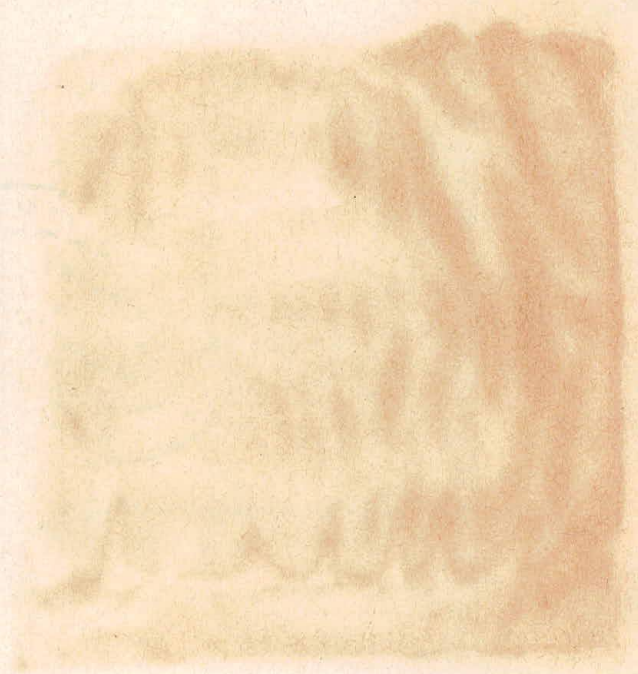


03235

Action for Youth

AIDS Training Manual



This AIDS training manual "Action for Youth" has been funded by:

The Finnish Red Cross

The Netherlands Red Cross

The World Health Organization.

We would like to express our thanks to them and to the Norwegian Red Cross Society and all the other Red Cross and Red Crescent Societies who have provided support for the League of Red Cross and Red Crescent Societies AIDS Programme.

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1990

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Telephone: (41 22) 20 42 33; Cable: worldscout;
Telex: 428 139 wsb ch; Telefax: (41 22) 781 20 53.

Dear youth leader,

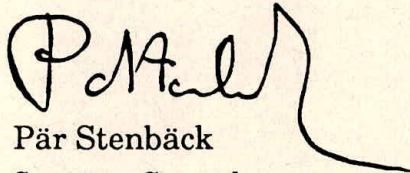
The League of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement have produced this AIDS training manual specifically for youth workers. We hope it will help you learn about HIV and AIDS and motivate you to continue to learn and use the ideas presented to carry out AIDS health promotion with your own youth group.

Young people are full of motivation and enthusiasm for a new project, particularly if they are included in its preparation and feel that its outcome will have an effect on their lives. They are also quick to recognize inequalities in their own lives and areas of discrimination in their communities. Therefore, we believe they can be excellent health educators and influence the attitudes and behaviour of their peers.

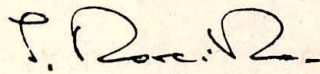
AIDS is a preventable disease. Clear information about how to avoid infection coupled with an environment which supports safe behaviour can reduce the likelihood of transmission of the virus. Young people's need to try new experiences and to learn more about other people and the world around them, although generally to be encouraged, can put them at risk of infection. They are a group which needs particular attention when planning an AIDS health promotion campaign.

As a youth worker, already involved with young people, you are in an ideal position to extend your existing health education activities to include an AIDS health promotion programme. Try out some of the activities in the manual with your youth group. You may then decide to develop your programme further and work within the community. Whatever you decide to do, it is our hope that the manual will help you understand more about AIDS and to pass on what you have learnt in a manner suited to your particular group.

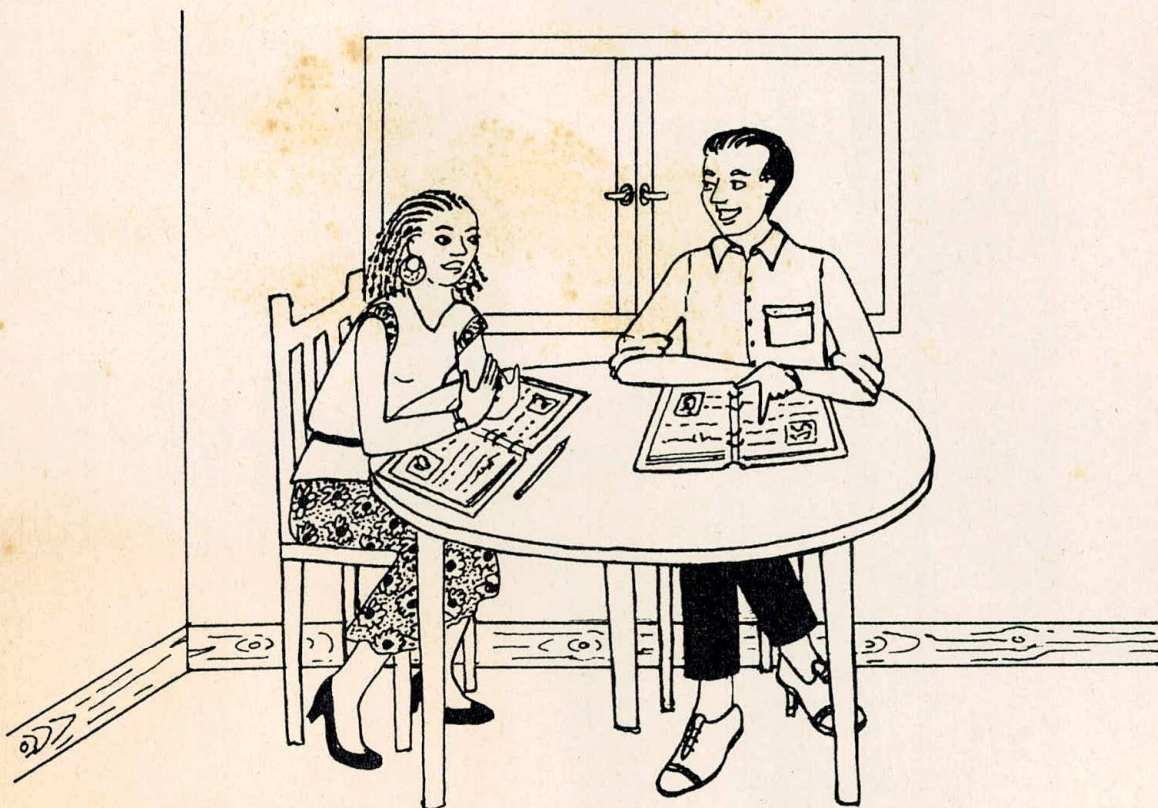
Yours sincerely,



Pär Stenbäck
Secretary General
League of Red Cross and
Red Crescent Societies



Jacques Moreillon
Secretary General
World Organization of
the Scout Movement



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INTRODUCTION

The material in this manual has been written for youth workers who work with young people in their mid-teens and older. If you wish to use this material in your work with people who are younger than 15, careful review and adaptation is recommended.

This pack has been designed to:

- Provide information about AIDS and how to prevent the spread of the Human Immunodeficiency Virus (HIV), the virus that can cause AIDS.
- Help you deal with your own worries and concerns related to HIV infection and AIDS.
- Suggest a method for planning and evaluating an AIDS health promotion programme for your youth group.
- Present activities you can try with young people to help them make healthier and safer life choices.
- Give ideas for community services projects related to AIDS health promotion that can be carried out by the youth in your group.

The development and implementation of AIDS health promotion can be the starting point for general health promotion programmes.

You can adapt the ideas, activities and techniques presented in this pack to other health topics for use in general health promotion programmes.

ACKNOWLEDGEMENTS

This manual was written by Noris Araque de Maldonado, Jane Springham and Diane Widdus, Consultants of the League of Red Cross and Red Crescent Societies, Geneva, Switzerland and illustrated by Liz de la Cour.

The Consultants worked closely with Barbara Wallace, AIDS Coordinator in the Health Department of the League, Joanna MacLean, Head of the Youth Department of the League, and Abdoulaye Sar, Director of Community Development of the World Scout Bureau, with administrative assistance from Lisa Michael and MaryJo Baxter, and technical assistance from the League's Document Production Department.

We would like to express appreciation to the National Red Cross and Red Crescent Societies and the National Scout Associations who completed an AIDS activities questionnaire, sharing materials and posters as well as comments and suggestions related to youth and AIDS health promotion.

The National Red Cross and Red Crescent Societies of the following countries participated:

<i>Australia</i>	<i>Gambia</i>	<i>Switzerland</i>
<i>Bolivia</i>	<i>Iraq</i>	<i>Syria</i>
<i>Bulgaria</i>	<i>Republic of Korea</i>	<i>Thailand</i>
<i>Canada</i>	<i>Lesotho</i>	<i>Uganda</i>
<i>Chile</i>	<i>Netherlands</i>	<i>United States of</i>
<i>Colombia</i>	<i>Norway</i>	<i>America</i>
<i>Czechoslovakia</i>	<i>Pakistan</i>	<i>Yugoslavia</i>
		<i>Zambia</i>

The National Scout Associations of the following countries participated:

<i>Argentina</i>	<i>Finland</i>	<i>Tanzania</i>
<i>Benin</i>	<i>Haiti</i>	<i>Thailand</i>
<i>Burkina Faso</i>	<i>Malta</i>	<i>Uganda</i>
<i>Canada</i>	<i>Netherlands</i>	<i>United Kingdom</i>

The first draft of **"Action For Life: An AIDS Training Pack for Youth"** was presented at Supercamp '89, a League of Red Cross and Red Crescent Societies Youth Department sponsored meeting of youth coordinators and young people from 132 countries, held at Castiglione delle Stiviere, Solferino, Italy, September 1-10, 1989.

At Supercamp '89 delegates from the following countries gave comments through discussion and a written questionnaire:

<i>Bahamas</i>	<i>Israel</i>	<i>Somalia</i>
<i>Belgium</i>	<i>Italy</i>	<i>Sudan</i>
<i>Canada</i>	<i>Jamaica</i>	<i>Philippines</i>
<i>Central Africa Republic</i>	<i>Republic of Korea</i>	<i>Trinidad</i>
<i>Czechoslovakia</i>	<i>Lebanon</i>	<i>and Tobago</i>
<i>Ecuador</i>	<i>Lesotho</i>	<i>Tuvalu</i>
<i>Fiji</i>	<i>Liberia</i>	<i>United States of</i>
<i>France</i>	<i>New Zealand</i>	<i>America</i>
<i>Iraq</i>	<i>Sierra Leone</i>	<i>Zambia</i>

The manual was field tested in Costa Rica, Kenya, Uruguay and Zambia in February and March 1990.

Special thanks are expressed to the National Scout Organizations and Red Cross Societies of each of these countries. The Inter-American and Africa Regional Offices of the World Scout Bureau, and the League of Red Cross and Red Crescent Societies Regional Office in Costa Rica are commended for their support and facilitation of the field testing exercise.

The support and suggestions of the staff and youth members of these organizations were invaluable to the project.

Expert advice was received from:

<i>Shirley Ambrose</i>	<i>Lennart Fender</i>	<i>Henna Korte</i>
<i>Christina Baker</i>	<i>Jane Ferguson</i>	<i>Irene Mparutsa</i>
<i>Claudia Brann</i>	<i>Gill Gordon</i>	<i>Myrna Peralta</i>
<i>Bruce Dick</i>	<i>Janet Hayman</i>	<i>Eric van Praag</i>
<i>Hilary Dixon</i>	<i>Juan José Hurtado</i>	<i>Astrid Richardson</i>

1

Information about AIDS

This section is designed
to help you:

1.

Review basic facts about
HIV and AIDS.

2.

Understand the global impact
of HIV and AIDS.

Information about **AIDS**

What is AIDS?

AIDS is the name for a combination of illnesses caused by a virus that can break down the body's immune system and lead to fatal infections and some forms of cancer.

A-I-D-S stands for:

A cquired	something you get rather than are born with
I mmune	the system which defends the body from diseases
D eficiency	becomes weakened by a virus
S yndrome	the body shows a variety of symptoms

What causes AIDS?

HIV is the virus that can eventually cause AIDS. People infected with HIV may look and feel well for a number of years before any symptoms of AIDS develop. Today there is no vaccine to protect people from the virus and no cure once it has been contracted.

H-I-V stands for:

H uman
I mmunodeficiency
V irus

AIDS is a new infectious disease which is causing a worldwide problem. When HIV enters the body, it damages the immune system that normally protects us from infections. It infects and eventually kills the part of our immune system that protects us from infections that we can carry in our bodies which do not usually affect us and weakens our resistance to other diseases. HIV can stay in the body for some time without making us ill. Eventually, because the immune system is weakened, diseases take hold and the body cannot fight them off.

The length of time between becoming infected with HIV and getting sick varies. The average time is more than five years. During this time people look and feel well and may be unaware that they are infected. The virus is passed on through semen, blood and vaginal secretions; so, someone who does not know they are infected may pass on the virus to others. Once a person has become infected, he or she remains infected for life.

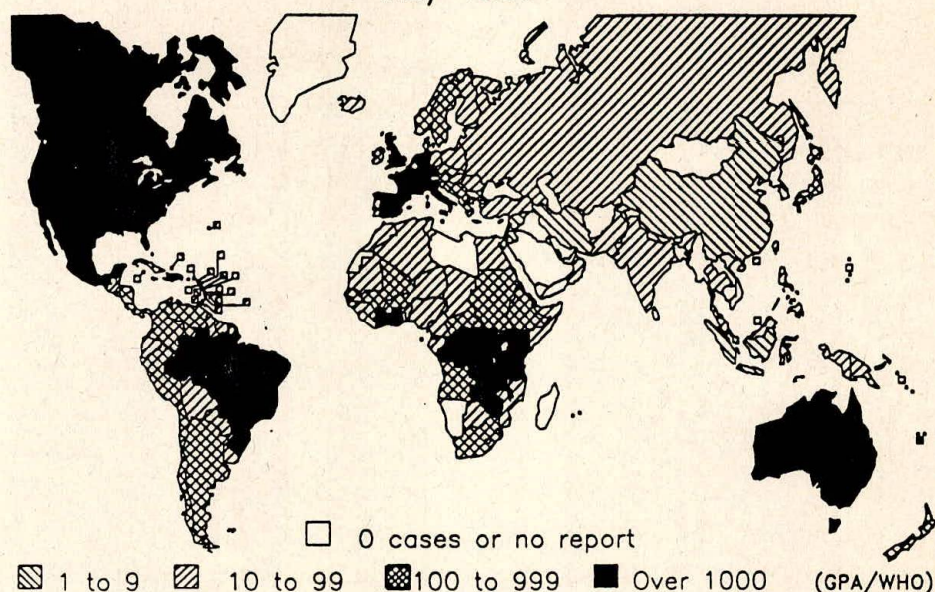
People who have become infected with HIV have been described as "seropositive", "HIV positive" or that they have "sero-converted". They may remain well or they may suffer from swollen lymph glands, weight loss, sweating, diarrhoea and many other minor infections that may continue for longer than three months. It is not possible to say they have AIDS at this point. These symptoms are common in many other diseases.

Eventually the virus destroys the immune system to such an extent that the infected person may become ill. The person may suffer from all or some of the symptoms described earlier. In North America many people with AIDS become ill with a particular form of pneumonia called "Pneumocystis Carinii" (PCP). In Africa tuberculosis is frequently seen. All over the world "Kaposi's Sarcoma" (KS) is a typical symptom of AIDS. The virus may also attack the nervous system. The person with AIDS may recover from some of these illnesses. Some can be treated with antibiotics and radiotherapy. However, AIDS usually proves fatal within a few years after the first illnesses appear.

People who have AIDS now contracted the infection a number of years ago. We do not know exactly how many people may be infected now or how many people become infected every day. As of mid-1990, the World Health Organization (WHO) has received reports of over 250,000 cases of AIDS. One or more cases of AIDS have been reported to WHO from 156 countries.

REPORTED AIDS CASES

1 May 1990



However, because of under-recognition, under-reporting, and delays in reporting, the World Health Organization (WHO) estimates that close to 700,000 AIDS cases may have occurred. The World Health Organization further estimates that between six to eight million HIV infections have occurred worldwide. WHO reports that virtually all short-term projections predict that AIDS cases will at least double or triple in most areas of the world within the next 5 years.

At present, there is no cure for AIDS and no vaccine to combat the virus. AIDS is, however, a preventable disease. Public education which teaches people how to avoid infection will help to prevent its spread. Development of services for those who have AIDS and HIV infection, the screening of blood, and a system of monitoring the spread of the disease will help in dealing with the situation we have now and in planning for the future.

Since 1987, the League of Red Cross and Red Crescent Societies has been working with its National Societies to inform and educate about HIV and AIDS. Training materials have been developed to provide basic information and ideas for action. Safe blood has been a major issue and workshops have been held to build skills in donor recruitment. National Societies have offered support, counselling and care to people with AIDS, their friends and families. In doing so they have made every effort to fight discrimination and promote understanding and compassion.

The World Organization of the Scout Movement has been running health promotion workshops for some time. The workshops are designed to help Scout leaders develop skills in organizing and implementing community health campaigns. AIDS health promotion can build on the work that Scouts have already accomplished in health education for the Scouts themselves and their communities.

The League of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement came together to develop this manual. The manual is intended to be used by youth leaders in National Societies and Scout Associations to continue their AIDS health promotion programmes.

The World Health Organization has been working since 1986 to provide a practical framework for national efforts and for international programmes. WHO's Global Programme on AIDS is working with 178 countries. National AIDS programmes have been established in most countries and work closely with community-based organizations. It is recognized by the Global Programme on AIDS that this type of collaboration is vital to the success of any AIDS activities.

Global distribution of HIV infections, reported and estimated AIDS cases

Continent	HIV	1 May 1990 AIDS (rep.)	AIDS (est.)
Africa	3,500,000	63,842	375,000
Americas	2,500,000	153,720	250,000
Asia	150,000	644	1,200
Europe	500,000	33,896	45,000
Oceania	30,000	1,976	2,500
Total	over 6,500,000	254,078	over 650,000

*Excerpt from
World Health Organization
Global AIDS Factfile, May 1990*

How does AIDS affect people's lives?

How people deal with the news of a life-threatening illness will depend on the culture and environment they were brought up in and their life experiences. How they manage their illness will depend not only on their own attitudes, but also on the reactions of their friends, family, community, co-workers and employers. If people with HIV feel safe and protected and have support from those around them, it may be easier for them to come to terms with their illness and to help others with the disease. On the other hand, if people with HIV infection are isolated and live in fear, they may have little reason to take care of themselves and may possibly get ill sooner.

The following case studies describe the effect AIDS has had on the lives of a few people from different parts of the world:

- *Abdu is a married man with two children. He was terrified when he found out he was HIV positive and wanted to kill himself. There was a good counsellor at the clinic who helped him by giving him more information about the disease and helping him to tell his wife. Because of the support of the counsellor and the care of his wife he is now counselling others in the same situation. He hates the way people with AIDS are often depicted as hopeless and helpless. He believes he has learnt a great deal from facing up to his illness and by helping others. Even though he is still frightened sometimes and worries about his health he feels he has developed a purpose in life he didn't have before.*
- *Pablo is twenty. He has just found out his father has AIDS, and he is frightened. He doesn't know how his mother will cope if his father dies and he is worried his sister might lose her job if people find out at work. He keeps wondering why this terrible thing should happen in his family when none of them have ever been bad. He decides to tell the one person he trusts, his fiancée. She is very angry and frightened and leaves him. He goes to visit his father in hospital, but the ward is locked and the doctors are unhelpful. Eventually he manages to get into the ward. His father is very ill and says how frightened he is of dying alone. He has fever and diarrhoea but there are few nurses willing to work on the ward, so he is not very often given care. When Pablo's father eventually dies, he tells his family and friends his father died abroad. Pablo is very sad. He has no grave to visit and feels lonely and isolated.*

- *Anne found out that she was HIV positive when she took her baby to the doctor because he was losing weight. The doctor was worried and took some blood from the baby to test it for HIV. The test turned out to be positive, and so the doctor tested Anne too. Anne's test was also positive. Some time afterwards Anne became ill with AIDS. Her family and friends responded to the news with disbelief and shock. Some people disappeared from her life. Sometimes she felt that she was already dead. She turned to other people with AIDS and found acceptance and compassion. She met a very frightened young man named Bill. Even though they came from very different backgrounds, they found friendship and support by meeting together and sharing each other's problems. Bill was very caring and helped to take care of the baby. They talked about who would die first and how each would have a separate task - one would leave, the other would stay behind. They marvelled at how wonderful friendship had been, even with bodies so sick. Bill died first.*

Anne was careful not to talk about her condition outside the group of others with AIDS because she knew that many people were frightened and misinformed about the disease. One day, a friend of hers visited and started complaining how fed up he was with all the fuss about AIDS. He said it didn't affect his life - he didn't know anybody with the disease. He thought all the news was exaggerated. Of course, Anne knew why her friend didn't think he knew anybody with AIDS; no one with AIDS would tell him for fear of his reaction.

These examples describe only a few of the many ways in which people are affected by AIDS; you and your group will want to learn how the people in your area are being affected and are coping.

How will this manual help me to join in the worldwide effort to stop AIDS?

This manual contains advice and information to help you plan an AIDS health promotion campaign with your youth group. It cannot answer all your questions. We hope it will give you some information about where to start, give you the confidence to admit when you don't know the answers to questions and give you some ideas about how and where to find out more. There are many questions still without answers. New information is coming out all the time, but the basic facts have remained the same. Preventing people from becoming infected and caring for those who are ill remain crucial tasks. So there is a great deal you can do without knowing everything. It is not necessary for you to be a doctor, nurse or other health care professional to begin your campaign. What is important is that you prepare yourself well and have the enthusiasm to see it through to the end.

AIDS Questions and Answers

Where does AIDS come from?

This question is often asked. The fact is that AIDS is the result of an infection by the virus HIV. Although various people have speculated on the geographic origin of the virus, it is unlikely that we will ever know where it came from. It is certain, however, that it is **not** man made. We know that viruses can sometimes change from being harmless to harmful. This could have happened to HIV before the virus spread rapidly. HIV may have been present for some time in isolated groups before the AIDS epidemic started. The movement of people from the countryside to the towns and international travel caused people's behaviour to change, particularly people's sexual behaviour. It is possible that this is how HIV has spread so rapidly from isolated groups into the general population.

How does HIV weaken the immune system?

Our immune system contains white cells in the blood which recognize foreign substances or germs which enter our bodies, kill them and remember them. The white cells are able to recognize the foreign substances or germs if they enter the body again.

When the **Human Immunodeficiency Virus** attacks our immune system, it starts to destroy our white cells. Eventually, as more and more of these white cells are destroyed, the body is unable to fight off the many germs that live in and around our bodies all the time. Finally, many people die of infections which are able to cause illness because the immune system is weakened.

How does a person become infected with HIV?

HIV has been shown to be passed in three ways:

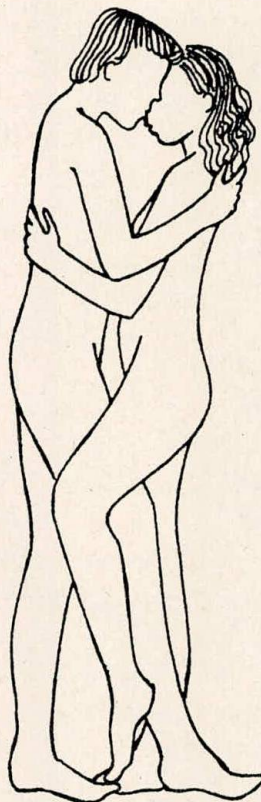
- HIV is passed from one person to another through **sexual contact** where there is penetration and semen or vaginal fluids are exchanged.
- It is passed from one person to another through **infected blood** or blood products.
- It can also be passed from an **HIV positive mother to her unborn or newborn child** during pregnancy or during or shortly after childbirth.

Sexual contact

During sexual contact, HIV can enter a person's blood stream through the vagina, penis or anus.

The exchange of the virus from an HIV positive to an uninfected person can happen from man to woman, from woman to man, or from man to man.

