



Instructor's Guide

The Five Components of HIV™

1

One person
is already
infected

2

Second person
receives HIV
transmission
from the
first person
(through
specific body
fluid contact).

3

3 Primary
portals/(body
openings) of
risk for the
HIV to enter

4

Primary body
fluids where
HIV can live
and transmit

5

Primary
activities of
risk which
facilitate
transmission

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FORWARD

Dear Reader,

Congratulations on receiving your Five Components of HIV® training package. You are about to embark on an adventure unlike anything you have experienced before!

This program was developed over more than five years of practical field testing in order to make it into the concise, enjoyable, and effective training tool that it now is. The dolls and the training program have currently been used in more than 19 countries with incredible success. Having a pair of anatomical dolls to teach your audience will have an incredible impact on your training program. The dolls will help you feel more comfortable teaching and will lighten up the classroom environment. You'll find people laughing and talking, even about the sensitive subject of HIV.

But the single most important component of the program is you—the trainer. Your ability to feel comfortable and to talk openly and even have fun with your audience will be the key to a successful and memorable training program. If you become very familiar with the material, you will be able to relax and enjoy the people you are teaching. Everything you need is here.

Thank you for being willing to take time out of your busy life to help save lives by bringing accurate, memorable, and repeatable information to people about HIV. If you have any questions, comments or suggestions regarding this manual you can contact us at aosci.tios@gmail.com.

Warm regards and congratulations again,

Amy Gillespie



Note

This Instructor's Guide was not designed to be an all-encompassing manual about HIV/AIDS. It is simply a guide for how to teach, using anatomical dolls, (TIOS®, DEKOS®, or others), together with the proven Five Components of HIV™ program.

INTRODUCTION

This manual was written to help equip trainers in the area of HIV/AIDS using anatomical dolls from TIOS®, DEKOS® or others. The TIOS® and DEKOS® Dolls have been tested in hundreds of sessions of HIV Awareness courses together with The Five Components of HIV™ program. Though the dolls were created specifically for training in HIV/AIDS, they have also been used effectively for other subjects, including hygiene, safety, first aid, new baby care, malaria, and more. Feedback from the organizations and participants that have solicited our services and dolls has shown that the use of these dolls as a visual tool has many advantages and this method of training is producing substantial behavioral change.

One of the most difficult aspects of HIV training has been to talk about subjects that can be awkward or uncomfortable such as sex, sexual abuse, and body parts. The saying, “A picture is worth a thousand words” is particularly true when using these dolls. When working with cultures that have many different local dialects, or where speaking openly about sex is taboo, you can simply demonstrate an activity, using the dolls, instead of trying to find the right words to describe what you’re talking about.

Please Note

This Instructor’s Guide is not intended to be a comprehensive manual about HIV/AIDS. It is simply a guide for how to most effectively teach The Five Components of HIV™ program using anatomical dolls, (TIOS®, DEKOS®, or others).

HOW TO USE THIS MANUAL

This manual is designed to be used as part of a comprehensive HIV Awareness training program along with a pair of anatomical dolls from DEKOS® (Guatemala) or TIOS® (Mozambique and America). The dolls come with a minicondom and a bag, which has The Five Components of HIV™ poster printed on one side and The Four Possible Consequences of Unprotected Sexual Relations © on the other, along with copies of the posters to use in your class. Also included with this manual is a set of cards for the instructor and a second set for an observer of the class. This is everything necessary to teach an effective 90-minute program that will educate any audience about HIV transmission.

The instructors cards are a wonderful tool that will help you accurately teach The Five Components of HIV™ program. The observer cards are for a member of your audience to follow along and make sure you don't miss any information. Please don't take this personally. Even after designing The Five Components of HIV™ program and teaching it hundreds of times, I still forget things sometimes. There is a lot of important information to convey in an HIV Awareness class and every bit of it can potentially mean the difference between life and death.

For example, if you were to forget to mention that a sign of HIV infection is flu-like symptoms that can occur two weeks after being exposed to the virus, someone might leave your class and participate in unprotected sex. Then, when they develop flu symptoms two weeks after having unprotected sexual relations they might not think anything of it and could potentially infect many others with HIV. However, if you had remembered to teach that this could be a symptom of HIV infection, your student might take greater care in their sexual relations until they could get an accurate HIV test result, saving the lives of numerous people they would otherwise have had unprotected sex with. Use the cards!

Choose an observer in your audience to follow along and make sure you don't forget anything. At the end of your class you will know that you have presented all of the information accurately and you can rest assured that if someone still chooses to have unprotected sex, they did so despite knowing the inherent risks involved to themselves and others.

1 An Effective HIV/AIDS Awareness Training Program

A complete and effective, holistic HIV/AIDS Awareness training program that will generate significant behavior results should include:

- Accurate information about HIV/AIDS presented in a manner that people can remember and repeat.
- Health safety training. (For example: first aid, accident prevention, and accurate information on deadly and preventable conditions such as cholera and malaria.)
- Ideas for girls to generate income (who currently may be having “transactional sex” in order to care for themselves or their family).
- Suggestions for how to live “positively” with HIV.
- Current Information about TARVs (Treatment using Antiretroviral Drugs) • Nutritional recommendations.
- Guidelines for treating and living with people who are infected with HIV.
- Information about other diseases and infections that are common for those living with HIV, and their treatment.
- Support for the rights of a person living with HIV (how to combat discrimination).
- Suggestions for planning for the future.

- Recommendations for sustainable living practices (such as planting the seed from the fruit they ate to germinate a tree, so that in the future they always have food to eat or sell).

Incorporating this wealth of information into your training classes will allow people to see that they do have control over their own lives and that there is hope, even if they are already infected with HIV. As the saying goes, “Knowledge is power,” and when given the information they need, people will make better choices for themselves.



