HEALTH EDUCATION PROGRAM FOR SUB-SAHARIAN WOMEN

Author: *Eduardo Bada Jaime*
Technical help: *Marisa Ros Collado*
Illustration: *Mª Paz Sintes López*

With participation of:

- ✓ Unitat de Malalties Tropicals i Importades- D.A.P. Ciutat Vella (ICS)
- ✓ The European Project AIDS & Mobility
- ✓ ACSAR
- ✓ AIDES
- ✓ Service Social des etrangers

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- ✓ Programa de Prevenció i Assistència de la SIDA de la Generalitat de Catalunya
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This work is dedicated to the memory of Dr. José Luis Bada Ainsa, who believed in a global idea of the human being, who knew that it was necessary to find new ways to reach him and who taught us not to be afraid of trying to find them.

1.- INTRODUCTION

The project of creating a game such as the one you have in your hands is actually an initiative within the framework of the project of training of African women as health agents, carried out by the *Unitat de Malalties Tropicals- D.A.P. Ciutat Vella (ICS)* and *ACSAR* in Barcelona, *AIDS & Mobility* in Amsterdam, the *Service Social des Etrangers* in Brussels and *AIDES* in Paris. The European Union and the *Programa de Prevenció i Assistència de la SIDA* from the Health Department of the Generalitat de Catalunya have contributed in its realisation.

SIDAJOC is one of the first materials available dealing with HIV/ AIDS prevention and addressed to African women. It appears from the need we had in everyday practice to find pedagogic tools that helped us lead information and training groups. It has been proved that, in relaxed and dynamic work environments, the participants express more their doubts and beliefs. This is particularly relevant when it comes to working with topics such as HIV/ AIDS, because the questions dealt with are, in many cases, highly emotional for those concerned. Through this game we wish to promote a dynamic and playful way of guiding sessions on health information, of assessing the knowledge of the participants and of providing a tool capable of taking into account and adjusting to the special features derived from cultural differences among the different ethnic groups.

The purpose of this game is to become a tool which promotes the creation of programmes dealing with AIDS prevention specifically aimed at African women. These programmes should be developed by associations working with immigrants and with HIV/ AIDS prevention and infection. The game could also be used as reinforcement of health programmes in developing countries. At the same time, it seeks to be a way of obtaining more information about the beliefs and cultural ideas that the different ethnic groups have regarding HIV/ AIDS. It is essential to take into account the cultural differences as an influential variable within prevention programmes in order to understand the group we are working with, to obtain their involvement and to make sure they get the message.

The name **SIDAJOC** is composed of two words which we consider to be part of this project. The first one, SIDA (AIDS in Catalan) determines the frame of application. The second word is no less important: JOC (GAME in Catalan), is the part that gives the project a particular entity. It must always be borne in mind that it is a game, because if we forget that, we will lose a great deal of its validity as a pedagogic tool.

2.- STRUCTURE OF THE GAME

As we said previously in the introduction, the purpose of the game is to be used as a means of carrying out sessions on health information, of assessing the knowledge of the group and of detecting the ideas and notions the group has about HIV/ AIDS. With that purpose, we have consulted several publications on HIV/ AIDS prevention, on group psychology and on the training of health agents, and have formulated appropriate questions. Some of the questions are specific and objective, while other questions are more open, the aim of the latter being the exploration of beliefs, feelings, notions, etc. Thus, in the second group of questions, deciding whether a questions is correct or not will depend on the group and on the person in charge of giving dynamism to the session.

The question asked, and therefore the topic on which we will work, is chosen by chance. This entails a difficulty as far as the topics dealt with are concerned. In order to avoid such difficulty, we have tried to group the topics together in a way that one question can be asked in different squares. Also, four types of square have been defined (**Modes of transmission, Prevention, Diagnosis and treatment and Living with HIV**). These squares are scattered throughout the board and the questions have to be fully answered to successfully finish the game.

Apart from these four groups, the following thematic squares have been created:

- **Sexuality and AIDS**: concerning sexual AIDS transmission and ways to prevent it.
- **Maternity and AIDS**: concerning the topic of maternity not only regarding pregnancy, but also regarding the role played by mothers when dealing with the issue of prevention of AIDS with their sons. This is an important issue within a programme aimed at women.
- **The big one**: these are the most difficult questions.
- **Test square**: in these squares, the participants must pass a test which, normally, implies some kind of 'role play' activity.
- **Let's talk about AIDS**: the purpose is to discuss topics related with the disease, such as psychological topics (ideas, feelings, beliefs...) or social topics (prejudice, discrimination...) so that the participants are more aware of their own ideas.

The number of players may vary, but we believe that the ideal number ranges between 8 and 10 players, divided up in teams of two or three players. This way it is easier to play the game at a good pace, and it allows, at the same time, to carry out discussions both in the small and in the bigger groups. It must be borne in mind that one of the main aims of the game is to achieve a nice and relaxed environment. It will be the task of the person in charge of giving dynamism to the session to get it.

3.- STRUCTURE OF THE PROGRAMMES

This programme starts the moment the game is purchased. From then on, the four phases of the game can be developed, be it one after the other or independently.

