

AIDS PREVENTION
THROUGH
HEALTH PROMOTION

4/10/88

**ACTION
NOTES:
Mobilizing
Local
Organizations**

DIS-325
N88

Draft: Distribution for Review Purposes Only

Introduction

200-EPIC
800-EPIC



- How could I do it better?
- Would the case studies be appropriate to the needs of the organization?
- How could I change the story and still get discussion groups to talk about the problems they might face?

Part II of ACTION NOTES continues to be written -- with your assistance. Part II includes 10-15 examples of AIDS health promotion programmes within local organizations, along with examples of their training materials. These examples will be continually up-dated. Please contribute.

Please address your recommended changes to:

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AIDS PREVENTION THROUGH HEALTH PROMOTION

ACTION NOTES: MOBILIZING LOCAL ORGANIZATIONS

ACTION NOTES are designed to assist district and local level health educators mobilize a variety of local organizations to collaborate with their National AIDS Prevention and Control Programme. ACTION NOTES complement AIDS HEALTH PROMOTION: GUIDE FOR PLANNING, directed toward planners of the health promotion component of national programmes. ACTION NOTES apply the health promotion process at the district and local level, within organizations with the potential to play a significant role in informing and educating their membership and the broader community about AIDS.

AIDS Health Promotion is a process to influence positively the behaviour of individuals and groups to control the spread of HIV infection, using our most effective strategies, what we know about AIDS, and what we can learn about information, education, society and culture. AIDS Health Promotion is the information and education component of an AIDS prevention and control programme.

The Health Promotion process provides a rational and systematic way to:

- Plan
- Implement
- monitor and evaluate

information and education programmes to combat AIDS. ACTION NOTES applies this process within local organizations.

Part I of ACTION NOTES identifies five types of organizations mentioned frequently in National AIDS Prevention and Control Plans. They are not intended to be exhaustive. The same process can be adapted for any local organizations. The organizations included provide a range of target audiences:

- Military services
- Youth organizations
- Women's groups
- The workplace
- Religious organizations

The training materials provided will not be suitable to use just as they are. They are to serve as "triggers" for the design of locally appropriate activities. As you read them, begin to think:

- Would this be the way I approach an organization to assist in planning their education and training?

**Table
of
Contents**

AIDS PREVENTION THROUGH HEALTH PROMOTION

ACTION NOTES:
MOBILIZING LOCAL ORGANIZATIONS

SECTION 1

Health Promotion modules suggested for:

ARMED FORCES
YOUTH WORKERS
WOMEN'S GROUPS
IN THE WORKPLACE
RELIGIOUS ORGANIZATIONS

SECTION 2

Examples of Health Promotion activities to prevent the spread of HIV infection from around the world.

References

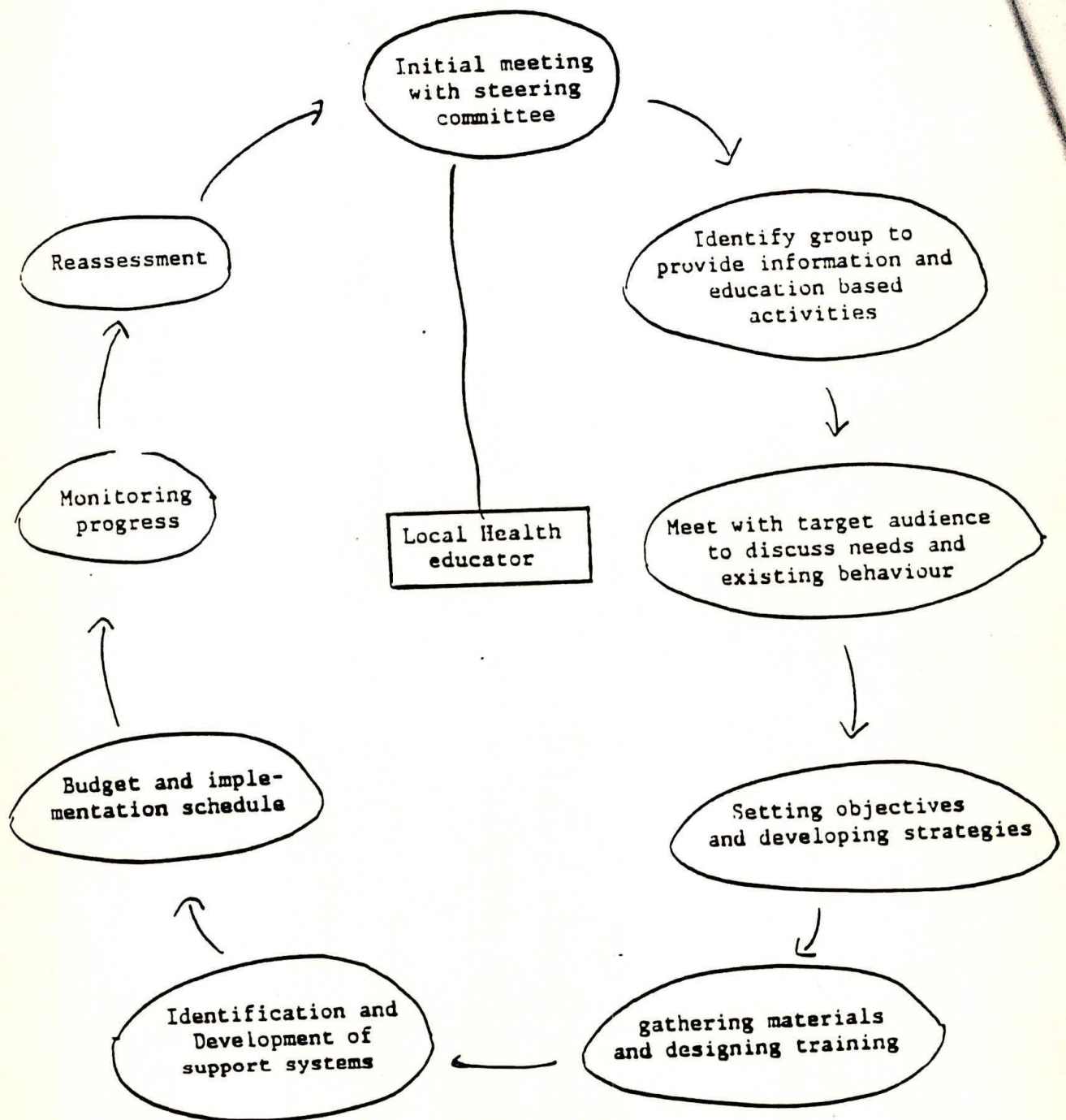
ACTION

NOTES:

**Armed
Forces**

ACTION NOTES
FOR
MOBILIZING LOCAL ORGANIZATIONS

AIDS INFORMATION AND EDUCATION PLAN

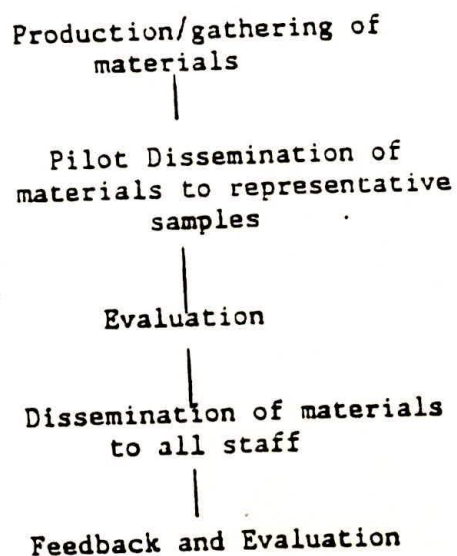


- c) What is the general understanding of safer sex practices?
- d) What are the problems associated with using condoms?
- e) How are past sexual histories discussed with present partners?
- f) What needs to happen to ensure avoidance of risk taking behaviour?

Setting objectives

Having gathered information from the target audience and selected a group of people who will act as facilitators to the activities programme, a plan of action can be considered.

Information Campaign



Training Process



Programme Development

Materials may be drawn from existing material produced by the National AIDS Committee or AIDS Health Promotion campaign or adapted and produced locally with the help of artists, actors and people with media training. Where baseline discussions have highlighted a particular area of misinformation, specific posters, leaflets or radio messages can be developed. The development of the activity sessions is directly related to the knowledge gaps and attitudes reflected during the baseline surveys.

- Examples of training for the activity facilitators are presented in Box 3.
- A suggested plan for implementation over a 12 month period is suggested in Box 5.

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ACTION NOTES

ARMED FORCES

Introducing an AIDS health promotion strategy for all the armed forces involves detailed planning and agreement consistent with the objectives agreed to in the National AIDS Prevention and Control plan. (See Annex 1).

The district level civil and military forces may draw from the National AIDS health promotion programme and would request a local AIDS health educator to join their multidisciplinary planning team. This planning team or steering committee will set in motion the education and development of AIDS prevention for all their staff.

Formation of a steering committee

At either the national or district level, the NAC health promotion representative should organize a meeting with senior staff medical personnel, counsellors and other relevant personnel to set objectives for the AIDS education and prevention activities. This steering committee will ensure that:

- a) All AIDS prevention activities are coordinated.
- b) The momentum of the activities is maintained.
- c) There is supervision of the activities to maintain accuracy of the messages received.
- d) Follow-on activities are authorized and implemented, for example, a group consisting of volunteers from different ranks receives training by the health educator in order that they should take on the group activity work within the organization.
- e) Monitoring and evaluation procedures are authorized in order to modify or add to the overall strategy.
- f) Senior managers in the service receive training appropriate to the needs of the organization.

In order that the steering committee covers all the areas that need to be discussed the health educator may provide the meeting with the enclosed planning checklist. (See Box 4).

Base line information

Group discussions held with people of the same rank will ascertain the present state of knowledge about AIDS, present behaviours and practices and areas of need.

Some suggested discussion topics:

- a) What is the current level of knowledge about AIDS and STDs?
- b) What is the current attitude towards those who are HIV antibody positive?

Suggested Training Schedule

Training on HIV and AIDS is ideally part of an existing programme health related issues, particularly when discussing sexually transmitted diseases or personal relationships. However, where these courses do not exist it is important that the activity facilitators and health educators feel comfortable about introducing these subjects when embarking on the AIDS health promotion and education programme.

The programme is designed to be continuous but flexible to the changing needs of the organization. The primary task is training for senior managers in order that they understand the need for both the information campaign and the small group discussions. Both the managers and the activity facilitators need regular updating to reassess goals and receive new information.

Information should not be delivered in isolation. Immediate follow up with small group discussions on how individuals can make changes in their lives to protect themselves and their partner from HIV infection will ensure that people are not left anxious and wondering what they themselves need to do. The following outline is a suggested ideal for introducing the health promotion plan. It will be necessary to adapt the plan to fit with existing schedules of new recruit intakes and inservice training.

Month	1	2	3	4	5	6	7	8	9	10	11	12
Managers and trainers initial training with regular update	X					X						X
Education and information campaign			X				X				X	
Inservice training for all staff		X		X		X		X		X		X

Schedule for Planning

Collecting materials and conducting small group discussions in order to ascertain the needs of the groups to be reached is a major part of the health promotion and education process. It may take 6 months or one year to thoroughly collate and prepare training materials and information. However, correct messages and sensitive training which meets the needs of the participants is essential to the success of the programme.

Development of support systems

Even in small groups it may be difficult or frightening to discuss individual problems. It is necessary to provide avenues for face to face counselling establishing clear sources and availability and an opportunity to help those seeking further advice. This needs to be available to all ranks and it may be advisable to provide a referral system to hospital services should treatment be necessary. A confidential telephone advice line will enable those who wish to remain anonymous get the help they need.