The risk of infection is greater if either partner has another sexually transmitted disease, such as syphilis or herpes where a sore or lesion is present. This is because semen or vaginal secretions of an HIV infected person can come in contact with open sores or ulcers on or near the genitals of the partner and it is easier for the virus to pass into the other person's body. Although there is no cure for HIV infection, most other sexually transmitted diseases **can** be treated or controlled. See Appendix 5: *Other Sexually Transmitted Diseases* for further information.



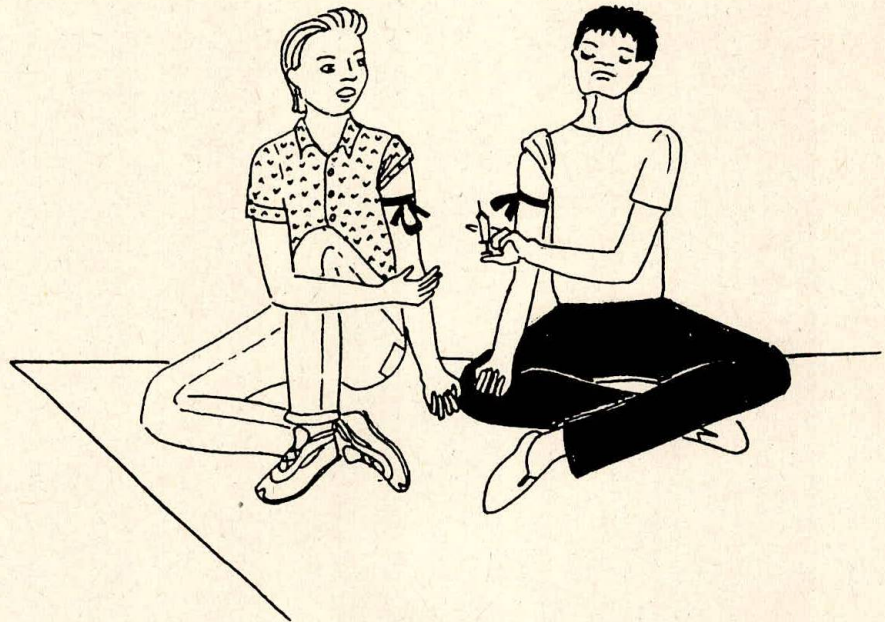
Sexual contact can pass HIV

Contact with blood

HIV can be passed on by sharing needles which contain infected blood. Because injecting drug users draw blood up into the needle and syringe when they inject, sharing needles becomes a very risky activity and has caused many cases of HIV infection.

Any used needle that has not been properly sterilized can carry the virus from an infected person to the next user of the needle. It does not matter what the syringe contains. The risk is from the blood in the needle and syringe.

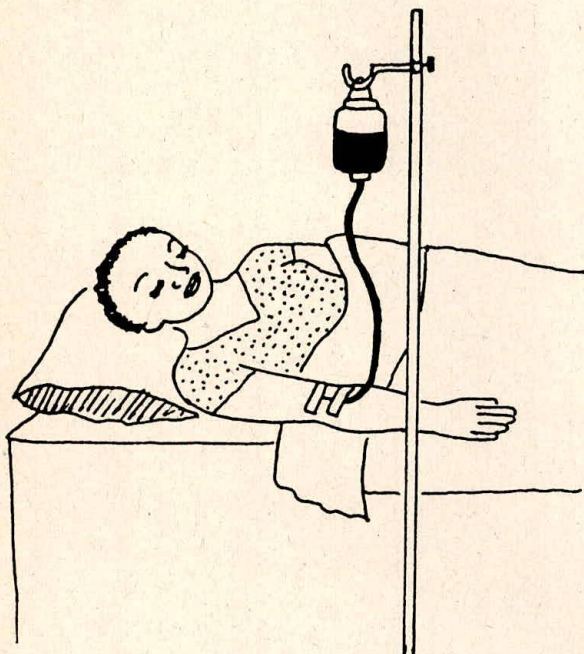
Of course, needles and syringes used by health workers also need to be sterilized.



Sharing needles can pass HIV

HIV can be passed on from one person to another through infected blood left on instruments used in activities which draw blood such as circumcision, tattooing, and ear piercing. Tools used for any procedure that cuts the skin should be sterilized before each use.

In areas where donated blood is not screened for HIV, receiving a transfusion is also a potential risk for contracting the virus. However, you cannot get HIV infection from **giving** blood because the blood-taking equipment is sterile.



Increasingly, blood is being tested for HIV worldwide. If you are not sure whether the blood is tested in your area, ask at your health centre, dispensary, or clinic. People who are at high risk of HIV infection should **not** donate blood, since they may pass on their infection to the person receiving the blood.

A transfusion with unscreened blood can pass HIV

Pregnancy: An HIV positive mother to her unborn or newborn child

An HIV positive mother can pass on the virus to her unborn child either before birth or during the birth process. An HIV positive woman who is considering pregnancy needs a chance to talk about the risks of that pregnancy with a trained person. See page 30 for information about breastfeeding.



An HIV positive mother can pass HIV to her unborn or newborn baby

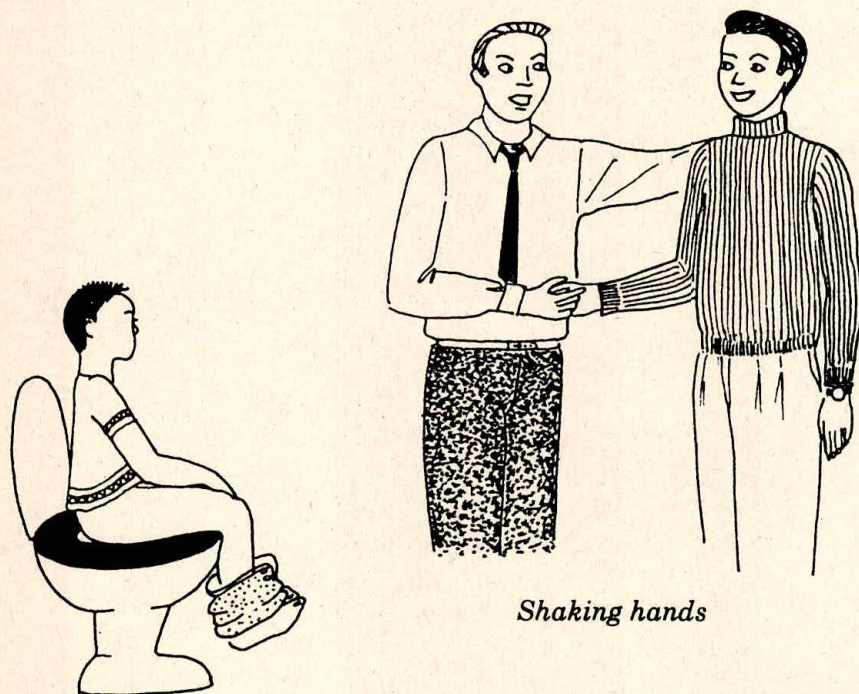
HIV is *not* spread by:



Insects



Caring for someone with AIDS



Shaking hands



Toilet seats



Sharing belongings



Touching and hugging

These are the kinds of human contact that do **not** pass on HIV from one person to another:

- Using someone else's clothes or belongings they have touched.
- Living with or sleeping in the same room as a person with AIDS.
- Playing with a child who has AIDS.
- Caring for children when the adult is HIV positive.
- Swimming in a swimming pool, river or waterhole with a person or people with AIDS.
- Travelling on crowded buses with a person or people with AIDS.
- A person with HIV/AIDS coughing or sneezing on you.
- Caring for someone who has developed AIDS when basic good hygiene is observed.

However, if the person with AIDS also has active tuberculosis (TB), he or she should be prescribed TB medicine so that the TB will not be infectious.

- Giving first aid when good safety practices are followed.
- Donating blood if you are not HIV positive.

Can kissing pass on HIV?

There is no risk from dry kissing. Deep kissing would only carry a risk if there was an exchange of blood from an HIV positive person to his or her partner. Bleeding might occur because of damage caused to the skin or mucous membranes around the mouth. Saliva does not contain HIV in sufficient quantities to be infectious.

Do mosquitoes spread HIV?

HIV infection is **not** spread by mosquitoes or any other biting insects.

Mosquitoes do spread some diseases, such as malaria, but there is **no evidence** that they spread HIV. If you have doubts about this, consider that almost no cases of AIDS occur in children aged 5 - 15, although this age group receives many mosquito bites. AIDS cases in children are caused by blood transfusions or in very young children by infection from an HIV infected mother during pregnancy or childbirth.

Who *can* get HIV/AIDS?



Anyone, male or female, young or old, from any country, or any religion can acquire HIV.

HIV and AIDS are not limited to certain groups of people, sexual preferences, or jobs.

What happens after a person is infected with HIV?

1. When a person first becomes infected with HIV he or she may have a short illness. Some people suffer from mild symptoms, such as a general feeling of weakness, loss of appetite, swollen glands. Equally, they may have no symptoms at all and have no indication that they have become infected.
2. Most people then show no signs of illness for some time. However, the virus remains in the body and the person can infect others without knowing it. You cannot tell by looking at someone whether or not they have been infected with HIV.
3. After about three months, it is possible to detect the body's reaction to the infection by taking a blood test. The test is called the **HIV Antibody Blood Test**.

Once a person is infected with HIV, he or she has the virus for life and can pass it on to others.

4. As the disease progresses there may be loss of weight, fevers and night sweats. Some people complain of persistent tiredness. **These symptoms are very common in many other diseases.**

If people are feeling unwell, they should contact their local health worker in the usual way.

5. People infected with the virus may go on to develop AIDS. The average length of time from infection to AIDS is more than 5 years, but the time varies from one person to another. Today there is no cure for AIDS.
6. A diagnosis of AIDS is made when three features are present:
 - The person will be very ill with one of the diseases a healthy body would usually be able to fight off. These include certain kinds of pneumonia, tuberculosis and some cancers.
 - The person will be suffering from symptoms, such as chronic very watery diarrhoea, fever and problems with the skin, glands and throat. These symptoms will have been present for more than three months and are often associated with severe weight loss.
 - The person will also have a positive test for HIV. In some countries where testing is expensive or unavailable the diagnosis is made on the first two features.

Virtually all persons diagnosed with AIDS die within a few years. With new developments in treatment, however, the average survival time is increasing — at present, in some countries from an average of 1-2 years to an average of 3-4 years.

How can I protect myself from becoming infected with HIV?

Sexual contact

You could choose not to have sex.

You could choose to have sex with only one partner who has agreed to have sex only with you. You will both need to know all the facts about AIDS and to have discussed any previous relationships where you might have put yourselves at risk.



There is no risk of infection if neither partner is infected no matter what you do sexually with each other. In polygamous (see glossary) societies, you and your partners can avoid risk if no partners are infected and you and your partners have sex only within the polygamous group.

Avoiding penetration and contact with semen or vaginal fluids also lowers your risk. If either you or your partner might be HIV positive, there are many sexual activities for you to consider which do not involve penetration. To learn more about safer sex talk to a health worker at your local health clinic or clinic which provides services specifically related to sexually transmitted diseases or family planning.

If you choose to have sex with several partners, you increase the risk of becoming infected with each partner you have. However, it is not just a question of how many partners you have. Any one act of unprotected intercourse (sex without a condom) with a person who is infected with HIV could result in you becoming infected.

It may be that your partner is also taking risks with other people. If you are not sure about you or your partner's HIV condition, then you can reduce the risk to yourself and your partner by using a condom, a close fitting cover, which fits over the penis during sexual intercourse. You must use it from the beginning to the end of the penetration.

A condom prevents contact with high risk body fluids — blood, semen, and vaginal secretions. For this reason it is also useful as a protection against many sexually transmitted diseases and pregnancy. Condoms make sex safer, but they do not make sex 100% safe. However, if it is used correctly, it is good protection. See Appendix III: *Condoms and Safer Sex* for more information.

For good protection, a new, good quality condom must be used every time. Never re-use a condom. Condoms may be used with spermicide cream or a water based lubricant. Never use oil based lubricants with condoms as it makes them ineffective. After you have finished having sex, remove the condom carefully and dispose of it in a tissue without spilling the semen.

Talking openly with your partner about all these things is important and possibly difficult, but it may help you to create a healthier sexual relationship.



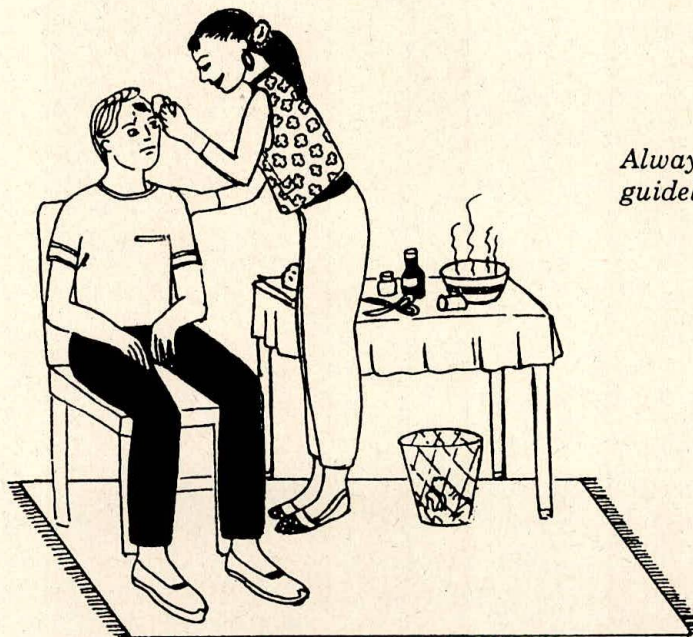
Blood

If you live and work in a country where blood is not always tested for HIV or in a situation where you are not sure about the sterilization of needles and other instruments that draw blood, then you can do the following things:

- You can lower your risk of needing a blood transfusion by avoiding situations which could lead to major accidents. If you are travelling in a car, use a seat belt, if available, and keep to a reasonable speed. Drinking alcohol and driving greatly increases your chances of having an accident. So, don't drink and drive. Avoid driving in the dark if road conditions in your area make this dangerous.
- If you need medication and an injection is recommended, ask whether the medication can be taken in another form, such as pills. You can make sure that any needle that is used for any kind of injection is either a new needle or a needle that has been properly sterilized. Be sure that any knife, razor, or other instruments used in a process that draws blood has been thoroughly cleaned. Instruments may be cleaned by leaving them in a weak solution of one part ordinary household bleach to ten parts water (1:10) for 30 minutes or boiling them in water for 20 minutes.

Be aware that in some countries bleach is not very strong and you will need to use more bleach per parts water.

In dealing with people who are bleeding you should practice good hygiene. HIV has never been found to be passed on through giving or receiving first aid. See Appendix 4: *Guidelines for AIDS and First Aid*, for more information.



Always follow first aid guidelines

Mother to child

The risk of an HIV infected mother passing the virus on to her unborn child is about 20%-45%. The risk is probably greater if she is ill with AIDS than if she has no symptoms yet.

The risk of passing HIV through breast milk is very small. Breast milk has many substances in it that protect an infant's health, and the benefits of breast-feeding for both mother and child are well recognized throughout the world today. Bottle feeding may be an alternative, but in some countries it is not safe to bottle feed because of difficulties in sterilizing the feeding bottles or lack of clean water supplies. On balance, the slight risk of an infant becoming infected is thought to be outweighed by the benefits of breast-feeding.

How can I find out if I have become infected with HIV?

When germs enter the body a reaction takes place and chemical substances called antibodies are produced in the blood. Usually antibodies act to stop the infection.

When HIV enters the body, antibodies are formed. Even though these antibodies are not effective in killing the virus, they do indicate that the virus is present. We cannot tell if antibodies have been formed for two to six months after the moment of infection. The way that we find the antibodies is by taking a sample of blood. When a person is found to have antibodies in their blood we call the blood HIV positive.

The test is not a test for AIDS. We do not know how long it will take an individual with HIV to progress to AIDS. What we do know is that those people who are found to have antibodies in their blood are infectious to others through their blood and through semen in men and vaginal fluid in women.

What should I think about before taking the HIV test?

Before deciding to have an HIV antibody blood test, it is important to consider what effect the result of the test will have on your behaviour and your life. For example, if your test is positive, how will you manage, knowing you have an infection for which there is no known cure? Will it help you reduce the possibility of passing on the infection to others? Who will you tell about the infection? Your family, friends, sexual partner, employer? How will they react? Confidentiality must be assured if you are to take an HIV test.

Whatever you decide, you should make sure you have discussed what the test means for you with the health staff who are providing the test. This has been called "pre-test counselling". They will help you to think about the advantages and disadvantages of taking the test in your culture and environment.

If your test is positive, think about to whom you will tell the result. You should only tell people you can trust to avoid unnecessary rejection and prejudice. Make sure that at the centre where you take the test confidentiality is guaranteed.

Finding out that you are HIV positive can be distressful and to some may come as a shock. Try to find someone you can trust and who you feel able to talk to easily. You may know of someone who is also HIV positive with whom you can discuss your fears. Whoever you choose, he or she should be sympathetic and willing to listen. Don't sit and go over all your worries and fears by yourself. Try to talk with someone about them as often as you feel you need to.

Remember that HIV cannot be passed on by casual contact. It is perfectly safe to cuddle and care for your children and partner, to share cooking and household utensils and lead a normal life. It is only in sexual relationships and contact with your blood that you need to change your behaviour. Practice "safer sex" by not letting your partner come into contact with your semen if you are a man or vaginal fluids if you are a woman. Do not donate blood.

If you decide not to take the test or your test has a negative result, you should still make sure you always practice safer sex. Everyone who intends to have sexual intercourse must think about their level of risk and act responsibly with partners. Safer sex needs to become the way to show you care.

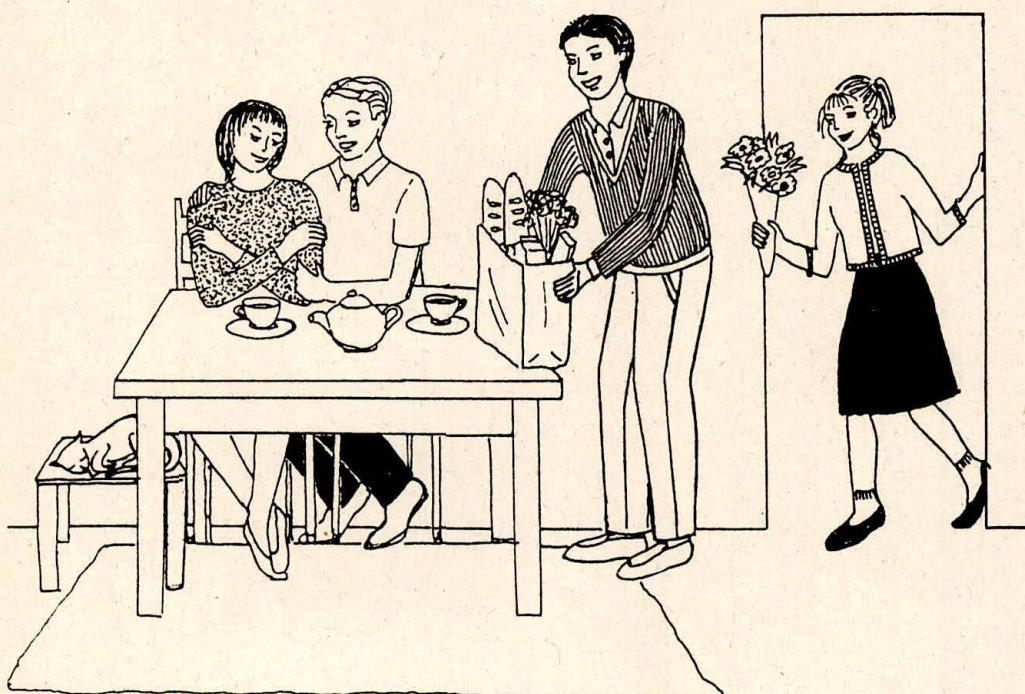
How can we help someone with HIV/AIDS?

First, try to picture yourself as HIV infected. How would you like to be treated? Having HIV or AIDS can make you feel very isolated and lonely. People who are not afraid and still care for you are a great help.

People with HIV/AIDS and their families should not have to fear discrimination from individuals or from their community. Having HIV/AIDS should not exclude you from the same provision of services and care as any other person well or ill.

You can help someone with HIV/AIDS by behaving the same way you would with anyone, infected or not. Talking to or hugging someone does not pass on the virus from one person to another.

There are also community projects that you and the youth group can carry out to help educate people about HIV/AIDS and to offer care and support for people with AIDS, their friends, and families. Section 5 and Section 6 in this manual describe community projects that youth around the world have provided.



2

Leader Preparation

This section is designed to help you:

1.
Identify your own worries and concerns about HIV/AIDS.
2.
Think about the leadership skills needed to work with young people and AIDS health promotion.

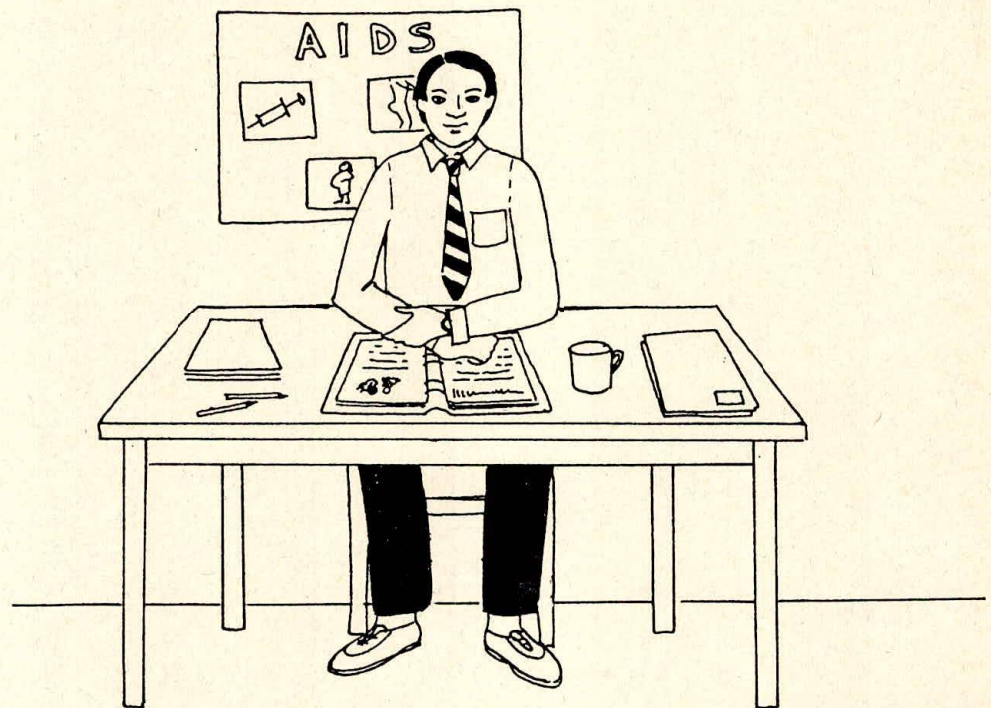
Leader Preparation

AIDS is a new area of work for many youth leaders. Before you start planning your AIDS health promotion campaign, take some time to prepare yourself first.

You can begin by thinking about how much you already know about AIDS. Is there anything you will find difficult to talk about with your youth group? In talking about AIDS we inevitably have to talk about illness, sex, and death and dying. You will find this less difficult if you have thought of some questions and answers to these questions beforehand.

The materials in this pack are provided to help you sort out the facts from the fiction. They give current knowledge about AIDS and will help you to pass on clear up-to-date information.

However, we deal with information on two levels. We can understand the facts about AIDS, but often because AIDS forces us to talk about sensitive subjects, our feelings may get in the way of the facts.



What are your worries about AIDS?

infection	sex	isolation	bereavement
dying	illness	risk	discrimination
prejudice	anger	pain	loss of employment
conflict	fear	despair	uncertainty
promiscuity	dependence	homosexuality	prostitution
drugs	guilt	shame	embarrassment

There are many words used in connection with HIV and AIDS which people find frightening.