***Phase 1**: Information*.

The programme starts with this phase. The organisation or association that purchases the game should start by carrying out sessions addressed to African women on health information. This can be done either by getting in touch with associations from their geographic area or by getting in touch directly with these women individually. These sessions actually have two purposes because, added to their purely informative function about health aspects related to HIV/ AIDS, they can also be used to find, among the participants, potential agents who are skilled to give dynamism to the group. Their knowledge about the disease is not as important as their skills to act as group dynamists. The set of *basic questions* will be used in these sessions.

Phase 2: *Training.*

In this second phase the women chosen in phase 1 will receive their training. This phase will be divided up in two sub-phases: the first one will deal with **specific training in HIV/AIDS**. At the end of this phase the knowledge acquired will be assessed by means of another game. This time, the set of *advanced questions* of **SIDAJOC** will be used. After this assessment, the possible gaps existing will be filled and, subsequently, the second sub-phase of the training will commence. In this second part, **specific training about leading and giving dynamism to sessions carried out with groups** will be given. Throughout this training, the self-knowledge of the people in charge of the groups will be particularly emphasized. It will also be used to train the participants in how to use **SIDAJOC** as a tool to participate in their own groups. This way, the set of *basic questions* will be adapted, insofar as possible, to the needs of the target group.

***Phase 3:** Participation*

In this phase the weight of the programme would shift towards the health agents, since they would be the ones participating. The main aim is that, in this phase, they make their contributions outside the association (at home with friends, at meetings, etc.) using the material offered within the framework of the association.

***Phase 4:** Collection of data*

Another one of the aims of **SIDAJOC** is to collect information about the beliefs or possible cultural ideas that different ethnic and/ or cultural groups have regarding HIV/AIDS. This data can be obtained from the contributions made in any of the three previous phases. Our purpose is to create a free-access database with the information obtained.

4.-GUIDING THE GROUPS

As we said in the introduction, **SIDAJOC** is, above all, a game, and this must determine how we are going to manage the group we are working with.

First of all, it is essential to understand that the role of the person in charge of carrying out the sessions must be that of giving dynamism to those sessions. This material will be useful as long as we manage to carry out dynamic sessions where the participants enjoy themselves, and lecture-giving must be avoided. Therefore, in addition to conducting the session and facilitating the participation of the members of the group, the person in charge of the session will have to enliven the session and manage to make the group have a good time. When presenting a game to a group, we are creating some expectations in that group. If we fail in being up to those expectations, the group will feel at the end of the session that they have failed and/or that they have been losing their time, thus creating a negative effect towards our intervention and the information we provide. That is the reason why, if it is necessary, throughout the session, that the person in charge dances... just play the music!

In order to be successful in making the group have a good time, it is essential to reach a balance regarding competition. Excessive rivalry amongst participants must be avoided, but an environment in which the participants do not care whether their answers are correct or not should not be allowed. However, it is necessary to achieve a certain level of competition that does not create tension so that the game is encouraging. Two elements that indicate that the session is going fine are the fact that the participants laugh and the fact that they try to cheat (this indicates that they are interested).

Another important aspect is the fact that **SIDAJOC** tries to collect information. With that aim, it is important to promote situations in which the participants joke about the topics coming up in the questions. The sense of humour clearly reflects beliefs, stereotypes, ideas, etc. which constitute the knowledge and experience of a culture. If we wish to collect information about these issues, this could be one of the most direct ways to do it. In most cultures, questions such as sexuality can be found in jokes, pranks, etc., and they will provide us with extremely useful information to work with.

Finally, it is important to bear in mind that all these materials are only a tool. We do not think that we can use **SIDAJOC** in all situations. It will actually have to be adapted to the characteristics of the person who is in charge of the session, as well as to the group we are going to work with. It will be up to the people participating in the project to decide on the best strategy of giving dynamism to be adopted in each case, and to decide whether the game is appropriate to their needs or not.

5.- EQUIPMENT

The game is composed of the following items:

- ✓ **Big board (90□60 cm):** This board will be used in normal sessions.
- ✓ **Small board (Din-A3):** This board is a reduced version of the bigger one. It is included in this size so that it can be easily copied and used in sessions that take place outside the association.
- ✓ **Handbook**: You have it in your hands. Written in three different languages, it contains, apart from instructions and some orientation, an annex with the questions including:
    a) Question.
    b) Objective answer.
    c) Purpose behind the question asked or topics that should be taken into account when assessing the answer given.
- ✓ **Set of *basic questions***: It will be used in general sessions where information is given. It will also be used as a basis to adapt the sessions carried out by the health agents.
- ✓ **Set of *advanced questions***: This set is to be used in sessions where the assessment of our training is made. It includes all the aspects that we consider a health agent needs to be aware of.
- ✓ **Instructions and roulette**.
- ✓ **Complements/ Accessories**: Tokens
- ✓ **Assessment sheet (to be returned)**: A separate sheet where all remarks listed in Phase 4 can be included and posted back to us.

QUESTIONS

MODES OF TRANSMISSION:

1.- **THROUGH WHAT BODY FLUIDS CAN HIV BE TRANSMITTED?**

a) Vaginal secretions, sperm, blood and milk.
b) We seek to emphasize the routes of transmission of the disease. Likely misconceptions (saliva, tears, sweat, etc.) will have to be detected and it will be necessary to talk about the different concentration of the virus in different body fluids.