Budget and Implementation Schedule

Planning AIDS education and health promotion must both meet the needs of the target audience and also be realistic in its costing. It is imperative that the strategy be maintained and become part of the existing health promotion services. Financial support will be needed in the following areas:

- Materials production, e.g., leaflets posters
- Printing - mimeograph machine
- Cost of special events, e.g., projector for slide shows, Hire of premises, refreshments
- Telephone
- Office supplies
- Part time staff
- Transport/petrol
- Per diem/speakers fees

The steering committee and activity facilitators will be providing their services as part of their existing workload.

The cost both short term and long term will also depend on the implementation of the plan and this will be calculated on the basis of the initial education campaign and long term, small group activity.

Monitoring and evaluation

The success of the health promotion and education programme depends on the following.

- 1) That the steering committee recognizes that the process of gathering information about knowledge, attitudes and behaviour may take several months and that this must be allowed for in the planned programme.
- 2) That the steering committee maintains involvement and assists in providing the authority and institutional support for the programme.
- 3) That the group discussions are carried out at regular intervals with a cross section of the participants to assess the levels of understanding of the messages delivered and any changes in behaviour or attitudes. Changes may need to be made in the programme as a result of these group discussions.

Reassessment

Information about AIDS and HIV infection changes rapidly. It is difficult to maintain the momentum of a programme that may be seen as repetitious to the organizers. It is essential that regular reassessment of the entire programme is maintained and goals are redefined if necessary.

Step 3

Translating this awareness into behaviour change by adoption of new practices through understanding and personal choice.

The emphasis of the training is to concentrate most time on step - steps 1 and 2 alone will not lead to behaviour change. Each individual has to understand how knowledge about AIDS and HIV infection must lead to change in their own behaviour and how they can go about doing this.

This outline is meant only as a guide to possible approaches in facilitating discussion on AIDS and HIV infection. The health promoter can use the ideas presented here and change the situations and case studies to suit their own culture, restrictions and environments.

It is suggested that the facilitators carry out the activities in small, single sex groups. Wives of enlisted men should also have access to discussion and support. At all times confidentiality should be maintained. It should be made clear that subjects discussed in the small groups should not be further discussed outside the seminars.

TRAINING FOR ACTIVITY FACILITATORS/TRAINERS (target audience 1)

Notes

Training should follow steps 1, 2 and 3. Ideal group size is no more than 20 with most of the work being done in groups of 2 or 3.

(The managerial group will be given extra time to discuss, and work out strategies for issues relating to employment and occupational health).

Time for facilitator training	6 hours
Time for extra training i.e. employment and occupational health	2 hours

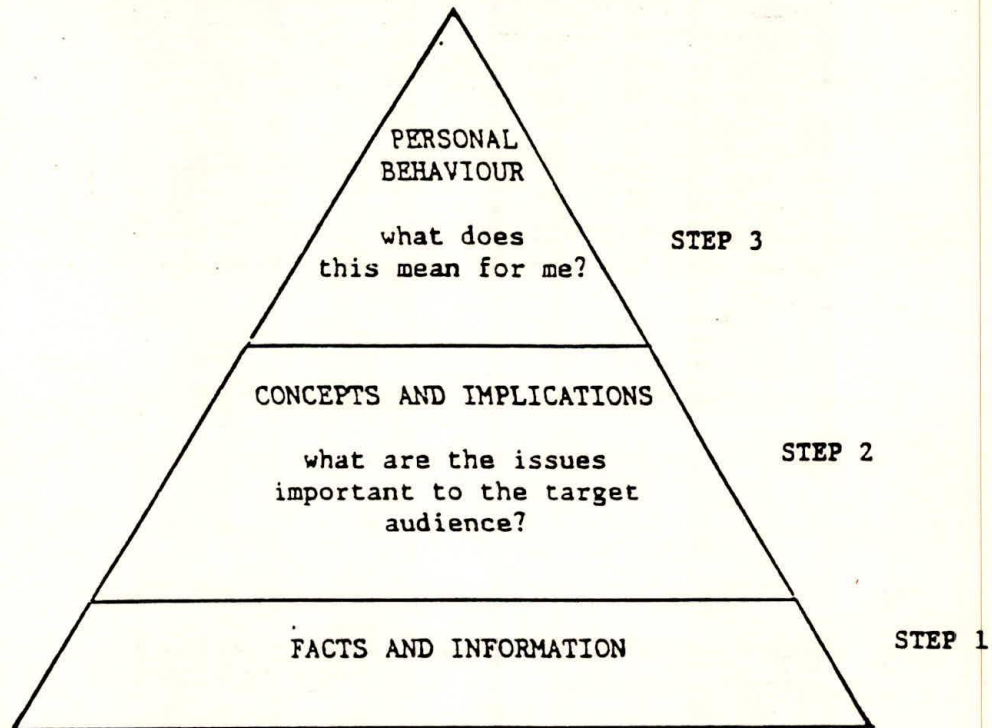
	SUBJECT	METHOD	TIME
Step 1	Information about AIDS and HIV infection covering the virus transmission, course of illness, infectivity.	Slides or video followed by discussion 'AIDS WISE' (See attached)	1.30

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Example of training for trainers

Target Audience (1) - The team who will function as trainers

Target Audience (2) - Enlisted men



Step 1

Increasing in awareness and knowledge about AIDS and HIV infection.

Step 2

Recognizing the importance of:

- Safe sex
 - o Abstinence from sex
 - o Staying with one partner who is faithful and uninfected
 - o Use of condoms from start to finish
 - o Limiting the number of sexual partners
 - o Avoiding sex with sex workers - or people who have had many sexual partners
 - o Avoiding penetrative sex - vaginal or anal
- Safer drug using practices ie always use sterile needles
- Safe invasive procedures scarification
 - clitoridectomy
 - M/F circumcision
- Avoidance of discrimination against people who have antibodies to HIV in their blood or people with AIDS.

.../...

	SUBJECT	METHOD
Step 3	<p>6. How do I cope with 'group pressure' in order to avoid 'high risk behaviour' e.g., amateur tatoos?</p> <p>7. What have I gained from this</p> <p>a) training?</p> <p>b) what else might I need?</p> <p>c) who can I turn to for help?</p>	Evaluation form to be filled in confidentially.
Managers' Extra	<p>Discussion of employment and personnel issues and planning a strategy.</p> <p>The following are <u>some</u> of the issues that may need to be addressed:</p> <p>a) How do we managed HIV antibody positive staff?</p> <p>b) What support system is in place to help staff deal with these new stresses?</p> <p>c) Is blood screened for HIV antibodies in all situations?</p> <p>d) Is there to be special training for First Aid staff?</p> <p>e) What provision can be made for counselling partners of personnel?</p>	<p>Presentation of methods used in orther organizations' approaches</p> <ul style="list-style-type: none"> - presentation of - Government/Armed Forces policy on documentation at work. <p>Discussion of identified AIDS-related issues in the light of the previous training.</p>

Example: Case study for step 2 'Frank'

Frank has been stationed away from home for four months. He is twenty-two and has a wife who is six months pregnant. He feels lonely and fed up. Recently he went to the nearby city on leave. He got very drunk and towards the end of the evening his mates persuaded him to go along with them to a brothel. He had sex with a prostitute without using a condom. Now he is very frightened he thinks he 'may have AIDS'. Next month he will be going home to his wife. What should he do?

	SUBJECT	METHOD	TIME
Step 2	<p>1. What are the general implications for us with regard to the political/ social economic impact of AIDS/</p> <p>2. Reasons for stereotyping and prejudice.</p> <p>3. Identification of particular problems relating to the armed forces, e.g. How will some staff deal with:</p> <p>a) enforced abstinence on long trips away from home?</p> <p>b) what provision is made for dealing with marital conflict?</p>	<p>Presentation of direct and indirect costs of caring for people with AIDS.</p> <p>Discussion on impact of AIDS and HIV infection on society. Recognizing degree of risk in certain behaviour and possible ways of changing that behaviour.</p> <p>Exercise: who gets the cure? (attached)</p> <p>Case study: 'Frank' (attached)</p> <p>Discussion in small groups followed by general feedback</p>	1.30
Step 3	<p>1. What kind of situations might soldiers find themselves in where they might put themselves at risk of infection.</p> <p>2. Discussion on attitudes and fears relating to AIDS and HIV infection.</p> <p>3. How do I talk about using a condom?</p> <p>4. How can confidentiality be maintained?</p> <p>5. What provision is made for voluntary testing of all personnel?</p>	<p>Case study: 'Ann and Jeff' (attached).</p> <p>Discussion in small groups followed by general feedback</p> <p>Using discussion exercises (see attached) in small groups to work out ways of dealing with difficult situations</p> <p>3-6. Discussion exercises (condom distribution could be considered here).</p>	<p>3hrs</p> <p>3hrs</p>

WHO GETS A CURE?

NOTES:

This exercise enables a group to explore the assumptions which surround the concepts of 'innocent' and 'guilty' in relation to HIV infection.

METHOD:

Explain to the group that they are to divide into pairs or threes. Then allocate one of the following roles to each small group:

- HIV infected babies
- HIV infected black Africans
- HIV infected homosexual men
- HIV infected injecting drug users
- HIV infected haemophiliacs
- HIV infected female partners of bisexual men

Ask them to imagine that a cure for HIV infection has been discovered, but that there is only sufficient quantity for one group of infected individuals. They have 15 minutes to compile a case as to why they should be the ones to receive the cure. A spokesperson is to be chosen who will present their case to the rest of the participants.

Each group has 5 minutes to present their case. When all the groups have done so, ask them to discuss the arguments while remaining in their allocated roles for 10-20 minutes.

When the discussion is brought to a close, it is important that participants de-role (this means using a technique to make sure that everybody has left the role and returned to being themselves - it is very important as some people may get really involved). Ask them to get up and change chairs: then go around the group and ask each person to say their name and something they are looking forward to that evening or what they had for breakfast. This is a way of bringing them back in touch with reality.

PROCESSING:

In the discussion of the exercise in the large group pay particular attention to the following:

What feelings did it produce among participants?

Did any individual or group think that they did not deserve a cure? If so discuss this in depth. What might the implications of this be for 'real' members of the group they represented?

What do the concepts "innocent", "guilty" and "deserving" reflect about society's attitudes towards particular groups?

EXAMPLES

For small discussion groups, in step 3.2.

1. All the new trainees are getting tattooed by one of the soldiers at the base. You are worried about HIV. How can you :
 - a. avoid the tattoo?
 - b. suggest its risky to share needles?
2. One of your friends says he is being pressurized by an older colleague to have sex. He is frightened - what can he do?
3. A girl you meet will not have sex with you because 'she knows what soldiers are like'. What does she mean? How does it make you feel?
4. What are the positive decisions soldiers can make about their sex lives to prevent them putting themselves at risk?
5. A lot of your friends boast about the numbers of sexual partners they have had:

Do you believe them?

Why do they have to boast?

Do you think this influences others' behaviour?

6. What responsibility does a man have towards a person he has sex with? Is this different for:
 - a girlfriend?
 - a casual partner?
 - a wife?

Example : Case study for step 3 'Ann and Jeff'

Ann has been married to Jeff for two years. Recently they have not been getting on very well. While Jeff was away on manoeuvres. Ann went out with an old boyfriend. She had such a good evening she ended up staying the night and having sex without using a condom. She then heard from a friend that her ex-boyfriend injects drugs. She is frightened and worried she may 'have AIDS'. She knows she must discuss this with Jeff before they next have sex but she does not know how.

If Ann was your wife what do you think she should do or say.

Note to activity facilitators

Using this case study with target group 2 facilitators should try to explore extreme superficial responses such as 'I'd beat her'.