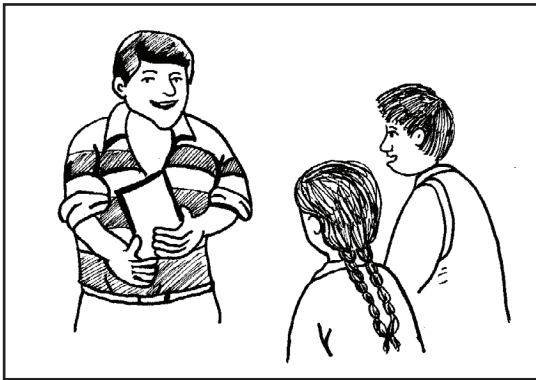
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The Role of a Community Health Safety Trainer

Welcome to your new role as a Community Health Safety Trainer! You have a very special purpose that goes beyond the day-to-day duties of your position. In order to be a good Community Health Safety Trainer you must maintain the following behaviors, even outside your hours of work:

- Avoid prejudices and judgments regarding other people.
- Take your own HIV test—both so you can explain to others what it will be like to take a test and to accurately know your own status.
- Be a good listener and an open communicator. (You will be having very sensitive discussions with people about the most personal aspects of their lives and you must be calm, confident, and comfortable in these situations.)
- Make yourself accessible to the public to answer questions and be of assistance.
- Never betray a confidence (do not spread rumors or discuss any personal circumstances or conversations that you have had with any of your clients at any time).
- Practice the highest ethics in your own lifestyle which are in line with those you are teaching others. For example, you cannot be teaching abstinence while practicing sexual relations outside of marriage. Equally, you cannot tell people to protect themselves by using condoms if you do not yourself use one. Your role requires that you be responsible for:
 - Having up-to-date and accurate information about HIV/AIDS (including new research).
 - Demonstrating a good understanding and confidence in the presentation of the material, so that you can comfortably teach about HIV/AIDS, including talking about testing and how to use a condom.
 - Being well informed about local sources of information, assistance, and medical care for HIV/AIDS in the area, including testing sites.
 - Presenting all of the information—do not withhold anything, but speak directly and with sensitivity regarding your clients' potential situations.
 - Helping to find sources of assistance within the home, such as food, clean water, and personal care, particularly in an impoverished area.
 - Always responding to an individual's needs within two days. If you don't have an answer to their question within two days, be sure to contact the client and inform them that you are still trying and give them a time frame as to when you will respond.

The more familiar you become with the information, the more effective you will be as a Community Health Safety Trainer. We all know how uncomfortable it is to not know the answer to a question. It is even more so when discussing things of a sensitive nature such as information about HIV/AIDS and sexual practices. It is much better to be well informed before beginning conversations with clients about such personal topics. Familiarize yourself very well with this manual as well as other sources of information in your local community.



If you find yourself in a situation of being “at odds” in your personal life with something you are teaching from the “Five Components of HIV™ Training” (such as using a condom or practicing abstinence) please discuss this with your supervisor before continuing in your role as a community Health/Safety Trainer.



If you live in the bush, or local community with your clients you will have more knowledge of their private lives as they will about yours. Particularly for those living in a work-type camp, there is often more potential for people to participate in activities which can induce the risk of HIV infection. Also, in such a living environment, your own personal behaviour will be observed more closely. It will be imperative in this environment that you are not having sexual relations with new partners, particularly without the use of a condom. Your clients will be particularly critical of your personal behaviour in such a living situation. In order to be successful you must be a good example, and be honest with your colleagues and clients regarding your personal behaviours..

3 Why Use Dolls as an HIV Prevention Tool

Anatomical dolls from TIOS®, DEKOS®, or others are a visual tool for teaching about health safety, particularly about HIV. There are two main reasons for using dolls to teach about this sensitive subject. One is that the dolls facilitate conversation and help transmit information quickly, accurately, and comfortably. Second, the dolls provide an income-generating project for girls who might otherwise have to participate in transactional sex in order to provide for themselves and their family members.

Designed not to be sexual, but cute and even a bit humorous, the TIOS® and DEKOS® Dolls help facilitate conversations about topics that could otherwise be uncomfortable. You can also use the dolls for short theater to teach more effectively about HIV transmission. For example, the fetus inside the woman can be used to illustrate how transmission can occur from mother to child. Also, the condom demonstration can be done directly on the male doll.

1. Both dolls have all the body parts in order to facilitate training as a visual tool. The male doll comes with a small condom so that you can do the condom demonstration directly on the doll.



2. Both dolls have a pocket to show that condoms are not just for the man, but the woman should also carry one to protect herself, or to give to someone who might need one.

3. The dolls have tattoos in order to teach about use of needles, which often facilitates HIV transmission, and to teach about curandeiros (local healers) and their practices, which can put a person at risk.



4. The woman doll has a child in order to teach about mother to child infection through breast-feeding.



5. The female doll is pregnant in order to demonstrate how mother to child transmission can occur through the birthing process.





6. The tongues are flexible to show that licking is not a risk.



7. Each doll has been signed by the orphan or young girl who made the doll.



8. The male doll is circumcised to explain better about the potential risks involved with an uncircumcised vs. circumcised penis.

9. Doctor and nurse dolls have been created to facilitate theater presentations and open discussions about testing.



10. Grandparent dolls were created to show that HIV does not just affect the very young and to facilitate training and theater presentations.



4 Presenting The Five Components of HIV™ Program

The following pages contain specific step-by-step instructions on how to teach The Five Components of HIV™. This 90-minute program has been tested with hundreds of audiences for its effectiveness in achieving behavioral changes from the participants who attend. The results are phenomenal—on average, 60% of participants take an HIV status test within four to six weeks of attending the program. A few props are needed, but this guide will provide all of the information you need to teach this course effectively and to help your participants learn the facts of HIV transmission in a way that is memorable and can be repeated easily and accurately.

Each section of the course has been carefully planned and put in a specific order to get the best results from your audience. Timing suggestions are included. Try not to delay or go particularly slowly, as you will likely “lose” your audience. The human attention span is generally 45 minutes or less, so keep things moving.

In an ideal scenario, this course would be presented by two facilitators—preferably one man and one woman. The recommended class size is 25 participants. You should never have more than 40 participants in one course so that everyone can participate fully. Before you begin, be sure to select one educated audience member to assist you by using the Observer Cards that are included with this manual. Even if there are two people training, they can easily forget something or lose track of time. It is always best to have an observer from the audience watching.



Step 1 - Preparation

Props You Will Need

- Choose one of the following: whiteboard with a dry-erase marker, blackboard with chalk, or a flip chart with paper and a marker
- At least 1 set of anatomical dolls from TIOS®, DEKOS®, or others with a mini condom
- The Five Components of HIV™ and The Four Possible Consequences of Unprotected Sexual Relations© posters
- Instructors Cards
- Observer Cards
- Box of condoms
- Translator if necessary—from the audience is best!