2.- NAME THE MAIN MODES OF TRANSMISSION OF HIV.

a) Sexual intercourse without a condom (masculine or feminine), transfusions or injections with infected blood products, use of syringes or infected instruments, mother to child transmission.
b) We are trying to stress which are the routes of transmission of the disease. Likely misconceptions (everyday contact with other people, etc.) will have to be detected.

3.- NAME FOUR KINDS OF BEHAVIOUR BY WHICH HIV IS NOT TRANSMITTED ALTHOUGH PEOPLE THINK IT IS.

a) Kissing, using public toilets, swimming pools, sharing glasses or cutlery, using public transport, children at school, etc.
b) We seek to stress which are the routes of transmission of the disease. Likely misconceptions (everyday contact with people, etc.) will have to be detected.

4.- WHAT INSECTS CAN TRANSMIT HIV?

a) None
b) We seek to stress which are the routes of transmission of the disease.
c) We must bear in mind that, given the high importance of tropical diseases transmitted by insect bites (malaria, tripanosomiasys, etc.), African population is very sensitive about this topic.

5.- HOW IS HIV TRANSMITTED AMONG DRUG USERS?

a) Sexual intercourse without a condom (masculine or feminine), transfusions or injections with infected blood products, use of syringes or infected instruments, mother to child transmission.
b) We seek to make agents aware of the fact that the risk of infection through parenteral routes among drug users is similar to that with the rest of the population. It is risk behaviours that transmit HIV, and not the fact of belonging to one group or another.

6.- WHAT IS, APPROXIMATELY, THE RISK FOR A SEROPOSITIVE MOTHER TO TRANSMIT THE VIRUS TO HER INFANT DURING PREGNANCY?

a) It is approximately 20%, although this can be reduced in some cases by administering drugs.
b) The health agent must be aware of the details about the relationship between pregnancy and HIV.

7.- CAN HIV BE FOUND IN SALIVA?

a) Yes, but only in very small quantities (The virus is not transmitted through saliva).
b) Since there are many misconceptions, any doubts about this topic must be clarified.

8.- WHAT IS, APPROXIMATELY, THE RISK FOR A SEROPOSITIVE MOTHER TO TRANSMIT THE VIRUS TO HER INFANT DURING PREGNANCY?

a) It is approximately 20%, although this can be reduced in some cases by administering drugs.
b) The health agent must be aware of the details about the relationship between pregnancy and HIV.

10.- WHICH BEHAVIOUR IS RISKIER: VAGINAL INTERCOURSE OR ANAL INTERCOURSE?

a) Receptive anal intercourse without a condom.
b) The issue of different levels of risk must be addressed taking into account the different practices or behaviours.
c) It is important to bear in mind that sexual practices are different in different communities.

PREVENTION

1.- NAME THREE DIFFERENT KINDS OF CONDOM

a) Standard, feminine, for anal intercourse (extra strong), for oral sex (non-lubrified, they can be flavoured), fantasy (with different shapes and textures, they are not as safe).
b) It is important to emphasize the differences existing among the different kinds of condom, to explain the degree of safety they offer and to stress the fact that, whichever one is used, the use of a condom is necessary.

2.- WHERE CAN CONDOMS, BOTH MASCULINE AND FEMININE, BE FOUND?

a) Chemists', supermarkets, certain health centres, bars, sex shops, etc.
b) This question will have to be adapted depending on the place, but it is important that the agent bears in mind questions such as the possibility of having free condoms, how to ask for them, etc.

3.- NAME THREE HIGH-RISK SEXUAL BEHAVIOURS AND THE WAYS HOW SUCH RISK CAN BE REDUCED.

a) Receptive anal intercourse, insertive anal intercourse, receptive vaginal intercourse, insertive vaginal intercourse. The risk would be reduced by using condoms (masculine or feminine).
b) The participants must be made aware both of the variation of risk of infection depending on the sexual behaviours and of the possibility of risk reduction-avoidance.

4.- NAME THREE SEXUAL BEHAVIOURS WHICH ARE FREE OF RISK.

a) Caressing, massaging, kissing, mutual masturbation, kissing/ licking each other's body.
b) The participants must be made aware both of the variation of risk of infection depending on the sexual behaviours and of the possibility of risk reduction-avoidance.

5.- HOW CAN THE RISK OF PARENTERAL INFECTION AMONG DRUG USERS WHEN INJECTING THEMSELVES BE AVOIDED?

a) By not sharing syringes under any circumstances; by using new or clean syringes through sterilisation of the syringe with bleach and distilled water.
b) It is important for the health agent to be aware of the difficulties the drug user may be faced with when it comes to sterilising the syringe (urgent need of the dose, spots of exchange of syringes, etc.).

6.- HOW IS A FEMININE CONDOM PLACED?

a) The inside ring must be pressed to give it a long shape. It is then introduced in the vagina. Your index is introduced in the condom in order to push it right inside the vagina and place the inside ring in the neck of the womb.
b) It is important for the health agents to know this item of prevention which is still not very widely used.

7.- MUST A CONDOM BE ALWAYS USED IN ORDER TO PREVENT HIV INFECTION IN ANY SEXUAL ACTIVITIES?

a) It must always be used when there is anal or vaginal intercourse and one of the two people is likely to be infected.
b) We seek to stress two issues: firstly, eliminating the idea 'sexual activities= intercourse', by putting forward other possibilities. Secondly, making people aware of the importance of knowing if the other person is infected and knowing that HIV is only transmitted by infected people.