DISCUSSION EXERCISES FOR STEP 3 (see sheet at end of section)

Target audience

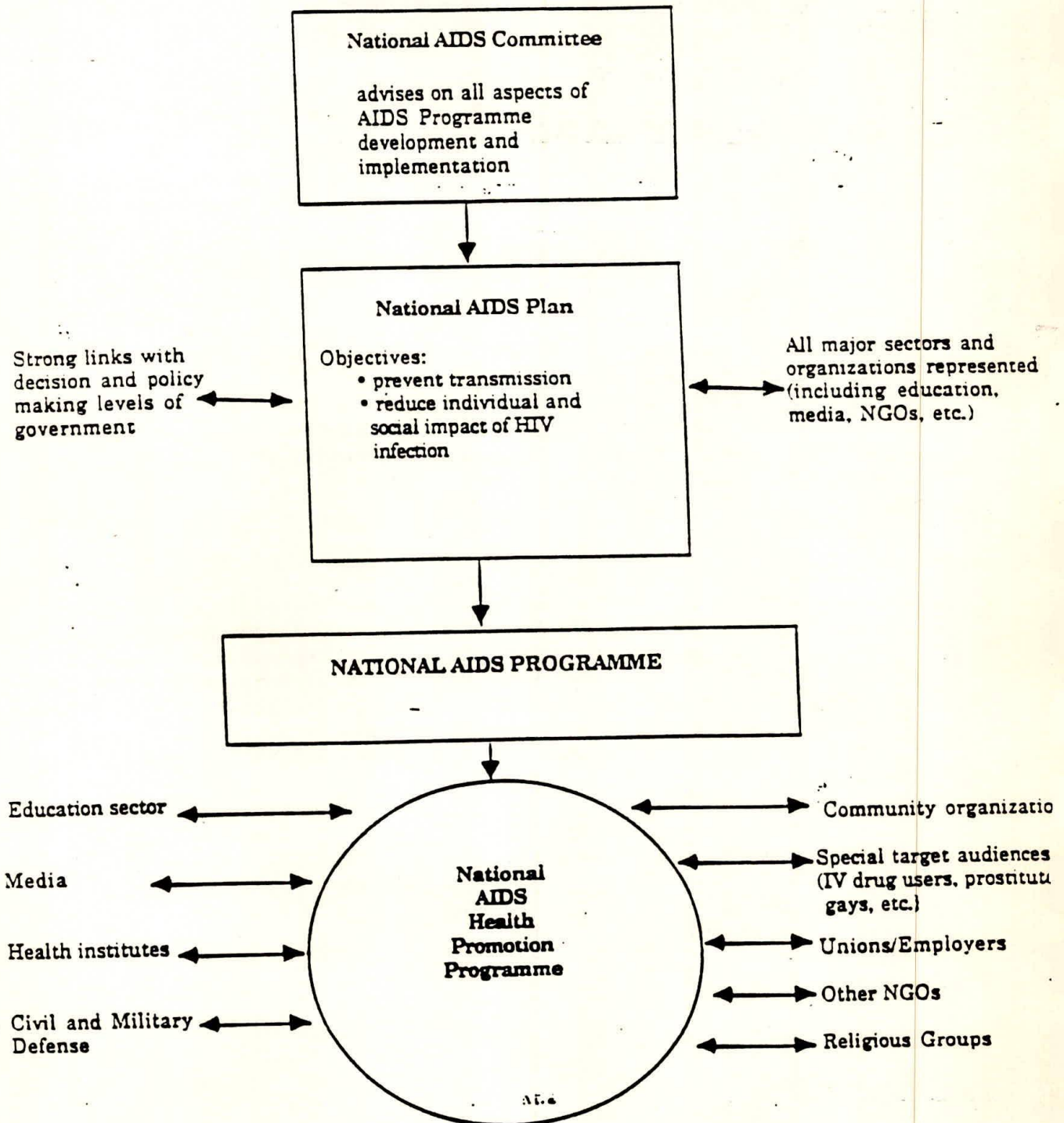
After senior management training is completed. The health promoter will assist in preparing the activity sessions for all other personnel. The content of the course remains the same using part or all of the material as appropriate. Case studies or discussion topics may need to be altered depending on the group or the cultural background of the staff.

Conclusion

In order for group work to be considered successful the momentum needs to be maintained. Participants have to feel the activity is relevant to their lives and that changes in practice both occupationally and personally are made and recognized as having taken place. Positive feedback from facilitators to participants is as important as evaluation by the participants is for the facilitators. Individual questionnaires should be completed after each seminar and suggestions for changes in the programme taken seriously and reflected in future activities.

Plans for regular updating should be a major part of the administration of the programme. It may help to use an outside evaluator to look at how the process is prog

AIDS HEALTH PROMOTION RELATIONSHIP TO NATIONAL AIDS PROGRAMME

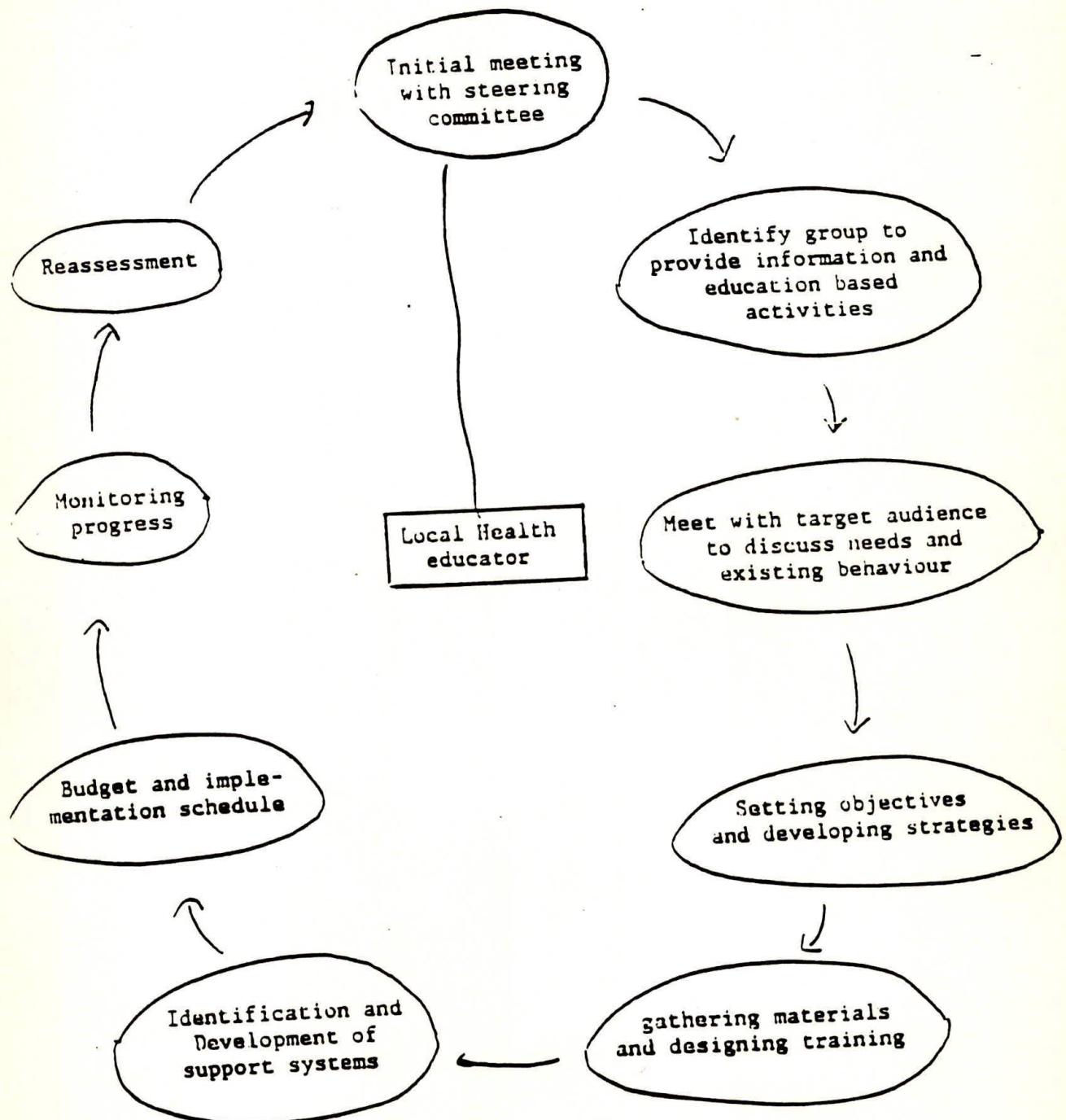


ACTION NOTES: Youth Workers



ACTION NOTES
FOR
MOBILIZING LOCAL ORGANIZATIONS

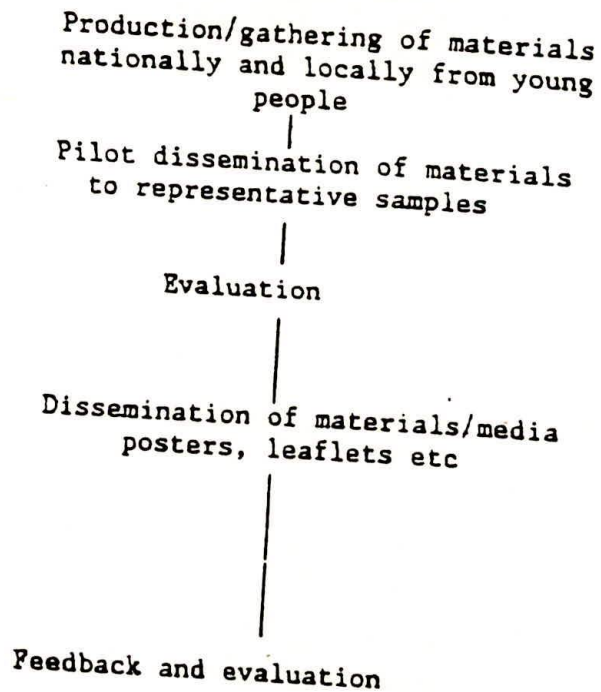
AIDS INFORMATION AND EDUCATION PLAN



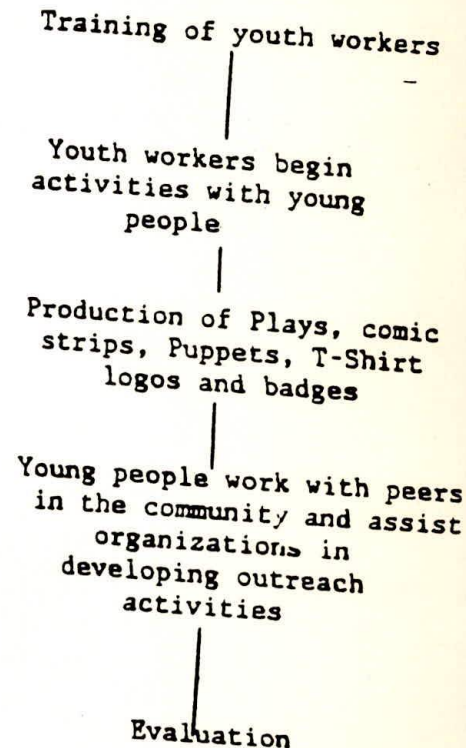
Setting objectives

With the results from the survey the youth workers and steering committee can set the objectives for the AIDS education and prevention campaign. It is particularly important that young people be involved at all stages in planning to ensure that appropriate messages and channels delivery are developed.

Information Campaign



Training Process



Programme Development

Materials can be gathered from the National AIDS Committee AIDS health promotion campaign and adapted for use locally or may be developed as part of the outcome of activities with the youth workers by the young people themselves.