Write the following schedule on your board. You may adjust the times to fit the start time of your class, but keep the amount of time dedicated to each section the same. For example, the telephone game should last just 15 minutes and the Five Components of HIV section should last 20 minutes.

The Five Components of HIV™

- 09:00 Telephone Game
- 09:15 The Four Possible Consequences of Unprotected Sexual Relations
- 09:30 The Five Components of HIV
- 09:50 How to Protect Yourself
- 10:00 How HIV Becomes So Prevalent
- 10:15 Small Theater Presentation
- 10:30 Finish



Step 2 - Welcome and Introductions

Before you begin, welcome everyone to the class and introduce yourself and your co-facilitator. Explain that you are about to teach a short course on HIV and ask if anyone in the audience has attended an HIV class in the past. For those who have attended at least one course, tell them that you are pleased, as they will already be familiar with some of the information. Explain that this course has been specially designed to go quickly and yet will give them all of the important facts about HIV transmission in a way that is memorable and repeatable.

Also, explain that some of the HIV information will require that you talk about things that may be uncomfortable for some, such as sexual activity. Apologize for speaking directly and very frankly about some things, but stress that many people are dying and you want to make sure they understand the information very clearly so that lives can be saved.



Step 3 - Introduce The Dolls

Show the dolls to your class using the six HIV training positions as illustrated on pages [10 - 13].



Step 4 - The Telephone Game (15 minutes)

The purpose of the Telephone Game is to illustrate how information can become altered, often to the point that it is quite inaccurate, when passed verbally from one person to another. This game is most effective when played with a group of ten to fifteen people. (If your group is made up of twenty-five or fewer individuals, it is possible to do this game with the entire group.) If you have more than 25 people, ask ten or fifteen to volunteer to participate. First, choose a strange sentence such as, “On Saturday I discovered a pink elephant in the latrine drinking a beer.” Write the sentence on a piece of paper, then whisper it to the first person in your group quietly enough that no one else can hear. Ask them to whisper what they heard privately to the person next to them, and so on until everyone has passed the message on and the last individual has heard it.

When you get to the last person, ask them to repeat the sentence they heard out loud in front of the entire group, and write it down on your board. Then read the original sentence that you wrote down on a piece of paper. Now, compare the two sentences—normally they are very different, especially if you have a group that is made up of different local dialects.

Explain to the class that one reason you chose a strange sentence was because the information about HIV may seem strange to them and some of the vocabulary could be new, which can make it more challenging to remember and repeat correctly. Also, tell the class that the reason we play this game is to show how sometimes the information we have heard about HIV might be quite incorrect.





This exercise gets people to realize they should listen—that perhaps they heard something incorrectly before or possibly something was told to them incorrectly.

A couple of questions you can ask the group include:

1. Have they ever left verbal instructions or a clear message for someone else, but the information got completely confused? Perhaps for a guard or house person?
2. Can anyone think of a reason a person would leave an HIV course, then go home and change the information they heard? (Perhaps a foreigner taught the class and some words did not have a good translation for the local dialect,

such as oral sex or condom.) Maybe a man heard that he was supposed to use a condom, but he didn't want to use one so he told his girlfriend that people put HIV in condoms.)

Step 5 - The Four Possible Consequences of Unprotected Sexual Relations (15 minutes)

For the next step of the program you will use the full-size poster included with your program kit. But before you show it to your audience, first ask them: “Every time you have unprotected sexual relations you have four possible outcomes. Can anyone guess what they are?” Give them a moment to respond.

This program is intended to be an interactive experience, and it is important to allow your audience to answer your questions. (Please note—if your audience is not responding, in all likelihood they do not understand what you are saying. If this problem occurs, ask someone from the audience to translate into the local dialect for the remainder of the class.)

After allowing your class to offer possible answers to your question, hold up your poster and say: Every time you have unprotected sexual relations there are only four possible outcomes.

They are:

1. STD (Sexually Transmitted Disease)
2. Pregnancy
3. Satisfaction
4. HIV

Then, point to each of the four designs on your poster and ask your audience whether the outcome is temporary or permanent?



1. STD – (Normally temporary, but if left untreated too long can become permanent.)
2. Pregnancy – (Pregnancy is temporary, but being a parent is pretty much permanent.)
3. Satisfaction – (Very temporary – lasts maybe a few hours.)
4. HIV – (Permanent.)

Next, ask “Is the outcome favorable or unfavorable?”

1. STD – (Unfavorable.)
2. Pregnancy – (With your spouse, favorable – but with a stranger, unfavorable.)
3. Satisfaction – (Favorable.)
4. HIV – (Unfavorable.)

Note: Take this opportunity to point out that if you only have sexual relations with your spouse, you only have potential for a favorable outcome. But if you have unprotected sexual relations with a stranger, you have three possibilities out of four for an unfavorable outcome.

Then ask, “Are these outcomes preventable?” (All are preventable, except maybe satisfaction.)

Note: This is a good point to check your audience—is everybody responding to these questions, or are a lot of people sitting quietly? If they are sitting quietly, that is a good indication that you need to change languages.

“How long must you wait before you can take a test for an accurate result?”

1. STD – As soon as three days.
2. Pregnancy – One month.
3. Satisfaction – Immediate.
4. HIV – Three months.

“How long before you have symptoms?”

1. STD – As soon as three days.
2. Pregnancy – One month.
3. Satisfaction – Immediate.
4. HIV – Maybe five years.



Note: At this point, tell your audience that many times when a person is first infected they could have flu-like symptoms approximately two weeks after the infection. Though this isn't an absolute, if it does happen, it is a very good indicator that the person has possibly been infected with HIV. They must be extremely cautious for the following three months until a test can determine whether they are infected or not. Also, you should inform them that it has been shown that an uncircumcised man has 70% more chance of getting HIV than a circumcised man.

Now, ask your audience:

“How many sexual partners have you had in the past five years?”

Can you remember them all?

Could you contact them all?”

“How long before you have visible symptoms that others will see?”

1. STD – Maybe a week.
2. Pregnancy – Between three and six months.
3. Satisfaction – Immediate.
4. HIV – Possibly more than five years.



Finally, ask the following questions:

“When you wake up in the morning after having unprotected sexual relations, what are you thinking?”
(That you had a great time; you had satisfaction.)

