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# Health Education: HIV and other STIs

## *Study Guide*

*Faculty of Nursing, Allied Health and Social Work  
University of Belize*

*Belize*

"Health Education: HIV and Other STIs Study Guide, has been developed with the technical assistance of USAID| Central America Capacity Project.



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University of Belize*

*Belize, 2012*

## Overview

The role of health care workers in the national response to HIV and other sexually transmitted infections (STIs) cannot be underestimated, nor can it be ignored. Nurses, doctors, pharmacists, social workers and medical laboratory technicians are critical to an effective and efficient response. It is imperative, therefore, that future health care professionals be given updated and correct information on HIV/AIDS and STIs using instructional methodology that is learner-centered and that utilizes the expertise of those professionals who are intimately involved in the national response to HIV and AIDS and of those who selflessly offer their services to persons infected and affected by the disease.

This study guide is intended for students who take the course *ALHL 2904 Health Education: HIV and AIDS and Other STIs* at the Faculty of Nursing, Allied Health and Social Work. Faculty who teach the course should become familiar with the study guide in order to incorporate some of the reflection and application questions in their daily lessons. Faculty should use the study guide along with the teacher's manual.

The study guide includes the learning objectives for each topic and a brief summary of the concepts to be covered in the course. It also includes review, reflection, and application questions that will assist students in applying knowledge and skills to real-life scenarios.

## Acknowledgements

This study guide is one of three complementary documents developed under the USAID| Central America Capacity Project and funded through IntraHealth International, Inc. to benefit the national university community in the area of HIV and other STIs and diseases. Document development and pilot utilization was guided by Dr. Olda Hoare, the IntraHealth country consultant, from August 2011 to June 2012. This effort would not have been realized with the support that the Provost's Office and the Faculty of Nursing, Allied Health and Social Work provided.

Heartfelt thanks are extended to Mrs. Lydia Thurton, HIV/STI focal point in the faculty and university, and the individual faculty members and guest lecturers who supported the process. Ms. Tashera Swift and Mr. Diomar Salazar diligently executed the proposed course in the pilot phase. A special thank you is extended to the IntraHealth country team.

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# Acronyms

<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>ARV</b>	Antiretroviral
<b>BFLA</b>	Belize Family Life Association
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CD4</b>	Cluster of designation 4
<b>C-NET</b>	Collaborative Network of People Living with HIV
<b>CoC</b>	Continuum of care
<b>HAART</b>	Highly active antiretroviral therapy
<b>HBV</b>	Hepatitis B virus
<b>HIV</b>	Human immunodeficiency virus
<b>HPV</b>	Human papilloma virus
<b>KHMH</b>	Karl Heusner Memorial Hospital
<b>MTCT</b>	Mother-to-child transmission
<b>NAP</b>	National AIDS Program
<b>NAC</b>	National AIDS Commission
<b>NGO</b>	Nongovernmental organization
<b>OI</b>	Opportunistic infection
<b>OVC</b>	Orphans and vulnerable children
<b>PASMO</b>	Pan American Social Marketing Organization
<b>PCP</b>	Pneumocystis carini pneumonia
<b>PEP</b>	Post-exposure prophylaxis
<b>PITC</b>	Provider-initiated testing and counseling
<b>PLWHA</b>	People living with HIV/AIDS
<b>PPE</b>	Personal Protective Equipment
<b>STD</b>	Sexually transmitted disease
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>VCT</b>	Voluntary counseling and testing
<b>WHO</b>	World Health Organization



# Course Outline

## Faculty of Nursing, Allied Health and Social Work

<b>Course Number:</b>	ALHL 2904
<b>Course Title:</b>	Health Education: HIV and Other STIs
<b>Course Instructor(s):</b>	Tashera Swift, BSW Diomar Salazar, co-lecturer
<b>Credits:</b>	3
<b>Section:</b>	1
<b>Class Venue:</b>	Belmopan
Telephone:	Office: 223 0256 ext:306
<b>E-Mail Address:</b>	tswift@ub.edu.bz

**Handouts are required reading**

### Course Description

This course provides students with an overview of health education/promotion and the role it plays in addressing public health problems such as HIV/AIDS and other sexually transmitted infections (STIs). Using health education/promotion as the major perspective from which to study HIV/AIDS and other STIs, the course prepares students to recognize common risk factors for select STIs and to provide health education/promotion to prevent infections.