The education campaign ideally starts after the young people have been discussing AIDS with their youth leaders and thus would further emphasise the need for prevention. If the education campaign starts before discussion groups begin then anxiety may be caused by misunderstanding messages which have not been directly produced for the young people themselves. Small plays, cartoons, puppet shows and posters produced as part of the AIDS education activities within the organization can then become part of the district information campaign. The plays and puppet shows can be taken to major public meeting places such as bus stations or the market place and used as a basis for broader community education and discussion.

ACTION NOTES

YOUTH ORGANIZATIONS

Out of school AIDS prevention activities are as important as a programme within the education system itself. Young people may feel more able to discuss personal behaviour in a youth club with specially trained youth workers than with their teachers in school. Therefore as part of the national AIDS health promotion plan, training for workers within youth organizations is essential.

Formation of a Steering Committee

A steering committee should include leaders of key organizations involved in youth work, youth workers, youth counsellors and if possible affiliated parent and teacher associations.

They will ensure that:

- a) All AIDS prevention activities are coordinated.
- b) The momentum of the activities is maintained.
- c) There is supervision of the activities to maintain accuracy of the messages received.
- d) Youth workers receive training in order to carry out activities within the organization.
- e) Monitoring and evaluation procedures are authorised in order to modify or add to the overall strategy.
- f) Senior managers in the service receive training appropriate to the needs of the organization.

A coordinated programme of in-school and out-of-school information and values based activities would be the ideal situation for young people.

See the health promotion planning checklist for the Armed forces to make sure all areas are covered by the steering committee. (Box 4)

Base line information

Group discussions with representative samples of young people will ascertain the present state of knowledge about AIDS, present behaviour and practices and areas of need.

Some suggested discussion topics:

- a) What is the current level of knowledge about AIDS and STDs?
- b) What is the current attitude towards those who are HIV antibody positive?
- c) What is the general understanding of safer sex practices?
- d) What are the problems associated with using condoms?
- e) How are past sexual histories discussed with present partners?
- f) What needs to happen to ensure avoidance of risk taking behaviour?

Some of the funding may be raised by production of T-Shirts stickers badges which can be sold locally at a profit as part of the AIDS prevention awareness campaign.

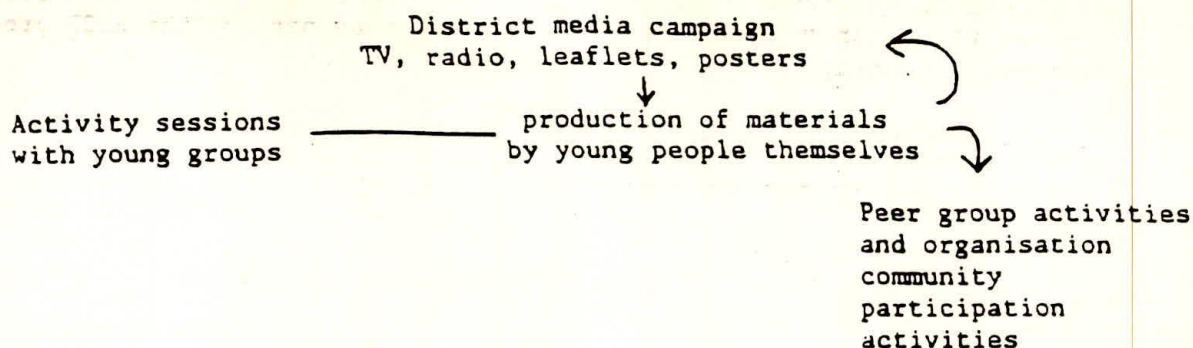
Monitoring and evaluation

The steering committee monitors the progress of the campaign and reviews all the evaluation materials. This may be in the form of:

- a) Survey results pre and post training.
- b) Evaluation forms filled in by the young people after activity sessions are completed.
- c) Focussed discussion groups following a pre-set questionnaire before and after training and activity sessions.

Reassessment

In order that the campaign is adapted in the light of new information and the changing needs of the community, reassessment of materials produced and training input needs to take place on a regular basis. The steering committee, youth workers and groups of young people meet to discuss progress and if necessary re-set goals.



Development of support systems

It is preferable that the AIDS education and prevention work within the youth organizations be part of an on-going programme of personal skills training, including decision making and sexuality education. However, where this is not possible the youth worker should consider broadening discussion to include these areas. The ability to make life choices is fundamental to the ability to avoid infection with HIV.

Many of the youth workers and their target audience may find discussion difficult at first particularly when discussing individual personal behaviour. It is important therefore to prepare a support system before training begins to ensure individuals have an opportunity to evaluate their own behaviour and life decisions in a comfortable, confidential environment with someone they trust. A telephone helpline may help those who do not wish to be identified.

If sessions with young people are carefully planned before hand a great deal of anxiety will be averted. Youth workers need to make decisions in the following areas:

- a) Where will young people go for extra help after the sessions if necessary?
- b) What will the group size for the sessions be?
- c) What will the age range be?
- d) What is the previous knowledge about AIDS and HIV infection of this group (refer to survey).
- e) What is the 'comfort level' of participants in dealing with personal information.

Budget and Implementation Schedule

Financial support will be needed in the following areas:

- Materials production, e.g., leaflets posters
- Printing - mimeograph machine
- Cost of special events, e.g., projector for slide shows, Hire of premises, refreshments
- Telephone
- Office supplies
- Part time staff
- Transport/petrol
- Per diem/speaders fees

Listening Skills

Providing some simple listening skills will help Community Health educator offer a more supportive environment in which people can come for help.

Advice and information is often not enough for clients to be able to make clear decisions with regards to taking a blood test for antibodies to HIV or deciding to make a change in a particular type of behaviour.

However, training to become a counsellor is a long and involved process and for the primary health care worker it may be of benefit to offer some extra skills immediately.

Listening

In the course of conversation we often do not 'receive' all the information that is being given because we anticipate what we are going to say in response. Equally when we are talking we speak quickly and often do not explore an idea further because we are finding the subject emotionally difficult or because we are interrupted.

Practising 'listening' to our partner without interruption helps us to hear what they are saying and ensures that they have an opportunity "to assess their lifestyles, personal expectations and willingness and capacity to change behaviour". The listener needs to be sympathetic, to 'hear' without discrimination or ensure that their client has an opportunity to freely express their fears and anxieties without feeling they will be criticised.

Activity

1. In pairs, taking it in turns, tell your partner a shortened version of your life history - 5 minutes.
2. The listener must express encouragements through their facial expressions and body language.
3. Change roles and make sure the person who is talking is not interrupted.
4. Now tell your partners life story to the main group. Discuss how sitting and listening only, made you feel. How much did you remember and what were the reasons you could not remember the whole history?

Sometimes the client gets stuck or you may feel they need to be moved on in what they have to say. An 'open ended' question might help.

For example:

"How did that make you feel?"

.../...

EXAMPLE

Training for Youth Workers

STEP	SUBJECT	METHOD	TIME
Step 1	Information about AIDS and HIV infection covering the virus transmission, course of illness, infectivity.	Slides or video followed by discussion 'AIDS WISE' (See attached)	1.30
Step 2	Identify AIDS related desired practices for young people e.g. Safer sex (use of condoms, avoid casual partners, avoid sex with prostitutes etc)	Discuss these practices in relation to the issues involved for the young people you work with. (pairs or threes) Are there any others? (Whole group) What are some of the other factors that may block these desired safer practices e.g. - peer pressure - adolescent risk taking behaviour Whole group brainstorm	1.30
Step 3	1) Avoiding high risk activities 2) Looking at sex role stereotyping 3) 'No Sex' 4) How to say no I'll wait? 5) How do I say 'I want to use a condom?' 6) What have I learned? What else do I need to know? Where can I find this information?	1) Discussion 2) Word game 'Ideal Man Ideal woman' 3) See attached worksheet 1 4) See attached worksheet 2 5) Presentation Cartoon game see attached worksheet 3 6) Evaluation Focus group discussion Questionnaire	3.00

An open ended question is one that needs an explanation rather than a 'yes' or 'no' answer.

If your client seems to be going over the same ground many times, summarizing where they have got to might help them to move on to their next thought.

For example - 'So as I understand it you felt frightened by all the information you received about AIDS, but you did not know where to go for help. Now you have come to see us and you feel you would like to find out more about the 'test'. Is that correct?

Practising 'listening' and 'moving on' with your friends and colleagues can dramatically help your approach with clients and help them to come to terms with their present difficulties.

"NO SEX"

PURPOSE

To have considered that choosing not to be sexually active at the present time is a viable alternative.

METHOD

Draw two headings on blackboard:

ADVANTAGES

DISADVANTAGES

OF 'NO SEX NOW'

Ask the whole group to brainstorm the advantages and disadvantages of deciding not to have sexual relationships until they are (? 18? married).

"AIDS WISE"

PURPOSE

Recognizing the difficulty of translating formal information into a useable form for young people. Finding ways to understand risk taking behaviour.

METHOD

Prepare cards with the following words:

Mosquito bites
Using a latrine
Hugging someone with HIV
Having your ears pierced
Deep kissing
Swimming in a water hole
Having sex with a drug user
Scarification
Anal sex
Caring for someone with AIDS
Vaginal sex with a condom

Anal sex with a condom
Oral Sex
Sex with your husband
Receiving a blood transfusion
Helping someone with a nosebleed
Sharing a drinking glass
Injecting drugs for the first time

+ High risk, Low risk, No risk Don't know

Put risk cards on the floor in a line.

Hand out statement cards to group. Each person reads what is on their card and places it on the continuum of risk stating why they think this activity carries the risk they have chosen. Others in the group may challenge the decision and the person may change their mind or leave the card where it is. At the end of the game discussion takes place concerning the cards over which there was dispute and the cards placed in the 'Don't know' area. The trainer provides factual information or helps the group to put the risk into perspective by describing a 'worst possible scenario' and the group decides how realistic the risk is in everyday life.

IDEAL MEN, IDEAL WOMEN"

PURPOSE

- . To look at the role of, and the reasons for sex role stereotyping and its effects on sexual behaviours.
- . To understand how stereotypical sexual behaviours can have an inhibitory effect on the adoption of safer sexual practices.

This exercise can be used in either small mixed or single sex groups. Under the headings 'Ideal man' 'Ideal woman' write all the adjectives used to describe men and women.

1. Can the male adjectives be used to describe the female or visa versa?
2. Why do we use different adjectives for different people?
3. What effect does this have on either sex?
4. How is this relevant when discussing 'safer sex' behaviours?

HOW DO I SAY "I WANT TO USE
A CONDOM"

PURPOSE

To consider the difficulties of discussing the use of condoms with a sexual partner.

Method

Maria has decided to ask Juan if he will use a condom.

What do you think might be said if:

- a) Juan feels uncomfortable about using condoms,
- b) Juan feels happy about using condoms.

Fill in the balloons to show a possible script for (a) and (b). Add more balloons if necessary.

"NO I'LL WAIT"

PURPOSE

To encourage trainees to consider ways of not being sexually active at present.

METHOD

Imagine a media campaign which is trying to promote the message that not being in a sexual relationship is the exciting thing to have happen these days. The campaign should highlight the benefits of this choice.

Divide the class into small groups and get them to plan a media campaign using various channels - TV, radio, posters, etc.

