deficiency

S=Syndrome

- AIDS is a condition in which a group of symptoms appear as the immune system becomes very weak.
- It may take around 10-12 years from the stage of HIV infection to the stage of AIDS. This time period varies from person to person, based on health status, life styles and ability to afford treatment for associated conditions.
- With the introduction of Anti-Retroviral Treatment (ART), this time interval can be further increased.

HIV infected people can lead productive lives for years. The life span of HIV positive people can be extended with ART.

4. How is HIV transmitted?

HIV can be transmitted through:

- Unprotected sex with an infected person
- Transfusion of infected blood or blood products
- Sharing of infected needles or syringes; and
- Infected mother-to-child transmission – during pregnancy, during labour/delivery, or after delivery through breast milk.

These are the only four known routes of HIV transmission. This is because HIV is found in high concentration in blood, semen, vaginal secretions and breast milk.

HIV does not spread through social contacts like: shaking hands, social kissing, sharing equipment, eating from the same utensils, sharing toilets etc.

5. Can HIV spread through mosquitoes?

No. A mosquito does not inject its own or previously bitten person's blood into the next person bitten by it. A mosquito injects saliva, which acts as an anti-coagulant so that the insect can feed efficiently. HIV is not found in the saliva of mosquitoes. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes, but not HIV.

In simple terms, a mosquito does not become a carrier of HIV after biting an infected person. Therefore, mosquitoes do not transmit the HIV infection from person to person.

6. Is there a risk of HIV infection in going to a barber's shop?

There may be a possibility of a risk in any situation in which skin piercing instruments/sharp cutting instruments are used, like in a barber's shop, beauty salons, tattooing, during nose and ear piercing etc.

The Centre for Disease Control, Atlanta, recommends that instruments that are used to penetrate the skin should be used once then disposed of, or thoroughly cleaned and properly sterilized.



7. How can a person avoid being infected through sex?

A person can avoid being infected by HIV through sex by:

- Abstaining from sex or postponing sexual debut until marriage; or
- Having a faithful relationship with one mutually faithful partner; or
- Using condoms correctly and consistently
- Casual sex and sex with multiple partners is a high-risk behaviour.
- Anal penetrative sex has a higher risk. Oral sex can also be risky
- By the external appearance of a person you cannot know whether he/she is infected or not. As such, avoid casual sex or use condoms consistently and correctly.
- Avoid sex under the influence of alcohol and drugs.

8. Can kissing lead to HIV infection?

Open mouth kissing is a low-risk activity, as the concentration of HIV is very low in saliva. HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, unbroken skin is a good barrier. No one has become infected from social contact such as dry kisses, hugs, and handshakes.

Prolonged open-mouth kissing could damage the lips, tongue or the lining of the mouth, and allow HIV to pass from an infected person to his/her partner(s). **Kissing, with the presence of bleeding gums or ulcers in the mouth can be risky.**

9. Is there a connection between HIV infection and other Sexually Transmitted Infections (STIs)?

The presence of a Sexually Transmitted Infection (STI) can increase a person's risk of becoming infected with HIV, 3 to 10 times, depending upon the nature of the STI present. STIs may cause discharge from the genitals or sores/ulcers on the genital areas. These conditions provide easy entry point for the HIV.

- STIs can be cured while HIV infection cannot be cured. So, timely treatment of STIs is essential
- People have several myths about STIs. They should know the symptoms of STIs and take treatment from a registered medical practitioner
- The use of condoms protects from both STIs as well as from HIV infection

10. What are the symptoms of STI in men and women?

STI symptoms in men

- Discharge or secretion of pus from the urethral orifice of the penis
- Sores, blisters, rashes or boils on the penis
- Swelling in the genital area
- Pain or burning sensation during micturition
- Itching in and around the genital area

STI symptoms in women:

- Unusual and foul smelling discharge from the vagina
 - Sores, blisters, rashes or boils in and around the genitals
 - Pain in the lower abdomen
 - Lumps on or near the genital area
 - Pain or burning sensation during sexual intercourse
 - Itching in and around the genital area
- It is important to know these symptoms and take immediate treatment. Self-medication is dangerous, and needs to be avoided.
 - It is important to take the full course of prescribed treatment, even if the symptoms disappear before completing prescribed treatment
 - As sexual partner(s) may also have the same infection, it is important to advise partner(s) to get treated as well.