It is understandable that we feel uncomfortable and would rather avoid talking about our fears.

Nevertheless, we need to be aware that our feelings, values and attitudes are shaped by our past experiences, where we grew up, our family, school, peers and religious organizations.

We bring these feelings, values and attitudes with us in our communication. They affect the information we give, the way we give it and the choices we make in life.

Using the activities in this pack will lead to discussion of sensitive issues. To help you think about how to deal with this, some personal preparation is needed.

What are your feelings, values and attitudes which could affect your work?

Thinking about your own feelings, values and attitudes related to HIV/AIDS and how they can affect your work with AIDS health promotion is not always easy. To help with the process, try asking yourself some questions.

- Look through the manual. Which subjects are you comfortable discussing and which are ones you would prefer to avoid?

If some topics seem difficult, why might that be? Do you need more knowledge about the subject? Or, would your feelings about the subject make talking about it difficult?

A topic you would rather not discuss might be the very one that your group needs help with.

- Are there some subjects related to HIV and how the virus is passed that you realize you have strong opinions about?

Everyone may not share your opinions about what type of behaviour is appropriate. Leading the AIDS activities will involve dealing with attitudes and values that may be different from your own. If your group gets the message that they can only say things you agree with, the programme will soon lose their attention.

- Have you already thought about what having HIV/AIDS means to the person infected and also to their family and friends? What are your feelings towards someone with the virus?

Maybe you know the facts about how HIV is passed and not passed, but you are still afraid of getting AIDS from casual contact.

This could affect how you present the facts or how you react if you find that a member of the group has HIV.

These questions are just a few examples you may want to consider as you prepare to work with your youth group.

What can you do to develop your skills?

- It may be helpful to meet with other youth workers, health professionals, or teachers to discuss ideas and thoughts you have about working with AIDS health promotion.
- Trying out an activity together, such as the Case Study in the values/attitudes activities section, can help you to explore your thoughts and feelings. Likewise, an information exercise can help clarify the facts.
- You can also work with your fellow leaders or other trusted peers to discuss and practice answering the sensitive questions that will arise in the youth group. The *Listening Game* and *Working with a Community* are good activities to try.
- You may find that allowing time to think on your own helps you to understand why you find a certain issue difficult.
- If possible try to attend workshops on HIV/AIDS which may be held in your district. Keep your eyes open for any training opportunities that might help you in your work, such as group leadership or communication skills training.



Youth leaders prepare for working with their groups

3

Programme Planning

This section is designed
to help you:

1.

Work effectively with the
agencies in your community
that are providing programmes
and services related to HIV
and AIDS.

2.

Choose the best methods of
working with your group.

3.

Consider involving parents
in the programme.

Programme Planning

First of all, what do we mean by the word programme? Programme in this text is used to mean all the AIDS activities and projects you carry out with your own youth group and/or with the community, i.e. your total **AIDS health promotion programme**. Programme planning is the process of deciding and developing what you want to do and how you want to do it.

Section 4: *Activities for the Youth Group* and Section 5: *Action in the Community*, provide ideas for planning these two major areas. Before the youth group works within the community, it is important they learn about AIDS themselves and have time to develop their ideas for community projects.

This section will describe some questions to ask and things to consider before you begin planning your overall programme.

What AIDS activities are already going on in your area?

Make sure you are aware of all the AIDS activities going on in your area. There may be AIDS clubs formed by other groups. Some schools have AIDS prevention clubs, non-governmental organizations are providing education on AIDS and your National AIDS Programme may be working with young people in your area. It may be possible for you to work together with these other groups and, if you can, you should; you and they have much to gain from each other. Many areas have periodic AIDS training courses run by the government or by non-governmental organizations. Try to get a place in one of these courses to increase your own knowledge and confidence.

From whom can you get support and advice?

Think about who you have in your National Society, your National Scout Association, National AIDS Programme or local community to give you advice and to help you if you need answers to questions that arise in the course of your work. This may be a doctor, nurse, primary health care worker, teacher or religious leader who has been trained in AIDS information, education or counselling.

Discuss with them how your activities could be developed to involve the community. Enlist their help in seeing your programme through to the end. Be sure that all the activities you undertake have been approved by your National Society and/or National Scout Association and the National AIDS Programme.

If you know of people with HIV or AIDS, take time to listen to their views. When possible involve them in your programme. Understanding their needs increases your awareness of how AIDS affects people's lives and makes AIDS more real.

How can you get clear, correct information?

- Think about where you can find reliable information about AIDS — a doctor, nurse, a local health worker, government campaigns, the newspaper, posters, etc.
- Start collecting information about AIDS.
- Compare all the information you collect and write a list of the questions that arise, particularly where two items say different things.
- Take the list of questions to people you feel already have some information about HIV/AIDS and compare information with them.
- There is information in this pack to help you answer some of your questions.
- When you hear new information, be sure to check if it is the truth before you pass it on to your youth groups. Since the media is always eager to publish news about AIDS, some AIDS information may be premature or incorrect.

What do you want to happen?

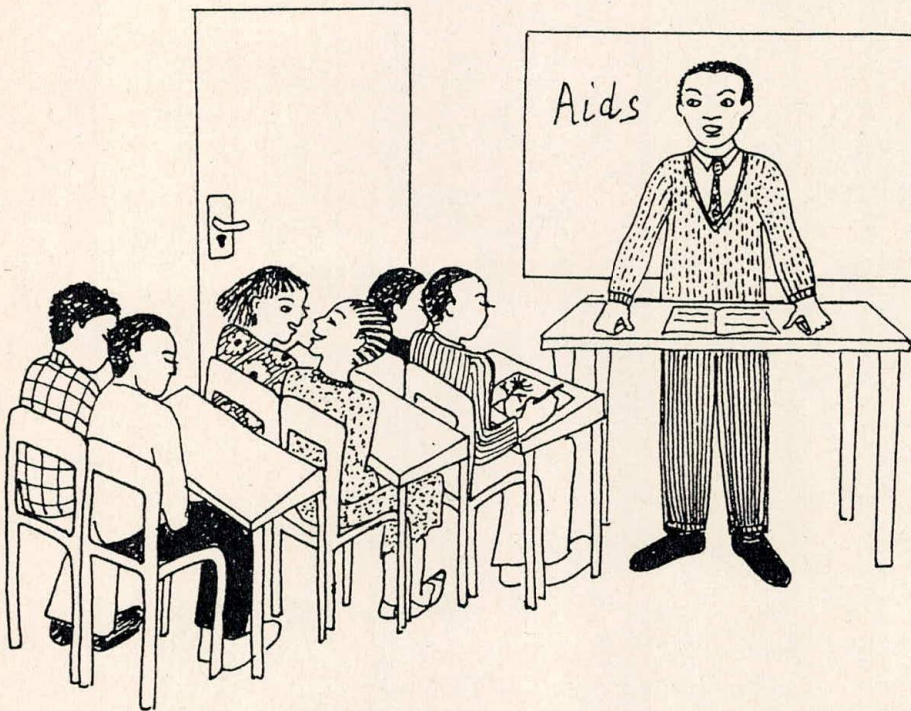
Knowledge alone will not prevent the spread of HIV infection in your area. There has to be a change in the attitudes and values people hold in order for them to understand how they need to change their behaviour. Think about what you would like to see happen in your community, both in terms of the activities of your group and changes in behaviour. You will need to find out what people really think and feel about AIDS and how much information they already have. In order to do this, carry out "focus group discussions". This will help you to plan your AIDS activities based on a better understanding of what people really want. Full details of how to run focus group discussions are given in Appendix I.

What are the best ways to share information with a group?

- Why are you presenting the information? Think about what you want to achieve with your particular group. How will they be using this information? Don't go into more detail than is necessary.
- What do you want the group to do with the information? Young people need to understand how the information will affect themselves and the future of their community.
- What is the best way to present the information? A lecture, a play, slides or a film, a question and answer session? There are many ways to present information, some of which are described in this manual. However, most of the activities in the manual use group work and "learning by doing", rather than a more passive "lecture-style" approach. Experience throughout the world shows that young people and adults learn best when they are actively involved in the learning — when they can process information through questions and discussion, solve problems and practice skills.

Why choose group work?

Often our own experience of learning comes from how we were taught at school. We may have been given information, as though we were empty vessels that needed filling, and then given an exam on it to see if we could remember it. If we failed, it was thought we had not been listening to the teacher well enough. In other words, it was our "fault", and we felt we were not good enough students. So, motivation to learn was low and confusion about many of the facts remained because we had no opportunity to ask questions.



A lecture can be boring...

Young people come to a group with a great deal of information and life experience. You will find that your group is more motivated to learn, learns faster and thinks of new ideas if you involve them in the learning process. Don't just give them information. Help them use that information to make choices that are right for them. A person will find it easier to make those choices if she or he has the opportunity to talk about his/her own feelings and ask questions.

Working together in a group enables young people to share ideas and learn from each other's experiences. They can begin to take responsibility for their own actions, support each other and produce materials in their local language that have a real impact on themselves and their peer group. They decide what they most need to know and they make plans together to go and find the information they need. Learning from each other, they will soon develop skills and confidence to try out what they have learned with their community.



Working together and involving the group members

What are the best ways to work with your group?

The first step is to develop a trusting relationship with the members of your group. This means ensuring that they feel they can talk openly and express themselves freely without being worried about criticism. They will need to know that information will not be discussed outside the sessions. The group needs to get to know each other and to feel that you as group leader are accepting of them. Some of the "warm-up" exercises in this manual will help you to begin to work together.

The group needs to feel committed to the task. Ensure that each member wants to be part of the group working on AIDS. They should not be made to feel uncomfortable if they choose not to join in.

Three rules for developing a trusting relationship with your group:

Confidentiality - ensuring that what is discussed in the group remains with the group.

Respect - ensuring that people feel they can express themselves freely without fear that their opinions will be ridiculed.

Mutual support - ensuring each member of the group can rely on their co-group members to listen and care for them.

Involving parents

Parents may want to know and understand the information their children will be given and the kind of activities in which they will be taking part.

The following information will help you to consider the benefits of including parents in decisions about the activities you are about to undertake. You may decide that involving parents is not appropriate within your setting or culture. However, even if you have not worked with parents before, you may want to think about it in relation to starting AIDS health promotion with the youth group.

Information about AIDS and HIV infection touches upon areas that some parents will have difficulty discussing with their children. The natural enthusiasm of young people involved in a new project will spill over into the home and they will want to tell their parents about what they are doing and ask their

parents' opinion. Cultural, religious and moral beliefs may make it difficult for children to ask and for parents to answer these questions. Parents may feel they don't want their children discussing subjects such as sex and sexuality and death and dying. Involving the parents right from the start can help them to understand your entire programme and their children's involvement in it.

If you decide to involve parents directly, you could plan a meeting using the following suggestions:

1. Invite all the parents of your youth members to a meeting. Tell them you want to discuss how best to go about protecting the young people against infection with HIV.
2. Provide basic information about AIDS and HIV and how it is affecting the world, your country and young people in your community. Explain how it is spread and not spread and how important it is to get young people to think about the kinds of behaviour that might put them at risk.
3. Make sure that you give the parents an opportunity to ask questions, express their fears and to think of ways to provide clear, up-to-date information to their young people. Divide them into small groups and give them topic areas to discuss, for example:
 - a) What are our worries and concerns?
 - b) How can we as parents best work together with the youth leaders to ensure the young people get clear, up-to-date information?
 - c) How can we as parents work together with the youth leaders to deal with the worries and fears that the young people may bring us about AIDS and HIV infection?
 - d) What can we as parents do to ensure the smooth running of the young people's AIDS health promotion programme?
 - e) How can we help the young people to provide care and support for people infected with HIV or those already ill with AIDS in our community (if this is relevant in your area)?

Having completed their discussions in small groups, have each group share their ideas with the larger group. Help the large group to begin a plan of action based on what they have discussed.

4. Throughout your programme parents should be kept informed about content and progress. It may be useful to have a regular meeting with parents to further discuss how they feel about the AIDS activities and their children's participation. Their involvement will ensure that they can provide understanding at home. It will also ensure that the young people will be able to carry out their AIDS activities with the support of a caring environment.
5. Some of the parents may have special skills related to AIDS health promotion and you may choose to ask them to be more directly involved.

Involving other relatives

Not all young people will have parents with whom to discuss the information they have learnt about HIV/AIDS. If you decide to involve parents in your programme, remember to include those in a parenting role, such as other relatives or foster parents.

Young people may also decide not to discuss the subject with their parents or surrogate parents, but may choose to talk to other trusted adults. Religious leaders, social workers, teachers, local healers, primary health care workers or local birth attendants may all, from time to time, offer advice or a listening ear to young people. They are often involved in community decisions and share in the support and care of young people. When planning your AIDS health promotion programme, their thoughts and involvement should be considered and can be invaluable. This is one way to "involve the community".

Involving other caring agencies

In some communities specific organizations have direct responsibility for the welfare of young people. Schools and colleges take care of the personal and social, as well as academic aspects of their students' educations. Group homes for children without parents are provided in some societies and their leaders may want to become involved in your work. They provide an excellent resource for understanding the values and attitudes of children with special needs and you may choose to begin your programme within one of these organizations.

4

Activities for Youth Groups

This section is designed
to help you:

1.

Increase your knowledge of
active learning methods as
tools in AIDS health
promotion.

2.

Select and adapt AIDS health
promotion activities for your
youth group which increase
knowledge, explore values and
attitudes and build skills.

Activities for Youth Groups

Involve the youth group from the start

It is important that the youth group members feel involved in their own programme and are part of the planning and decision-making.

Try not to make assumptions about what group members think and feel. They may or may not be sexually active. It could be some time before they feel they can talk openly.

To plan AIDS health promotion activities you need to find out what they already know about HIV and AIDS and what their needs and interests are in relation to AIDS activities for themselves and the community.

How do I find out?

Carrying out "*Focus Group Discussions*" with the group can be a good way to start.



Focus groups provide a structured way of carrying out group discussions. See Appendix I which gives guidelines for this procedure.

If your youth group is too large to conduct a single focus group with all of them, try running a focus group with a smaller number. The young people in this focus group can then run similar groups for the rest of the youth members. Each group feeds back their answers to the entire group. Write down on a large piece of paper all the areas where the group has any difficulty and all the questions raised in the discussions.

Look at your large piece of paper and divide what you have written into two sections:

- What information do we already have as a group?
- What else do we most need to learn?

Now you will wonder

How are we going to find out more information and increase our understanding about AIDS and HIV?

It may be helpful to think of AIDS health promotion for your youth groups as having three important areas:

- Providing young people with information.
- Encouraging them to explore their values and attitudes.
- Helping them to learn new skills, so that they can make responsible decisions to protect themselves from becoming infected with HIV.

The activities described in this section have been designed for young people of about 15 years old or older. However, they have been used successfully with younger teens. Think about how suitable these materials are for your culture, the age of your youth members and their abilities and adapt the activities as needed.

The activities use "learning by doing" methods. Young people learn more quickly and stay more involved when they can actively process information, solve problems or practice skills.

Using creative energies and different senses encourages participation. Young people do not all receive or express information, thought, or ideas in the same way. Trying different ways of doing things can be fun and keep the group going.

Before you choose an activity, think...

- What does the group need?
- What are my goals for using this activity?

For example: If your group members are confused about how people become infected with HIV, your goal would be to make sure that the group clearly understands how HIV is spread.

Then after you have chosen an activity and tried it, take time to evaluate.

- How well did the activity go?
- Did it accomplish the goal or goals you set?

For example: Using the same example as above — ask: Does your group now understand how HIV is spread?

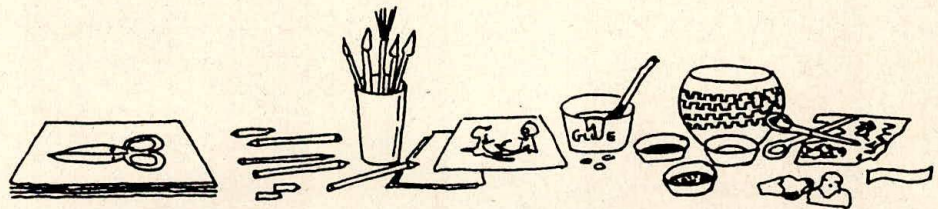
Some examples of ways to evaluate how the activity went and if you met your goal or goals are included in the activity descriptions.

Evaluating each activity as you go along can help you to know what is working best with your group and to decide what you need to do next.

The activities that you choose should build on each other to make up your youth AIDS health promotion programme.

The first section will describe warm-up activities that can be used to help the group get to know each other, or to build and maintain trusting relationships. This will be followed by sections which present activities related to information, values and attitudes, or skills. The last section describes some specific techniques used in many of these activities which you can also use to develop your own ideas.

Adapting the materials to fit your culture and the age and experience of your group is essential. If the youth members don't see the activity as relevant to their lives, they cannot learn what you are trying to teach.



Warm-up Activities

In order for the AIDS activities to be enjoyable and for them to help your group understand more about HIV/AIDS, you need to spend some time getting to know each other better. You may have been working with your group on other issues for some time. However, being free to discuss difficult and sensitive subjects together means you have to feel happy and trusting in each other's company.

These warm-up activities help you to get to know your group better. They can be used over a whole day or used to introduce one of the other activities. In the same way as you need to warm-up your muscles before you start an exercise programme you need to warm-up your group in order to start an AIDS related activity.

The name game

Purpose

Setting the scene and beginning to start a group working together.

Number of people

Your whole group.

Time taken

Between 15 minutes to half an hour depending on the size of a group.

Method

1. Have the group sit in a circle. Start with yourself as group leader and write your name on a large piece of paper. You could also say what your name means or any story associated with it, e.g. "My name is John and I was named after my father".
2. The next person writes his/her name on the piece of paper. He/she also adds a story associated with his/her name.
3. Each person in turn writes his/her name and tells his/her name's story. The paper is then attached to the wall for the duration of the session.

Variation: You can also ask group members to tell their names and related stories without writing them. Each person has to try to remember all the names that went before him or her. This provides a way to do the activity without having to write anything and may be helpful if some of your group members do not write well.

My story

Another way of getting the group used to each other and to know you is to find out a little bit about each member of the group. This activity is particularly useful if group members know each other but not you.

Ask the group to sit in a circle. Then get them to say their name and something about themselves. This may be a personal characteristic; for example *"My name is John and I have big ears"*, or something about their lives such as *"My name is John and when I was very small I used to keep bread under my pillow to stop me getting hungry at night!"*.

It is a good idea to start with yourself to give the group the idea of how the game works. It is also a good opportunity to stress the need for confidentiality amongst the group members.



My favorite things to do

Type of activity: Making collages*, group discussions.

* A collage is a design created by gluing various materials to a piece of paper.

Purpose

The purpose of this activity is to help the group members get to know each other. It also supports the self-esteem of each participant by placing value on what they think and feel. It may show how group members are alike or different. The activity has the potential to encourage respect for others and their choices.

Leader note:

When leading the group discussion, it is very important to support and encourage the participants as they describe their collages. You can act as a "role model" in accepting and not judging the likes and dislikes of each participant.

Materials needed

Paper, pencils, markers, old newspapers and magazines, twigs, flowers, leaves, any left-over handcraft materials - bits of string, bottle tops, etc. - glue, tape and scissors. Be creative. Many different types of materials can be used - it's whatever you have.

What to do

1. Place all your materials in the middle of a table or on the floor and ask participants to sit around in a circle. Give each person a piece of paper.
2. Ask the group to create designs on their pieces of paper which tell their favorite things to do. Explain that they can use any of the materials they wish to make the designs.
3. Give the group time to think, cut out and paste materials to make their collages.
4. After everyone has finished, give each person a chance to show the group his or her collage and to explain what it means.

Leader note:

Encourage the group members to ask each other questions and try to keep the mood relaxed and easy going. This activity can be used as a "warm-up" exercise before you try a more intense activity or just by itself to help everyone get to know each other.

Evaluation

This activity involves using materials as well as talking. How did the group like this method? Did using materials help them share more about themselves? Did the activity help create positive attitudes toward each other? Were there any problems? Thinking about this can help decide what the group needs. Ask the group — how did they like this activity?

What do I know?

What do I need?

Purpose

A useful exercise to help you and your group assess the information you already know and to discuss what else you need to find out.

Leader note:

You can use this exercise to help you work out the specific needs of your group. It can also be used for planning work in the community after your group has worked together with some of the activities.

Method

Each member of the group thinks about what skills and knowledge they have about HIV/AIDS. They could write this down or remember it.

They also think of the areas in which they have little knowledge or in which they would like to develop new skills.

The group then moves into pairs and discusses with their partner the thoughts they have had. They should take turns telling each other rather than developing a conversation. When listening, it is important that the listener shows that he/she is interested in what the other person is saying and helps the speaker to think realistically about the information he/she knows and the sort of things he/she might be able to do as part of the group's AIDS health promotion programme.

The group leader then brings the group back together and discusses the areas that have been talked about. It is important that no one is ridiculed for his/her ideas and that each area is talked about seriously.



Human Knots

Human knots

Purpose

To develop trust.

To have fun.

To do something physically active.

Group size

Divide into small groups of about 7 to 9 people, but make sure that the number of people in the group is uneven. This activity requires a lot of physical contact. Think about whether it is appropriate in your culture to have a mixed group or whether you should have separate groups of boys and girls.

What you need

The activity can be fun to do inside or outside. Make sure you have a place with plenty of room.

How you do it

1. Ask everyone to stand in a circle facing towards the middle.
2. Now ask everyone to extend their arms forward and then grasp the hands of others within the circle. Ask that all are careful **not** to grasp the hand of someone just next to them and **not** to hold both hands of anyone else.
3. The goal is for the group to get the "knot" untied with everyone standing together in one circle holding hands.

Leader note:

Sometimes groups end by a spontaneous expression of happiness/satisfaction that the group was able to get the "knot" untied. This expression can be laughing, clapping hands or making noises.

Sometimes a group has a hard time getting the knot undone. This is not a failure. It can give a good chance to talk about how it feels to try something hard that does not always work.

The "trying" is the important thing. The group can learn something about how they are working together by talking about why getting the knot untied is hard.

Information Activities

There are many ways to help young people clarify the facts about HIV and AIDS and better understand the many related issues. This section presents some activities you can try. The activities are useful both to share new information and to observe what group members have already learnt.

Additionally, you may want to share information by using slides or videos about HIV/AIDS. A set of slides is available from the League of Red Cross and Red Crescent Societies in Switzerland. The resource list in the appendix section of the manual includes an order form for the slides. Preparing your own flip chart is another way to share information.

What do we know?

Purpose

This exercise allows participants to share information among themselves and then to clarify what they do not know.

Leader note:

The suggestions for the statement cards may or may not be suitable in your culture or with your group. It is important that the statements be relevant to the group's information needs and the youth members' lives. Select those statements that are appropriate for your group, or you may prefer to create your own.

Materials needed

Paper for the statement cards, colourful markers of some type.

Number of participants

If you are working with more than 12-15 people, it is best to divide the participants into smaller groups with a set of cards for each group.

What to do

Before you start the activity, you will need to prepare a set of statement cards. You will need at least one card for each person. Ideas for the statements should come from your findings in the focus group discussions. Then the activity will exactly meet the need for clarification and information expressed by your group.

Photographs or illustrations drawn by the participants can be used instead of written statements.

Suggestions for statement cards

Kissing on cheeks	Having many sexual partners
Having an injection from a local pharmacist or clinic	Having your ears pierced
Oral sex	Sleeping in the same room as someone who has AIDS
Having sex within marriage	Being tattooed
Having a blood transfusion	Anal sex
Using someone else's toothbrush	Hugging someone who has HIV
Swimming in a pond	Being bitten by bed bugs
Caring for someone with AIDS	Using a public latrine
Being bitten by a mosquito that has bitten someone with HIV	Having sex with a drug user
	Witchcraft
	Group circumcision
	Deep kissing

Plus - you will need to prepare four more cards: High risk, Low risk, No risk, Don't know.