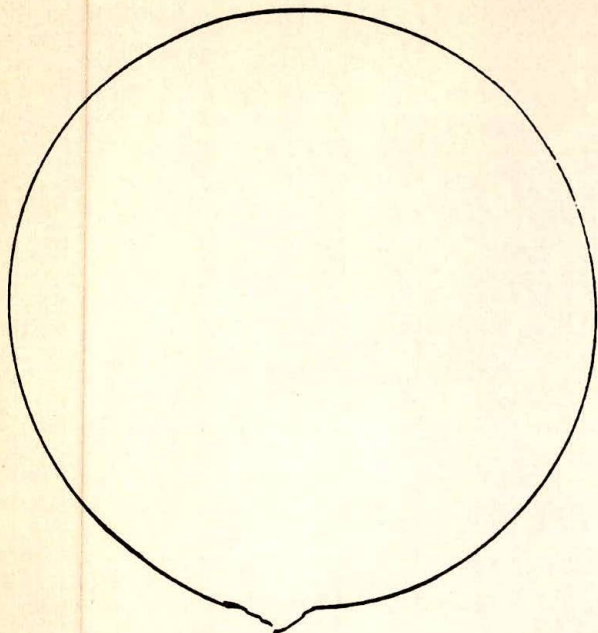
Encourage discussion on their choice of message, reasons for their choice and how effective each channel of communication is in their lives.

OPTIONAL EXTRA

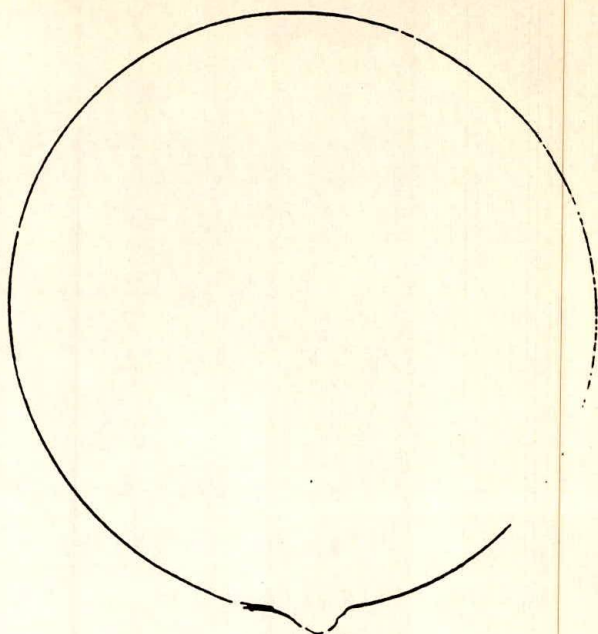
CASE STUDY - MARTHA

The trainer leads a discussion and or brainstorm about the issues raised in this study.

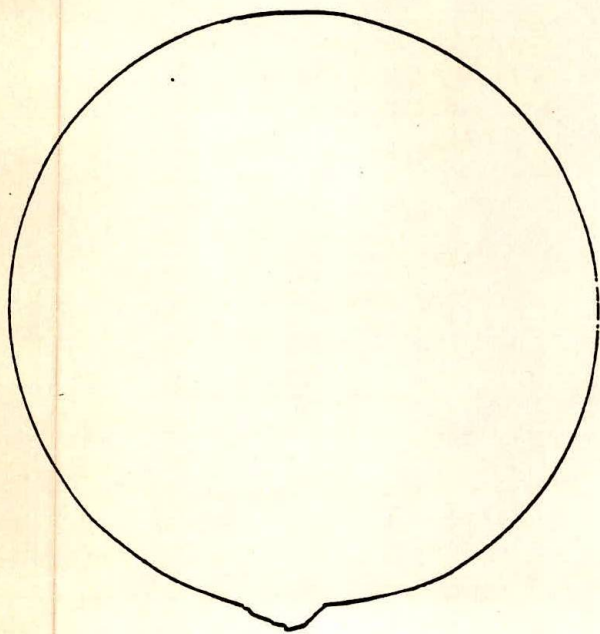
Martha is 17.. Her parents have arranged for her to marry a man whose previous wife died of AIDS. Martha is frightened. What can she do?



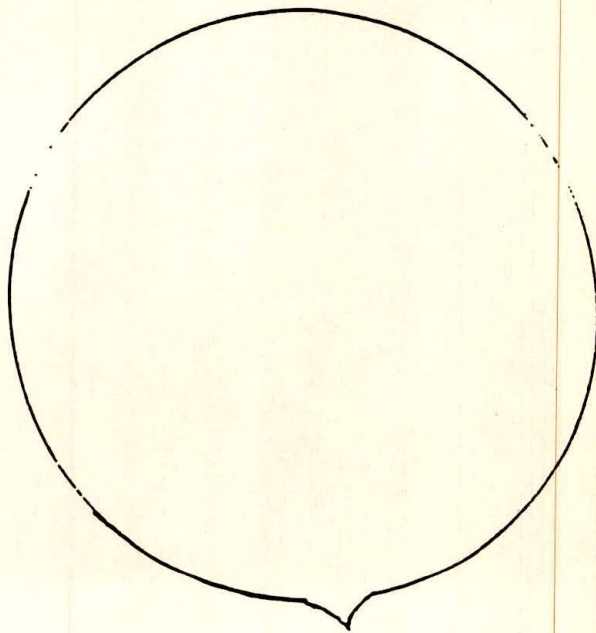
JUAN



MARIA



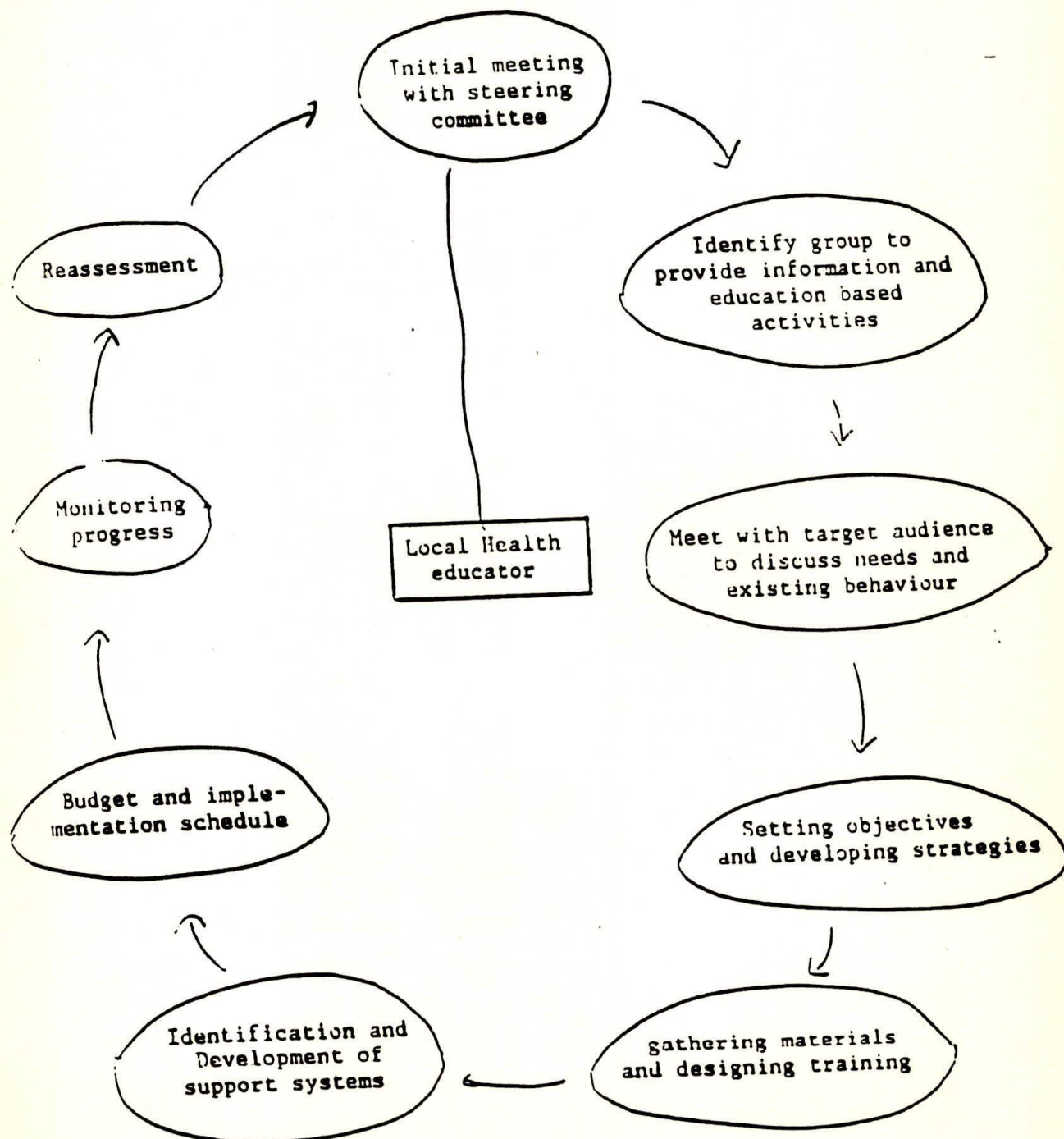
JUAN



MARIA

ACTION NOTES
FOR
MOBILIZING LOCAL ORGANIZATIONS

AIDS INFORMATION AND EDUCATION PLAN



**ACTION
NOTES:
Women's
Groups**

Formation of a Steering Committee

Each organization should organize a steering committee, the membership of which should include the leadership of key organizations and those who already have some responsibility for the education, care and support of women locally, e.g. doctors, nurses, teachers, religious leaders. This group will be responsible for the programme and ensure that:

- (a) All AIDS prevention activities are co-ordinated.
- (b) The momentum of the activities is maintained.
- (c) There is supervision of the activities to maintain accuracy of the messages received.
- (d) That the group leaders receive training in order to use the training materials appropriately.
- (e) That monitoring and evaluation procedures are authorised in order to modify or add to the overall strategy.
- (f) That the programme planning and implementation directly meets the needs of women as reflected in the information received in the early discussion groups.
- (g) Senior managers in the service receive training appropriate to the needs of the organization.

(See the health promotion planning checklist for the Armed Forces to make sure all areas are covered by the steering committee.)

Base line Information

The group leaders will meet with small groups of women in order to understand their present knowledge attitudes and practices relating to AIDS and HIV infection. It will be important to concentrate on specific practices of women and their children which may put them at risk of contracting HIV infection or of developing AIDS. e.g.

- a) What is the current level of knowledge about AIDS and STDs?
- b) What is the current attitude towards those who are HIV antibody positive?
- c) What is the general understanding of safer sex practices?
- d) What are the problems associated with using condoms?
- e) How are past sexual histories discussed with present partners?
- f) What needs to happen to ensure avoidance of risk taking behaviour?

These are VERY sensitive questions and thus need to be handled with care. The group leader will have to know the women well and the women must feel able

ACTION NOTES

WOMENS GROUPS

AIDS and HIV infection will affect the lives of women and their children both in terms of the possibility of them becoming infected and of them having to take care of relatives or friends with AIDS. Womens groups provide an excellent point of contact for AIDS education. They include womens income generating cooperatives, social clubs, church affiliated associations, social action groups and literacy projects.

As part of the National AIDS Committee's Health Promotion and prevention strategy, district level health educators will take the lead in actively engaging womens groups in AIDS prevention and control. The training materials in this section may be adapted to be used as small plays, puppet shows and radio messages to help develop discussion. More importantly however, a careful study of existing knowledge about AIDS and HIV infection and the present practices and problems relating to avoiding infection must be carried out. With this information changes in the suggested exercises presented here can be made. The training programme is created towards women who have a leadership role in women's groups. To be able to discuss the specific difficulties women face with regards to AIDS and HIV infection it is essential that training is provided for the group leaders in order that they should have an opportunity to recognize their own knowledge, attitudes and feelings.

Women in politically strong positions can be directly involved in planning the AIDS programme and it is their commitment to supervising the content and delivery which needs to be assured from the outset.