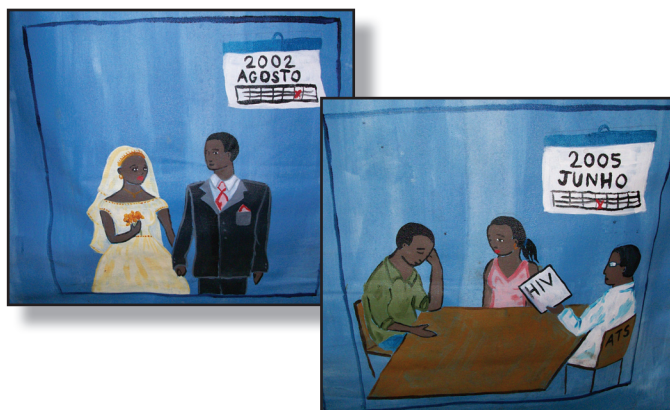
“But in fact, isn’t it possible that you also have one of these other three possible outcomes?”

Is it possible you can have all of them at the same time and don’t know?”

(Yes, it’s possible to have all of them—STD, Pregnancy, Satisfaction, and HIV.)



Now you have established which language to teach your class in and your audience understands that they already know a lot of information about HIV. That much of the information is not new—they can relate to it. For example, they know that you must wait one month to take a pregnancy test, and in the same way there is a waiting period of three months to take an HIV test in order to get an accurate result.



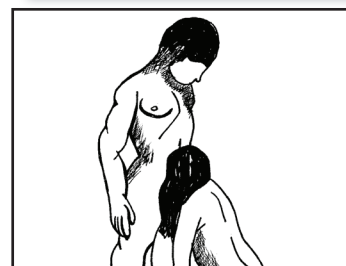
Step 6 - The Five Components of HIV™ (20 minutes)

For the next step, explain to your group that you are now going to teach them the Five Components of HIV™ transmission, and that with the absence of any of these components HIV cannot transmit. Do your best to keep this interactive. Ask your audience: “If one person has HIV and never comes in contact with another, can it transmit?” (No.)

1. One person must already be infected in order for transmission to take place,
2. A second person becomes infected through a specific type of contact with the infected person.
3. There must be an opening for the HIV to enter the body of the uninfected person. There are three primary openings on the body which are a greater risk for entry of HIV.
 1. Inside the anus
 2. Inside the mouth
 3. Inside the sexual opening (vagina or penis)
4. There are four primary body fluids in which the HIV virus can live and transmit:
 1. Blood.
 2. Male sexual fluids (precum and semen).
 3. Female sexual fluids.
 4. Breast milk.
5. There are five primary activities of risk of transmission of HIV:
 1. Normal sex.
 2. Oral sex.
 3. Anal sex.
 4. Blood to blood contact.
 5. Mother to child transmission through breastfeeding or the birthing process.

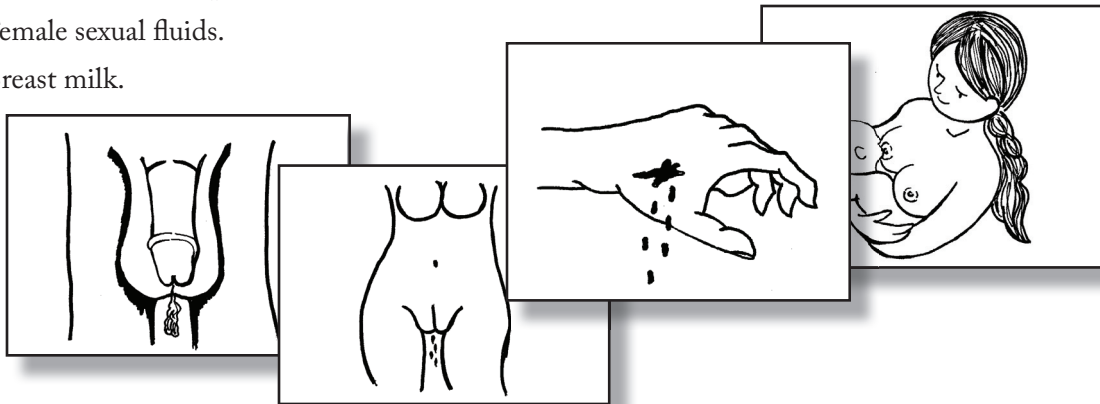
1. One person must already be infected with HIV in order for transmission to take place. “If two people do not have HIV and they have sexual relations, will they get HIV from having sex with each other?” (No.)
2. A specific type of contact must occur in order for HIV to be transmitted to a second person. “If a person with HIV shakes hands with another will it transmit?” (No.)
3. There must be an opening in order for HIV to enter the body of an uninfected person. There are three primary areas of the body that have permeable or absorbent skin which are a greater risk to receiving the HIV virus (without a cut or injury). “Can you guess what these three openings are?”
 1. Inside the anus.
 2. Inside the mouth.
 3. Inside the sexual opening (vagina or penis).

(At this point, ask your co-facilitator to use the dolls to point to the openings.) Note: If your class is having trouble understanding how “Inside the mouth” is vulnerable to HIV, use the example of a man who uses chewing tobacco. He puts the tobacco in his mouth between his cheek and gums, and yet he still gets the effect of the nicotine because it absorbs through the lining of his mouth and enters his bloodstream (without a cut or abrasion).



4. There are four primary body fluids in which the HIV virus can live and transmit. “What do you think the four body fluids are?”

1. Blood.
2. Male sexual fluids (precum and semen).
3. Female sexual fluids.
4. Breast milk.



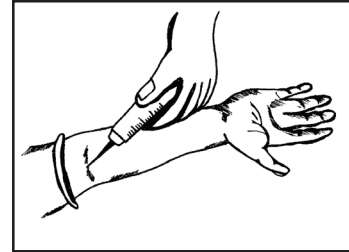
5. There are five primary activities of risk of transmission of HIV. “What do you think the activities are?”

1. Normal sex.
2. Oral sex.
3. Anal sex.
4. Blood to blood contact
5. Mother to child transmission through breastfeeding or the birthing process.

Note: Have your co-facilitator use the dolls to demonstrate each of these at risk activities. (It is not necessary or recommended to remove the clothes.)