## Specific Objectives

Students will be able to:

- Discuss the concepts of health and illness and primary health care.
- Explain the role of health education in dealing with current public health issues such as drug use/abuse.
- Explain the principles and process of planning for health education.
- Differentiate between HIV and AIDS and HIV prevention methods.
- Discuss the social, economic, and health impact in Belize.
- Explain the guiding principles in counseling and testing and the guidelines for voluntary counseling and testing (VCT)/provider-initiated testing and counseling (PITC).
- Describe client's rights and the role of health care providers in ensuring non-discriminatory health care services.
- Describe the importance of universal precautions/standards in the health care setting.
- Identify clinical manifestations of HIV infection associated with various World Health Organization (WHO) HIV stages.
- Use country reports and United Nations General Assembly Special Session (UNGASS) indicators to assess the country's response to HIV.

## Modes of Instruction

In this course we will utilize the following methodologies: lectures and discussions, small and large group discussions; individual and group presentations; slide shows and video presentations; and guest speakers.

## Course Schedule

Week	Date	Topic	Assignment
1		Introduction Class expectations Review of syllabus Health and illness/primary health care Pre-test	<b>Written quiz</b>
2		Health education	<b>Read Chapters 1 and 9</b>
3		Health education	
4		Overview of HIV Epidemiology of HIV Guest speaker	
5		Overview of HIV Epidemiology of HIV Guest speaker	<b>Review national guidelines on VCT/PITC Review WHO HIV staging Read Chapter 8</b>
5		National response to HIV, STIs and tuberculosis (TB)— guest speaker	
6		<b>STIs presentation</b> Biosafety-theory	<b>Read Chapter 6</b>
7		Biosafety—practical/skills verification	
8		Counseling—theory	
9		Testing—theory	
10		Counseling and testing skills verification	
11		Stigma and discrimination—general	
12		Stigma and discrimination—guest speaker	
13		<b>National Heroes &amp; Benefactor's Day</b> Adherence to antiretroviral therapy— pharmacy expertise	
14		Adherence to antiretroviral therapy—skill building	
15		Nutrition <b>Group project due</b>	
17		<b>Reflective analysis paper due COMPREHENSIVE FINAL EXAM</b>	

## Course Structure

The course will be structured around a combination of lectures, discussions of assigned readings and videos, and guest speakers. Discussion will take place among the entire class and at times in small groups and through the discussion sections. Relevant questions are always welcome. Any student requiring additional consideration resulting from the structure of the course and/or schedule due to religious, military service, or disability should inform the instructor as soon as possible so that appropriate accommodations can be arranged.

## Guest Speakers

When it can be arranged, we will have guest speakers to talk about certain aspects of development. These are always subject to change based on their availability and schedule conflicts.

## Methods of Evaluation

### Quizzes

There will be announced and unannounced quizzes throughout the semester covering the material in the assigned readings and class materials. Quizzes will have a multiple choice, T/F, fill in the blank, or short answer format. The best four quizzes of the semester will be used to compute the final grade.

**There will be NO SUBSTITUTIONS and/or MAKEUP quizzes.**

### Exams

The final exam is comprehensive and will be given during the regularly scheduled final time. Exams will be a combination of objective type test items (multiple choice, matching, fill in the blank, true or false) and subjective type test (short answer and essay type).

### Skills verification/assessment

Students will be given an opportunity to demonstrate proper waste disposal, hand washing, and gloving techniques. A checklist will be utilized by the instructor to verify that skills have been learned by students.

## Group projects and presentations

1. Students will work in small groups to prepare posters entitled, "Take-Home Message." Students will assume the role of nutrition counselors and prepare the posters for their clients to take home; posters should focus solely on nutrition for persons who are HIV-positive, diabetic, and/or hypertensive. Additionally, a 5- to 10-minute presentation on a health-related topic should also be developed for presentation to high school students. Students will present their work to the class. Each presentation should be 20 to 25 minutes in length. Groups will be penalized for exceeding the allotted time. Therefore, PLAN PROPERLY!!!!
2. Students will work in groups of five to prepare a presentation on the different STIs, focusing on the more common ones in Belize. Each presentation must include information on type, symptoms, mode of transmission, treatment, and prevention. A ten-minute presentation on the topic areas will be made during the week of February 20th as per course schedule.

## Visual aids

Visual aids include PowerPoints, posters, videos, etc. Please note that the effectiveness of your visual aid will be taken into consideration. Therefore, they must be relevant and visible.

## Creativity

Creativity is encouraged, so think outside of the box! Find small ways in which you can make your presentation unique.