Dissemination of materials
media involvement, posters
leaflets, etc

Feedback and evaluation

Development of outreach activities

Evaluation

Activities begin

Evaluation

Programme development

Materials can be gathered from the National AIDS health promotion campaign and adapted for use locally or may be developed as part of the outcome of activities with women groups. If the women themselves are involved in production, the messages will be readily understood and general discussion and further learning can take place in their production. The education materials may be in the form of leaflets, posters or radio messages. Pre-testing of all the materials is essential i.e. interviews with the target audience to discover whether they understand the message presented and whether they like the form in which it is presented.

Development of Support Systems

Women will often already have developed informal support systems amongst themselves. They will help each other in their work and discuss problems as they arise. However, it is more difficult to discuss individual problems relating to personal behaviour either their own or their partners. In the course of implementing some of the activities suggested here, it may be that individual problems need to be discussed in more detail and in confidence. The group leaders act as 'first line' in the support system for further individual discussion. However, women may prefer to discuss difficulties outside of this organization and a referral system needs to be developed to allow for this. The referral system should include nurses and doctors, and it may be possible to assist the local AIDS Prevention and Control Programme in setting up a counselling clinic at the local health centre.

Budget and Implementation

Financial support will be needed in the following areas:

- Materials production, e.g., leaflets posters
 - Printing - mimeograph machine
 - Cost of special events, e.g., projector for slide shows, Hire of premises, refreshments
 - Telephone
 - Office supplies
 - Part time staff
 - Transport/petrol
 - Per diem/speaders fees

Costs should be covered by the funding for the National AIDS health

to speak in confidence. It may be preferable to talk to women individually or allow them to come and talk to the group leader in a safe place. It may be possible to find out the incidence of 'sex for money' in a particular area or how frequent is the sharing of hypodermic needles when using injectable drugs. However, the group leaders themselves must feel at ease when talking about these practices. In formulating the areas for discussion with the district health promotion team the group leaders must have an opportunity to discuss their own feelings on these subjects.

In addition to the knowledge about the present risks for women of contracting HIV infection it would be useful to ascertain those practices which would cause women already infected with the virus to go on to develop AIDS more quickly. Remaining generally healthy is crucial in avoiding multiple infections and often women are least able to do this because of:-

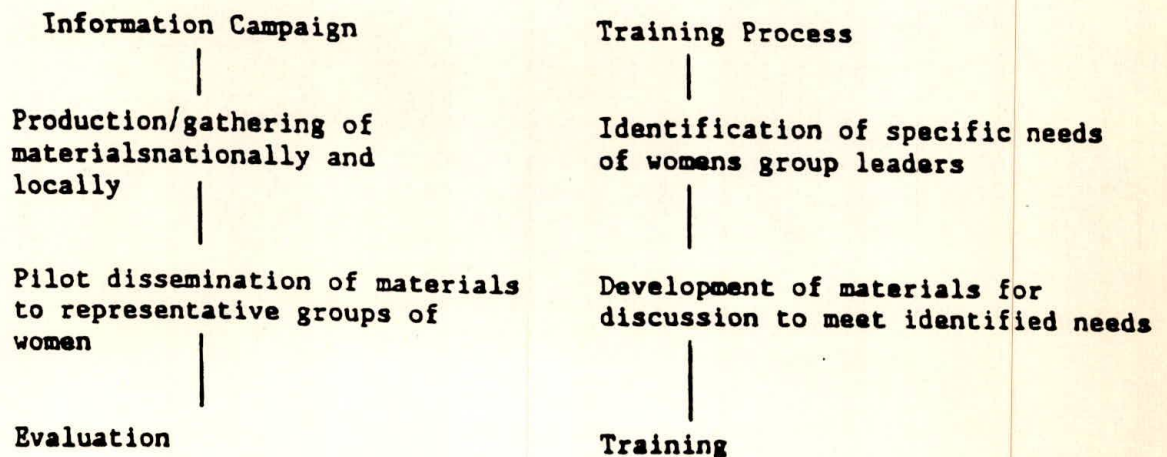
- a) their workload,
- b) multiple pregnancies/anaemia,
- c) they often take their meal when the rest of the family has eaten so they are least likely to eat fresh food.

Women are often the victims of other peoples refusal to make changes in their behaviour. It is therefore also important for women to look at ways they can work together to bring about a change in attitude of those around them.

Setting Objectives

With the results from initial group discussions, the steering committee can set the objectives for the AIDS education and prevention campaign. The women's group leaders should be involved in all stages of planning to ensure that appropriate messages and channels of delivery are developed.

The training for womens group leaders needs to take place first so that training sessions can start at the same time as the education campaign. If information is given about AIDS without there being immediate follow up at an individual level anxiety may increase due to people not knowing how to deal with specific problems relating to their personal behaviour.



	CONTENT	METHOD	TIME
Step 1	Information about AIDS and HIV infection, and virus transmission	Presentation, video slides, charts, discussion	
Step 2	<p>Identify the major issues relating to women and AIDS in the light of information from step 1. e.g.</p> <ul style="list-style-type: none"> - Taking care of relatives with AIDS - Preventing children from becoming infected - Staying with one faithful partner - Using condoms for penetrative sex - Avoiding multiple partners. - Making sure children do not receive multiple injections - Safe sex working - Safe practices in circumcision 	<p>Brainstorm</p> <p>Break into pairs or three's. Take one of the issues and discuss it in relation to how it will affect your life.</p>	
Step 3	<p>How can women work towards changing their position with regards to these issues.?</p> <p>What can I as an individual do to protect myself from HIV infection and AIDS?</p> <p>What would you want your children to know about AIDS?</p> <ul style="list-style-type: none"> o What behaviours would you wish them to adopt/ not to adopt. o What other practices e.g. multiple injections may affect your children's likelihood of becoming infected. o Can you change these or have you any influence on them. <p>Plan for Action</p>	<p>Role play - see attached</p> <ul style="list-style-type: none"> o Mary and Ron o Asamoah and Boatema <p>Having worked out a plan of action for each of the characters in the role play, decide how you would deal with the same situation.</p> <p>Discuss the answers to these questions and then prepare small dramas taking on the role of mother and child. How do we talk to young people about these issues.</p> <p>'What do I have, what do I need' (See attached)</p>	

promotion campaign however the budget should be realistic in order to prevent the programme having to close due to lack of funds.

Monitoring, Evaluation and Reassessment

The steering committee is responsible for monitoring the progress of programme and reviewing all the evaluation materials.

This may be in the form of:-

- a) Reviewing the content of the group discussions before and after the group leaders have conducted activity sessions.
- b) Evaluation forms filled in after the training of the womens group leaders.
- c) Reviewing the comments of the pretested materials.

In order that the campaign meets the needs of the community reassessment of the materials produced and the reception of the messages needs to be undertaken at regular intervals throughout the programme. Changes should be made where necessary and the women groups leaders should be invited for training updates every 6 months.

Suggested Programme Schedule

	1	2	3	4	5	6	7	8	9	10	11	12	1
Formation of steering committee	X												
Womens group leaders prepare group discussion		X											
Group discussion and evaluation			X	X	X	X	X	X					
Education campaign prepared and pre-tested						X	X	X					
Training for womens group leaders								X	X				
Education campaign									X	X			
Activity sessions with women										X	X	X	
Evaluation	X											X	X

The programme may then be repeated after reassessment of goals and possible change in content after review of the evaluation results.

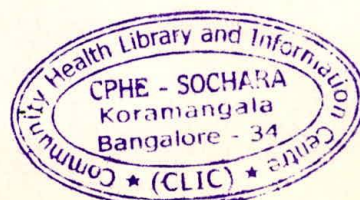
What do I have? What do I need?

Notes

This exercise is particularly useful if the group is feeling negative - that they know nothing, that they lack skills or that they cannot change anything.

Method

- 1) Work alone.
- 2) Think about what knowledge, skills and abilities you already have that will help you to talk about AIDS and HIV infection - particularly to raise with your peers some of the issues you have discussed today.
- 3) What do you need to be able to do some of the things you have discussed today?
- 4) After 5 or 10 minutes choose a partner and talk through your thoughts. The partner should encourage you to clarify your thoughts. Do not develop a conversation. Work out a simple plan of action for you to take away with you. If possible, begin to arrange some of the support you feel you might need, before you leave the training session.



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Role Play: Mary and Ron

Mary has been married to Ron for three years. She is pregnant and also has to work full time to pay the bills. Ron is having sex with other women and Mary has just found out. She would not manage on her own now the baby is on the way when she will have to stop working for a while.

Ron knows he is HIV positive but has not told Mary yet. He is frightened he has already infected her and the baby. Today he was given the sack from work so he will be dependent on Mary until he can find another job. Ron feels he loves his wife and that the casual relationships he has on the side do not matter. He has started using condoms with his casual partners but does not know how to bring up this subject with Mary.

Take on the roles of Ron and Mary. Mary has just told Ron that she knows he is having other partners. Work out a plan of action:

- a) for them both as partners;
- b) for them each as individuals.

OR

Role Play: Asamoah and Boatema

Asamoah has been married for a year. He is a truck driver who is away from home for several weeks at a time. In the past he has had casual sex with women he meets at the truck stops. Now he knows about AIDS and is worried he may be infected. His wife Boatema wants a child, they do not use condoms so very soon she may become pregnant. Asamoah is worried he may have already infected his wife. He is not sure what to say to her.

Boatema wants a child. The other women in her village are already wondering why she is not pregnant. Boatema says it is because her husband goes away so much for his work. Her friend's husband who was also a truck driver has just died and people say it was because of 'slim'. Boatema is very happy Asamoah is such a 'good' husband. She has seen how people now treat her friend when they go to the market and she would not like people to be as frightened of her.