Next, ask the group to imagine or draw a *Line of Risk* on the floor. Label one end of the line with the *High risk* card and the other end with the *No risk* card. Place the *Low risk* card somewhere in the middle. Decide with the group a place for the *Don't know* card.

Have the group sit in a circle and give out the statement cards to each person. Explain that in all cases which involve contact with others, the other person might have HIV.

Invite everyone to take a turn to read out what is on their card and then to place it where they think it belongs on the *Risk line* that you have drawn. Ask them to tell the group why they have put it there. Remind them that they can place the cards in the *Don't know* space.

Anyone can challenge them with more information and suggestions about where the card ought to go. The person placing the card can change his/her mind and move the card or leave it where it is. Then, the next person takes a turn, and so on until all the cards are laid out. This part of the exercise takes about twenty to thirty minutes.

Identify cards about which there is no disagreement. Put these to one side. Then discuss the cards about which there are questions or disagreements. Try to reach a consensus in the group. Provide the necessary factual information to help the group make decisions about each risk activity.

Leader note:

It may be helpful at the end of the exercise to list the activities under each risk heading. Discuss with the group if there are any issues or questions they would like to explore further. This may help you decide what other activities the group needs.

Suggested answers to AIDS game

High risk

Anal sex - Anal sex is a very efficient way to transmit HIV since the lining of the anus tears and can bleed, providing a way for semen to get quickly into the blood.

Having many sexual partners - Having sex with many partners increases the risk of becoming infected with HIV. However, it is not just a question of how many partners you have. Any one act of unprotected intercourse (sex without a condom) with a person who is infected with HIV could result in you becoming infected. (This is a good opportunity to go over the information on safer sex.)

Having sex with a drug user - If a person uses drugs by injection and does not use a clean needle every time but borrows other people's, then he/she is at high risk of getting infected

with HIV. Having sex with someone who behaves in this way is also very risky. Using drugs or alcohol in any form affects your judgement, so you are more likely to engage in unsafe sex and put yourself at risk of infection when under their influence.

Group circumcision - Many societies circumcise young people in groups. When instruments are not sterilized between each use, they could pass on HIV.

Low risk

Having your ears pierced - If sterile procedures and disposable needles are used there is no risk. However, if everyone in a group is having his/her ears pierced and is using the same needle, then, group members are subject to a small degree of risk. Being tattooed is a practice which also requires that sterile instruments be used every time.

Using someone else's toothbrush - A practice which should be avoided because of the general risk of minor infections being passed from mouth to mouth. No known cases of AIDS have been passed in this way but it is possible to catch hepatitis B which is also a very serious disease.

Deep kissing - Deep kissing could carry a risk only if there were an exchange of blood from an HIV positive person to his/her partner. Bleeding might occur because of damage caused to the skin or mucous membrane around the mouth. Saliva does not contain HIV in sufficient quantities to be infectious.

No risk

Having sex within marriage (with an uninfected partner) - This can carry no risk providing you and your partner have not had sex with anyone else before or after you were married. In some societies where polygamy is practiced, it is important that all partners within the marriage remain mutually faithful.

Using a public latrine - The virus is not passed on by urine or faeces. HIV has been found in these body fluids but not in sufficient concentration to spread HIV.

Swimming in a pond - HIV is very fragile outside the body. Water dilutes the virus so it wouldn't be concentrated enough to infect you even if it could find a way into the body.

Kissing on cheeks - Again there is no way for the virus to get into your body.

Caring for someone with AIDS - This is a low risk activity if you follow good hygiene practices. Make sure any cuts on your hands are covered, wrap up any dressings soaked with blood and either bury or burn them. Wash soiled linen with hot water and soap, and dry them in the sun. The person you are caring for deserves all the care and attention that anyone might expect to receive.

Being bitten by a mosquito that has bitten someone with HIV - If HIV were transmitted by mosquitoes or head lice, we'd expect to see some infection in children which could not be explained in any other way. Infection in children is only seen when they have been infected in their mother's womb or through blood products or sex. HIV is not adapted to spread through insects.

Sleeping in the same room as someone who has AIDS - No risk, unless the person is suffering from open TB, in which case there would be a risk of being infected with TB and not AIDS. People with AIDS can often feel isolated and lonely, so it may be important for them to feel someone is happy to share a room with them.

Hugging someone with HIV - No risk. It is important to show that you care. There is no route of infection for the virus in hugging.

Witchcraft - AIDS is caused by a virus, not by ill-wishing or other such activities.

Don't know

Having a blood transfusion - In some countries donated blood is not screened for HIV. In these cases, the blood you receive in a blood transfusion may contain HIV, so the activity could be high risk (it is useful at this point to stress that it is safe to **give** blood and that people should continue to do so if they know they are at low risk of having HIV). In areas where

blood is screened for HIV, having a blood transfusion carries a minimal risk and is therefore low risk (you should decide on where this card goes depending on your local situation).

Oral sex - This is a difficult area; we are not sure yet if oral sex carries any great risk, especially if the man doesn't ejaculate in his partner's mouth. But good studies are hard to find, as few people just practice oral sex. Oral sex should never be practiced if either partner has bleeding gums or mouth ulcers, because other infections like herpes can be passed on.

Having an injection from a local clinic or pharmacist - This carries no risk if the injection is carried out with a clean needle every time. It is very important to check this before you accept the injection. Small amounts of blood tend to remain in used needles, and if the blood contains HIV, you could be infected in this way.

The immune system play

Purpose

To teach how the immune system works in a healthy person and how HIV damages the immune system.

Cast

Mary

Mary's immune system - a group of people

HIV

An infected boil

A story teller.

Materials

You can have some fun making costumes for each member of the play or you can stick labels on to each person with the name of the character they represent.

Method

(The stage directions are in brackets.)

The story teller stands at the side of the room and reads out the story.

Story teller: This is the story of how a healthy immune system works and how HIV damages the system.

(Mary comes forward and stands in the middle of the room.)

Story teller: Mary is protected from infection by her immune system.

(Small group of people, holding hands in a circle, surround Mary.)

When she gets an infection her immune system fights the infection and Mary becomes well again.

(An infected boil comes forward, Mary looks in pain. The boil tries to break through the immune system circle, but they do not let him and he goes away.)

Story teller: Mary has had sex with her boyfriend. He did not use a condom and she felt too shy to ask him if he would. Now Mary has become infected with HIV because her boyfriend carries the virus and they have had unprotected sex.

(HIV comes forward and starts to fight with Mary's immune system. HIV manages to get inside the immune system circle. HIV hits one of the members of the group who falls down and dies.)

Because HIV has managed to get inside the immune system and kill a part of it, the immune system is weak and cannot fight HIV. Because the immune system is damaged, it becomes unable to fight off other infections.

(The rest of the immune system members fall on the floor.)

Story teller: Mary starts to get sick and develops AIDS. She falls down and dies.

The immune system normally protects us from disease. When HIV gets into the body, it damages the immune system. The immune system eventually becomes weak and cannot fight off infection. The body can no longer cope with infections. It is the infections which kill a person who is infected with HIV.

The end.

Leader note:

The play can be followed by discussion. Use the question and answer section of this manual to help you. If you do not know the answer, be prepared to go and find out the answer from a health worker and tell the group next time.

*The group may want to use this play in schools or community events to show others how the virus works. Before putting on the play for a community group, spend some time discussing how to answer questions from the audience. **"Working with a community activity"** could be used to help the group prepare.*

Quiz on AIDS and HIV

A quiz can be a good way of checking people's knowledge about AIDS and HIV. It should not be treated like an exam that people pass or fail, but as a basis for discussion. The participants can answer the questionnaire individually or in small groups. Questions that people have some difficulty with can be left to be discussed later.

The questionnaire can be based on the questions from the *focus group discussions* or from the *statement cards* in the previous activity. For example:

1. You can catch HIV
from using a public latrine: true
false.
2. You can catch HIV from having
sex without a condom: true
false.

Another method of writing a questionnaire is to use a multiple choice format, giving a selection of possible answers from which the participant has to choose the right one, for example:

1. If you are HIV antibody positive:
 - a) You have got AIDS.
 - b) You will be dead in five years.
 - c) You are infectious to other people.

(Answer c) is correct because people may be well and HIV antibody positive for many years before they go on to develop AIDS. We still don't know how long it takes to progress to AIDS or why the time varies with different people.)

2. HIV has been shown to be transmitted through:

a) Blood	g) Breast milk
b) Saliva	h) Skin
c) Semen	i) Vomit
d) Sweat	j) Faeces
e) Vaginal fluid	k) Urine
f) Hair	l) Tears.

(Answer - the key words here are "shown" and "transmitted". The only body fluids from which HIV has been shown to be transmitted are semen, blood and vaginal fluids. HIV is present in many other body fluids but not in a sufficient concentration to infect anyone.)

Other topic areas that can be covered in a questionnaire of this type are:

Symptoms

Transmission in pregnancy

Who would you tell if you were HIV positive?

Where did AIDS come from?

What is risk behaviour?

The blood donor activity

Purpose

1. To give young people an opportunity to think about blood donation.
2. To talk about the kind of worries and anxieties people may have in relation to blood donation.
3. To think about and plan activities in relation to blood donation.

What to do

1. Choose one or more of the following scenarios to discuss with your group.
2. Brainstorm, thinking about the misinformation the scenario contains. Write the ideas on a flip chart.
3. Organize the contents of the flip chart, identifying areas where information needs to be corrected.
4. Work out with your group a plan of action which might help to clear up these areas of misinformation.

For example:

- a) The group may choose to run an information session in the blood donation centre.
- b) They may decide to go as a group to donate blood to show the community that it is safe to do so.

Leader note:

The following scenarios are suggestions only. If you choose to include questions about blood donations in your focus group discussions, you may decide to use some of the local information gathered to develop your own scenarios.

The scenarios could be written as role plays with each member of your group having the opportunity to take a part. The role plays could then be followed by discussion about why the situation occurred and what young people can do to correct misinformation.

Scenario 1

A child is run down by a motor car and needs blood. A group of young people are asked to donate, but they are afraid that if they give blood they will get AIDS.

Scenario 2

A regular donor is very pleased when his test for HIV is negative, although he has had sexual intercourse with many girlfriends. He feels he must be immune to AIDS and decides to continue to give blood regularly and to continue to have sexual intercourse with his girlfriends.

Scenario 3

A young woman is about to give blood. She has had a number of sexual partners, but does not feel she is at risk because she is not a prostitute.

Scenario 4

A group of young men are about to give blood despite the fact they had sex with bar girls the week before. They think that if their blood is infected it will be detected by the laboratory.

Scenario 5

A young man is coming to give blood. He disregards the pre-donation questionnaire because he recently became very religious, so feels he could not possibly have AIDS. Besides, he has never felt healthier in his life.

AIDS "memory game"

Purpose

To provide a relaxed way for the group to increase their awareness of a specific aspect of AIDS information.

Type of activity

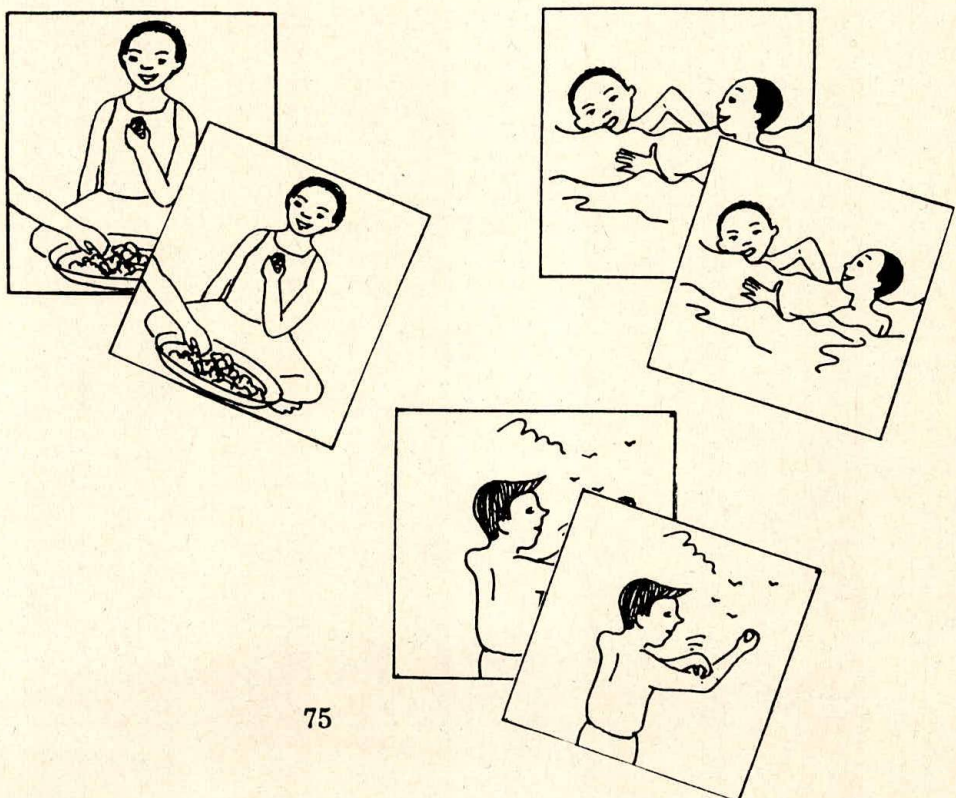
This activity uses pictures to encourage group participation. Group discussion and use of a flip chart are also part of this activity. *

Leader note:

This game/technique can be used in relation to many themes you wish to share related to the basic facts about AIDS. This sample will use the theme "How AIDS is not spread". You may choose to adapt this game/technique to other themes that are relevant to the needs of your group.

Preparation

Before you begin the activity you will need to prepare two sets of pictures on small cards related to the theme you have chosen. Try to find pictures from magazines or newspapers. Cut and paste the pictures onto small cards. You can draw pictures on the cards if you cannot find appropriate pictures from other sources. For example, for the theme "How AIDS is not spread", you might find pictures of people hugging, shaking hands, swimming, eating or being bitten by mosquitoes. You need to find or draw two pictures of each activity. See example drawn below.



Procedure

1. Place the cards you have prepared face down on a table. For a group of twelve people you will need at least 15 sets of pictures. Remember each set has two cards with the same picture, or as closely alike as possible. Place the cards in equal rows.
2. Explain to the participants that the purpose of the game will be to match as many cards as they can.
3. Taking turns, each participant will turn two cards face up. If the cards are the same or have the same message, the person will take the cards from their place and keep them. If they are different, the person will turn the cards back over in their original places.
4. As the participants take turns, they try to remember where they have seen matching cards.
5. When all the cards are picked up, participants can count to see who has the most matched pairs of cards.
6. Now you can ask each player to describe the pictures they have collected and how their pictures relate to the theme. For example, if the theme is "*How AIDS is not spread*", the group can discuss each picture and decide if the actions or situations in the picture could result in getting AIDS. The group could make a list on a flip chart, big piece of paper or chalkboard of ways you do not get AIDS. This discussion can also give a chance to answer questions and clarify information.

Group size

10 to 12 people.

Time

45 - 60 minutes.

* *Note:* For additional tips on how to select pictures for this type of activity, see *Pictures and Photographs*, in the *Techniques* section.

Values/Attitudes Activities

No sex now

Purpose

To help young people consider that choosing not to be sexually active at the present time is a viable alternative.

Type of Activity

Brainstorm, whole group discussion.

Materials needed

Board, pen/chalk.

What to do

1. Write the heading "No sex now" on the board and draw two columns, headed "Advantages", "Disadvantages".
2. Ask the participants to brainstorm the advantages and disadvantages of deciding not to have a sexual relationship.
3. Conclude with whole group discussion which highlights the main points raised in the brainstorm.

Leader note:

Sample:

No sex now

Advantages

- No worries about Transmitted Diseases (STDs), Pregnancy.
- Not making a decision because of pressure.
- Sticking to one's own beliefs/morality.

Disadvantages

- Perhaps no boy/girlfriend
- Perhaps no boy/girlfriend

Evaluation

At the end of the activity, ask what they learned. Consider if their responses match what you hoped they would learn. Did the group members actively participate? Was this a good way of working with your group?

Choices and sexual expression

Purpose

To think about why and when people choose to have sexual intercourse.

To recognize the importance of pressure from other people and/or groups on values and actions related to sexual behaviour.

Materials needed

Paper, pencils, blackboard.

What to do

1. Open the session by describing the following situation:
"Yahiya and Leila have started meeting regularly. Their friends discuss whether or not they are having sex".

Leader note:

Ask the group to choose local names for the characters (not the names of anyone in the group).

2. Write the following questions on large sheets of paper:
 - a) Is it alright for Leila and Yahiya to have sex?
 - b) When is it alright for Leila and Yahiya to have sex?
 - c) Will their parents think it is alright?
 - d) Will you, as their friend, think it is alright?
 - e) Will their religion think it is alright?
 - f) Will their school think it is alright?
3. Divide into small groups of 4 to 6, or in pairs and talk about each question.
4. Ask the group members in each small group to consider what they think would influence their decision to have a sexual relationship.
5. Ask the groups to discuss the differences between their own opinion and the opinion of others.
6. In the whole group, discuss "what responsibilities regarding sexual behaviour do you have towards yourself, parents, religion, boy/girl friend, community?".

Leader note:

Be aware of any participant that seems upset or withdrawn during the activity. They may need a chance to talk on a one-to-one basis.

This activity can collect a lot of information about your group which may be useful in deciding what your group needs are.

Evaluation

One way to evaluate this activity would be to use a short questionnaire at the end of the session. Include in the questionnaire several short questions such as: *Did you find this discussion useful? Did you find it hard to take part? Were you embarrassed or anxious during the discussion? Did you learn anything new? What else would you like to know about AIDS?* Participants do not need to put their names on it. Collect the questionnaires and share the answers with the group. Discuss with the group what they want to do next.

Jigsaw puzzle game

Leader note:

The examples of puzzles suggested here are only to give you some idea of how the activity works. It may be that the group decided on a different set of factors related to why a person may become infected with HIV. The reasons will change from culture to culture, and the idea of the activity is not to match the reasons stated here, but to think about the pressures on people which might force them to put themselves at risk.

Purpose

To encourage participants to think about the multiple reasons which lead a person to become infected with HIV and how other factors may cause a progression to AIDS. This idea may be used to explain multiple causes of disease, generally, and can be followed by discussion of how we can prevent this.

Time: About two hours.

Materials

Paper, card or material for the jigsaw, scissors, pens or pencils.

Number of participants

A large group divided into groups of three or four or one group of three or four.

Method

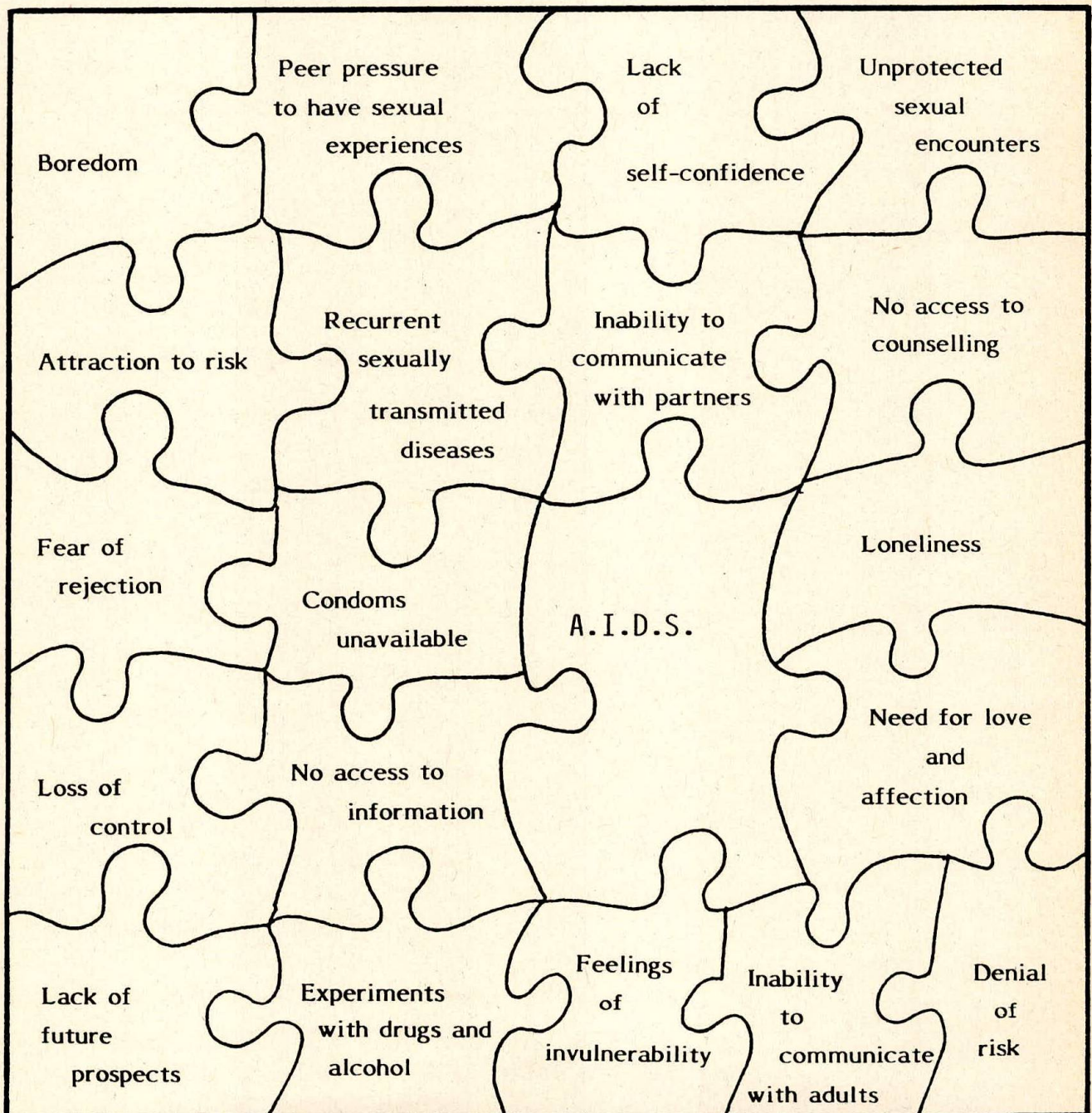
1. Get the group to brainstorm* all the reasons why a person in a particular situation might become infected with HIV. For example, what factors might lead a young person to have unprotected sex and become infected with HIV.
2. Lay a large piece of paper, material or card on the floor and begin to design how all the contributing factors fit into one another. Draw the shapes on the paper and then cut them out.
3. The group can then discuss how other problems may relate to one another. You can ask:
 - What can we do about these problems to avoid them all fitting together?
 - Will solving one part of the jigsaw solve the whole problem?
 - Where should we begin to start solving the problems?
4. Encourage the students to make other puzzles relating to subjects like:
 - What are all the factors we need to consider when caring for people with AIDS in the community?

- What factors lead people at high risk because of their life style (such as "sex workers") to continue to put themselves at risk?

* See *brainstorming* in the *Techniques* section.