8.- HOW CAN HIV TRANSMISSION FROM A SEROPOSITIVE MOTHER TO HER INFANT DURING THE BREAST-FEEDING PERIOD BE AVOIDED?

a) By preventing the mother from breast-feeding the baby and using, whenever it is possible, breast milk substitutes.
b) In this case, we must bear in mind the possibility that there are difficulties in finding breast milk substitutes. In places with high levels of malnutrition and lack of resources, the risk of death by

malnutrition can be much higher than the risk of getting infected. One possible solution would be for the baby to be breast-fed by somebody else.

9.- WHAT DOES 'SAFE SEX' MEAN?

a) It means to develop habits, or change and/ or adapt sexual practices, with the purpose of reducing the risk of getting infected with sexually-transmitted diseases, including HIV/ AIDS.
b) It is important to be familiar with this term and to make people aware of safer sexual practices, not only by using the condom, but also by developing behaviours and practices involving less risk.

10.- HOW CAN THE RISK OF HIV TRANSMISSION FROM A MOTHER TO HER INFANT DURING PREGNANCY BE REDUCED?

a) By administering drugs and medicines.
b) The target population being the one it is, the issue of pregnancy is extremely important. That is the reason why the training of health agents on this topic must be quite deep.

DIAGNOSIS AND TREATMENT

1.- WHEN MUST THE HIV ANTIBODY TEST BE DONE?

a) After having engaged in high-risk practices.
b) It is important to find some balance between being aware of the need of getting tested and getting tested as a mere formality. It is important to make clear the relationship existing between getting infected and engaging in risk behaviour. If there have not been any risk practices, there is no need to get tested. It is important to take into account this factor when it comes to planning pregnancy or to commence treatment at the initial stages of the infection.

2.- ON WHICH OCCASIONS CAN THE TEST BE COMPULSORY?

a) In principle, it cannot be compulsory. In Europe, control tests are always done on blood and/ or organ donations.
b) The answer to this question may vary depending on the prevailing legislation in each country.
c) It is important to consult each country's legislation regarding immigration and medical certificates requirements in order to obtain residence permits, because it is a problem many members of the target population are faced with.

3.- WHAT ARE THE TWO HIV ANTIBODY TESTS CALLED?

a) Elisa and Western Blot.
b) We find it important for the health agent to have (some) knowledge about diagnosis and treatment of the disease.

4.- WHAT IS THE WINDOW PERIOD?

a) It is the period spreading between exposure to the virus and the appearance of antibodies in the blood. This period can be between 3 and 6 months long.
b) It is a basic concept health agents must be aware of.

5.- WHAT IS THE HIV ANTIBODIES TEST AND WHAT IS IT USED FOR?

a) It is a blood test and it is used to determine the existence of antibodies created by the human body as a response to HIV infection.

6.- WHY IS IT NECESSARY TO MODIFY RISK BEHAVIOUR REGARDLESS OF THE HIV ANTIBODIES TEST RESULT?

a) If the result is negative, behaviour must be changed in order to avoid later infection. It the result is positive, great care must be taken due to re-infection-related problems.

7.- IS IT IMPORTANT TO GET THE TEST DONE?

a) It is, especially after having engaged in risk practices.
b) It is important to find some balance between being aware of the need of getting tested and getting tested as a mere formality. It is important to make clear the relationship existing between getting infected and engaging in risk behaviour. If there have not been any risk practices, there is no need to get tested.

8.- CAN AN EMPLOYER ASK A POTENTIAL EMPLOYEE FOR THE HIV ANTIVIRUS TEST?

a) No. The test cannot be asked for neither when offering employment nor during the time the person is employed. If it is done and the employee is not aware of it, it can be reported.

9.- WHAT IS ELISA?

a) It is a test which detects the presence of HIV antibodies in the blood.

10.- WHERE CAN ONE GET THE HIV ANTIBODIES TEST DONE?

a) In medical centres, laboratories, hospitals, etc. This answer will have to be adapted to each country, city, health system.

LIVING WITH HIV:

1.- HOW WOULD YOU HEAL A WOUND ON A SEROPOSITIVE CHILD?

a) As on any other child.
b) We seek to stress the need to take the necessary precautions regardless of who the patient is.

2.- CAN A SEROPOSITIVE PERSON ENGAGE IN SEXUAL ACTIVITIES WITHOUT RISK OF GETTING INFECTED?

a) Yes.
b) We seek to emphasize two issues mainly. Firstly, making people aware of the possibility for a seropositive person to have safe sexual relations by using barriers. Secondly, eliminating the idea 'sexual activities= intercourse' by putting forward other possibilities(safe sex).

3.- CAN YOUR DIET AFFECT THE DEVELOPMENT OF THE DISEASE?

a) Yes.
b) It is important for the health agents to be aware of the role played by food when it comes to reducing the risk of development towards the disease.
c) It would be advisable to bring forward ideas about food and typical menus for the people it is addressed to.

4.- CAN A SEROPOSITIVE WOMAN HAVE CHILDREN WHO ARE NOT INFECTED?

a) Yes. The children will always be born with antibodies, but if they are not infected they will eventually become seronegative individuals.