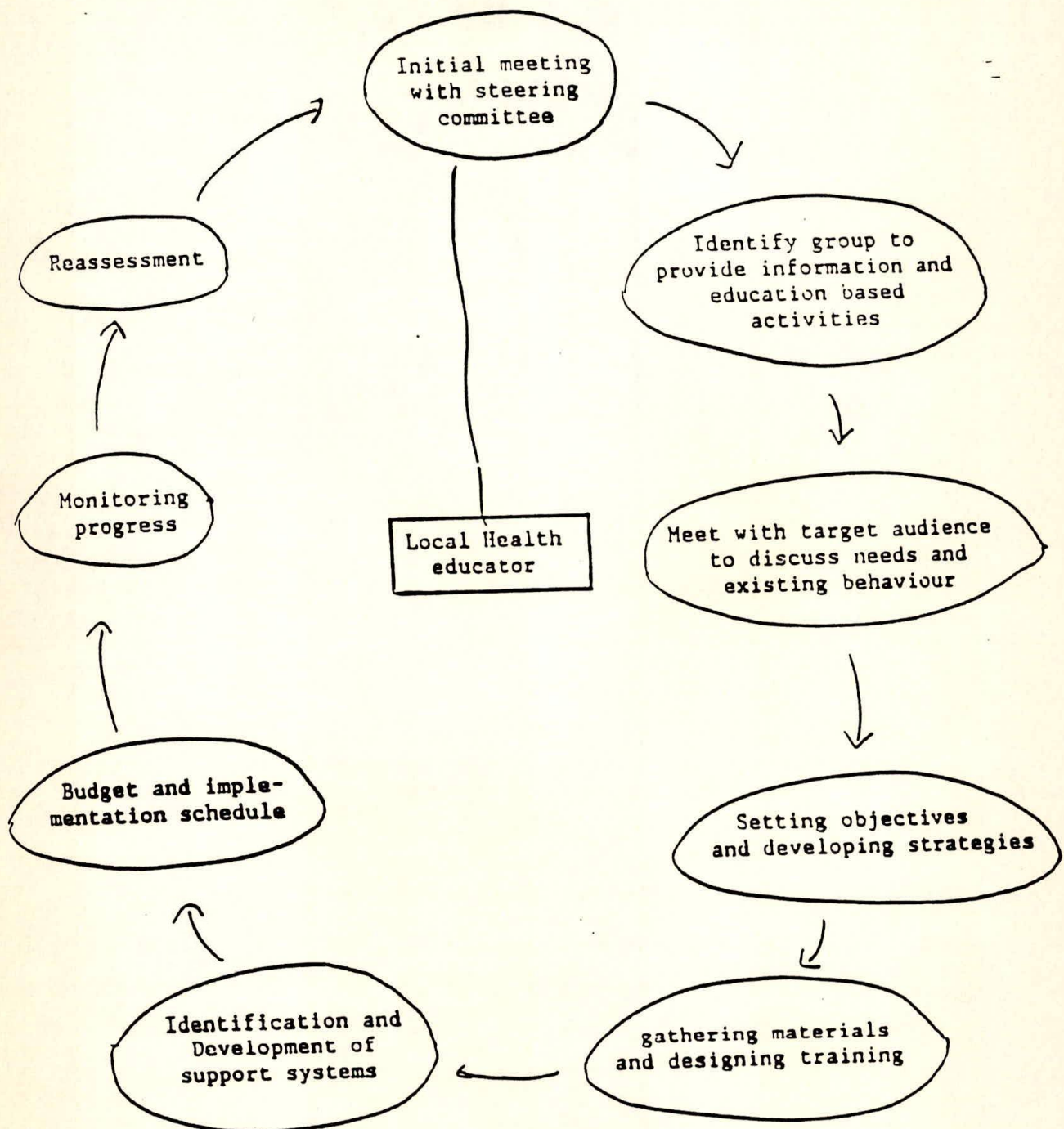
Take the roles of Asamoah and Boatema. Asamoah has plucked up courage to speak to Boatema. What happens? What will they do?

Always come out of role

Once you have finished this exercise it is important that you cease to be the characters you have chosen. It is quite easy to feel upset by the emotions raised. Tell your partner your real name, where you live and if you had one wish what you would wish for. Talk for about two or three minutes.

ACTION NOTES
FOR
MOBILIZING LOCAL ORGANIZATIONS

AIDS INFORMATION AND EDUCATION PLAN



**ACTION
NOTES:
THE
WORKPLACE**

- a) What is the current level of knowledge about AIDS and STDs?
- b) What is the current attitude towards those who are HIV antibody positive?
- c) What is the general understanding of safer sex practices?
- d) What are the problems associated with using condoms?
- e) How are past sexual histories discussed with present partners?
- f) What needs to happen to ensure avoidance of risk taking behaviour?

How employees would react to:-

- a. Working with colleagues who carry antibodies to HIV.
- b. Themselves becoming infected.
- c. Caring for
 - i) colleagues
 - ii) family members or friends who become ill with AIDS.

4. Where will they go if they need more individual help over specific problems relating to AIDS and HIV infection.

The group leaders after receiving training which will enable them to carry out the activities designed to meet the needs of the staff will begin by planning and implementing the initial information gathering session. It is important that employees feel able to talk freely. Confidentiality must be emphasised and maintained. The group leaders need to be seen as trustworthy and approachable. They may choose to spend time together before group discussions begin, talking about their own feelings about some of the issues they will be dealing with in their groups. Learning some of the listening skills presented in this manual may help them feel more confident about dealing with their group members individual reactions to discussing what may be difficult subjects for them.

Setting objectives

Once the results of the initial group discussions have been assessed, plans for a specifically directed education campaign can be made. This may be in the form of leaflets, posters and cartoons can be produced to give general messages about HIV infection and that working with colleagues who have HIV infection is safe. Information about methods of safer sex, use of condoms and ways HIV infection is transmitted can also be presented. It may be possible to make condoms available at work and encourage employees to use them by explaining the method and using local personalities to suggest that they always do.

A plan of action over a period of time can be distributed to all staff so they understand how and when they will receive information and a chance to discuss individual problems.

ACTION NOTES

THE WORKPLACE

The workplace is defined here as commercial, service, industrial and office based occupational settings, excluding health care, military, school and like settings

The success of AIDS education in the workplace depends almost entirely on the commitment from management to understanding the importance of maintaining a well informed and healthy staff. It is the management who will in the first instance need to become informed about the risks of transmission and also how they will deal with the various employment issues relating to AIDS and HIV infection. Employee unions and associations can be enlisted as an important source of influence and skill for implementation of programmes.

The National AIDS Health Promotion Committee will have as part of its National AIDS plan an objective to organize outreach programmes to employers. Those employers will need assistance to plan a programme of AIDS information for all staff and also give the staff an opportunity to discuss the particular problems they may face in coming to terms with how AIDS will affect their lives, both in terms of their personal behaviour and how they will react to colleagues who may be HIV antibody positive or who become ill with AIDS.

To ensure all staff are provided with information, individual support and a chance to discuss issues in relation to AIDS and HIV infection a team should be trained to act as group leaders to help the programme maintain its momentum.

Formation of a Steering Committee

Within each place of business, the programme should be developed and maintained by a steering committee of managers, the health liaison for the organisation and representatives of employees' associations. The responsibilities of the steering committee will be to:

1. Ensure all managers receive training including the 'management extra' suggested here.
2. To ensure the group leaders receive training.
3. To ensure all AIDS prevention activities are co-ordinated.
4. That the momentum of the activities is maintained.
5. There is supervision of the activities to maintain accuracy of the messages received.
6. Monitoring and evaluation procedures are authorized in order to modify or add to the overall strategy.

Base line information

In order that the programme meets the needs of the employees small group discussions, samples need to be carried out. The content of these discussions should cover the following areas.

needs have been identified. The case studies presented here or the adaptations of those case studies may be used as a basis for the radio spots. It is important to recognize the need to use local language and the materials need to be tested on a small sample of the target audience before being put into general use.

Development of support systems

Information about AIDS and HIV even when followed by discussion of attitudes and beliefs, and how these affect behaviour may still leave some individuals feeling anxious about their own, previous or present actions. Even discussing sexuality related issues can cause great concern for some people. For this reason a structure for support and referral needs to be in place before the education programme begins. A confidential telephone helpline co-ordinated by an organisation may be an appropriate way of dealing with people who wish to remain anonymous allowing them to phone a counsellor outside the organisation but using workbased telephones to discuss their particular difficulty or request. Face to face counselling with referral to medical facilities may be necessary in some cases. A list of other agencies detailing alternatives to the support system offered by the organization should be available for staff e.g. nearest health centre, nearest hospital, religious leaders, other counselling agencies.

Budget

The funding of these activities must be realistic in its costing. Where health promotion services already exist within an organisation, AIDS health promotion should become part of the overall strategy. Financial support will be needed in the following areas:

- Materials production, e.g., leaflets posters
- Printing - mimeograph machine
- Cost of special events, e.g., projector for slide shows, Hire of premises, refreshments
- Telephone
- Office supplies
- Part time staff
- Transport/petrol
- Per diem/speakers fees

The cost both short term education campaign and long term small group activities will also need to be calculated. If condoms are not going to be continually available then some nationalisation of distribution may be considered e.g. on the basis of those most in need.

Monitoring, Evaluation and Reassessment

The steering committee will be responsible for monitoring the progress of the campaign and reviewing all the evaluation results. Evaluation may be in terms of forms filled in by group leaders pre and post training and repeating the small group discussions with a representative sample of the workplace at regular intervals.

Suggested plan of action

MONTH	YEAR 1												YEAR 2	
	1	2	3	4	5	6	7	8	9	10	11	12	1	2
Steering committee meets	X													
Identification or group leaders		X												
Management + group leader training		X	X											
Group leaders meet to plan group discussion			X											
Group discussions to identify needs				X	X	X	X	X	X					
Evaluation and education campaign planning									X	X	X			
Collection of materials and development of locally appropriate messages												X	X	X
<u>YEAR 2 (cont)</u>	3	4	5	6	7	8	9	10	11	12				
Pretesting materials and evaluation	X	X												
Dissemination of education materials	X	X	X	X	X									
Group activities with all staff		X	X	X	X	X								
Evaluation and Reassessment							X	X	X	X				

It may be necessary to carry out this programme in a shorter period of time. However, all the units need to be included. Individual support for employers and employees should be built in to the programme at the earliest opportunity.

Materials development

Materials may be gathered from the National AIDS health promotion campaign and adapted for use locally. Group leaders may wish to develop specific educational materials once the initial discussion groups have been completed and

	CONTENT	METHOD	TIME
Step 1	AIDS information. Facts about transmission, the virus, and epidemiology. Safety at work and first aid procedures.	Presentation, Video, slide show, charts, discussion	
Step 2	<ul style="list-style-type: none"> - Implications of this information for behaviour - AIDS and its effect on the organisation 	Discuss Case Study (1) See attached	-
Step 3	<ul style="list-style-type: none"> - Reasons for stereotyping leading to discrimination - To test or not to test for antibodies to HIV - Does peer pressure change personal behaviour? - To look at our own values and how they affect behaviour - Optional extra Use of Condoms - How useful was this session - What more do I need - Where do I go if I want more help. 	Exercise see attached 'Who gets the cure' from Armed Forces Module Small Group discussion See attached Case study discussion See attached (2) 'Jenny's story' (Optional) Presentation It may be useful to provide a family planning practitioner to make a presentation on the method of using condoms safely followed by a discussion of some of the advantages and disadvantages of using them. Evaluation Questionnaire and discussion in small trainer led groups.	
Managers Extra	Discussion of employment and personnel issues and planning a strategy. The following are <u>some</u> of the issues that may need to be addressed:	Presentation of methods used in other organisations' approaches <ul style="list-style-type: none"> - presentation of - organisation's policy on documentation at work. 	

CASE STUDY

Purpose

To highlight issues relating to AIDS and discrimination in the workplace.

Jones and Co is a large manufacturing company. The manager of the company has called an executive meeting to deal with a current crisis. This is the situation.

The chef in the company canteen is openly homosexual and at work he frequently discusses his relationships. The manager's secretary overheard him telling a friend on the phone that he is HIV antibody positive. She spoke to a number of others about her concern over this, and the staff association has now approached management threatening strike action unless the chef is dismissed.

Present at the executive meeting are:

- the company manager, male, married, 2 children, bisexual, HIV antibody positive;
- the administrator, female, whose boyfriend has many partners but refuses to use condoms;
- the manager's personal assistant, female, having a casual affair with the manager, unaware of his bisexuality or antibody status;
- the company accountant, female, whose husband is a haemophiliac with AIDS;
- the staff association president, male, disapproves of homosexuality;
- the chef, homosexual, HIV antibody positive, knows about manager's bisexuality and antibody status.

Discussion

- o What might happen at this meeting?
- o What issues do you think will be raised?
- o What would you consider the best possible outcome of the meeting?
- o What would you consider the worst possible outcome?

(Role-playing this meeting is an option which can be considered; however, remember the need for thorough debriefing and discussion.)

	CONTENT	METHOD	TIME
Managers Extra	a) How do we manage HIV antibody positive staff? b) What support system is in place to help staff deal with these new stresses? c) Is blood screened for HIV antibodies in all situations? d) Is there to be special training for First Aid staff? e) What provision can be made for counselling partners or personnel?	Discussion of identified AIDS-related issues in the light of the previous training.	

The campaign should reflect both the changing information about AIDS with regular updates for group leaders and goals may need to be reset in the light of reactions from the workforce.

CASE STUDY (2)

Does Peer Pressure change behaviour?