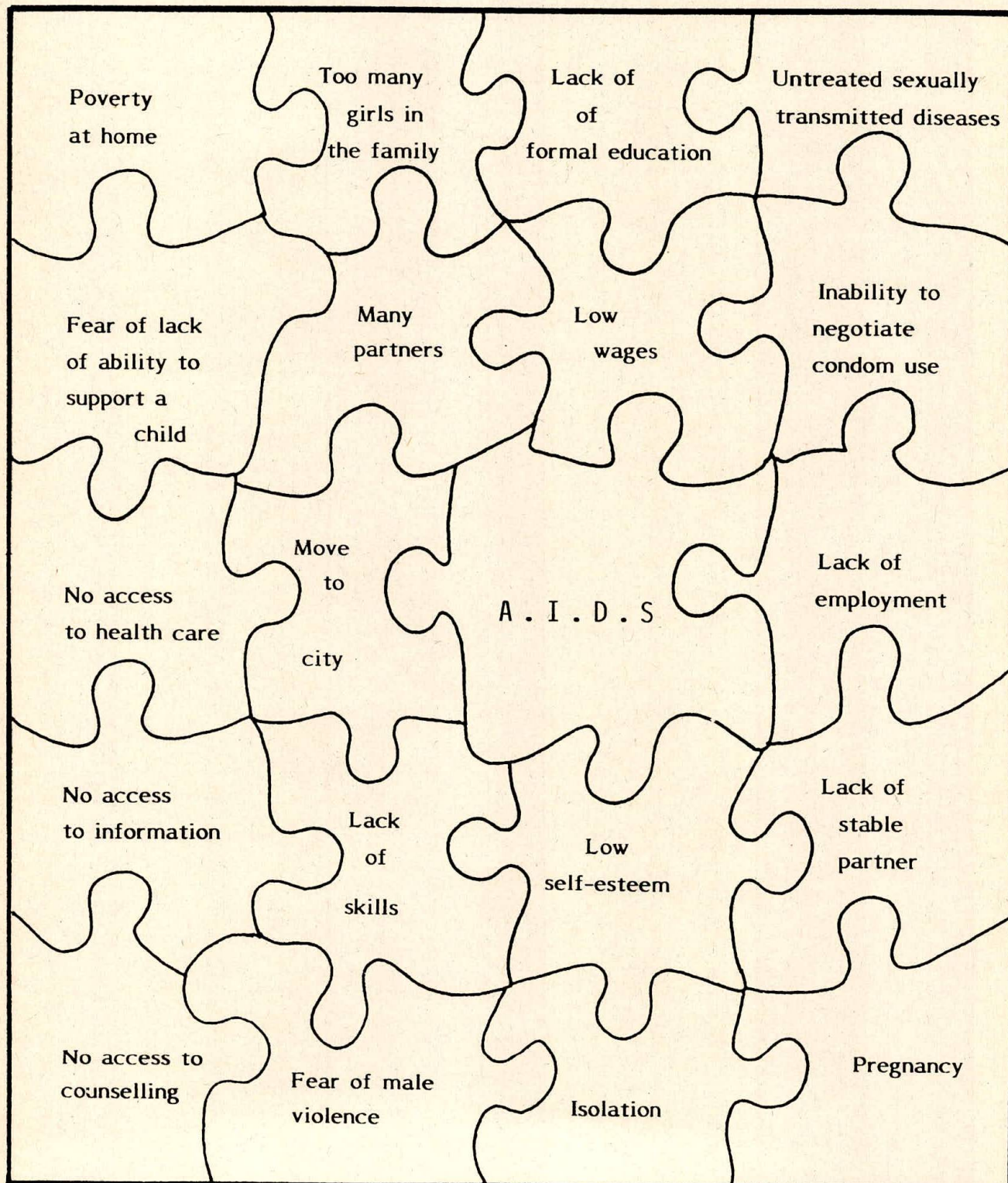
An example of a puzzle:

**Factors which may lead to HIV infection
in a young person**



An example of another puzzle you may try:

**Factors which may lead to HIV infection
in a "sex worker"**



Case study... Purpose

The story of A, B, C, and D

To examine the participants' attitudes and values about certain types of behaviour. If the group has strong opinions about certain kinds of behaviour, this activity will help to identify and discuss them. There are no right or wrong answers, and they may end up having to agree to differ on the behaviour of the characters in the story.

Time

1 hour.

Resources

Paper and pens or pencils.

Number of participants

Small groups of four.

Method

1. Read the case study to your group slowly and carefully. A sample case study follows on the next page. Outline the main points several times. You could also make copies and give people these to read themselves. **In place of A, B, C and D, use local names taking care not to use the name of anyone in the group.**
2. Each group member decides if the characters have acted in a responsible or irresponsible manner.
3. In the small groups, they then compare their opinions and discuss the reasons for making their choices.
4. The group must reach agreement. It is better if they all agree, but if after much discussion this is not possible, they can vote.
5. Each group then reports back to the larger group and discusses the difficulties they have had in reaching consensus and the reasons for their choices.

Leader note:

Get the group to look at the kind of value judgements they have made and the reasons for making these judgements.

See the case study example that follows on the next page.

Case study

A has just discovered that her boyfriend B is carrying HIV and, as they have been having a sexual relationship, A is worried that she is infected too. After a row, A leaves B and refuses to see him again.

The following day at work A is told by C, her boss, that she is more likely to get a promotion if she has sex with him. A likes C and is flattered by his attention. They begin to have a sexual relationship.

C's wife, D, has been wanting to have a baby for some time. She has just discovered she is pregnant.

Think about this case and the characters. The group can also discuss how the people in this story could behave more responsibly.

Leader note:

Leading an activity in which there are no right and wrong answers can be hard. Try to let the young people do most of the talking. The process of having the group members talk, listen and think about the issues is the goal.

Activity on non- discrimina- tion

Purpose

To help young people better understand what the term "discrimination" means.

To increase awareness of discrimination against people who are HIV positive or who have AIDS.

To identify ways to prevent discrimination against people with HIV/AIDS.

Leader note:

It may be useful to review how you would define discrimination before you lead the exercise. Also, you may want to think about ways you have seen discrimination take place in your village or area.

Suggested description: Basically, discrimination consists of treating another person as a symbol of something rather than as a person: as a symbol of an ethnic group, a sex, a physical condition, a body of believers, a life style. It stereotypes, it excludes, it shuns, it moralizes, it harasses a person not on the basis of who that person is as a unique human being, but on the basis of what that person is perceived to represent.

What to do

1. Ask the group to break up into small groups — 3 to 4 in each group. Then pose the question "What do you think discrimination means?". Give the groups about 10 minutes to discuss their ideas.
2. Ask each group to share a short summary of their ideas with the whole group. Your task as leader will be to listen to each group and write on a piece of newsprint or paper the main points expressed. You could also simply repeat the main points. The goal is to help the group members come to agreement on what discrimination means.
3. The next step is to identify ways that discrimination occurs against people with HIV/AIDS. In small groups, list ways in which this type of discrimination takes place. Then, in the large group, prioritize which of the types of discrimination listed are the most harmful. The goal is to increase awareness of how and when discrimination takes place.

4. Now the task is to help young people think of ways to prevent discrimination. Ask each person to think of something they can do as an individual and one thing their youth group can do. These ideas can then be shared in small groups for discussion or in the large group.

Leader note:

The technique of discussion is suggested as one way to work on issues of discrimination. Look through the Techniques section for other ideas. You could present a story of someone with AIDS and ask the group if there are examples of discrimination in the story. The group may want to role play ways people are treated and positive ways they might respond to prevent discrimination.

Skills Activities

This section describes some activities to develop the skills we need to prevent ourselves becoming infected with HIV and activities to help develop the skills needed to work with others.

Saying 'No'

Purpose

- To identify the pressure on young men and women to have sexual intercourse.
- To find ways of dealing with the pressures.
- To identify situations in which young people might be at risk.

Leader note:

This activity is best for groups who have already learnt some basic information about HIV and STDs. You may need to think about the difficult or sensitive questions that could arise during the activity and prepare answers beforehand.

*Try some of the values and attitudes activities with the group before you try this activity. Remember that the decision to have a sexual relationship or not to have a sexual relationship will ultimately be made by young people themselves. This activity helps young people to explore the choices they have and to develop the skills needed to say **no** if they so choose.*

What you need

Paper, pen or pencils.

What to do

Start in small groups of 3 or 4. Single sex groups or male/female groups can be used for this activity. You will need to decide which is best for your group within the local culture. It has worked well in some places to start with single sex groups and then to bring the groups together to share ideas.

Start by having each group think about the kind of messages they have heard that might encourage people to have sex.

For example:

"There is something wrong with you if you don't."

"This is my first time too."

"We'll keep it a secret."

"It is your fault, you lead me on."

"I just won't believe you love me, if you don't."

Each group reads out the result of their discussions to the whole group.

Have the group divide into pairs — not necessarily male and female. Ask each pair to practice **effective negative responses** to these lines. Ask them to choose the ones they feel they could use. This exercise helps prepare the participants to face potentially risky situations.



"Role Play"

The group can discuss which of the responses they feel they could use and plan a short "role play*" in which they create a situation where the lines and responses are incorporated. Take 15 minutes to plan the role play.

Take turns playing different roles. Show the "role plays" to the rest of the group. Follow with discussion on the situations and characters portrayed.

Do they feel more able to cope in these risky situations?

Would the response work?

Did the person saying **no** seem like he/she really meant it?

Would it be hard to say **no** in that situation?

Leader note:

You may have time for one or more role plays depending on the length of the discussion. The important thing is to get the youth talking and thinking about what is appropriate sexual behaviour.

*This activity will probably take at least one hour and a half. It is possible to split the total activity into two parts, stopping after the group has been divided into pairs to practice saying **no**. If you stop then, be sure to have each pair share with the whole group a couple of the negative responses that they practiced and think would work. The group could use most of the questions as mentioned above to evaluate these suggested negative responses. You could then try role plays in another session.*

Evaluation

This activity is a good one to observe how well the participants can share their own thoughts, feelings or decisions directly with others. Does it seem that they need more practice and discussion in this area? Ask the group how they felt saying no. Do they want to work in this area more?

* See "Role Play" in the Techniques section

The listening game

Purpose

To learn how to listen to people. *

Preparation

Explain to the group the difference between listening and conversation. Have them choose topic areas, for example "What I like best about my school", or "If I could choose anywhere in the world where would I go and why?".

What to do

1. Divide the group into pairs. Each person takes a turn to talk about a chosen topic area. The "listener" must not interrupt, but must show that he/she is listening by looking at the person who is talking or nodding when appropriate. Each person has about five minutes. The group leader keeps the time.
2. After each person has had a turn to talk and a turn listening, everyone returns to the larger group.
3. Each member of the group tells how much he/she remembers of the topic his/her partner talked about.
4. Discuss with each member of the group what it felt like to have the opportunity to talk without being interrupted and to listen without interrupting. What made the "talkers" feel they were being listened to? What did the "listeners" feel about how much more they learned by listening only.
5. Practice listening and talking. Change the topics and extend the talking time. Gradually introduce more sensitive topics. For example "How does AIDS make you feel?", or "What frightens you most about AIDS?". Always follow the practice with time to discuss how much is remembered and what it felt like to listen and be listened to.

Leader note:

Gradually the group will begin to feel more confident with this technique and begin to think how they can use it in community work, as well as in working with each other.

The next activity, "Working with a community", uses this technique and gives an opportunity for using the information you have learnt about HIV/AIDS.

* See "Listening" in the Techniques section.

Working with a community

Purpose

To give people an opportunity to practice answering questions in the community about HIV/AIDS, using good listening skills and their knowledge.

Materials needed

A selection of local costumes and clothes.

What to do

1. Set the scene — Ask the group to imagine that they are organizing a discussion in the market place. Different people have arrived to take part and they have many questions.
2. The group dresses up in the costumes and each person takes on a character that might be part of the market place discussion. For example, an old man, a worried mother, a young over-confident person.
3. Each member of the group thinks about the kind of questions that his/her character is likely to ask in this situation.
4. One member of the group takes on the role of the leader of the discussion in the market. As questions are asked, the person in the role of leader makes sure he or she "listens" to what is being said and tries to answer, using the knowledge gained from information sessions.

Leader note:

The purpose of the session is not to test knowledge, but to enable young people to experience using their HIV/AIDS knowledge and listening skills to answer real questions.

5. Rotate the roles so that everybody gets a chance to both ask and answer questions.
6. Lead a discussion on what has been learnt. Some questions to consider:
Were answers easy to understand?
Which questions were hard to answer and why?
Did the people asking the questions feel they were listened to?

Did the people find it hard/easy to answer questions?

Are there any areas about which people feel they need more information to be able to answer questions effectively?

Leader note:

If the group knows each other and works together well, it may be possible for them to give constructive comments to each other. You could also ask everyone to point out areas in which they themselves need more practice.

Techniques

Techniques are methods of working with a group. This section will describe in more detail the techniques that have been used in the activities previously described.

These techniques can be used in many ways, so be creative. Consider how you and the youth group can adapt the ideas presented for use in your own culture and situation.

Discussion

Discussion enables people to think about and then express their opinions based on their own experience. Listening to others may broaden or change their opinions and eventually help them to clarify their ideas, attitudes, values and behaviour. In some cases, debating issues helps individuals to face conflict and reach consensus.

Discussion may take place between two individuals or in small groups. A group of six to eight people is the ideal number to ensure that everyone gets a chance to speak and feels able to contribute.

It is often useful to elect one member of each small group to feed back the main points of the discussion to the whole group and to reach some agreement on a course of action.

Brainstorming

Brainstorming is a good way of involving the whole group and allowing them to think freely about a certain subject. Provide the group with the question, for example "How can we help people with AIDS?". Everyone has a chance to call out his/her ideas. The leader of the group writes down all the ideas without comments. Now you can look at the list and clarify common opinions, identify priorities and set common goals. There may be areas you need to discuss further before deciding on your action plan.

Be sure that you write down everyone's ideas, although you may need clarification if you don't understand the point being made. If someone has plucked up courage to make a suggestion, it is important that the suggestion is added to the list, otherwise that person may not speak again and feel rejected by the group and by the group leader. Everyone's opinions are valuable and can be used in discussion later on.

Role play

Role playing involves presenting small spontaneous plays which describe possible real life situations. Ideas for role plays might come from your focus groups, from young people in your group, or from similar situations which are familiar to you. Be careful, however, not to portray a real-life situation which can be identified as that of someone from the group or local community.

In role playing we take on someone else's character. This is less intimidating than having to express our own ideas and emotions. A situation or problem is given to the group and they take on the roles of the people involved. The action evolves as the play goes along. For example, the group might be given the following situation to act out:

Asamoah has been meeting Boatema for some time. They have a close, caring relationship and discuss most things. Asamoah and Boatema have been thinking they might have a sexual relationship sometime in the future. Asamoah is worried by all he reads about AIDS: he decides to talk to his friend Samuel about the whole business to see if he has any ideas which might help.

Group members volunteer to take on the parts of Asamoah and Samuel. They act out the discussion. Other members of the group watch carefully and after the play they all discuss their reactions to it.

It is important for the group leader to identify some of the ideas expressed, the feelings shown and some of the behaviour which might have lead to difficulties. The sort of questions asked after a role play are: "How do you feel?", "Were you happy with the way things turned out?", "What could be done to solve the problem?".

We can learn about our own behaviour through role play; how our behaviour can contribute to the problems we experience.

Another use for role play is to practice situations before you meet them in real life. For example, you may want to practice going to a pharmacist and asking for a packet of condoms or talking to your partner about how to use a condom. This preparation will help provide the skills young people may need in order to protect themselves from becoming infected with HIV.

It is important at the end of the role play to "derole", that is to stop pretending to be somebody else and return to reality. Give the players a chance to express their feelings about the characters and situations they acted-out. All the players should remove any special symbols they used to play their characters. It may be necessary to have everyone change seats and say their real names. Do not underestimate the need for this.

Listening

When we talk to each other, we often don't concentrate on what the other person is saying. We may be busy thinking about what we are going to say next, or sometimes, we get excited about the subject of the conversation and have a hard time listening.

Learning to listen well can help us in many areas of our AIDS health promotion programmes. If we make a decision to let the other person speak, not to interrupt and to concentrate on what he/she are saying, we can learn all sorts of things about how they think and feel. They have the opportunity to think about what they are saying and finish a thought without fear of being interrupted.

It is important to show the other person you are listening and interested in what he/she is saying. Looking at him/her while he/she is speaking, smiling when it is appropriate to do so, and occasionally helping him/her along by summarizing for him/her what you think he/she has said will all help to show you are listening.

Try out this activity and practice it in pairs, within your group, with your group leader or with your friends. At first, you may find it is quite difficult to listen without interrupting or losing attention. However, when you start to work in the community, pretesting your materials or carrying out *Focus Group* discussions, you will soon see how important it is to listen to what people are saying.



Pictures and photographs

Pictures and photographs can be used in several ways to work with your youth group or as part of community projects. They are useful to draw people's attention to a topic, to start discussions and stimulate group participation, to help people to remember what you are presenting and to illustrate a point you want to make.

You can use pictures/photographs as part of a game such as the "*Memory Game*", to illustrate topics such as "*How AIDS is spread and not spread*", and to convey messages on posters and displays for example. Pictures and photographs can be used to present a specific situation or problem, the causes of it, and/or suggest possible actions for solutions.

You can find pictures and photographs in magazines and newspapers, or the youth group can draw their own pictures as part of a group activity.

When selecting pictures or photographs to use as part of a presentation, activity or project, the pictures and photographs should:

- Show local situations and people who look and dress like local people.
- Focus on one main idea to avoid confusion.
- Be large enough for your group to see easily.
- Be clear enough to be easily understood.

It will be important to pretest any pictures you plan to use for educational purposes and for information sharing projects such as posters and display boards. See Appendix II "*Guidelines for pretesting health educational materials*".

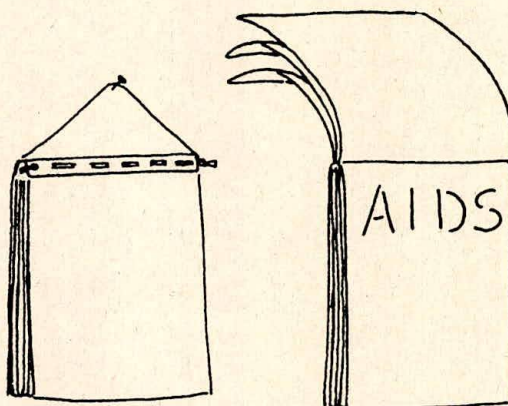
Videos

Videos, if they are available, are a useful way of promoting discussion. They should not be used as a teaching session in themselves. Leaving a group of young people in front of a video and then allowing no time for discussion does not allow them to work out how they feel about what they have learnt. Choice of video for the session is very important. Teaching videos (those which give facts and information rather than telling a story) can be taken in small sections; stop the video every few minutes to check whether the group has understood. Discuss the information as you go along. A storytelling video has more impact when people can see the story straight through and then discuss it afterwards. Be sure you have seen the video before you show it to your group. Prepare some topics for discussion and think about which questions you are likely to be asked.

Flip charts

A flip chart can be either a series of pictures which tell a story or a series of blank pieces of paper for writing ideas and information presented by a group.

If you are going to use a flip chart, it is better to join the series of pieces of paper at the top. You can use glue, string, pins or clothes pegs. This will prevent them from becoming damaged or lost. While you are using your flip chart, you can rest it over a chair or a table.



Pens, pencils, felt markers, paints, charcoal or coloured chalk can all be used to write on your flip chart. Fabric can be used instead of paper to make your flipchart more durable.

Case studies

Case studies describe a situation or problem that the group has to solve. They can be designed to give people information, help them to consider their attitudes and values or discuss the skills they might need to deal with the problem. For example:

They can be very simple stories which ask the group to think of strategies they might use to solve a situation:

Fernando died of AIDS recently. Now no one will go near his wife and children and some people are suggesting they should be made to leave the village. What should be done to help Fernando's family and the village?

Or, they can be much longer and have more characters who face difficult problems or situations. Remember that your group may have difficulty in reading. You may have to read the case study to them very slowly. Don't make it so complicated that they forget who did what, when and how. It is a good idea to go over the main points to make sure everyone has understood.

Proverbs

Proverbs (local sayings) have been used for generations to describe sensible ways of living. They are culturally specific and can be adapted easily in a way that local people can understand. They help people to associate new information with old knowledge.

You may already know or have found out from your focus group discussions many of the local proverbs. Think about how they can be used in your health programme. They can be used with talks, demonstrations, stories, dramas or put on posters or flip charts. Their meaning may not be immediately clear to you, so it is important to find their meaning by asking many local people.

Fables and story telling

Story telling is a traditional method of providing information and discussion topics. It can be made to fit a particular culture, and as it only takes one person to tell the story, it is also cost effective. The same situations that were developed for your role plays, dramas and puppet show can be used for developing a story.

Use of traditional people and figures from your culture's story telling tradition can add to the effectiveness of the story. In Zambia, they use a rabbit called Kalulu, who is famous for wisdom in their folklore, to give information about AIDS.

Fables are stories that have been told to explain how people can put themselves in danger by acting in a certain way. The fables often involve animals as the characters, and therefore, allow people to learn from the messages contained within them and yet not feel they are being personally blamed. The stories can be developed to contain health messages about AIDS and can be followed by discussion of the lessons learnt. An existing fable can be told in its entirety, and then the first question can be:

"This is a very old story and yet it has messages for us even today. What do you think it can say to us about AIDS and the effect it will have on our community?"

Having got people to think about what the fable means in terms of AIDS, have them think about what they can do to change things for the better.

5

Action in the Community

This section is designed to help you:

1.

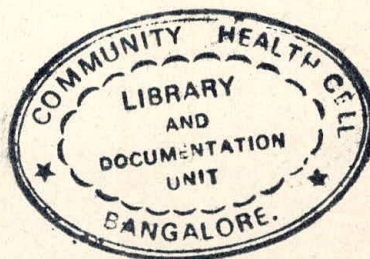
Select a "community" of people with whom to work.

2.

Select and organize community projects related to AIDS health promotion.

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Action in the Community

Before carrying out an AIDS health promotion project in your local community, you and the youth group members need to understand the information about AIDS and to have thought about your attitudes and beliefs in the context of this information. Review of Section 3 is also recommended.

Work through the activities in Section 4 to prepare yourselves, before planning community projects. Doing this will also help the group to work as a team. You can now start to think how you can adapt what you have learnt to help people outside your youth group, people in the community.

"Community" can mean different things to different people. Some people think of a community as a certain geographical area, such as a village, a city, a neighbourhood, or a rural area. However, community can also be thought of as a group of people who share common interests, values, background, experiences or activities such as school, work, religion and recreation. Identifying the various communities that exist in your local area can be useful as you plan your projects.

The next section of the manual, Section 6: *Community Projects*, gives examples of different types of community projects related to the prevention of the spread of HIV and to the care and support of persons with AIDS. Before deciding which project you would like to initiate in your area, consider the points discussed in this section.

Choosing a community to work with

First, you and the youth group can identify the different communities that exist in your local area. What do you know about the people already? What are their needs in relation to information about AIDS? Are there any communities which are at special risk? You will have to do some local research to be able to discuss this fully. If you can work with programmes that already exist in your area, it will ensure that the work you wish to do is appropriate and needed.

After discussion, you can decide which community, for example your own families, school groups, people in the local markets, mothers' groups, out-of-school youth, etc., is the one you want to work with.

Knowing your community

Before starting an AIDS health programme project with the group you have chosen, you will need to know more about their specific needs.

For example, a youth group in Zambia, having spent time working on AIDS themselves, decided to start a project and chose the local school. Some questions they had about the school group were: What do the students already know about AIDS? Is their information correct? What are their fears and concerns about AIDS? What methods would be the most effective in helping them to reduce their chances of contracting HIV?

You could conduct *focus group discussions*. This will help you to clarify the needs of the group. Remember, before you carry out a *focus group* or any other activities in the school, be sure to get the permission from the appropriate school authorities. Involving the staff at the school and the parents of the school children from the start will ensure the smooth running of your project.

Selecting your project

The project you select should be one that will respond to the needs you have identified.

For example, by having focus groups the group in Zambia discovered that young people knew very little basic information about AIDS and were afraid of catching it themselves. After discussion, they decided to have an AIDS prevention campaign for the whole school.

The project you select should be appropriate to the abilities of the people in the youth group and should consider the human and material resources you have available.

Examples of resources:

- *Youth members' time*: number of hours, time during the day/evening.
- *Youth members' abilities*: talking, teaching, caring, writing, drawing, organizing, singing, acting, ect.

- *Meeting place:* public building, health centre, central place in village with shade or cover.
- *Transport:* truck, car, scooter, bicycle, horse, donkey.
- *Funds:* money from local, regional or national AIDS health promotion programmes or from your own organization.
- *Light for working at night:* electricity, paraffin, lamps, candles, torches,
- *Materials* for making posters, puppets, leaflets.

Don't forget to calculate how long your materials will last and where you can get further supplies.