5.- IS THERE ANY RISK OF GETTING INFECTED BY OBJECTS USED EVERYDAY SUCH AS TOOTHBRUSHES?

a) In principle, there is not. However, since there is the possibility that small quantities of blood are left on such objects, there is some risk, although it is very reduced.

6.- WHAT IS, APPROXIMATELY, THE RISK FOR A SEROPOSITIVE MOTHER TO TRANSMIT THE VIRUS TO HER INFANT DURING PREGNANCY?

c) It is approximately 20%, although this can be reduced in some cases by administering drugs.
d) The health agent must be aware of the details about the relationship between pregnancy and HIV.

7.- IS THERE ANY RISK OF INFECTION FROM A SEROPOSITIVE CHILD AT SCHOOL?

a) There is none whatsoever.
b) It is important to bear in mind the problems related to seropositive children at school, discrimination, etc., and study the issue thoroughly, since people may be more reticent than we may think.

8.- HOW CAN THE FACT OF BEING SEROPOSITIVE INFLUENCE ON A JOB?

a) It cannot affect in any way because a test to find it out cannot be requested by an employer when giving a job to a potential employee. If the test is done and the employee is not aware of it, it can be reported.

9.- ARE THERE ANY LEGAL OBLIGATIONS A SEROPOSITIVE PERSON MAY BE SUBJECTED TO DUE TO THEIR STATUS REGARDING HIV/AIDS?

a) None.

10.- IS IT IMPORTANT FOR TWO SEROPOSITIVE PEOPLE TO TAKE PRECAUTIONS WHEN ENGAGING IN SEXUAL ACTIVITIES AMONG THEMSELVES?

a) Yes.

b) We seek to emphasize two issues mainly. Firstly, making people aware of the possibility for a seropositive person to have safe sexual relations by using barriers. Secondly, eliminating the idea 'sexual activities= intercourse' by putting forward other possibilities (safe sex).

LET'S TALK ABOUT AIDS

1.- HOW CAN YOU NEGOTIATE THE USE OF A CONDOM IN A LONG-TERM RELATIONSHIP?

a) By means of a dialogue based on erotic games and the advantages of using the condom.
b) We want the participants to come up with clichés or ways of possible negotiation regarding the use of a condom which can be used in possible future meetings.

2.- WHAT FACTORS SHOULD BE TAKEN INTO ACCOUNT WHEN TELLING SOMEBODY THAT THEY ARE SEROPOSITIVE?

a) Privacy, illimited time availability, exclusivity, empathy, etc.
b) We want the group to think about the issues related to a moment such as this one.

3.- WHAT TABOOS SHOULD BE TAKEN INTO ACCOUNT WHEN GIVING A TALK FOR A MIXED GROUP?

a) Issues such as problems when exchanging information, or when talking about sexual taboos should come up in the answers. The answer will be assessed by the group and the person in charge of it.
b) We are interested in finding out what are the taboos in groups made up of men and women and see how they are different from those in groups made up only of people of the same sex. This is important in order to find out aspects such as the viability of negotiating the use of a condom.

4.- THE PERSON WE ARE GOING TO WORK WITH IN OUR SESSIONS ABOUT AIDS COMES WITH PRECONCEPTIONS. WHY ARE THESE IMPORTANT?

a) Because they will have an influence on their way of seeing things and on how they will understand our explanations, since we have to adapt the information we get to the information we have.
b) We want the health agents to be aware of the fact that the 'material' they will work with are the ideas and feelings the participants have, and that their job will be remodelling and influence them both.

5.- HOW WOULD YOU ANSWER SOMEBODY WHO TELLS YOU IN A SESSION THAT S/HE DOES NOT BELIEVE AIDS EXISTS?

a) The group and the person in charge will decide whether they accept the answer or not. It is important not to accept any answer: it has to be properly based.
b) We are trying to observe the reaction of the health agents before a similar situation.

6.- AS HEALTH AGENTS, WHAT DO WE HAVE TO BEAR IN MIND WHEN TALKING ABOUT SEXUAL PRACTICES?

a) Not to express ethical or moral value judgements, but give objective information, trying not to make the participants feel uncomfortable. We must speak in a quiet and scientific manner, but using accessible language at all times.
b) It is important to be aware of the fact that the health agent is a means and a way of spreading information. The important thing are not the agent's opinions but to make the group understand the message properly. For that reason, the health agent will have to try to create a comfortable environment where s/he can express his/ her opinion but where it will never become a value judgement.

7.- HOW WOULD YOU START AN INFORMATION SESSION?

a) By introducing the person in charge, the programme and the participants. After that, it would be advisable to do some team-building exercises and study the participants previous knowledge.
b) The agents must be briefed about the importance of observing the reactions before the first session: possible groups existing before the session, if somebody stands out, etc. At the same time, the group needs to have the feeling of being welcome.

8.- WHAT TABOOS SHOULD BE TAKEN INTO ACCOUNT WHEN GIVING A TALK FOR WOMEN?

a) The group and the leader will decide whether they accept the answer or not. It is important not to accept any answer: it has to be properly based.
b) We are interested in finding out the taboos existing in groups made up of women only and see how they are different from those in mixed groups. This is important in order to find out how the health agents should tackle the issue.