## Oral presentations

Oral presentations should be informal rather than formal, free flowing and not just reading from a paper. Time should be allotted for discussion and questions.

## Rubric

Understanding key concepts	2 points
Use of visual aids and general creativity	2 points
Technical writing skills and presentation	3 points
Professional demeanor	3 points

## Reflective analysis paper

Students will provide insight on the course and how it has changed their perceptions, attitudes, and knowledge. This will be an individual paper and must be submitted before sitting the final exam. For the due date, see course schedule above.

## Grade breakdown

Class participation	10%
Written quizzes (4)	20%
Skills assessment (3)	15%
Group project & presentation (2)	30%
Reflective analysis paper	10%
Final exam	15%
<b>Total</b>	<b>100%</b>

## Course Requirements

### Course expectations for instructor

- Have a comprehensive knowledge of the course content.
- Facilitate an open and non-threatening environment that is conducive to exploring and understanding the material.
- Provide structure for sessions through clarifying objectives, facilitating discussion, and providing linkages to preceding and subsequent content.
- Introduce a variety of interactive resources and exercises.
- Respond to a diverse array of learning styles.
- Provide clear expectations and guidance for course assignments.
- Be available for student support through office hours, email, and appointments for consultation.

## Course expectations for students

- Help to create a positive and constructive learning environment through careful listening, honesty, constructive feedback, and respect.
- Have an open mind and be open to others' views, even if you do not yourself share those views.
- Be present for all classes and notify instructor in advance about absences due to illness or emergencies.
- Participate actively in all class exercises and meet all responsibilities associated with group or individual projects.
- Complete assigned readings before coming to class and complete and submit assignments on time.
- Use the university libraries and web sources for research purposes.
- Offer the instructor clear, constructive feedback on the class.
- Complete all assignments in order to pass the class.

## Course Policies and Regulations

### Academic Honesty Policy

The administration of student discipline in the university community is a responsibility shared by students, faculty, and administrative staff. The University of Belize Academic Honesty Policy outlines the university's expectations for the integrity of student's academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty throughout the process. All students are expected to conform to the Academic Honesty Policy. Lecturers are expected to consult with academic department chairpersons to prevent and respond to violations of the Academic Honesty Policy. Students wishing to dispute a charge of academic dishonesty or a sanction made upon them because of such allegations can do so by appealing to the dean of student affairs to invoke the discipline appeals process, as detailed in the Student Handbook. (Please visit [www.ub.edu.bz](http://www.ub.edu.bz) for a full description of violations to the Academic Honesty Policy and sanctions.)

## Student evaluation of instruction: online mechanism

Students are advised that they are free to submit comments online in respect to any course they are registered in during the semester (as opposed to waiting for the end of the semester). Students are assured that since there is no need to log in to access the facility available on the University of Belize's web page [www.ub.edu.bz](http://www.ub.edu.bz) their comments will be anonymous. The comment(s) will go to the Quality Assurance Office that in turn will forward the comments to the relevant dean for timely action.

## Class policies

- 1. CLASS ATTENDANCE:** Students are expected to attend all sessions and to be on time. Students must attend at least 80% of class sessions. Unexcused absences beyond this point may result in a reduction in your grade. You must provide the necessary documentation for any other absences, e.g., a doctor's certificate if you are ill. You are expected to participate fully in class discussions and come to class prepared to contribute to class discussions and group work. Because participation in class is imperative for success, each student's final grade will be positively or negatively affected based upon the number of class sessions they attend. Absent students are responsible for obtaining class notes, handouts, and activities as well as any other pertinent information. Points lost due to absences can be made up only through extra credit opportunities provided by the instructor.
- 2. PUNCTUALITY:** Kindly make every effort to arrive on time to all sessions. Walking into a session late is unprofessional and distracting to the rest your colleagues. If you will be late for any session, please inform the instructor ahead of time via an e-mail, telephone call, or text message.
- 3. PROFESSIONALISM AND ETHICS:** In your fieldwork and/or class activities, you are expected to conduct yourself in an ethical, legal, and professional manner.
- 4. READINGS:** Readings will be assigned. You will be expected to attend the class session prepared to discuss the readings from the required text and/or any additional readings assigned. The aim is to enhance your understanding and skills related to these materials and to enable you to share your understanding with class members.
- 5. WRITINGS:** The ability to write clearly and effectively is essential to a profession. Written assignments represent your best professional abilities and excellence. Assignments must be written in Standard English. Written assignments should be typed and carefully proofread. Papers that are disorganized and contain errors in grammar, spelling, syntax, or typing will receive reduced grades. All written work should adhere to the APA/MLA style as directed by the instructor.
- 6. CELL PHONES:** As courtesy to your classmates and instructor, please have cell phones turned off throughout class time. If an urgent matter arises that requires you to have your cell phone on (on vibrate), please inform the instructor before the session.
- 7. MISSED OR LATE ASSIGNMENTS:** Students are expected to do all class assignments and to turn them in on time. If prior approval for late assignment is not granted by the instructor, points will be deducted from that assignment, or the assignment will not be accepted. Assigned readings must be completed prior to the class for which they are intended.