Jake has been attending the AIDS Seminars with his colleagues that have been put on by the occupational health department at work. There are condom machines in the toilets near his office. Many of his friends say they are using condoms now and Jake recognizes how important it is and admires his friends for having been able to change their behaviour. However, Jake is a very shy man, he does not make friends easily. Occasionally he meets someone he would like to have a sexual relationship with but he is too embarrassed to discuss using condoms with them and so has unprotected intercourse. He is very worried about AIDS. He is afraid to talk to his friends about his problem because they seem to have had no problems with changing their behaviour.

Discuss how Jake might overcome his present difficulties.

What could Jakes peer group do to make it easier for him to talk about his problems?

What could the group then do to help others who were finding it difficult to change their behaviour?

TO TEST OR NOT TO TEST

Purpose

To examine the reasons for and against taking a test for HIV antibodies.

Mary has been married and having unprotective penetrative sex with her husband John for three years. Yesterday she heard that a boyfriend she had had four years ago has just died of AIDS. Mary had not known he was an intravenous drug misuser. She is just about to start a :

- new job and will have to have a medical where they will ask her her antibody status - confidentially - Mary and John are just about to buy their first house and the
- insurance company will not give them insurance if she is HIV and
- Mary and John have been talking about having a baby.

Should Mary have a test?
Should John have a test?

Reasons For

Reasons Against

What would you do?

OPTIONAL EXTRA

CASE STUDY - JUMPING TO CONCLUSIONS

The trainer leads a discussion and or brainstorm about the issues raised in this study.

A woman you know to have had many partners has been brought in to the health worker with whom you work closely bleeding profusely after a fight. How does this make you feel? What do you do? What advice can you give her?

JENNY'S STORY

Purpose

To assist participants to clarify their own values about a range of AIDS related issues.

Jenny has just discovered that her boyfriend John is bisexual and HIV antibody positive. They have been having unprotected sexual intercourse for the previous two years. Jenny has not yet had an antibody test. Jenny leaves her boyfriend after a row.

In the company where Jenny works one of the managers, Phillip, has indicated that he would favourably consider Jenny for promotion if she has sex with him. Jenny is both interested in the promotion and finds Phillip attractive. Phillip and Jenny commence a sexual relationship.

Phillips wife, Nancy, who has unsuccessfully tried to talk Phillip into having children decides to deliberately become pregnant without his knowledge or agreement. Two months later her pregnancy test proves positive.

Rank the characters in the story from 1-4. 1 being the characters behaviour you most support to 4 being the characters behaviour you least support.

Divide the large group into small groups of no more than six. Ask them to first individually rank the characters (no more than 2 minutes) and then to reach group consensus on the ranking.

NB Voting is not a method of reaching consensus.

Report back from small groups to large group

Note for group leader

It is likely that some, perhaps all of the groups will not reach consensus. It is important to stress that it is the process of discussion and clarifying of values which is the purpose of the activity rather than the final group decisions. However, do not explain this before the activity as it might lead group members to lose interest in the decision making process.

**ACTION
NOTES:
Religious
Organizations**

ACTION NOTES:

RELIGIOUS ORGANIZATIONS

Religious leaders within the community are already involved in the pastoral care and education of their members. Therefore they are in a prime position to organize activities which will be both educational, as part of an outreach programme to the local population and to provide individual care and support for people with HIV infection or those with AIDS. This will be organized as a local response to the National AIDS education and prevention campaign.

In addition to frequently having close personal contact with their congregation, religious leaders also have influence to support behaviour change and understand the social and cultural context in which health promotion messages must be developed in order to have the greatest effect. They provide a confidential environment for people in need of individual counselling and support and will often be more acceptable to families who need help than public agencies.

Religious organizations provide a channel through which information, education and counselling services can be developed and disseminated to the wider population. This process provides an ideal opportunity for different denominations to work together in order to protect their communities from the spread of HIV infection. However, it may be that individual denominations e.g., Hindu, Muslim, Catholic, can work more effectively with their own groups so that health promotion messages can be developed within the context of the specific teachings of each sect or religion.

Formation of a steering committee

Religious leaders should bring together representatives of groups within their organization and with the help of the district health promotion officer of the National AIDS Committee can form a steering committee to ensure that:

- a) All AIDS prevention activities are co-ordinated.
- b) The momentum of activities is maintained.
- c) There is supervision of the activities to maintain accuracy of the messages received.
- d) A group of volunteers from the religious organisations are trained in order to provide information and undertake activities with particular target groups to assist in identifying areas of need for behaviour change and support to ensure it is maintained.
- e) Monitoring and evaluation procedures are authorized in order to modify or add to the overall strategy.

In order that the steering committee covers all areas that need to be discussed the Health Promotion checklist from this manual can be used.

Base line information

Group discussions with a representative sample of the target groups within the community will ascertain the present state of knowledge about AIDS, present behaviour and practices and areas of need.

Some suggested discussion topics:

- a) What is the current level of knowledge about AIDS and STDs?
- b) What is the current attitude towards those who are HIV antibody positive?
- c) What is the general understanding of safer sex practices?
- d) What are the problems associated with using condoms?
- e) How are past sexual histories discussed with present partners?
- f) What needs to happen to ensure avoidance of risk taking behaviour?

The group discussions will also give the volunteers an opportunity to get to know their clients and identify people with specific needs who may be helped by the supportive environment of hostels, day care centres or youth groups.

Setting objectives

With the results from the initial group discussions, the steering committee can then set objectives for the AIDS education and prevention campaign. The volunteers who organize and conduct the group discussions should be involved in all subsequent stages of planning. Training for the volunteers should take place before the information campaign begins in order for them to be carrying out the follow-up activities with specific groups at the same time as information is generally available to the public.

Development of Support Systems

Training for Steering Committee

Information campaign

Production/gathering of materials nationally and adapting them or developing new local materials

Pilot dissemination of materials to representative sample of audience

Evaluation

Dissemination of materials
media involvement

Feedback & Evaluation

Training process

Identification of volunteers with religious organisations

Identification of their specific training needs

Development of materials to meet those needs

Training

Development of outreach activities by volunteers

Evaluation

Activities begin

Evaluation

Monitoring and evaluation

The steering committee is responsible for monitoring the progress of the campaign and reviewing the evaluation material.

This may be in the form of:

- a) Evaluation results pre- and post- training
- b) Discussion groups following a pre-set questionnaire before and after activity sessions.

Reassessment

The campaign should reflect both the changing information about AIDS with regular updates for voluntary religious representatives. Goals may need to be reassessed both in the light of the progress and evaluation of the campaign and the degree of involvement of the religious organisations in meeting the needs of the community.

Programme Development

Materials for the campaign can be gathered from the National AIDS Health Promotion Campaign and adapted for use locally or may be developed as part of the training for the volunteers. The educational materials may be in the form of leaflets, posters, radio spots, dramas, puppet shows, cartoons or slide shows. It is possible in some congregations for "liturgical" materials or materials used in prayer services such as songs and decorative motifs, to be adapted to include concerns such as AIDS and the opportunities for self-lessons and love which may accompany it. Pre-testing of all materials is essential and interviews with the target audience to discover whether they understand the message presented and whether they like the form in which it is presented.

Development of support systems

Volunteers can also carry out pastoral work as representatives of their organizations. They will, therefore, often be involved in the direct care of people with AIDS and HIV infection and provide support for their family and friends. Having the opportunity to discuss experiences and concerns helps carers come to terms with their own feelings about AIDS related issues, death and dying, high risk sexual practices, drug misuse and the emotional effect on a family losing a relative. Equally others may wish to find out more information, discuss a particular problem or have time to come to terms with a positive diagnosis for this reason a system of counselling and referral needs to have been developed and in place before the campaign begins.

Budget

Within most religious organizations there is an opportunity for fund-raising activities to take place. This will help in providing small amounts of money for specific local ventures relating to the campaign.

Provision of premises for community based activities and volunteer staff to help with those activities may well be given free of charge and so will help to keep down the overall costings.

Otherwise financial support is needed in the following areas:

- Materials production e.g., leaflets & posters
- Printing mimeograph machine
- Cost of special events e.g., projector for slide shows and refreshments
- Telephone
- Office Supplies
- Transport/petrol
- Per diem/speakers' fees

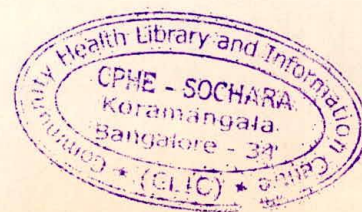
STEP	CONTENT	METHOD	TIME
Step 1	Information about AIDS and HIV infection covering the virus, transmission, course	Slides or video followed by discussion (Try 'AIDS WISE' see youth worker training)	
Step 2	<p>In the light of this information:</p> <ol style="list-style-type: none"> 1 What are the implications for behaviour change on the community? 2 What effect will AIDS have on our community in 10 years. 3 How can religious organizations be involved in protecting the community from HIV infection 4 Which are the groups we need to work with first? 5 What are the main channels of communication the religious organizations use which could be used for the information and education campaign? 	<p>Brainstorm as a group</p> <p>A village in an outlying district has been found to have a seropositivity rate of 3% amongst the young farming men. What effect will this have on the village over the next 10 years? What can be done about it?</p> <p>Divide into pairs or threes to discuss this. Report back to the whole group. Produce a plan of action a) in the short term. b) in the long term.</p> <p>Group discussion</p>	
Step 3	<p>It is important to look at :</p> <ul style="list-style-type: none"> - our own attitudes and feelings on AIDS related issues. - How can we help those who come to us to discuss problems? -How can we help people with AIDS, their family and friends talk about death and dying? - What have we learned? What else do we need to to carry out our work? Where can we go for further help and advice? 	<p>'Who gets the Cure' (see Armed Forces)</p> <p>Listening skills (see Youth Organizations)</p> <p>(see attached comment)</p> <p>Discussion</p>	

OPTIONAL EXTRA

CASE STUDY - THOMAS

The trainer leads a discussion and or brainstorm about the issues raised in this study.

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



Talking about death and dying

Each community has its own way of dealing with death, which is a part of a specific cultural response to loss and bereavement. The religious organizations may already have training programmes for their lay preachers to help with the approach to these issues.

It is of primary importance that volunteers understand how they feel as individuals about death. Therefore, it is essential that training for volunteers includes access to already existing programmes or that health educators develop culture-specific activities to allow discussion of loss and death issues. Another factor to be considered is helping volunteers recognize culturally appropriate responses to death as opposed to those which could require specialist medical intervention.

Section

Two

AIDS PREVENTION THROUGH HEALTH PROMOTION

ACTION NOTES: MOBILIZING LOCAL ORGANIZATIONS

SECTION 2

Examples of Health Promotion activities to prevent the spread of HIV infection, from around the world.

This section continues to be written with your assistance. Section 2 includes 10-15 descriptions of AIDS health promotion programmes within a variety of local organizations along with examples of their training materials. These examples will be continually up-dated. Please contribute.

It is hoped that descriptions of activities will be submitted by AIDS health promotion programmes all over the world. Those who regularly travel to these programmes could act as a valuable resource in helping to collect samples. Many groups who may be working hard to produce AIDS health promotion materials rarely get the opportunity to share their ideas with other programmes. This is one way they may do so.

The descriptions should include the same basic information:

1. A brief description of the organization and its AIDS programme including:
 - Type of organization, its purpose and membership
 - Initial planning meetings
 - Organization of discussion groups
 - Information gathering and assessment activities
 - Development of messages and materials
 - The training activities themselves
 - Counselling and support services
 - Community outreach organized by the organization
 - Monitoring and evaluation
 - Cost
2. A description of the education and training materials developed by the programme.