11. How can we protect ourselves from getting infected through infected blood?

- In the event of an injury/disease condition requiring blood transfusion, blood should be obtained from a licensed blood bank.
 - All blood collected for donation in Sri Lanka, is tested for HIV.
 - Hospitals/ nursing homes, doctors and paramedical staff should make sure that the equipment used for injections, drawing blood, and operations, are properly sterilized, if they are not using “use-only-once” equipment. Unnecessary blood transfusion needs to be avoided.
 - People should insist on the use of disposable syringes/ sterilized syringes for injections, and drawing blood. .
 - Injecting drug users should avoid sharing of needles/syringes.
- To prevent HIV infection through this route, both individuals as well as healthcare providers must take precautions.
 - There is no risk involved in donating blood.

12. How can the mother-to-child passage of HIV infection be prevented?

- There is a 25-40% chance that an infected pregnant mother would pass on the infection to her unborn baby.
- If the couple knows their HIV positive status, they could decide whether or not to have the child.
- If the couple wants to have the child, or it is a very late discovery of the mother’s HIV status, the couple should receive information and counselling, and explore the following options:
 - The mother is given ART to protect the baby from getting infected.
 - Delivery of the baby is done by a Caesarean section instead of a normal delivery.
 - The mother should not breastfeed, if it is affordable.



The options should be discussed with the doctor / counsellor

- Mother to child transmission of HIV can also be prevented by the mother taking ART according to medical advice
- The couple needs to know the available options and act upon them.

13. How can a person find out his/her HIV status?

- The HIV status of a person can be known through a blood test.
- The most commonly available test is ELISA (Enzyme-linked Immunosorbent Assay). The Western Blot, a confirmatory test, is usually done after ELISA.
- The testing facilities are available both in the govt. STD clinics, and in certain private clinics and hospitals free of charge.
- Voluntary Confidential Counselling and Testing Centres (VCCTC) are set up in Government Hospitals, where HIV testing is accompanied by pre- and post-test-counselling.

14. What is the “window period” in the context of HIV Testing?

- Our immune system produces antibodies to fight any infection. The window period is the time taken by the human body to produce antibodies in quantities that can be detected through a blood test.
- It takes about 3-12 weeks (up to 6 months in some cases) after HIV infection, for the corresponding antibodies to be formed in detectable quantities.
- In simple terms, the window period it is the period in which a person is infected but his/her blood test result does not reveal it.

During the window period, the HIV status does not show in the test, but the person can infect others

15. Is there a treatment available for HIV?

- There is no cure available for HIV as at present
- However, Anti- Retroviral Therapy (ART) can improve the quality of life and prolong the life of a HIV positive person.
- Once started, these drugs have to be taken lifelong.
- These drugs are expensive and may have severe adverse reactions.
- The ARTs need to be administered under supervision of doctors who are trained in HIV case management.
- The Government medical system provides HIV positive patients who need ART, with the necessary drugs free of charge.

With the advent of ART, HIV has become a medically manageable problem.

16. Is it safe to work with HIV positive people?

- It is safe to work with a HIV positive person as HIV does not spread through social contacts like shaking hands, sharing equipment, travelling in the same bus, eating together, or using the same toilet, etc.
- Mosquitoes and insects do not spread HIV, nor is it spread through water or air.
- Even health workers like the doctors or para-medical personnel who are more likely to come in contact with the body fluids, need not panic. They should follow universal precautions and infection control measures, like wearing gloves, masks, etc.