You or your assistant should use the dolls to demonstrate each of the activities of risk. You can also ask your audience to demonstrate to keep them involved.

Remember: Blood to blood contact also includes the sharing of intravenous needles (without sterilizing properly) as well as tattooing (reusing a needle without sterilizing properly).



Step 7 - How to Protect Yourself - Keeping Your Body Fluids Separate (15 minutes)

At this point your group will likely be very somber. They will finally begin to realize what is going on about HIV and why so many people are infected. They will likely understand that a huge degree of it is due to the prevalence of multiple partners and their own sexual behaviors and choices.

Using A Condom

Give every member of the audience an unopened condom. Tell them they might feel strange or silly but you are all going to do this activity together for a number of reasons. First, to make sure that everyone has actually opened a condom and knows exactly how to use it properly, as there is no point in using a condom wrong. Also, they may have to show someone else how to do it one day (or explain to someone else how to use it). And third, it is much easier to learn how to use a condom in the daylight and sober than to try to do it in the dark when you are nervous or have been drinking alcohol.

Hold up your packet and ask the audience to tell you the expiration date. Explain that they should not use the condom if the expiration date has passed. Show them how the packet is vacuum-sealed and that if the seal is broken they should use a different one. Demonstrate how to open the packet by gently tearing it, and tell them never to use their teeth, because that can puncture the condom.

Show the class that the condom has a bit of a hat at the end (it looks like the nipple of a baby bottle). Tell them that it is there to give a space for the semen to go. Blow on the condom so that the “hat” is up and explain that this is important so that when you put the condom on the penis, it can just roll down. At this point you can use the mini-condom that came with the dolls to do a clear demonstration of how to put the condom on. Explain that you are leaving a space at the end and roll the mini-condom onto the doll. At the same time, encourage the co-facilitator and the audience to unroll their condoms.

One thing that is helpful to do now is to give the class a visual demonstration of the capacity of a condom. Tell them that some men say that the condom is too small. Then either you or your co-facilitator should put a condom all the way over your hand, and tell them that it can stretch all the way over a foot also.



Next, ask the audience the following questions:

“What is on the outside of the condom?”

(Petroleum—the same type of Vaseline you use on your skin.)

“Why is it there?”

(To protect the woman’s skin and to facilitate the sex with lubrication.)

“Is it dangerous?” (No.)

“Does it taste very good?”

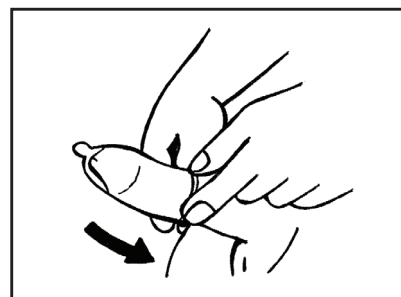
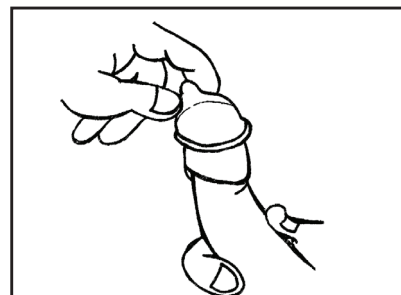
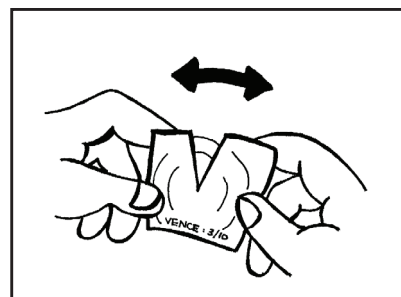
(Not really. At this point, you or your facilitator should lick the condom to show it is not a problem or dangerous to have it in your mouth.)

“What is on the inside?” (Powder or talcum.)

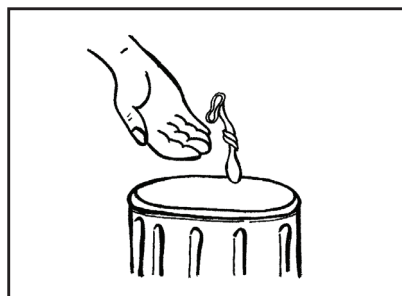
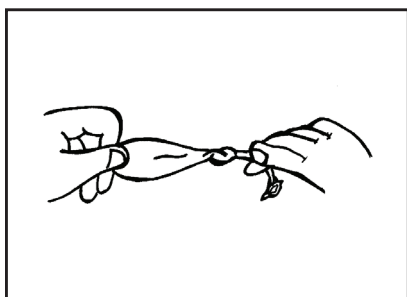
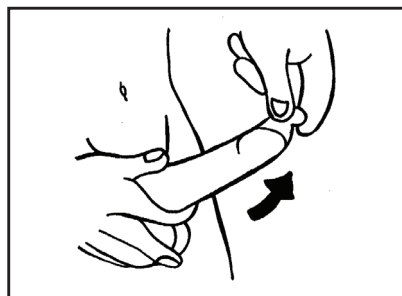
“Why is it there?”

(To keep the man comfortable and so the condom doesn’t tear. Also to prevent sweating for the man.)

Finally, show how to remove the condom by carefully pulling it off the doll and maintaining the “pretend” liquid inside. The mini-condom is too small to tie, so you or the co-facilitator should demonstrate tying a regular-sized condom. Have the whole audience tie theirs as well. Then ask them, “When the sex is finished and you’ve removed your condom, where do you dispose of it?” (A toilet or latrine.)



Explain to the class that it is important to dispose of them properly in a latrine or toilet because children are using them for balloons. They find the used condom and untie it and empty out the liquid. But because the liquid has been kept moist inside, the HIV could still be alive and can infect the child. Also a young child could choke on the condom. Condoms are a very serious threat to a child.





Note: Very likely there will be people in your group who have never opened or touched a condom before. This exercise is designed for them, to remove the taboo associated with condoms and the nervousness of handling one for the first time. They will all tell you they know how to use the condom, just as they will all tell you that they can understand if you teach in the local “educated language,” but in fact it’s your responsibility as a trainer to make sure your audience is leaving your class completely aware and informed, and able to accurately teach others.

You may encounter some resistance in your group about doing this exercise. Stay calm but firm, and insist that even though some may know how to use them, it is important that everyone take part together because perhaps someone has not used one or has been using it wrong (remember the telephone game) so everyone will do it together and then throw them away.