9.- DO YOU FEEL REPULSED BY ANY RISK BEHAVIOUR?

a) Since it is a subjective question, we cannot talk about a 'correct' answer, but the person in charge should try to make every member of the group give an answer. Later, with the whole group together, and based on what has been observed in previous sessions, it will be decided whether the answer is in line with what has been shown unconsciously.
b) It is advisable to clear up this point, since it is important for the health agent to be aware of likely prejudices which have to be known in order to take them into account.

10.- WHAT IS THE IDEAL NUMBER OF PARTICIPANTS TO WORK WITH DURING THE SESSIONS?

a) It depends on the topic to be discussed, on the time and the room available and on the method being used.
b) By asking this question, we want the agents to pay attention to details which are not directly related to HIV/AIDS in order to prepare other sessions, as well as become aware of small details.

SEXUALITY AND AIDS

1.- NAME TWO SEXUAL ACTIVITIES WHERE THE RISK OF INFECTION IS HIGH.

a) Receptive anal penetration, insertive anal penetration, receptive vaginal penetration, insertive vaginal penetration.
b) The participants must be made aware both of the variation of risk of infection depending on the sexual activities and of the possibility of risk reduction-avoidance.

2.- NAME TWO SEXUAL ACTIVITIES WHERE THE RISK OF INFECTION IS LOW BUT POSSIBLE.

a) Oral sex (fellatio with and without ingestion of semen, cunnilingus, black kiss, etc.)
b) The participants must be made aware both of the variation of risk of infection depending on the sexual activities and of the possibility of risk reduction-avoidance.

3.- NAME TWO SEXUAL ACTIVITIES WHICH ARE FREE OF RISK.

a) Caressing, massaging, kissing, mutual masturbation, kissing/ licking each other's body.
b) The participants must be made aware both of the variation of risk of infection depending on the sexual activities and of the possibility of risk reduction-avoidance.

4.- WHAT WAYS OF PREVENTION CAN WE USE IN SEXUAL PRACTICES WHERE THERE IS PENETRATION?

a) Masculine or feminine condom.
b) The purpose of this question is to make the health agent take into account the feminine condom, which is usually left aside in favour of the masculine one.

5.- HOW IS THE MASCULINE CONDOM USED PROPERLY?

a) Take the condom between your thumb and your index. Press the tip so that no air is kept inside the condom. Put it on the penis and roll it down completely. To take it off, take it from the base after ejaculation before the erection disappears and take it off so that neither the condom nor any semen is left inside the vagina.
b) We seek to emphasize the importance of taking off the condom properly, not just putting it on. A valid answer will include both processes.

6.- HOW IS THE FEMININE CONDOM USED PROPERLY?

a) The inside ring must be pressed to give it a long shape. It is then introduced in the vagina. Your index is introduced in the condom in order to push it right inside the vagina and place the inside ring in the neck of the womb.
b) It is important for the health agents to know this element of prevention which still is not very widely used.

7.- CAN A SEROPOSITIVE PERSON ENGAGE IN SEXUAL ACTIVITIES WITHOUT RISK OF GETTING INFECTED?

a) Yes.
b) We seek to emphasize two issues mainly. Firstly, making people aware of the possibility for a seropositive person to have safe sexual relations by using barriers. Secondly, eliminating the idea 'sexual activities= intercourse' by putting forward other possibilities (safe sex).

8.- SHOULD WE RECOMMEND THE USE OF CONDOMS TO MARRIED COUPLES?

a) We should, if one of the two people engages in high-risk behaviours, is seropositive or does not have a relationship with only one person.

9.- HOW SHOULD THE ISSUE OF PREVENTION BE APPROACHED WITH ADOLESCENTS?

a) They have to be furnished with information about sexually-transmitted diseases and AIDS and be offered as many options as possible to prevent the risk of infection. It would be advisable to emphasize the use of contraceptive methods, relating them to AIDS prevention.
b) It must be borne in mind that this programme is aimed at an adult target group and in many cases the participants (both health agents and future participants) will have sons and daughters. That is the reason why the issue of prevention with adolescents should be approached: they must be aware of the need of furnishing the mothers with the necessary resources in order to avoid the risk of infection.

10.- WHY DO YOU THINK THAT, DESPITE PREVENTION CAMPAIGNS AND HAVING APPROPRIATE INFORMATION IN MANY CASES, PEOPLE STILL ENGAGE IN RISK BEHAVIOURS?

a) The group will decide whether they accept the answer given or not.
b) In case you find a solution to this problem, do not hesitate to contact us.

TEST SQUARE

We want the participants to carry out a concrete action when they arrive in one of these squares. Many times it will be role playing, thus leaving it up to the person in charge and to the group to decide whether the test has been passed.

1.- WITH THE HELP OF THE SCALE MODEL, PUT A MASCULINE CONDOM ON PROPERLY.

a) The participant will have to put the condom on the scale model pressing the tip with her right hand to expel the air that might be inside, and put it on the penis rolling it down completely.

2.- SIMULATE A CONVERSATION IN WHICH YOU HAVE TO TELL SOMEBODY THAT THEY ARE SEROPOSITIVE.

a) A 'performance' is required from the participant. It is not enough to make a list of the things that would be said, but s/he will have to simulate the situation as fully as possible, including the possible reactions the person getting informed might have. The person in charge should try to increase the difficulty of the test by answering in an unexpected way.
b) With this kind of questions we are trying to develop the participants' capacity to face a group situation and overcoming possible problems such as fear, shyness, etc.