One youth group identified their resources: 1) a big room at the schools that they could use; 2) a school drama group that could put on a play about AIDS; 3) several teachers who could support them; 4) a group in the school who could make posters; 5) free time for the students to work; and 6) a local Primary Health Care Worker who would like to help.

You may have other resources to take advantage of, but the most important thing you need to start your project is enthusiastic and well informed young people.

Choose activities and projects that the youth group feel they will be able to carry out. If you attempt anything too difficult at first, the youth members will soon lose confidence and the momentum of your programme will be lost.

Think about the activities you would like to do. People like to do different things and finding a project that includes some of these things will help keep you motivated.

Look through Section 4: *Activities for Youth Groups* and Section 6: *Community Projects*. Which activities or projects do you think will work best based on the interests, size, age, needs and concerns of the community you have chosen?

The group in Zambia talked about all these things and decided to put on a play for the school. The play was followed by small group discussions with different age groups.

Planning the best time

Choosing the right time for starting your programme or starting a community event is very important if you want it to be a success. It is no good organizing a play in the market place, if it is not market day and everyone is staying at home. Equally, if you plan your programme of events to coincide with harvest when everyone is in the fields working or you decide to plan an event in the school, and it turns out to be the school holidays, no one will be around to listen to what you have to say.

Think about who you are trying to reach. Where do these people meet and at what time of the day? Are there community events taking place where you know many people will be meeting? Talk to the organizers of these events and ask them if you can take part by putting on a play or puppet show. Getting permission from the organizers is very important as you will need their support to ensure you have an audience. Places such as train or bus stations or outside the health centre where groups of people often have to wait can be good places to put on short plays or songs followed by discussion.

Another way of ensuring you have an audience is to join in a national event and organize local response. Every year December 1st is World AIDS Day. On that day, the World Health Organization's Global Programme on AIDS supports national and international events to encourage people to spread the word about how AIDS is affecting the world. To find out more about this event and how you might get involved you can contact GPA. The address is in the *Resource* section of this manual.

Carrying out your project

In order to carry out your project, you need to make sure you have permission from relevant authorities to work with the community you have chosen. The people you have identified as being in a position to help you will be there to turn to if there are problems. It is important to keep them informed of your progress.

How do I maintain the programme's momentum?

Young people can get easily bored if they are doing the same activity over and over again. The enthusiasm generated at the beginning of the programme may be lost, particularly, if they can't see major changes being made or cease to feel included. Equally, the task may seem too big or take too long to complete.

Try to include the youth group in all discussions about changes to the programme and ask their advice. Make sure tasks are achievable in a reasonable amount of time. Ensure that the project is within the capabilities of the young members. Give praise where praise is due — people get disheartened when they feel their work is not being noticed. Make sure the youth members don't get overtired. They need to pace their work and get plenty of rest. Remember this is a health promotion programme, and so it is just as important for the young people to stay healthy as it is for the community they have chosen to work with to become healthier.

How will we know if we have helped our community to know more about AIDS?

At regular intervals you will need to know whether you are meeting the needs of your chosen community. To do this you can repeat the focus group discussions you began with, or you could try out the quiz from the *Activities* section. In doing this you will not only find out whether people have understood the information you have tried to put across, but you will also identify what they want to know next.

Bring your group together again to discuss the findings from their focus group discussions. It may be necessary to make changes to your programme. What went well and why? What were the problems you met? What would be fun and interesting to try next? Make sure there is plenty of time to organize new activities; don't hurry your plans. Preparation time saves time later on.

6

Community Projects

This section is designed to present:

1.

Examples of projects that present clear and up-to-date information.

2.

Examples of projects that provide care and support for people with AIDS, their friends and families.

Community Projects

What you do in your community will be unique. It will be designed by you and your group to specifically meet the needs of the people you have chosen to work with. The following sections describe various community projects that fall into two main categories:

- Those that provide clear and up-to-date information.
- Those that provide care and support for people with AIDS, their friends and families.

The newly trained young people can also become involved in community activities which are *related* to AIDS, such as blood donation programmes.

Blood donation falls into both of the categories identified. Firstly, your youth group can be involved in making sure the community has clear information about where and how to give blood. There is no risk of contracting HIV from **giving** blood. Posters and radio spots can be prepared by the youth group to pass this message on.

Secondly, giving blood is a caring activity. Blood is always needed by hospitals and youth groups can organize blood donors or help at blood donation sessions. They will know from their information sessions how important it is for people who have the lowest risk of having been infected with HIV to give blood.

Youth group members can use their knowledge to discuss with their peer group who is at low risk of having HIV infection. Discussion groups can be organized in schools or with other organizations to help individuals make the choice about becoming a blood donor. Dates and times of blood donation sessions can then be advertised.

Remember, all the activities described in the *Youth Group Activity* section of the pack can also be adapted as appropriate to your community work. Confidentiality, respect and mutual support are equally as important when working with the community as they are in your own group.



Using puppets in the market to share AIDS information

Information Sharing Projects

There are many ways to share information about HIV/AIDS. This section presents some that have been used successfully in different parts of the world. It is important to carefully consider the messages that you want to convey to the community. The AIDS resource people you have identified in your area can be good sources of information in choosing clear, simple messages. Don't forget to pre-test messages and use local languages whenever possible.

Drama and puppetry

You can develop your role play situations into full plays which you can then act for local community groups, for example, in schools, youth clubs and factories. At the end of the play, the messages of the play will probably be more effective if discussion with the audience takes place to find out what they felt about the situation described in the play, whether they felt it had any relevance to their lives and if they could suggest alternative ways of dealing with the problem.

It should be noted that it is not always necessary to use scripts. In cases where people find it difficult to read or remember the written word, improvisation can be equally if not more successful. Planning for an improvised play involves the same production of props, music, costumes and setting, but the players take on the characters and develop them as the play progresses. This can be a powerful method of getting the message across to the audience, and it is often a fulfilling experience for the actors.

Puppets can do things that actors may find difficult to express for cultural reasons. The audience gets just as involved with the characters that the puppets represent, and can also ask the puppets questions after the puppet show.

Using puppets in describing AIDS messages is particularly useful as many of the issues can be either embarrassing or difficult to discuss openly. Puppets can present stereotypes without causing offense and introduce humor into a sensitive subject.

See Appendix VI: "How to make puppets".

Posters

Posters (large sheets of paper with words and pictures or symbols that convey a message) can be used in many ways as part of AIDS health promotion in the community. The youth group can create their own posters or you may find some available from the National AIDS Programme, or local health agencies. Before you use posters — ready-made or ones you make yourselves — pretest them to make sure they are appropriate for your local community and that people understand the message. Appendix II: "*Guidelines for pretesting health education materials*" describes how to do this.

Posters can be used:

1. To present a specific AIDS health promotion message, such as "*How to prevent AIDS*", to the community in general by placing the posters in locations where people are likely to go, such as markets, churches, communal meetings places, health clinics.
Note: You may need permission to put up posters in some locations. Be sure to ask first, before posting anything.
2. To announce important programmes or events that you are presenting, for example, to invite people to a puppet show to be held in the local market.
3. As part of a special school AIDS campaign. School classes could be asked to create posters with AIDS health messages after they have participated in some basic AIDS education. You could hold a poster contest for the most original or colourful, or you could include all the pictures in a school or community display to increase awareness about AIDS and HIV.
4. For group discussion or presentations. Use of posters in this way is very similar to using pictures or photographs. Creating a poster is an alternative to pictures and photographs. See *Pictures and Photographs* in the *Techniques* section.

Making posters

Materials can include large sheets of paper, pens, pencils, crayons, markers, paints and paint brushes, old magazine pictures, glue, candle wax, vegetable dyes and fabrics.

There are many ways to design your posters. You could cut out pictures from old magazines and paste them on the paper, draw or paint the pictures you need, or copy or trace designs/pictures.

When you make a poster:

- Make sure all the words you use are in the local language.
- Use as few words as possible.
- Use symbols that everyone can understand — those who cannot read as well those who can.
- Select just one important message about AIDS for each poster. Too many ideas on one poster could be confusing.

Music, dance and poetry

Expressing health messages or emotions through music, dance or poetry can have a powerful effect on your audience. It is easier to remember a line that rhymes, especially if it is put to music or expressed in a dance. You don't have to be a great poet or an excellent musician. Use tunes that are known locally and put your own words to them. Use dances that everyone knows and write words to go with the dance. The whole group can get involved in writing words to go with the dance. The whole group can get involved in writing the words or preparing the rhythm or dance. Start with one person saying "*AIDS makes me feel like...*" and get each of the members of the group to think of words to describe how they feel (for example "*AIDS makes me feel determined to fight it*"). You can join all these sentences together and fit them to a rhythm. Alternatively you can express how AIDS makes you feel in body movements and join those movements together to make a dance.

Some groups have developed a theme song about how they are going to stop AIDS in their community. They sing the song every time they meet to renew their commitment to the work they are involved in. Use local words and make the song a community song. You might want to run a competition in schools to choose the community song. None of the poems or songs have to be perfect. The important thing is to enjoy yourselves in the preparation and to pass on clear messages about AIDS prevention.



Radio spots

Local radio stations are often very willing to get involved in health education programmes. Designing an exciting message that can be put out regularly by the local radio can be fun and a useful learning experience. It is very important that the messages are written in the local language and that they fill in gaps in people's knowledge.

The results of the focus group discussions will provide your group with the expressions necessary for the radio spots and also the subjects people most need to learn about. A popular tune to introduce the radio spot will catch people's attention and the message should be short and to the point.

Put the radio spots on at a time when people are most likely to be listening.

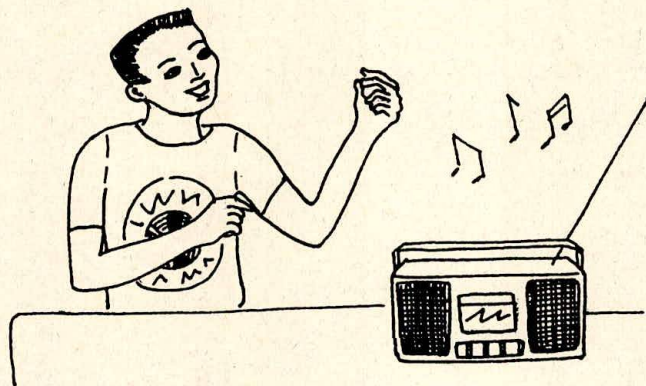
Advice on the length of the radio spot and the choice of music can be gained by working with the radio announcers. An example of the kind of message that is useful is:

(Music)

"Young people like us don't have to be worried about AIDS, if we learn how to keep safe. Find out all you need to know from your local health centre. They provide confidential advice and information and the staff is waiting to meet you on Fridays. No appointments necessary."

*AIDS is with us and here to stay
Don't just think it will go away
Make sure you listen to your radio station
It will give you your AIDS information!*

(More music to follow.)



Radio plays, serials and stories can also be effective. Some of the role plays and dramas created by the youth group may make very effective radio plays. They take hold of people's imagination and listeners get involved in the characters' lives. The AIDS messages the characters convey can, therefore, be very powerful in changing people's attitudes. Music attached to AIDS messages will start people singing the information you want to get across. Be sure to pretest all your AIDS messages. See Appendix II for *pretesting guidelines*.

Care and Support Projects

Starting with ourselves

To carry out care of any kind you need to take care of your own health. Keeping healthy means being aware of what kinds of food provide the vitamins and proteins we need, getting plenty of rest, and exercising. Think about how you are taking care of yourself and what is possible to change in the context of life in your culture and your available resources.

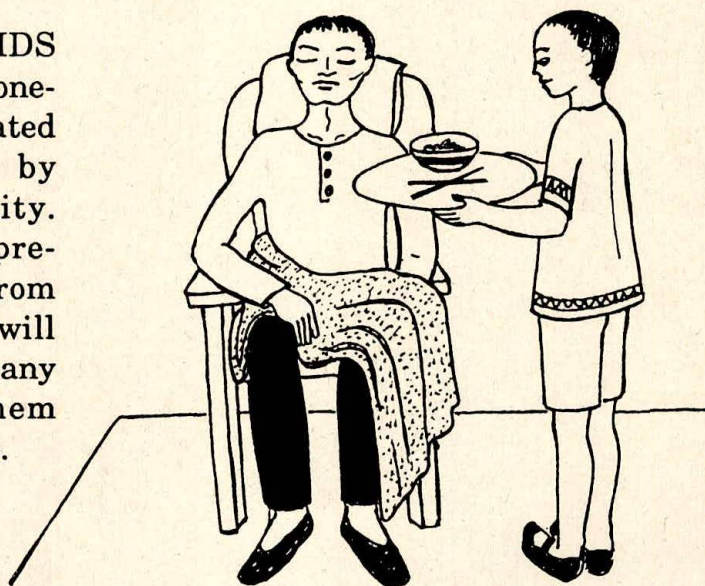
Taking care of each other

Next, think about the other members of the youth group, your family and friends. What could you do to help them stay well and healthy? Ensuring that those around you feel healthy and cared for is a first step in learning to care for those who are ill.

Being a resource for people who want information

Having learned more about how HIV/AIDS affects peoples' lives you will be able to offer help to friends or family members who need information or care.

People with AIDS are sometimes lonely and feel isolated and rejected by their community. They may appreciate a visit from someone who will keep them company and assist them with small tasks.



What can your youth group do?

There are many ways in which your youth group can assist people with AIDS and their families. What you decide to do will depend on the needs of the people you wish to assist, the interests of your youth group, and the resources available in your community. Remember, it is important to work with other people and community agencies, such as health workers, churches, women's groups, traditional healers and local leaders as you plan your projects.

Examples of projects include:

Educating the community in which the person lives — When someone in the community is known to have AIDS, other community members may be afraid to visit the family, since they may not understand the ways in which HIV is spread. They may discriminate against and blame the person and the family for the illness. They may not realize that AIDS can affect anyone and that in the future they could face the same problem in their own family. Educating the community can encourage them to support people with AIDS and their families. The presence of a person with AIDS in the community may also lead others to change their own risky behaviour, since they can see the results of HIV infection in someone they know. This is a good opportunity for the youth group to carry out preventive education.

Even if the youth group is not involved directly with people with AIDS, they can include caring messages towards people with AIDS in their community projects. For example, a community play could show how people offer help and assistance to a neighbour with AIDS. A poster competition could feature themes such as *"How I would show a person with AIDS I care about him or her"*. Messages of care and compassion for people with AIDS are an important part of all AIDS education.

Income-generating projects — When the person who is ill was the wage earner, other family members may be left with few other sources of income. Youth groups can assist communities to set up projects which generate income, so that the families of people with AIDS have a means to earn money. Such projects can also be run by the youth to help orphans with school fees and other basic needs.

If you want to offer help directly to people with AIDS and their families, it is important to work with your local health unit when possible. Working with a recognized community agency will help insure that the help you want to offer is needed and that it will be coordinated with other services being offered.

The local health workers can help you identify and plan which care projects are most appropriate for the youth group members to carry out in the local area. They can also help to organize the training and support needed for youth workers working with persons with AIDS.

Read through the ideas suggested in this section, discuss them with the youth group and think how you might adapt the ideas to make them appropriate in your culture.

Examples of direct care include:

Physical care — People with AIDS are often weak and unable to help themselves. You may be able to help the health care worker and the family to make the person more comfortable, or you may be able to look after a person with AIDS for a short time so the family can have a rest.

Emotional support — People with AIDS may be frightened, sad or depressed. They may be afraid of dying or worried about what will happen to their family after they are gone. Some of these things may be difficult for them to talk about with those who are closest to them, and it may help them to have regular visits from someone who will listen and with whom they can share their feelings.

Material support — In some communities it is difficult to care for people with AIDS because basic items such as soap, plastic and cotton sheets, clothing and food supplements are lacking. Lack of basic items may also be a problem for the family, particularly the children, if the wage-earner is ill. Your youth group may be able to collect and distribute needed items such as clothing, food and bedding.

Helping with domestic chores — When an adult member of the family is ill, it may be difficult for families to carry out all their usual domestic chores. Youth members can help with looking after children, shopping, growing or harvesting food, running errands, or cooking a meal.

Educating the family — The families of people with AIDS may not know a great deal about AIDS and may be fearful that they will get HIV if they care for their sick relative or friend. By befriending a person with AIDS and talking with the family about the ways in which HIV is and is not spread, you may be able to reassure them.

Support for families after the death of someone with AIDS — The need for support does not stop with the death of someone from AIDS. Youth group members should continue to befriend and support those who the person with AIDS leaves behind.

A note for youth leaders:

In providing a service for people with AIDS, their family and friends, youth group members will become involved in the progression of the illness. They should be given an opportunity to discuss their worries and fears with someone they trust. Many young people will find working with people with AIDS easier if they work in small youth teams, rather than individually. They can then share their feelings with other members of the team. Most communities have traditional ways they deal with illness, death and dying. Support for the youth group member, if the person with AIDS dies, should be provided in an appropriate way.

A local person who has been trained in counselling may be available to assist the youth group both in caring for people with AIDS and in making sure that the youth members do not become depressed or overwhelmed by the problems associated with AIDS.

APPENDICES

How to conduct focus group discussions

Focus groups are group discussions in which a leader asks questions for the group to discuss, and an observer writes down the main things the group says. Focus groups are useful in several ways. They allow the group to define the issue — in this case, AIDS — in their own terms: how they understand it, and what it means in their own lives. Focus groups also encourage the group to come up with proposed actions and solutions to the problem which make sense to them and to their community. Focus groups reveal misunderstandings and myths about AIDS which need to be corrected. Finally, focus groups reveal the words and phrases people commonly use in talking about AIDS and about sexuality.

To organize a focus group

1. Identify people to invite to the group.
2. Each focus group should have 6-12 participants, plus the group leader and an observer who writes down the main points made by the group. Focus groups work best when participants are of the same sex and are of similar ages, educational levels, background, etc. It may only be possible for you to organize a mixed group; if this is the case, recognize that some people may not feel so comfortable about expressing their opinions freely. Avoid inviting anyone who is an "expert", such as the local doctor or midwife, or who has a very different status from the rest of the group, as this may also intimidate people in the group.
3. The focus group should be held in a place which is comfortable and free of distractions and interruptions. Participants and the group leader should sit in a circle.
4. As the participants arrive, chat with them to put them at ease. When they have all arrived, ask them to sit in a circle. Introduce yourself and the observer, and ask the participants to introduce themselves (try to remember or write down their names so you can use their names during the discussion; use name tags if you prefer).

5. Explain to the group that the purpose of the meeting is to get their ideas about what they know and feel about AIDS. Let them know that the meeting is not an educational lecture in which you are the "expert" and they are the learners, but that you are there to gather opinions and ideas from the participants and to learn from them.

Let the group know that you will not be giving facts or expressing your opinion during the discussion, but that you will be happy to answer questions at the end of the meeting.

Stress with the people present that their ideas and opinions are very important in developing health education, and everyone should express their opinions freely. The only "rules" are that only one person speaks at a time, that all participants address the subject being discussed and that no one is obliged to speak.

6. Start by asking each person in turn to answer a general question not related to the topic, so that everyone gets used to speaking. For example, *"how long have you been a member of this youth group?"*. Then go on to the questions suggested below. During the session, be sure you stay neutral and do not express your personal opinions or knowledge as this can influence the group. Encourage all participants — don't allow a few to monopolize the group. If you are encouraging, friendly and relaxed, this will make the group more comfortable and the discussion will be better.

Be flexible in letting the group talk, but move them on to the next question before the discussion loses energy or becomes repetitive. The whole focus group should last no longer than 1-2 hours.

7. The observer should write down the number of people present, the location, the sex and approximate ages of the participants, and how long the group discussion takes. Do not include the names of the participants. He or she should also note down the "atmosphere" of the group — lively or bored, anxious or relaxed, etc. For each question, he or she should write down the main opinions expressed; the words and phrases used for key ideas having to do with AIDS, sexuality, etc; and the areas of particular sensitivity or strong feeling. A form is included in the appendix which can be used to record the focus group information.

Be sure the observer writes down the terms and expressions people actually use.

8. To end the meeting ask the participants one-by-one if they have any final comments. Explore these comments if they seem interesting or relevant. Also ask the group if they have any questions for you; at this point you can freely share with them your own knowledge and experience. Thank the group and repeat that their ideas were valuable and will be used in designing health education materials.

Suggested questions for focus groups

These questions are suggested because they are "open questions" — they can't be answered with yes or no, but require group discussion. If you adapt or change any of the questions, be sure you keep them "open".

1. This disease AIDS — what do you know about it?
2. What do you think causes AIDS?
3. How do you know if someone has the virus which causes AIDS?
4. How do people get infected?
5. Who is at risk of getting AIDS?
6. Who is not at risk?
7. In your opinion, how might AIDS affect people in our community, now and in the future?
8. How important do you think AIDS is compared to other problems people face?
9. What can people do to keep themselves from getting infected? How easy or difficult is it to do these things?
10. How would people in this area feel if someone in the family or community had AIDS?
11. What or who do you think could be good sources of information about AIDS which people would really listen to? Why?
12. What can young people do to help prevent AIDS in the community?

13. What can young people do to help people and the families of people who are already infected or have AIDS?
14. What sorts of information/training/materials/other support do you need to help prevent AIDS and to support people with AIDS and their families?

For some focus group discussions you may want to learn information on a specific topic. For example, it may be that the frequency with which people have been giving blood in your area has decreased. You may feel it has something to do with the fear of infection with HIV and some misinformation. It will be useful to find out what information people have in order to organize a health promotion campaign which directly answers people's questions. The following are some suggested questions to help you find out what people already know and where their fears lie.

Blood donation questions

1. Why do some people choose to give blood?
2. What are some reasons people might have for not wanting to give blood?
3. What sort of people do you think would be willing to give blood and ought to be encouraged?
4. Are there any people who you think should be discouraged from donating blood? Why?
5. What effect do you think AIDS has had on blood donation?
6. What do you think are the ways people can get the virus which causes AIDS?
7. Who do you think is at high risk of having the AIDS virus in his/her blood?
8. Who is not at risk?
9. In your opinion, what are some ways donors could be educated and reassured about AIDS?
10. What do you think are some ways to encourage more blood donations?
11. How would you feel if you knew your blood was going to be tested for the AIDS virus?

12. If your blood was tested, how would you feel about being informed of the result?
13. What or who do you think could be good sources of information about AIDS in the community, which people would really listen to?
14. If you visited a donating centre, what sort of information and advice would you like to have about AIDS, and how should this information be made available?
15. Do you have any other questions about blood donation?

Focus groups can also be used at later stages of your AIDS programme as an education or evaluation tool.

For example, you could begin with a brief flip chart teaching session, video, puppet show, role play, etc. Then follow with a focus group to see whether the participants understood and to enable them to discuss causes and possible solutions to the issues and problems raised. Be sure that you ask questions which are truly open-ended and do not have the answers built in. Be prepared to have the group come up with ideas and solutions which are completely different from those you had expected.

Focus group discussions can also be used by youth workers to evaluate the success of activities. Be sure the person leading the group is open to criticism and disagreement and that the group is able to be open and frank with its group leader.

Focus group results form

Describe the characteristics of your group:

Average age:.....

Average educational level:.....

.....

Male/female:.....

How easy or difficult was it to carry out the focus group discussions? Please explain.

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Below listed are the questions suggested for the focus groups. Please write down the main messages coming from the groups in response to each of the questions. If you did not ask some of the questions or did not get any response, please write this down as well. It is important to use the respondents' own words and not your own impressions of what was said.