Step 8 - How HIV Becomes so Prevalent (10 minutes)

The first thing you need to do is ask the audience, “How many people here have already taken their HIV test? Raise your hands if you have had one?” Then ask them to lower their hands if their test was more than 6 months ago. There will normally be some in your group who have tested. But make note of roughly what percentage of your audience has never taken an HIV test. This is important to do now because you will use this information later in the class. This step of the program is usually the point where people finally realize that they must be tested to know their status. To illustrate how quickly HIV can spread, and how widespread it can become within a community, share the following story to give your class a visual illustration:

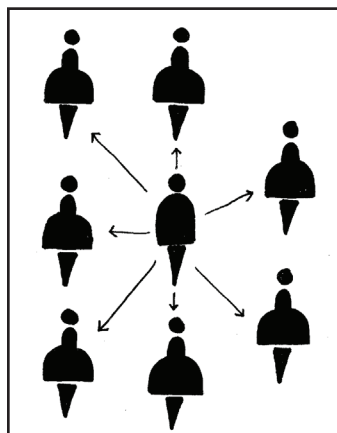


A 15-year-old boy, who lived in the Manica Province of Mozambique, went to the ATS center to take an HIV test. While he was there, the director asked him about his sexual partners and the boy answered that he had already had unprotected sex with 7 or 8 girls. Unfortunately, his test result was positive.

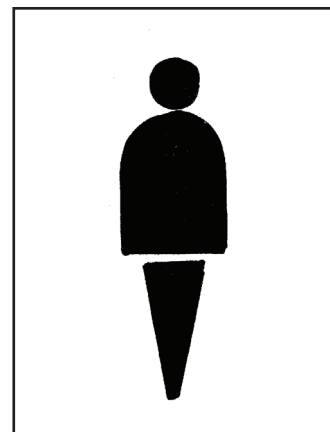
Later, during the boy’s follow-up counseling, he declared that he did not like condoms and would not use them, even though he now knew that he had HIV and would be passing the virus to others through unprotected sex.

Note: The story above is a true story that we learned while teaching in the Manica Province of Mozambique. Because it was true and the local people could relate to the name of the city and the manner in which the infections happened, it had a HUGE impact on the participants. You must not tell these stories of Mozambique which were provided as an example (unless perhaps if you are teaching in Mozambique). You ABSOLUTELY must be prepared and be able to tell a local situation of how somebody got infected in your own area (never naming a name or identifying the person). If you are unsure of one, you could ask a doctor or employees at the local testing facility to tell you of a scenario (without telling you who the person was). If they know you are sincere about protecting people from HIV, they will likely share a real scenario with you. Also you must be able to tell what the local testing process is; as well as why and how HIV is spreading so quietly and quickly in your local area. You must have these examples prepared and practiced before beginning your class.

After you have told this story to your class, use your drawing board and marker and draw a “B” (for boy) or a male stick figure in the center. Say, “We don’t know how this boy got HIV, but we do know he is now infected, so let’s assume he blew up a used condom like a balloon when he was a boy and that’s how he got infected. From the fact that he has already been with 7 or 8 girls we can assume he either is very handsome or has some money.”



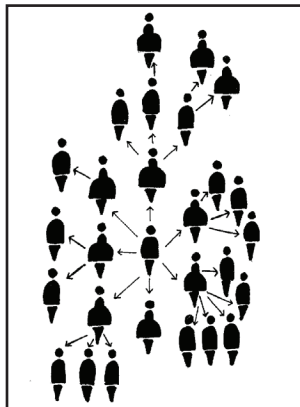
Now, draw seven “G’s” (for girl) or female stick figures around the center “B,” to represent the eight girls this boy has already had unprotected sexual relations with. Then say to your audience, “How old would these girls be? Would they be older than 15? We know these girls are not virgins because they have had unprotected sex with this boy. How many times do you think a girl (who has already had sex and is about 15 years old or younger) would have sex in one month?” Wait for your class to answer the question—they will likely say two or three. Then draw two to three male stick figures from each of the eight girls to represent the boys or men who are now infected.



As you are drawing the figures to represent the boys or men, ask them, “How old would these men or boys likely be?” (The answer is that now the ones having sex with the girls could be adults—who then subsequently would be more likely to have sex with adult women or sex workers.) Because three months must pass after infection before a person can be accurately tested for HIV, you must draw two more “generations” of sexual partners—the likely number of people who would be infected over the course of two more months. So ask your class, “Now, these boys or men who have had unprotected sex with these eight girls, how many other girls or women will they likely have sex with over the second month?” Assuming an answer of two or three, draw two or three female stick figures from each of these male figures. After you complete one more generation of potential infections (drawn from the most recent set of girls, who will then have sex with two to three men in the third month), you will show that up to 320 infections have occurred before the three months have passed and the original eight girls can finally take an accurate HIV test to find out if they have been infected.

Using the diagram you have created for emphasis, say to your class, “In this situation, within just 90 days as many as 320 people have been infected with HIV because they did not know their HIV status and had unprotected sex.” Now, using the approximate number of people in your class who responded that they have

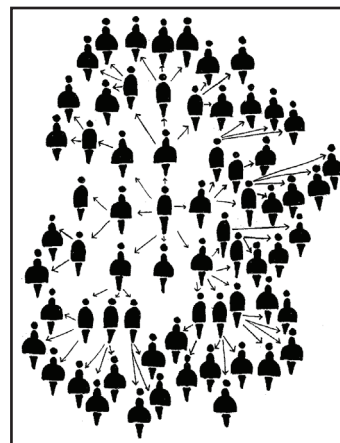
never taken an HIV test, say “In this group, at least (30%—for example) of you have never taken a test, and several others of you have not had a test since your last unprotected sexual encounter. This means we have (1 out of 3—for example) people in this room having sex who do not know if they are infected with HIV or not.”



As a trainer you must be able to explain that the reason you go take your test is so that you can be free. Say something like, “If you meet someone who you think is very beautiful or handsome and you are interested in having sexual relations with them—as long as you have taken a test and know that you do not have HIV, you can be confident you are not going to harm that person. Of course, you should always use a condom to protect yourself, because you don’t know about their status. But if you have not had an HIV test and are having unprotected sexual relations, you do not know if you are infecting people or not.”