HIV positive people pose no risk to their co-workers

17. What should be the elements of a HIV&AIDS policy/programme at the workplace?

- The HIV status of a person should not be a criterion for either employing people or keeping them in employment.
- There should be no discrimination against people living with HIV (PLHIV)
- The HIV status of people should be kept confidential.
- The workplace should have an HIV prevention, care and support programme.
- As women are more vulnerable, and HIV affects women more adversely, the gender dimension should be suitably addressed.

The ILO Recommendation 200, the ILO Code of Practice on HIV/AIDS and the world of work and the National Policy on HIV and AIDS in the World of Work provide guidelines for developing workplace HIV/AIDS policy and programmes. These documents can be accessed at www.ilo.org/aids

18. What support can we give to a person living with HIV (PLHIV)?

- We should not isolate the infected person, as he/she does not provide any risk to us through social contacts. We can work, eat, and live with the person
- We should not pass moral judgment on the person
- We should work towards reducing the stigma and discrimination related to HIV & AIDS, by spreading correct information, dispelling myths and having a positive attitude towards the infected person (s).
- We should encourage the person to stay active and economically productive, and provide the necessary care and affection, and support to the family

A non-discriminatory attitude towards PLHIV helps in HIV prevention efforts.

People can live with HIV infection for years. They need care and support, not isolation.



19. Are women more vulnerable to HIV infection?

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

Biological Factors:

The vaginal wall of women has a large surface area, which aids in the collection of fluids that can facilitate the transmission of HIV. On the other hand, the surface area on the penis is smaller, and thus cannot collect fluids.

The walls of the cervix and vagina are thinner and are easily damaged. The micro-pores can allow the easy passage of the virus

Women have more chances of getting reproductive tract infections. Most often women suffer from sexually transmitted infections, which are asymptomatic, and do not get treated.

Socio-economic Factors:

Many women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or refuse unsafe sex.

The power imbalance in the workplace exposes women to the threat of sexual harassment. Poverty is a noted contributing factor to AIDS vulnerability. Women make up the majority of the worlds' poor; in poverty crises, it is more likely to be a girl child who is taken out of school, or sold into forced labour, or sex work.

Women's access to prevention messages is hampered by illiteracy, a state of affairs affecting more women than men world wide – twice as many in some countries
Studies show the much heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized.

Sexist property, inheritance, custody and support laws means that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may in turn, force them into "survival sex", the girl child is especially vulnerable to commercial sexual exploitation.

20. What is the Global and National Scenario of HIV and AIDS?

Global statistics of HIV and AIDS (2011)

At the end of 2011, an estimated 34.2 million people were living with HIV globally, as per UNAIDS report.

Out of the total global estimates, about half are women, which is more than 45% of the global population of people living with HIV/AIDS. In many parts of the developing world, the majority of new infections occur in young adults, with young women being especially vulnerable.

AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the third-biggest killer.

In 2011:-

- 34.2 million [31.8 – 35.9 million] people globally were living with HIV
- 2.5 million [2.2 – 2.8 million] people became newly infected with HIV
- 1.7 million [1.6 – 1.9 million] people died of AIDS-related illnesses
- More than 8 million people receive antiretroviral therapy

National statistics of HIV and AIDS

(Cumulative data up to end 2nd Quarter 2012)

- Reported number of HIV infected persons in Sri Lanka - 1544
- Reported AIDS deaths in Sri Lanka - 270
- Reported number of infected children - 54
- Estimated number of HIV infected persons in Sri Lanka(2009) - 3000

Key sites for updated information on HIV & AIDS

- UNAIDS site www.unaids.org for an updated global scenario of HIV/AIDS and other relevant information
- The Ministry of Health spearheads the national response to HIV and AIDS. Please visit the website for more information www.aidscontrol.gov.lk
- For updated information about the HIV/AIDS and the world of work, ILO sites www.ilo.org/aids

HIV/AIDS Hotline - 0112587444

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