Focus group question Number 1 - *"This disease AIDS - what do you know about it?"*

Group response:

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Question Number 2 - *"What do you think causes AIDS?"*

Group response:

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Question Number 3 - *"How can you tell if someone has the virus which causes AIDS?"*

Group response:

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Question Number 4 - *"How do people get infected?"*

Group response:

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Question Number 5 - *"Who is at risk of getting AIDS?"*

Group response:

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Question Number 6 - *"Who is not at risk?"*

Group response:

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Question Number 7 - *"In your opinion, how might AIDS affect our people, now and in the future?"*

Group response:

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Question Number 8 - *"How important do you think AIDS is compared to other problems people face?"*

Group response:

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Question Number 9 - *"What can people do to keep themselves from getting infected? How easy or difficult is it to do these things?"*

Group response:

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Question Number 10 - *"How would people in this area feel if someone in the family or community had AIDS?"*

Group response:

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Question Number 11 - *"What or who do you think could be good sources of information about AIDS which people would really listen to? Why?"*

Group response:

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Question Number 12 - *"What can young people do to help prevent AIDS in their community?"*

Group response:

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Question Number 13 - *"What can young people do to help people and the families of people who are already infected or have AIDS?"*

Group response:

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Question Number 14 - "What sorts of information/training/
materials/other support do you need to help prevent AIDS and
to support people with AIDS and their families?"

Group response:

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* * * * *

*The following questions can be answered after you have conduct-
ed the focus group discussion.*

**Of all the messages coming across from the groups which
came across most strongly or did you feel were most
important to the people you spoke with?**

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What did you learn about the need for AIDS information?

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What did you learn about attitudes towards sexual behaviour which puts people at risk?

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What did you learn about feelings towards people with AIDS and their families?

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**What do the people you spoke with need from you
or the youth group in order to become active in AIDS
prevention and/or care?**

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Guidelines for pretesting health education materials

What is pretesting?

Pretesting means field testing communication materials before they are produced or printed. By interviewing the audience the materials are meant to be used with, we are able to find out:

1. If the materials are understood. That is, if the message or idea is conveyed in the way it was intended.
2. If the audience likes the materials presented.
3. If the material offends or embarrasses the audience.

It will also introduce the idea that you are planning a health promotion campaign and that you want to involve the target audience from the start.

Therefore, pretesting is a cost effective way to prevent large expensive disasters occurring. For example, if 10,000 copies of a teaching poster were sent out countrywide and you found out later on that the target audience did not understand or accept the poster, you would have made an expensive mistake.

Pretesting will save:

- a) money
- b) time
- c) resources.

Pretesting may be done several times. The idea is to test while it is still possible to change the materials after assessing the audience reaction.

For example: a flip chart testing means taking the flip chart to the target audience when the materials are still in a rough state, i.e. pencil drawings.

Materials for pretesting

1. Posters
2. Flip charts
3. Flash cards
4. Pamphlets
5. Handbooks
6. Radio programmes
7. Video programmes or films
8. Roles and dramas.

Preparing your materials for pretesting

People interpret pictures in different ways depending on a number of factors, for example:

- Their religious beliefs.
- Their environment and life experience.
- Their education and employment.

We cannot assume that people understand or can interpret pictures. They may spend so much time trying to understand the picture that they miss the message it is trying to convey.

They may not have an understanding of what is "up" and what is "down", and so may not know which way up to hold your materials.

Colour can also be confusing and should be used with care.

For example, people's responses to colours which seem strange to them may be:

- "Why does the man have a green face?"
- "Buffaloes in our area are not yellow!"

Size, too, can cause misunderstandings. A larger than life size mosquito on a poster may lead people to think that they have no need to worry about the mosquitos in their area as they have never seen one as large as in your picture.

Use simple language and, if possible, use local terms for diseases.

Try to be aware of the social, cultural and religious beliefs in your area. If the materials cause offense, the target audience may refuse to help you.

How to pretest your health promotion materials

First of all, consider who you hope will use the materials you are designing.

Identify people in your community or approach people in their homes or in the market place and ask them if they will answer some questions about your materials.

Be sure to explain why you want the answers and what the materials will be used for in the future.

What do you want to find out?

Are these materials intended to inform people, give them a skill or motivate them? Be clear about what you are trying to find out. Ask many questions about the materials in order to build up a picture of people's understanding of the message you are trying to convey.

When do you pretest materials?

As soon as possible! Once you have some basic ideas down on paper start to pretest. None of your materials may be understood. You have to be prepared to change them many times. When you have put a lot of work into preparing the materials, you may feel angry or upset that people don't understand. If you recognize this might be a problem, involve the community right from the beginning of the early sketches, then you will feel happier about changes which need to be made. It will save you a great deal of time and money because the greatest cost is in the final production stage, and you want to be sure by then that the materials will be a success.

How are you going to record the answers?

It may be simpler to have a questionnaire which just requires you to fill in "yes" or "no" answers, but the information gathered will not be complete enough for you to make a judgement about what changes need to be made. You may know that someone did not like the picture, but you may not remember why. An example questionnaire is attached which requires more detail from the respondent.

How long will pretesting take?

This depends on how much material you are pretesting and how many people you are testing them upon. Experience shows it takes approximately 10-20 minutes to test a single picture. Remember to add on time for finding the respondents. It takes time to find out whether the respondent is really interested in helping or whether they just want to find out what you are doing.

Conducting the interview

Where?

Choose a social setting where you will not be disturbed by too many people. Respondents may become inhibited if you choose too public a place.

Introduction

Be sure to introduce yourself and explain what you are doing and why. Always treat people with respect.

Let people touch the material

Another reason for beginning pretesting your materials when they are still in a rough state is that people will want to touch the pictures and this may spoil them. It is important that the respondents feel able to touch the materials. It will help you to build up a rapport with them.

Encourage people to talk

Take time over the interview. Encourage people to ask questions. Remember you don't want "yes" and "no" answers to your questions; you want reasons why the respondent does or does not like or understand the picture.

Take a few materials only

Only take a couple of pictures at a time. This will allow plenty of time for answers and avoid both you and the respondent feeling pressured by time constraints.

Always make the respondent feel he/she has been helpful. Repeat what the pictures will be used for. Remember you may want his/her help again, and you also want to keep a good reputation in the community so others will be willing to help.

Recording

Pretesters, where possible, should work in pairs — one to conduct the survey and one to write down the answers properly. Be sure to write down the expressions people actually use and not your own interpretation; they may be useful as slogans on the pictures.

Post-testing

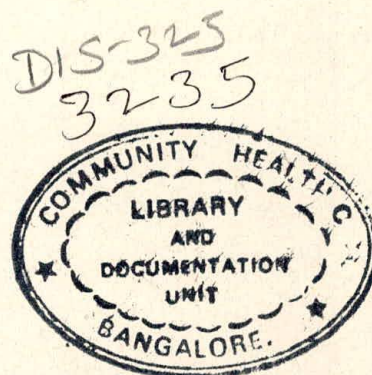
Once the materials have been produced and used for some time, you may want to conduct more interviews to see whether people actually liked the pictures, understood them, have changed their behaviour because of them, and what else they would like to have information about.

Suggested questions for a pretesting interview

These questions are "open" questions — they can't be answered by "yes" or "no" and require an explanation.

Remember to introduce yourself and explain the reason for asking these questions.

- What do you see in the picture?
- What else do you see? (It may be necessary to discuss each part of the picture in detail.)
- What does the picture mean to you?
- What, if anything, do you find confusing?
- Is the picture:
 - ... easy to understand?
 - ... hard to understand?
- What is worth remembering in the picture?
- What, if anything, do you like about the picture?
- Is there anything in the picture that you particularly dislike or that bothers you? If yes, what?
- In your opinion, is there anything in the picture that is hard to believe? If yes, what?



- In your opinion, what type of person is this picture talking to?

It is talking to:

- ... someone like me?
- ... someone else, not me?

It is talking to:

- ... all people?
- ... all people but especially people in my community?

- Which of these words or phrases best describes the picture?

- ... interesting
- ... not interesting
- ... informative
- ... not informative.

- Did you learn anything new about AIDS from the picture. If yes, what?
- Have you any other question you would like to ask?

Condoms and safer sex

Even before AIDS, condoms were used to prevent sexually transmitted diseases and unplanned pregnancies. With the growing awareness that AIDS is a potential threat to all of us, condoms have had a lot of attention as one strategy to avoid infection with HIV, the virus which can cause AIDS. For people who are already HIV positive condoms are one way to reduce the likelihood of passing the virus on to others.

This information sheet aims to give you clear information about condoms and about their role in safer sex. Needless to say, this information is equally important for both men and women.

How safe are condoms

Condoms make sex **safer**. They do not make sex absolutely safe. Condoms do sometimes fail — sometimes because of manufacturing defects, sometimes because the people using the condoms are not as careful or consistent as they should be. There are still risks involved in sex even if you use a condom. However, condoms greatly reduce your risk of contracting sexually transmitted diseases, including HIV infection. Condoms are not 100% foolproof, but they are much better than using no protection at all.

Where to get condoms

Condoms should be of good quality latex, and each batch should have been routinely tested by a national consumer organization to see that the condoms meet quality standards and are not defective. In many places, tested condoms carry a quality control mark, such as the British kitemark. The World Health Organization is trying to ensure that all condoms are tested, but in many places good-quality condoms are not easily available. If you are living and working in a place where you are not sure of the condom quality, your local family planning association may be able to advise you.

Use of a lubricant with nonoxynol 9 in it will increase the effectiveness of the condom (look on the packet to see if the condom contains spermicide with nonoxynol 9), both in protecting against infection and in providing lubrication so that the condom does not tear. Never use oil-based lubricants or greases, such as Vaseline, as these will damage the condom.

Condoms should be packed in a non-transparent package, and not exposed to sunlight, fluorescent light, excess heat, dampness or crushing during storage. Good-quality condoms stored properly will probably last a year from the date of manufacture in tropical countries, and longer in temperate climates. If you have not used a condom before, find a new, good-quality condom and unwrap it, so that you will be able to tell the difference between a good-quality condom and one which has obviously deteriorated due to heat, humidity or poor storage.

Using and disposing of condoms safely

When you take the condom out of the package, make sure you don't damage the rubber with your fingernails, with jewelry or with the foil of the wrapper. Put the condom on after the penis has become erect, but before the penis has come into contact with the partner's genitals.

Roll the condom all the way to the base of the erect penis. Pinch the tip as you roll it on, so that you leave a centimeter of empty space at the top of the condom.

After intercourse, withdraw the penis immediately, holding on to the rim of the condom to prevent spilling.

Tie a knot in the condom, wrap it in tissue and dispose of it carefully. Wash your hands. Never re-use a condom.

If you want to avoid pregnancy, it is more effective to use a backup method of birth control such as the diaphragm (cap) or pill. However, remember that only the condom protects against sexually-transmitted diseases.

Anal sex and traumatic sexual practices (see glossary) are particularly risky, because the condom is more likely to break. An extra-strong condom and use of water-based lubricant, such as KY jelly, reduce the risk of infection.

If the condom breaks in use, get medical advice as soon as possible.

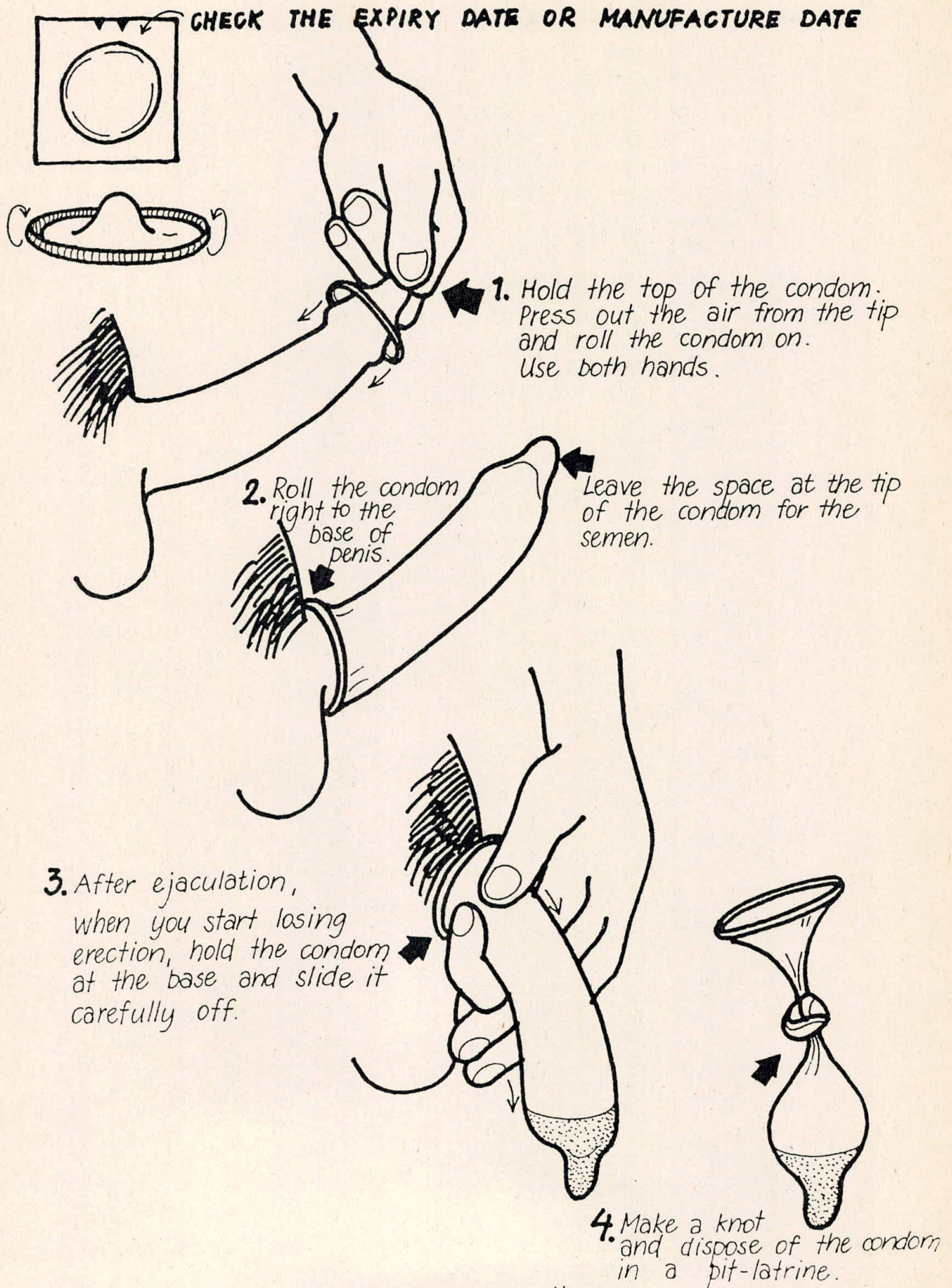
Other sexually transmitted diseases

With all the anxiety about AIDS it is important not to forget that condoms protect you against a number of other sexually transmitted diseases as well, such as chancroid and syphilis. Many of these are still much more common than HIV infection. They can cause sterility, damaged unborn children, and lead to other complications if untreated. If you have a genital ulcer, a discharge, soreness, a burning sensation while urinating, or other genital problems, see a health worker immediately for diagnosis and treatment. The presence of genital sores makes it easier for HIV to enter your body. Unlike AIDS, many other sexually transmitted diseases can be treated and cured.

Other choices for safer sex

Remember that it is impossible to tell by looking at a person whether or not she has HIV or another sexually transmitted disease, since most sexually transmitted diseases have long periods when they are dormant in a person's body and produce no symptoms. Unless you are absolutely sure of your partner or partners, use a condom or another means to ensure safer sex, such as sex without penetration. The risks of oral sex are still undetermined, but the risk is probably minimal if there is no ejaculation during oral sex.

How to use a condom



NEVER USE A CONDOM TWICE !!

Guidelines for AIDS and First Aid

These guidelines on AIDS were developed for Red Cross/Red Crescent First Aid training (for use where such guidelines do not already exist) and have been checked for accuracy by WHO's Global Programme on AIDS. The guidelines will be regularly updated, as necessary, to ensure that they reflect the latest scientific information on AIDS.

It is important to stress that the guidelines do not represent any new advice, but reinforce already existing guidance on hygiene in First Aid.

To date, no cases of infection with HIV (the virus which causes AIDS) have been reported from any part of the world as a result of giving First Aid. However, good hygiene is extremely important in First Aid, because many infections can be passed on by unhygienic handling of body fluids.

There is no need to consider any special precautions when giving First Aid to people who are not bleeding, don't have open wounds and are breathing by themselves.

It is also important to note that concern about good hygiene and protection from infections must apply in both directions. In other words, the first aider should not only consider his or her own personal risk, but the risk which unhygienic practices pose to the person needing care. There could be cases when it is the first aider who is HIV positive, rather than the person needing care. The advice given during First Aid training should be the same in either case.

Messages about AIDS and HIV

Ways in which HIV *is* transmitted

First aiders should be clear about the ways in which HIV is transmitted, so that they can educate themselves and inform others. HIV has only been shown to be transmitted in three ways:

- Through unprotected sexual intercourse (man-woman, woman-man, man-man).
- Through infected blood and blood products (such as receiving blood or blood products contaminated with HIV; use of contaminated needles and syringes; use of contaminated equipment which draws blood).
- From an infected mother to her child before or during birth.

Ways in which HIV *is not* transmitted

First aiders also need to be clear about the ways in which the HIV virus has not been shown to be transmitted. A suggested list is given here, but the list should be changed to reflect *local* concerns and worries.

- | | |
|--|-----------------------|
| • Insects | • Sweat |
| • Coughing or sneezing | • Food and water |
| • Giving blood | • Air |
| • Human touch (hugging, shaking hands, etc.) | • Toilets |
| • Saliva | • Clothes and bedding |
| | • Tears |

Areas of concern to first aiders

The AIDS pandemic has caused concern for first aiders in two areas:

1. When giving mouth-to-mouth resuscitation.
2. When dealing with someone who is bleeding.

Mouth-to-mouth resuscitation

Mouth-to-mouth resuscitation has not been shown to transmit the HIV virus. From the **theoretical** point of view, the only significant risk could arise from situations where the patient is bleeding from the mouth and the caregiver has open mouth sores. In practice, however, HIV has not been shown to be transmitted in the few cases where caregivers have resuscitated people with HIV who are also bleeding from the mouth.

Special equipment for mouth-to-mouth resuscitation is **not** recommended, except for professional first aiders, such as ambulance people, who would have such items available as part of their regular equipment. Use of rigid airways by untrained or inexperienced people can cause bleeding and actually increase risk. In addition, most people who have undertaken basic First Aid training would be unlikely to carry rigid airways, mouth covers, or similar equipment at all times, on the remote chance that they may need to resuscitate someone. Excessive concentration on the theoretical risks of HIV transmission by mouth-to-mouth resuscitation may cause needless panic and lead to denial of care, both of which need to be prevented.

Dealing with someone who is bleeding

Blood should always be treated with respect. A number of infections, such as Hepatitis B, may be passed on if blood is not handled carefully. AIDS does not require new procedures but merely highlights the need for existing good hygiene procedures to be practiced at all times.

Safe handling of blood in a First Aid situation does not require "space suits" or excessively high levels of protection. What is required is basic good hygiene, a few precautions and good common sense.

First aiders should realize that the HIV virus is **fragile**. Once outside the body, it does not usually survive for long, and is easily and quickly killed by heat, or external use of household chemicals such as bleach (sodium hypochlorite) or alcohol. Unbroken skin provides a good barrier to prevent the HIV virus from entering the body. On the other hand, there is some chance of the HIV virus entering the body through broken skin or through mucous membranes, although studies of a large number of health care workers indicate that this chance is extremely remote.

Specific recommendations

1. **Cover your cuts** — As a matter of routine hygiene, cover your exposed cuts and grazes with a waterproof dressing. For people with chronic skin conditions on their hands which cause open sores, it is best to avoid direct contact with any patients who are bleeding or have open wounds unless clean gloves are available (be sure to wash your hands before and after using gloves).
2. **Avoid direct contact** — If possible, people who are bleeding should stop the bleeding themselves. The first aiders should show the person how to apply pressure to the wound, using a clean cloth, for 5-10 minutes. However, if the bleeding person is a child or bleeding severely, or is confused or unconscious for other reasons, she may not be able to help herself. The first aider should stop the bleeding in this case. Use a thick cloth or other barrier to avoid coming in direct contact with the blood if possible.

3. **Mop up pools of blood carefully** — If blood spills occur, mop up the blood and dispose of the cloths safely (i.e. in plastic bags or by burning or burying them). Avoid direct contact with the blood. Treat the stain with disinfectant or a bleach-water solution (i.e. in many countries 1 part bleach to 10 parts water; however, the strength of bleach varies from country to country).
4. **Wash clothes, linens and instruments** with soap and the hottest water available (above 70 degrees centigrade) if they are stained with blood. There is no need to dispose of clothes or instruments as long as they are well washed. You should wash materials stained with other body fluids in the same way for general hygiene, although significant concentrations of HIV are only found in blood, semen and vaginal secretions.
5. **Clean yourself and the patient** — After First Aid care, wash thoroughly with soap and water. If blood splashes in the eyes or mouth, rinse immediately with lots of water. **Wash your hands.**
6. **Be careful of cuts** — Avoid cuts when giving care. If you do get a cut, encourage the wound to bleed freely for a little while, then wash with soap (except around the eyes) and warm water. Apply antiseptic or alcohol and a dressing if possible.
7. **Don't try to guess** who might be infected. People infected with HIV may look and feel well. Treat everyone with the same high standards of care, practice and respect. Consistently high standards will also protect you and the people in your care against a number of other diseases.

A final note

Many people are excessively worried about remote or theoretical risks of contracting AIDS, such as the risk from giving First Aid. At the same time, they may not be considering the real risks they may be running because of sexual or other behaviour which may place them at risk. First aiders should be encouraged to focus on their **real** risks and consider behaviour change if necessary.

First Aid training should stress that the first Red Cross Principle is that of humanity — to prevent and alleviate human suffering wherever it may be found. Red Cross and Red Crescent members sometimes put themselves at real risk in situations of disaster and catastrophe (as they do, of course, in the activities of ordinary life, such as travelling in a car). To deny First Aid care to someone in need, given the remote, theoretical risk of HIV transmission from such care, is inconsistent with Red Cross Principles. The Scout Law and Promise also requires a Scout to show respect and to do his best to help other people.

Many Red Cross and Red Crescent Societies train large numbers of first aiders every year. These trained people can in turn become important in educating their communities about AIDS. Such face-to-face, personal communication from trusted and knowledgeable people is crucial in slowing the AIDS pandemic. First Aid training should not be considered complete without a group discussion of how first aiders can educate themselves and inform others about AIDS.

Other sexually transmitted diseases

Why do we need to know about sexually transmitted diseases?

As a youth leader, you will be using this pack to learn more about AIDS. Many of the youth group members will want to discuss subjects relating to AIDS as well. AIDS is only one of the sexually transmitted diseases (STDs) and knowledge about some others will help you to answer their questions. If the youth members are already sexually active, it will help them to protect themselves from infection. If they are not sexually active, the information will provide a good basis for their understanding of AIDS.

What is a sexually transmitted disease?

STDs are those diseases which are transferred via the mucous membranes and secretions of the sexual organs, throat and rectum. Most STDs are easy to treat. If they are detected and treated early, they do not cause serious problems. If they are not detected and treated early, the infection may spread and cause complications such as sterility. They are relatively easy to contract, and so it is important to know what they are, what they look like and what you need to do to get them treated.

The following describes all the basic information you need to know about STDs. The information is followed by questions to think about before preparing to discuss the subject. The most important thing to remember is that if you intend to have sexual intercourse, **condoms** are the best way of protecting yourself against STDs. Make sure you have a condom with you and that you know how to use it if you intend to have sex. Appendix III of this pack will help you.

How do I know if I have a sexually transmitted disease?

STDs often have very few symptoms. You may be infected for some time and not know it. The danger is that you can spread the disease to others without realizing it. The following describes some common STDs and how they are treated:

Chlamydia:

A bacteria. Often there are no symptoms. The infection may lie dormant for some time and then start to cause problems. The symptoms include a discharge or burning sensation when urinating.

Treatment: A swab is taken by a health worker and it is analyzed in the laboratory to make sure the right antibiotic is given for the infection. It is very important that both partners are treated and that they avoid sexual intercourse until they have finished the treatment.

Risks: If Chlamydia is not treated the infection may spread causing inflammation in the womb and sterility. It is a very common infection.