An effective demonstration is to show the class what can happen when someone makes the right choice. Ask them, “Now, what would happen if at least four of these girls had made a different

choice and did not have unprotected sex for 90 days until they could be tested? They could have abstained. Or they could have chosen to only have relations with their first partner. Or they could have only had sexual relations using condoms. Would they have infected anyone?” Once your audience has responded, say “No . . . they would not have infected anyone else.” Then, if you are using a black or white board, erase all of the people who spread out from four of the original eight girls. You can also mark through the figures with your marker if you are writing on paper. Say something like, “Because these girls chose not to infect anybody, all of these people get to live.” Be sure to also do this example of making the right choice for a boy or man, showing the responsibility of safe sex is not just with the girl but for every individual.



Note: Be sure to stress the point that nobody can know their status for 90 days following unprotected sex.

HIV Testing

The second critical step to protecting yourself and others is to have an HIV test to find out your status. For those participants in your class who have never been tested, they undoubtedly will have questions about the process. The following information relates directly to HIV testing in Mozambique, but regardless of what country you are working in, as a trainer you need to have taken at least one HIV test on your own locally before teaching this course so that you can explain it accurately to your participants.

It is impossible to explain the feeling you have when you are told your test results. If it is negative, you have an incredible sense of gratitude and it often will make you feel very, very protective of your sexual health. If your test is positive, you unfortunately will experience the painful emotions that so many others have faced when receiving that diagnosis. However, you now have the opportunity to save other people from this situation by protecting them from your HIV.

You should be prepared to talk with your class about what happens when the test is positive and answer their questions. What kind of counseling will they receive from the testing center? How soon will they be able to receive treatment? What should they do if they are married and want to have a child?

Use the following details that we share with our classes in Mozambique as a guide for the type of information you should share with your audience:

- You can test for free in Mozambique at a free testing center. When you enter, they will give you a number so that they can have information while you remain anonymous. Nobody will ask your name, address, i.d., or any other identifying information.
- They will ask you questions about your history. Do you feel well? Why did you come to take a test today? They will ask if you are sexually active and how many partners you have had. Everything will be anonymous.
- Then they will prick your finger (the same as taking a malaria test) and put a drop of blood into a plastic “tester” which is very similar to a pregnancy test. Then you wait about ten minutes. It could feel like the “longest” ten minutes of your life. But it is an amazing relief if they say, “your result is negative!”

Step 9 - Small Theater Presentation (15 minutes)

Now you will move on to the final step in your program—a small theater presentation using the dolls. You may need to create a presentation that is culturally relevant to your specific audience.

Southern Africa has a number of dynamics that contribute to the prevalence of HIV. Primary among those is the presence of extreme poverty. In these situations, marriage is often a matter of convenience or a business transaction rather than a loving relationship. Also, married couples are often separated (sometimes by thousands of miles over a period of many months) while one spouse works in one location and the other protects their property or works in a different location.

Also the culture is male dominant, with most women having a very low educational level (often as little as 10% secondary school attendance for women). Polygamy has been an accepted practice for many generations. Even though it is technically illegal in Mozambique, it is still practiced widely—as is the practice of maintaining multiple sexual partners (for both men and women). This theater presentation shows how the circumstances of families being separated in an environment of poverty can increase the rate of HIV transmission.

This is particularly true and documented in the area known as “the corridor” which is the main transportation route between Harare, Zimbabwe and Beira, Mozambique. Here the rate is particularly high due to the number of transient individuals and drivers passing through, as many people maintain several sexual partners without protection.



PROPS: For this particular theater example you will need a total of 4 pairs of dolls (this includes the pair you already used to teach your course).

Note: You must not tell these theaters of Mozambique which were provided as an example (unless you are teaching in Mozambique). You **ABSOLUTELY** must prepare your own theater scenario prior to teaching your class..

- First, divide your group into three equal parts. (This is both to demonstrate a 30% ratio of HIV infection and to give three locations for the story.) Ask them to each decide the name of a major community which will be their location. Begin with 3 pairs of dolls (with matching clothes). Toss the dolls out to each location. This lightens up the mood and gets people involved. It also keeps the theater moving. Remember—this is only a 15-minute exercise, so don't make the scenarios too wordy or complicated. A few sentences along with using the dolls to show the sexual contact is sufficient. Keep the Clothes on the dolls!©
- Now have each “location” name their pair of dolls and decide which profession the man has that is going to require him to relocate to another city.
- Introduce your pair of dolls as the “Transport Driver” and his woman in a foreign country. He is about to leave his woman and make the journey to all three locations. Before he begins his journey, you want to split up your three couples. You can demonstrate the following example.
- Beginning with the first couple—the group has decided they are located in Chimoio and the man (Named João) works for EDM (the electric company). He has now been transferred to Beira, leaving his wife Luisa alone with their 1- year-old child who is still breastfeeding. Now toss João to the Beira location.
- In the second community of Beira – our man's name is Pedro and he works for TDM, the telephone company, and has been transferred to Maputo for six months work. He and his wife, Maria, had wanted to stay together but they have a machamba (garden plot) to look after and a house to guard so he must go alone, leaving Maria by herself. She doesn't know it, but she is one month pregnant. Now toss Pedro to the Maputo location.
- In the third community of Maputo, our couple is named Santos and Josefa. He is a teacher who has been re-assigned to teach secondary school in Chimoio. Josefa will come join him later but only after she can sell their house and pack everything up to go in Maputo. Toss Santos across the room to the Chimoio location.
- Your transport man is coming from a nearby English speaking country and his name is Samuel and his wife's name is Patience. He has left her to make the trip to Maputo which he makes every month to deliver parts to the local car dealer. He always stops in Tete, Chimoio, Inchope, Beira, and Maputo.

Samuel: Kisses his wife goodbye and says, “I will see you in about a week or ten days, depending on the roads and deliveries.” It takes him one full day to arrive at Chimoio so he decides to spend the evening. He arrives at the truck stop called “Madrinha.” As he parks his car he notices a woman who is crying walking along the road with a baby on her back.

Samuel: “But what is wrong, Madame?”

Luisa: “Ah, my husband is gone to Beira and it is three hours from here. My baby is sick and needs medicine and I have no money. I have no way to contact him without money.”

Samuel: “What a shame. How long has your husband been away?”

Luisa: “For two months already.”