**8. TECHNOLOGY:** Students are required to utilize word processing programs to complete all assignments. Internet and electronic mail systems will be used as needed to develop strategies, facilitate class discussion, and enhance communication between professor and students.

## Grading Scale

The final grade will be assigned in adherence with the University of Belize's Grade Policy. Thus, final grades will be computed using a combination of semester grades (including homework assignments), essays, tests and quizzes, portfolios, etc., and a final examination. The final letter grade will be assigned using the following university grading scale:

95-100	A	80-84	B	65-69	D+
90-94	A-	75-79	C+	60-64	D
85-89	B+	70-74	C	0-59	F



# LESSONS



# LESSON 1

## *Health And Illness/Primary Health Care*

### Learning Objectives

- Discuss the concepts of health and illness
- Discuss the concept of primary health care



### Refer to Chapter 1 in Teacher's Manual *Health Education: HIV & other STIs*

The first topic, Health and Illness/Primary Health Care, in the course *ALHL 2904 Health Education: HIV and STIs* introduces the concepts of health, illness, and primary health care. It summarizes factors which determine health and the principles of primary health care.



### Review

1. Circle the statement that defines health:

- a. The absence of disease and infirmity
- b. A state of complete physical, mental, and social well-being
- c. Making smart choices
- d. Happiness, safety, and social well-being

2. Fill in the following table which summarizes the key factors which impact your health:

Social	Environmental	Socio-economic
age	food hygiene	employment

3. List the principles of primary health care:

- 1.
- 2.
- 3.
- 4.
- 5.



## **Reflect**

If you are a patient at the KMH, what should you expect in terms of quality health services?



## **Apply**

You have been asked to give a lecture to high school students on health, what important messages (give at least three) would you include in your presentation?

# LESSON 2

## ***Health Education***

### Learning Objectives

- Discuss the importance of health behavior as a contributor to current health problems
- Explain the role of health education in dealing with current public health issues such as HIV/AIDS
- Explain the role of health education in dealing with current public health issues such as drug use/abuse
- Explain the principles and process of planning for health education
- Discuss the different communication methods to present health messages
- Present a lecture on HIV/AIDS to secondary school students



### **Refer to Chapter 2 in Teacher's Manual** *Health Education: HIV & Other STIs*

The topic health education in the Course ALHL 2904 Health Education: HIV and STIs introduces the concept of health education and behavior. It contains information on understanding behavior and explains how behavior impacts a person's physical and emotional health. The chapter also looks at behavior and HIV and offers examples of three behavior change strategies that may be used to help individuals to curb unhealthy behaviors. The chapter examines health education and the role of health education in developing and maintaining healthy individuals and, by extension, a healthy community.



### **Review**

1. Circle the statements which address the importance of health education:

- a. Health education improves the health status of individuals, families, communities, states, and the nation.
- b. Health education enhances the quality of life for all people.
- c. Health education reduces premature deaths.
- d. By focusing on prevention, health education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state, and the nation would spend on medical treatment.

2. Circle the statement which defines health behavior:

- a. Any activity undertaken by an individual for the purpose of promoting, protecting, or maintaining health, whether or not such behavior is objectively effective toward that end for the individual
- b. Any activity undertaken by an individual for the purpose of promoting, protecting, or maintaining health, which results in good health of the individual
- c. Any activity undertaken by an individual for the purpose of promoting, protecting, or maintaining health, which results in improved health of the individual
- d. Any activity undertaken by an individual for the purpose of promoting, protecting, or maintaining health, which results in poor health of the individual

3. List four characteristics that have been identified that seem to influence people's ability to change:

- a.
- b.
- c.
- d.



### Reflect

You are a health counselor. Think of a health behavior that a client of yours needs help with to change. Outline the strategies you would use to help your client change that behavior.