3.- THREE PEOPLE CHOSEN BY THE PERSON IN CHARGE OF THE GROUP WILL ASK YOU A QUESTION ABOUT AIDS.

4.- SIMULATE A CONVERSATION IN WHICH YOU WOULD SUGGEST A PERSON WHO ENGAGES IN HIGH-RISK BEHAVIOURS TO GET THE HIV ANTIBODIES TEST DONE.

a) A 'performance' is required from the participant. It is not enough to make a list of the things that would be said, but s/he will have to simulate the situation as fully as possible, including the possible reactions the person getting informed might have. The person in charge should try to increase the difficulty of the test by answering in an unexpected way.
b) With this kind of questions we are trying to develop the participants' capacity to face a group situation and overcoming possible problems such as fear, shyness, etc.

5.- SIMULATE A CONVERSATION IN WHICH SOMEBODY TELLS YOU AIDS IS GOD'S PUNISHMENT.

a) Although there is not one correct answer, the answer would have to take into account the group's beliefs, its ideas, previous knowledge, etc.
b) It is important that the people leading prevention talks bear in mind the importance of the beliefs of the people the prevention programme is addressed to, because such beliefs will influence not only the way in which we make our message go through (be it in favour or against), but also the participants' behaviour, which is our ultimate aim.

6.- SIMULATE THE NEGOTIATION ABOUT THE USE OF A CONDOM WITH YOUR PARTNER IN A SITUATION IN WHICH THE OTHER PERSON STARTS THE RELATIONSHIP.

a) We seek to initiate the negotiation from a situation of 'power'.
b) The fact of being the person who starts the relationship implies a vital difference regarding the approach taken towards the negotiation.

7.- SIMULATE THE NEGOTIATION ABOUT THE USE OF A CONDOM WITH YOUR PARTNER IN A SITUATION IN WHICH YOU START THE RELATIONSHIP.

a) We seek to initiate the negotiation starting from a situation of lack of power.

8.- SOMEBODY COMES UP TO YOU AND TELLS YOU THAT S/HE HAS BEEN ENGAGING IN HIGH-RISK BEHAVIOURS AND YOU SUGGEST THAT S/HE GETS THE HIV ANTIVIRUS TEST DONE.

a) A 'performance' is required from the participant. It is not enough to make a list of the things that would be said, but s/he will have to simulate the situation as fully as possible, including the possible reactions the person getting informed might have. The person in charge should try to increase the difficulty of the test by answering in an unexpected way.
b) With this kind of questions we are trying to develop the participants' capacity to face a group situation and overcoming possible problems such as fear, shyness, etc.

9.- PLAY A SITUATION IN WHICH YOU TELL SOMEBODY TO GET THE TEST DONE BECAUSE HIS/ HER PARTNER IS ENGAGING IN HIGH-RISK BEHAVIOURS.

a) A 'performance' is required from the participant. It is not enough to make a list of the things that would be said, but s/he will have to simulate the situation as fully as possible, including the possible reactions the person getting informed might have. The person in charge should try to increase the difficulty of the test by answering in an unexpected way.
b) With this kind of questions we are trying to develop the participants' capacity to face a group situation and overcoming possible problems such as fear, shyness, etc.

10.- PLAY THE BEGINNING OF A PREVENTION SESSION.

a) All participants will have to face this situation sooner or later. It is advisable to make and in-depth analysis, since it is extremely important for the group.

MATERNITY AND AIDS

1.- CAN A SEROPOSITIVE WOMAN HAVE HEALTHY CHILDREN?

a) Yes. The children will always be born with antibodies, but if they are not infected they will become seronegative about 18 months later.

2.- WHAT ARE THE ROUTES THROUGH WHICH A WOMAN CAN TRANSMIT HIV TO HER INFANT?

a) Through blood, during pregnancy or, later, through breast-feeding.
b) It is important for the participants to be aware of the importance of the breast-feeding period.

3.- SHOULD WE CONVINCE A SEROPOSITIVE WOMAN NOT TO GET PREGNANT?

a) No. It is the woman's decision.
b) It is vital for the health agent to know that his/ her job is to give the necessary informationso that people can make their own decisions. It is important to bear in mind the fact that there are many possibilities that the new-born is healthy.

4.- IF A SEROPOSITIVE WOMAN HAS A CHILD, WILL THAT CHILD BE BORN WITH ANTIBODIES IN ALL CASES?

a) Yes. The children are always born with antibodies, but if they are not infected they will become seronegative about 18 months later.
b) It must be clarified that it is not that the child eliminates the virus when becoming seronegative (s/he has never had it), but the presence of antivirus in his/her blood disappears.

5.- WHEN WOULD IT BE ADVISABLE FOR A SEROPOSITIVE MOTHER TO BREAST-FEED HER CHILD?

a) In such cases where breast milk substitutes cannot be found.
b) In this case, we must bear in mind the possibility that there are difficulties trying to find breast milk substitutes. In places with high levels of malnutrition and lack of resources, the risk of death by malnutrition can be much higher than the risk of getting infected. One possible solution would be for the child to be breast-fed by somebody else.