Gonorrhoea:

Symptoms occur 3-5 days after infection. In men, it causes a yellow/green discharge and pain on urination. Women may also have a discharge but both women and men may have no symptoms at all.

Treatment: Antibiotics. Both partners must take the treatment and not have sexual intercourse until the treatment is finished.

Risks: If the infection is not detected and treated, then it will spread and may cause sterility. There are some strains of Gonorrhoea that are resistant to certain antibiotics, so it is important to have swabs taken by a health worker and analyzed at a laboratory in order to make sure the infection has been properly treated.

Herpes:

Caused by a virus. Herpes lives in the nerve root endings and once infected a person is infected for life. The first attack after infection is often the most painful. Small blisters occur around the site of infection — the mouth or the genitals — about 2-20 days after infection. The blisters may be accompanied by a high fever, general aches and pains and swollen glands. The blisters burst after about 2-4 days and eventually heal. Attacks occur about 3-4 times a year for many years but gradually decrease in intensity.

Treatment: There is no cure for herpes. The symptoms can be reduced by bathing the blisters in warm salty water and by taking painkillers. It is important to avoid sexual intercourse until the blisters have completely disappeared. To avoid spreading the infection, the sufferers should make sure they keep their own towel and avoid contact with their eyes without first washing their hands.

Risks: Women who are pregnant should have swabs taken by a health worker and analyzed in the laboratory before delivery. To avoid contamination of the baby during its passage down the birth canal, a cesarian section may be necessary. Herpes can infect the brain.

Condyloma:

A virus that causes warts which appear on or around the sexual organs. These flesh coloured bumps can be very difficult to identify, especially if they appear in the birth canal of a woman. They usually appear 3-9 months after infection. This long incubation period means it is difficult to find out where they came from and they can be passed on to others.

Treatment: The warts are painted with a solution called podophyllin. The solution must be washed off after 4 hours to avoid irritation. No sexual intercourse should take place until the warts have completely disappeared.

Both partners need to be checked to see if they have any warts.

Risks: Women who have come in contact with the Condyloma virus should have their wombs checked regularly for the first stage of cancer. The Condyloma virus is very common.

Trichomoniasis:

Women complain of a smelly discharge, itching and soreness. Men usually have no symptoms at all. Symptoms start 2-3 days after infection.

Treatment: Swabs should be taken by a health worker and sent for analysis in the laboratory. Both partners need to be treated. No sexual intercourse should take place until the treatment has finished.

Syphilis:

The first sign of infection is a small painless ulcer (chancre) at the sight of infection — usually the sexual organs or the mouth — which appears 9-90 days after infection. This disappears in a few days and may not be detected. The infection lies dormant in the body for some time. Later a red rash may appear all over the body. This also can pass undetected.

Treatment: Antibiotics by injection for 10 days. Both partners need to be treated and they must not have sexual intercourse until the treatment is finished. A blood test may be taken to detect whether infection has taken place if the small ulcer is not detectable.

Risks: If syphilis is left untreated it can cause major problems in later life. Heart disease is not uncommon and in the terminal stages dementia is caused by infection in the brain. Women may pass on syphilis to their unborn child and this can cause congenital abnormalities. Treatment can take place at any time once syphilis has been detected, but it is more successful in curing the disease and the treatment is shorter, if detected early.

Some questions to think about before discussion

1. Where can you get condoms to protect yourself from sexually transmitted diseases?
2. If you thought you might have become infected who would you talk to?
3. If you thought you might have become infected how would you tell your partner?
4. What are the skills you can practice in your group to feel more confident about telling a partner or talking to a friend?
5. How could you organize the information in this document to be made available to people who may be putting themselves at risk of a sexually transmitted disease?
6. What else do you think you need to help you understand more about sexually transmitted disease?

These pages from **Puppets for Better Health**, by Gill Gordon, illustrated by Sue Gordon are reprinted with kind permission from Macmillan Education Ltd., London and Basingstoke.

How to make puppets

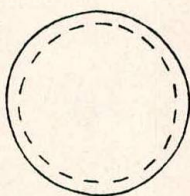
Puppets for Better Health

MAKING CLOTH PUPPETS

We need:

Skin-coloured cloth
Cloth for costume
Coloured cloth for features
Cotton
Wool for hair
Buttons and decorations
Cotton, kapok or cloth for stuffing

Method 1



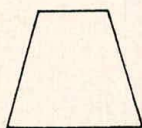
(1) Cut two circles of cloth and sew together, leaving a gap for the neck.



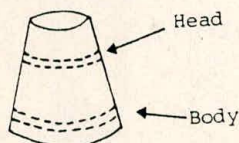
(2) Turn inside out and stuff. Sew or glue on features, ears and hair, using cloth, wool, string or buttons.



(3) Give the face expression and personality, as described on p. 38.



(4) Cut out neck. Sew into a cone. Make the body and hands as described on pp. 39-40.



(5) Sew head and body to neck on the lines.



(6) If the head is stuffed with cloth, the puppet can be gently washed.

Method 2



(1) Draw profile onto folded cloth and cut out.



(2) Cut a strip of cloth to go from the throat, over the face, to the back of the head.



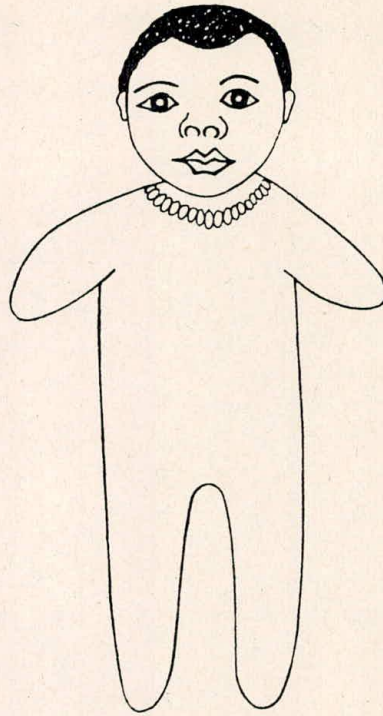
(3) Sew strip onto the two sides of the profile. Turn inside out and fill with small pieces of cloth.

Making puppets

Cloth babies

Make small children from cloth and stuff them. We made a thin baby with light-coloured skin and hair made from maize tassels. Our fat baby had darker skin and real black hair.

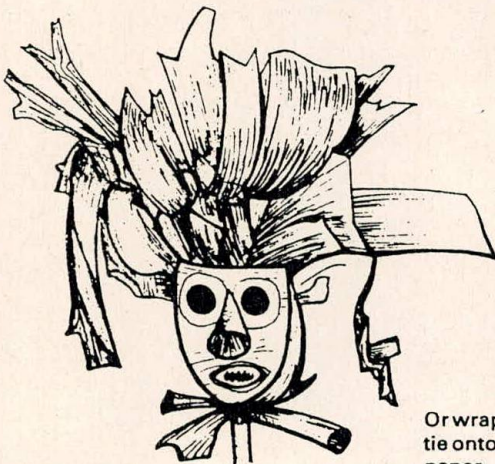
Prop the babies up on the stage while their mothers are acting. We used a hook or screw.



MAKING A ROD PUPPET

Rod puppets are bigger than glove puppets, so that large audiences can see them. Simple rod puppets cannot perform so many different actions as glove puppets. We can build them up from a variety of locally available materials — for example, wood, cardboard, string and dried stalks.

We need: one papier mâché or plaster head as shown for glove puppets, but with a straight neck.



A banana fibre puppet

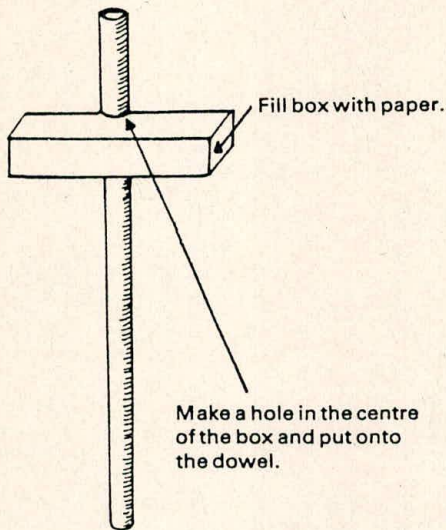


Or wrap banana fibres into a ball, and tie onto a stick. Glue on a layer of paper.

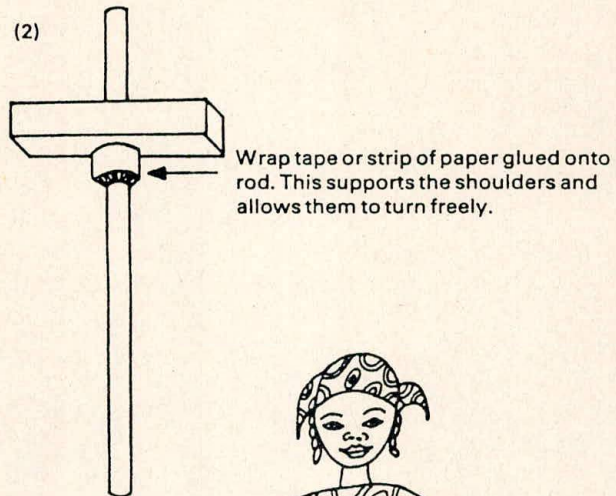
Puppets for Better Health

Try shells, Fanta bottle tops, nuts or stones for the eyes
 Length of dowel or stick
 Cardboard box
 Tape or glue
 String
 Screw-hooks and eyes if available
 Wire (e.g. coathanger, bicycle or umbrella spokes)
 Cloth for costume

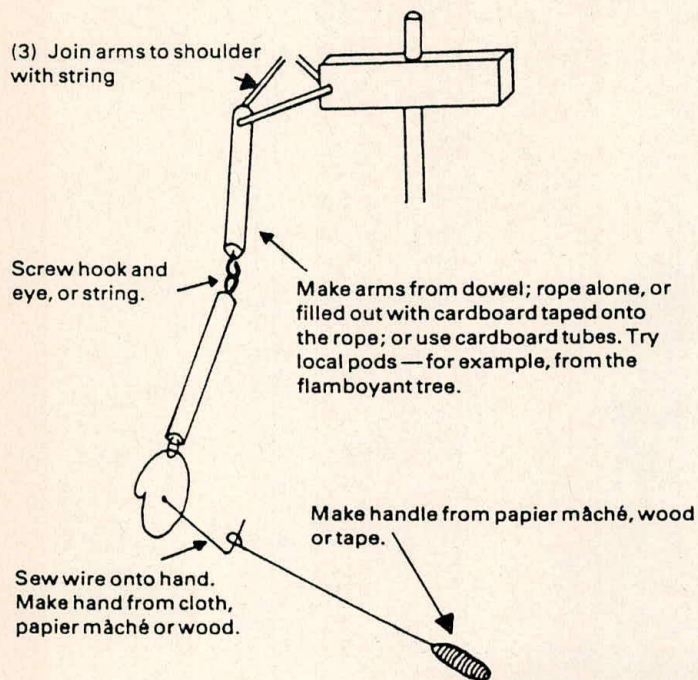
(1)



(2)



(3) Join arms to shoulder with string



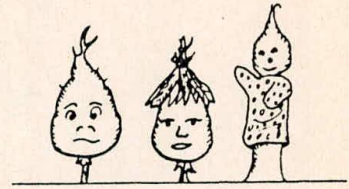
(4) Fix the head onto the rod and clothe the puppet as with glove puppets; or glue pieces of cloth onto the shoulders and build a costume around the puppet. Hold the central rod in one hand and the hand wires in the other. Practise turning the head and working the hands.

Making puppets

EASY PUPPETS *

Plant puppets

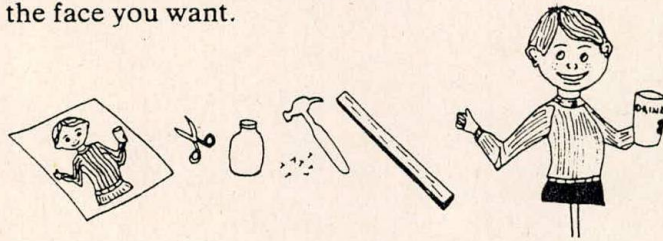
Plant puppets are easy for children to make. Carve faces on yams, potatoes, cassava, pumpkin, carrots, etc.



Stick puppets

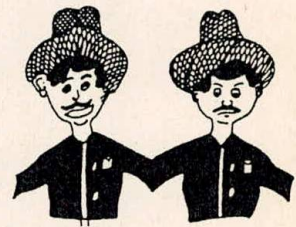
Children can easily make stick puppets. Older children can teach younger ones how to make faces with different expressions. In Ajoya, Mexico, children put on a very successful puppet show about the story on p. 16. This is how they made the puppets.

If the puppet needs two expressions, put two cardboard drawings back to back. During the show, turn the puppet to show the face you want.



Happy

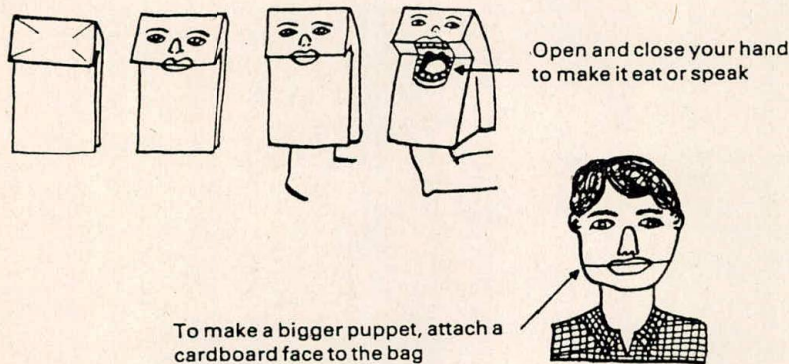
Angry



Glue these back to back on a stick.

Paper bag puppets

Paper bag puppets are easy to make if paper bags are available. See p. 25.



* Taken from *Helping Health Workers Learn*, by David Werner and Bill Bower, Hesperian Foundation, 1982.

Resource list

The following list covers examples of information on HIV/AIDS which you can order. Most organizations carry their own resource lists which they will send you on request. You can then choose which materials would be most appropriate in your culture and community. Some of the materials are available free of charge and where possible this is indicated.

Videos

"A World United Against AIDS", 30 minutes. Highlights individual, community and national efforts against AIDS. Available as VHS in English. Price: Swiss Francs 55 or US\$44 per copy including postage by surface mail and handling. Specify PAL, SECAM or NTSC,

Order from: Distribution and sales, WHO, 1211 Geneva 27, Switzerland.

"Survivors", 15 minutes. Includes a VHS video, a guide for street workers and a pocket size comic book for children. Describes the reality of AIDS for street children in any city in the world. Provided in language of your choice.

Order from: Survivors Distribution, Street Kids International, 221 Front Street East, Toronto, Canada M5A 1E8.

"Caring About Aids — The Common Ground", 37 minutes. VHS, PAL, SECAM or NTSC. Award winning film about the response of four different communities to AIDS epidemic. Made in partnership with the World Council of Churches, the International Planned Parenthood Federation and the American Red Cross. Available in English, French and Spanish.

Order from: Health Department, League of Red Cross and Red Crescent Societies, 17 Chemin des Crêts, Petit-Saconnex, Geneva, Switzerland.

"Strategies for Hope" consists of a series of video programmes, 15-20 minutes in length, designed for education and training. **"Strategies for Hope"** also provides a series of booklets, 25-40 pages in length, which cover AIDS care and prevention, the AIDS support organization in Africa called TASO, and AIDS management. The videos and booklets are designed to help health and community organizations plan and organize care and education programmes. Available from Teaching Aids at Low Cost (TALC).

Order from: TALC, P.O. Box 49, St Albans, Hertfordshire AL1 4AX, United Kingdom. National AIDS control programmes and AIDS organizations working in African countries south of the Sahara can order the videos and booklets free of charge. Available in English and French.

"Young Canadians Talk about AIDS", 8 minutes, VHS/PAL, produced by the Canadian Red Cross. The young people talk in both English and French about their thoughts and feelings relating to AIDS. The video also includes pictures painted by the young people showing how prejudice affects the lives of people with HIV/AIDS. The video will be useful to encourage discussion amongst youth groups' members.

Order from: Cancross Communications, The Canadian Red Cross, Ottawa, Canada. Price Can. \$ 30, plus shipping.

Slide sets

Three sets of 24 colour slides are available from Teaching Aids at Low Cost (TALC). Suitable for a range of health workers/health educators in Africa. Each set includes teaching notes and subjects for discussion. The first in the series, **Virology and Transmission**, should be used before the other two sets, **Clinical Manifestations** and **Prevention and Counselling**. Each set costs \$2.75 for self-mount sets with instructions. Sea mail to developing countries or \$0.60 extra for airmail.

Order from: TALC, P.O. Box 49, St Albans, Hertfordshire, AL1 4AX, United Kingdom.

"Working Towards Understanding" — The League of Red Cross and Red Crescent has developed a pack to be used for AIDS training within the workplace. This pack contains training and discussion materials such as a self questionnaire, a slide presentation (60 images) with script, case studies and an exercise on non-discrimination. Available in English and French. See order form following this section.

Newsletter and leaflets

"AIDS Health Promotion Exchange" — Newsletter giving examples of AIDS health promotional activities from around the world. Published by the Global Programme on AIDS of the World Health Organization, with editorial and technical collaboration of the Royal Tropical Institute in the Netherlands. Free of charge to organizations directly involved in AIDS health promotion who are unable to pay for subscription. Annual subscription for those who can pay: Swiss Francs 20 (or US \$16). Available in English and French.

"Broadcasters' Questions and Answers on AIDS" — A manual aimed at people working in the media but useful for everyone. Gives general information about HIV/AIDS and covers most of the questions you are likely to be asked. Very clear presentation. Available in English and French.

"World AIDS Day Action Kit" — Information on how to plan your World AIDS Day activities which occurs on 1st December every year. Includes action check list, camera ready copy for World AIDS Day symbol and information on all you might need to think about when creating or planning your activities. In English and French. Available from June to 15 November annually.

All the above can be ordered from: WHO/GPA, 1211 Geneva 27, Switzerland.

"AIDS Action" — Monthly newsletter produced by Appropriate Health Resources and Technologies Action Group, Ltd.(AHRTAG). Concerned with AIDS prevention and control, offers useful articles on current issues and a review of new materials from across the world. Produced and distributed free of charge to developing countries.

Order from: AHRTAG, 1 London Bridge St., London SE1 9SG, United Kingdom.

" Red Cross And Red Crescent Information and Materials on AIDS" — Resource list of posters, leaflets and booklets from RCRC Societies around the world with addresses.

Order from: Health Department, League of Red Cross and Red Crescent Societies, 17 Chemin des Crêts, Petit-Saconnex, Geneva, Switzerland.

"AIDS Watch" — Quarterly magazine jointly produced by the International Planned Parenthood Federation (IPPF), the League of Red Cross and Red Crescent Societies. Available in English and French.

Order from: IPPF Distribution Unit, P.O. Box 759, London NW1 4LQ, United Kingdom — free of charge.

" World AIDS" is published every two months by the Panos Institute in association with the Bureau of Hygiene and Tropical Diseases in London. "World AIDS" is made possible by funding provided by the Ford Foundation. The Panos AIDS unit is funded by the Norwegian Red Cross.

Order from: Subscription rates: £12 or US \$25 per year (six issues). Remittance to United Kingdom should be made in sterling (payable to Panos Books), 8 Alfred Place, London WC1E 7EB, United Kingdom.

Books on AIDS

"Preventing a Crisis" — Produced by Gill Gordon and Tony Klouda. A training manual on AIDS and family planning directed towards developing countries. Excellent ideas for working with groups and in the community. Very comprehensive and useful.

Order from: IPPF Distribution Unit, P.O. Box 759, London NW1 4LQ, United Kingdom. Please enquire about payment.

"Talking AIDS, A Guide for Community Workers" — Produced by Gill Gordon and Tony Klouda, AIDS Prevention Unit, International Planned Parenthood Federation. This guide is designed for anyone who is involved in counselling and education about sexual health and AIDS in the community. The book aims to promote understanding of AIDS and awareness of the means of preventing its spread, and to support people infected with HIV.

Order from: IPPF Distribution Unit, P.O. Box 759, London, NW1 4LQ, United Kingdom. Please enquire about payment.

Books on general health education

"Helping Health Workers Learn" — by David Werner. General training book for primary health care workers in developing countries. Contains many ideas for making training materials to make learning exciting. Available in English, French, Spanish and Arabic.

Order from: Hesperian Foundation, P.O. Box 1692, Palo Alto, CA 94302, U.S.A.

"Puppets for Health" — by Gill Gordon. Excellent and easy to understand. Describes many ways of making puppets and using them as part of a health promotion programme. Encourages community involvement and group participation.

Order from: Macmillan Education, Ltd., Houndsmills, Basingstoke, Hants., United Kingdom (check on how to order, money, etc.).

"Education for Health" — A manual on health education in primary health care. Very detailed book on planning and carrying out general health promotion programmes. Includes methodology for working with knowledge, attitudes and behaviour, using local resources and local people.

Order from: Office of Publications, WHO, 1211 Geneva 27, Switzerland.

GLOSSARY

AIDS

Acquired immune deficiency syndrome — A combination of diseases caused by a virus which affects the immune system. The immune system becomes unable to fight off infections.

Anonymous

Without giving a name. In the context of this manual a test for HIV would be taken but no name written on the specimen so that the result could not be traced back to the owner.

Antibiotics

Drugs given to fight certain types of infections.

Anus

The back passage through which faeces are passed.

Condom

A rubber sheath which fits over the penis when a man is sexually excited and the penis is hard. It can be used to protect against pregnancy and sexually transmitted diseases.

Health promotion

Includes health education, health policy formation, community development, diagnosing the causes of ill health both economically and socially and the promotion of healthy lifestyles.

HIV

Human immunodeficiency virus — the virus which can cause AIDS.

HIV antibody test

A blood test which detects whether the body has reacted to the presence of HIV. The body will have tried to protect itself against the virus by producing antibodies. The reaction takes an average of three months after infection to show in the blood. If the test is positive, the infected person will have been able to pass on the virus from the moment of infection. This is not a test for AIDS. You cannot tell from this test when or how the person tested will proceed to AIDS.

Immune system

Protects the body from infection by recognizing diseases, killing them and then remembering what they look like so that they will be able to fight them off again.

Karposi's sarcoma

A rare form of skin cancer.

Lymph glands

Organs of the body which play an important part in protecting the body against disease. They can be found, for example, under the arms and in the groin. When an infection tries to enter the body, the nearest lymph glands may become swollen because of the activity of the white cells in fighting the infection.

Penetration

Used in the context of this manual to describe the act of putting the penis into the vagina or anus whilst having sex.

Penis

The part of a man's body with which he passes urine and has sex.

Pneumocystis carinii pneumonia (PCP)

A type of organism which causes pneumonia — inflammation of the lung. Normally the body can fight off this organism . However, when HIV enters the body, it infects the part of the immune system which would normally protect us from becoming ill with this organism.

Polygamy

Having more than one wife or husband at the same time.

Radiotherapy

Treatment which is given for some cancers.

Semen

The fertilizing fluid that passes through the penis during ejaculation.

Seropositive

Can also be called **HIV positive** or that a person has **seroconverted**. About three months after being infected with HIV the body develops antibodies to the infection. These can be detected in the blood which is tested in a laboratory.

Sexually transmitted diseases (STD)

Diseases which can be passed from one person to another by sexual contact.

Sex worker

A person, male or female, who offers sex in return for money.

Traumatic sexual practices

Sexual practices which involve some damage, major or minor, to the body of either partner involved in having sex. This will include tiny cuts in the mouth or vagina or on the penis caused by prolonged rubbing.

Tuberculosis

A disease which often affects the lungs and bone. It is still very common in some parts of the world. It is treatable.

Vaccine

An injection which prevents people from becoming sick from certain diseases even if they come into contact with them.

Vagina

Part of the birth canal of a women which leads to the womb.

Vaginal secretions

The lubricating fluid of the vagina which increases when a women becomes sexually excited.