Samuel: “Perhaps I can help you with this small problem. I will be going to Beira tomorrow morning and I can give you a lift to the city. With the money you get from your husband your child can see the doctor and get enough money to travel back as well.”

Luisa: “That would be very kind. How must I repay you for this?” **Samuel:** “Pay? You have already said you have no money. Perhaps you can just show me some appreciation. I am a bit lonely as I am new in town and I need a place to spend the night and have some dinner. Of course I could help you by purchasing the food if you would let me stay the night at your house.”

Luisa: Thinking out loud to herself, “It’s a little dangerous but what can I do, my baby is very sick and I must get the baby medicine as soon as possible.” Samuel and Luisa go to her house and they have sexual relations. He then gives her a ride to Beira in his truck.

Meanwhile in Beira—Maria has discovered that she is pregnant and must earn some money to have enough food to care for herself and their unborn baby. She has taken a job as an empregada (housekeeper) for Mr. João who has recently moved to town.

Joao: “I will pay you 800 meticaís per month. However, I will be in town for many months (too long to go without relations) and I don’t wish to have relations with many other women as I do not wish to take HIV home to my wife and child. If you are willing to have relations with me I will pay the 800 mets and will provide you with food to eat. Here is my HIV card from the private clinic from last month. It shows I am HIV negative.”

Maria: Thinking out loud to herself, “Since I am already pregnant I cannot get pregnant by this man and I won’t get HIV from him so it can be a good situation for everyone.”

Just then Samuel and Luisa arrive in Beira and she runs off to meet her husband.

Luisa: “Oh João, it is so good to see you! I thought I would die to go without having sex for two months. Though I am not glad the baby got sick, I am glad I was able to come to you.”

João: “But how did you get here with no money?”

Luisa: “There was a nice muzungu from the local church mission who was coming and offered to give me a ride, but they are flying to Maputo so I must take the bus back to Chimoio.”

João and Luisa have sexual relations and the next morning she takes the bus back to Chimoio. João continues having relations with his empregada (house person) Maria.

Meanwhile, the Samuel the driver spends the night in Beira, having relations with another woman, and then continues on to Maputo. In Maputo, he stops at the market to buy some food. There he reads a sign that says, “House for sale.” Thinking out loud, the driver says, “Maybe it’s a good idea to buy a house here,” so he calls the number and Josefa answers.

Josefa: “Alo.”

Samuel: “I am at the market right now, but I am interested in buying the house you are selling.”

Josefa: “Okay, I am here at the market too. Why don’t we go from here to the house and I will show it to you. The price is 8000 meticaïs.” Samuel and Josefa go to the house together and he agrees to buy the house, giving her the money.

Samuel: “Well, the least you can do is buy me a drink since you took all my money. They stop at the local banca next door and have some beers together. Soon it is too many and Josefa is drunk. They wind up in bed together and have sexual relations.”

Josefa: Wakes up in the morning very upset. “What have I done? I have betrayed my husband and had sex with a stranger man!”

Samuel: “I am not a stranger—and besides I don’t have HIV anyway.” Two months pass and Santos is still not home. Samuel has long since returned to his own country and Josefa has not told Santos she sold the house yet. She keeps making excuses. She knows she must wait 3 months to make an HIV test. Finally it has been three months and she goes to ATS and discovers she is HIV positive.

It is now Christmas and all the dolls return home for the holidays (toss all the dolls back home). Josefa meets Santos and explains to him what happened and what a terrible mistake she has made and that she is now HIV positive. He is supportive and understanding, as he knows how difficult it is to be alone. He asks if she knows how and when she can start treatment.

This is a good place to stop your theater and have each person who has an infected doll hold them up in the air. Also you should pull the fetus from Maria who has also come to be infected as she continued relations with João after his infected wife left to go back to Chimoio. So far Luisa is infected from

Samuel; João, Maria and Maria's fetus, Luisa's child, and her husband Pedro are all infected from Luisa (who was infected from Samuel). Josefa is infected from Samuel and Santos is the only uninfected person.

You can see the infections started from Samuel, but each person in our story had the opportunity to make another choice in their life to stop the spread of infections. Josefa did this by choosing to abstain until she knew her status, and then she informed her husband. Together they agree to use a condom that night and decide that they will go to the ATS center together the next day so he can also take a test.





5

Creating a Comprehensive Program

The most effective way to reach your audience and positively impact their lives is to offer a two or three part course structure with the first class being the Five Components of HIV™ program from this manual.

We recommend that you follow that class up with a second short course on basic first aid, giving special attention to how they should protect themselves and injured patients from HIV transmission. This can be a very simple class, but again should be interactive.

Finally, offer a third course on “Sustainable Hut©” or other income generating activities for girls and women. Sustainable Hut© is how to make things at your hut more efficient and self-generating. For example, rather than always buying food that is consumed and gone, purchase an avocado and grow a tree from the seed. Eventually, the tree will provide both food to eat and also food to sell. This is especially important for those who already know they are infected and need to generate income to provide for their treatment and care for their families.

It may seem unrelated, but anything you can teach people that will improve the situation of health in their homes will assist in your HIV training. You must give them a sense of having control of their own health and livelihood, otherwise the HIV training is kind of a lost point. It also shows your audience that you are concerned about their well-being and not just teaching HIV awareness for your own personal salary or for some other ulterior motive.

The reason we emphasize teaching girls income-generating activities is due to the low secondary school attendance and literacy rates for teenage girls

in impoverished areas. Any place where women are uneducated or undereducated, they are at greater risk of getting HIV. This is because they may have to do “personal favors” in order to support themselves or their siblings. Often these girls don’t want to take an HIV test because they don’t want to know their status. Therefore, empowering them with courses in self-defense, family law, income generating activities and a Sustainable Hut© program to make their life easier at home, will assist greatly in reducing the number of HIV infections as people begin to make better choices in life.



6

Local Information Form for Clients

Where can a person go for free testing of their HIV status?

Are there other places to test?

Is the test anonymous?

What is the cost at those locations?

If a person has HIV, where can they go for TARVs (treatment)?

Is there a cost?

What is their phone number?

Is there local assistance for food?

Is there local assistance for clean water?

Where can a person get free condoms?

Additional Local Information:



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716 North Weber #207 Colorado Springs, CO 80903
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Phone: 719-559-0333