6.- SIMULATE A CONVERSATION IN WHICH YOUR SON ASKS YOU FOR MONEY TO BUY CONDOMS.

a) We seek to present a situation in which an adolescent raises the issue of prevention directly, given the difficulty this question involves many times for parents. The question should be approached emphasizing the possible differences in gender.

b) It is important to bear in mind that this programme is aimed at an adult target population and, in many cases, the participants (both health agents and future participants), will have children. That is the reason why it is advisable to approach the issue of prevention in adolescents in order to make the mothers aware of the need to make available the necessary resources to avoid the risk of infection.

7.- HOW CAN HIV TRANSMISSION FROM A SEROPOSITIVE MOTHER TO HER INFANT BE AVOIDED DURING THE BREAST-FEEDING PERIOD?

a) By using substitutive products such as milk in a feeding bottle or the child being breast-fed by a seronegative woman.
b) In this case, we must bear in mind the possibility that there are difficulties trying to find breast milk substitutes. In places with high levels of malnutrition and lack of resources, the risk of death by malnutrition can be much higher than the risk of getting infected. One possible solution would be for the child to be breast-fed by somebody else.

8.- HOW CAN THE RISK OF HIV INFECTION FROM A SEROPOSITIVE MOTHER TO HER INFANT DURING PREGNANCY BE REDUCED?

a) By administering drugs and medicines.
b) The target population being the one it is, the issue of pregnancy is extremely important. That is the reason why the training of health agents on this topic must be quite deep.

9.- WHAT IS THE ROLE OF PARENTS REGARDING AIDS PREVENTION WITH ADOLESCENTS?

a) They have to furnish adolescents with information about the disease and the largest possible number of ways of avoiding the risk of infection.
b) It is important to bear in mind that this programme is aimed at an adult target population and, in many cases, the participants (both health agents and future participants), will have children. That is the reason why it is advisable to approach the issue of prevention in adolescents in order to make the mothers aware of the need to make available the necessary resources to avoid the risk of infection.

10.- DUE TO THE ADMINISTRATION OF DRUGS WHICH REDUCE THE RISK OF INFECTION FROM MOTHER TO INFANT, IS THERE ANY RISK FOR THE LATTER?

a) No.
b) It is common to try to avoid the administration of drugs that could have a harmful effect on the foetus during pregnancy. That is the reason why the participants might feel worried during the sessions.

THE BIG QUESTION

1.- WHAT ARE T4 LYMPHOCYTES?

a) They are the 'managers' of the immune system and they constitute the particles which are particularly attacked by HIV.
b) It would be advisable to find out, through this question, whether the participants fully understand the concept of immune system.

2.- EXPLAIN THE DIFFERENT KINDS OF HIV.

a) There are HIV1 and HIV2, which was discovered later.
a) It is important for the agents to know about this division and to be able to explain the difference, since during informative sessions questions about the origins and cause of the disease tend to be frequent.

3.- WHAT YEAR WAS HIV DISCOVERED?

a) It is important for the agents to know about this division and to be able to explain the difference, since during informative sessions questions about the origins and cause of the disease tend to be frequent.

4.- WHAT SHOULD HAVE MORE IMPORTANCE FOR A HEALTH AGENT: PREVENTION OR THE GROUP'S BELIEFS?

a) Prevention, although s/he must be respectful to such beliefs and take into account that if s/he is opposed in some way to the group s/he is going to be working with, it will prove more difficult to make contact with them.
b) The agents must bear in mind at all times that they have to pass on information as objectively as possible, but the processing of such information will be subjective. That is the reason why, taking into account the fact that our aim is prevention, we will have to look for such balance. It is more important to create an environment where dialogue is possible than to try to match both sides completely.

5.- WHAT IS THE WESTERN BLOT?

a) It is an antibodies detection test. It is used as confirmation of the Elisa test.
b) We consider it important that the health agent has some knowledge about the disease's diagnosis and treatment.

6.- COULD THE CUSTODY OF A CHILD BE DENIED IF THE PARENT IS SEROPOSITIVE OR HAS DEVELOPED THE DISEASE?

a) The answer to this question may vary depending on the prevailing legislation in each country.

7.- WHY DO WE SPEAK OF RISK BEHAVIOURS INSTEAD OF RISK GROUPS?

a) It is by concrete actions that HIV is transmitted, not by people. This way we avoid stigmatization -the attitude of supposedly non-infected people who do not want to have anything to do with it- thus allowing for the spread of educational messages showingeverybody behaviours that prevent the transmission of HIV.
b) This issue is very important, and an in-depth discussion would be advisable.

8.- WHAT IS THE IMMUNE SYSTEM?

a) It is an organism's defense system against biological attacks.
b) Very often this concept is not fully understood.

9.- HOW SHOULD THE DIET OF A SEROPOSITIVE PERSON BE?

a) Balanced.
b) It is important for the health agents to have some knowledge regarding the search of good life quality of HIV-infected people.

10.- WHAT ARE THE ADVANTAGES OF USING FEAR AS A PREVENTION ELEMENT INSTEAD OF DEVELOPING HABITS?

a) None.
b) We consider that using fear as a way of prevention is wrong and actually constitutes a barrier to prevention, since it does not make non-risk behaviours easier. Conversely, it facilitates the appearance of discriminative behaviours, the feeling of guilt and stigmatization.