### Apply

#### **CASE STUDY**

In a recent study conducted by the National AIDS Program, it was found that the incidence of HIV infection in the Belize District has risen significantly in the last five years. The age group with the highest incidence of infection is the 20 – 29 age group.

1. Discuss how health education will play a role in reducing the incidence of HIV infection in this age group.

# LESSON 3

## ***Overview of HIV and AIDS***

### Learning Objectives

- Explain modes of transmission and the effect on the immune system.
- Name other pathogens that can be transmitted by blood and body fluids and the corresponding STIs.
- Differentiate between HIV and AIDS.
- Explain ways of prevention of HIV.
- Explain the epidemiology of HIV/AIDS in Belize.
- Explain the epidemiology of HIV/AIDS in the region.
- Discuss the social economic, and health impact in Belize.
- Discuss the human rights approach to HIV and AIDS.



### **Refer to Chapter 3 in Teacher's Manual** *Health Education: HIV & Other STIs*

The topic Overview of HIV and AIDS in the Course ALHL 2904 Health Education: HIV and STIs presents an overview of HIV and AIDS, distinguishes between the two, and explains how the immune system becomes weakened by the HIV. The chapter also contains information on modes and ways of preventing HIV.



### **Review**

1. What is HIV?

2. What is AIDS?





## Reflect

1. What are some myths about transmission that you have heard about in your community? Where do they come from, and how can we dispel them?
2. Examine the labor laws of Belize. Summarize those aspects of the labor laws that relate specifically to HIV and employment.
3. What do you think are the major legal issues in the care and treatment of persons living with HIV and AIDS?



## Apply

### **CASE STUDY**

Marla is a high school student at St. Christopher High School. You are the school's counselor, and you have been informed by the principal that Marla has been hanging around very late with young men from the neighboring junior college. She asks you to have a talk with Marla to speak with her about risky behaviors and the consequences of such.

1. What would be some of the most important information to give Marla?

2. Explain the modes of transmission of HIV to Marla.
3. Explain how she can prevent getting infected with HIV.
4. Your high school is a Catholic high school that promotes abstinence as the only prevention method. How would you deal with this in counseling Marla?



### **Apply**

Analyze the statistics on HIV on the current year infections in Belize.

1. What age group shows the highest incidence of HIV infections?
2. What are some possible reasons for this?
3. What are some possible solutions to decrease the incidence of HIV infections in this age group?



3. Explain the major strategies employed in the national response to HIV/STIs.



## Reflect

1. As a future health care worker, what do you envision your role to be in the national response to HIV and STIs?

2. What are some key weaknesses and strengths you observe in the national response to HIV and other STIs?

3. What are some possible changes that can be made to reduce infections among the 20- 29 age group where the incidence of infections is highest, according to the 2010 data on HIV infections?



## Apply

Analyze the UNGASS indicators (obtained from NAC):

1. Suggest reasons for the low performance in certain indicators and for high performance in others.

2. Suggest possible solutions to improve performance in the low-performing areas.

# LESSON 5

## ***Counseling and Testing***

### Learning Objectives

- Explain the rationale for counseling and testing
- Explain the guiding principles in counseling and testing
- Explain the testing and counseling guidelines for voluntary counseling and testing (VCT)/ provider-initiated testing and counseling (PITC)
- List the basic components of VCT/PITC
- Describe the standard diagnostic tests for HIV infection and identify tests done in Belize
- Explain the importance of using two or more tests to diagnose HIV infection
- Conduct VCT and PITC
- Explain test disclosure procedures



### **Refer to Chapter 5 in Teacher's Manual** *Health Education: HIV & Other STIs*

The topic Counseling and Testing in the Course ALHL 2904 Health Education: HIV and STIs covers the guiding principles of counseling and testing, information on VCT and PITC, and HIV testing methodologies done in Belize. This topic also covers basic counseling skills that all health care workers should have.



### **Review**

1. List the guiding principles of counseling and testing.
  - a.
  - b.
  - c.
  - d.
  
2. The three crucial elements in obtaining truly informed consent in HIV testing are:
  - a.
  - b.
  - c.

3. Circle all that apply. The purpose of counseling and testing is to help individuals and couples:

- a. assess their HIV risk behaviors
- b. know their status
- c. develop a risk-reduction plan
- d. adopt risk-reduction behavior
- e. access medical and psychosocial referral services

4. A negative HIV test result means that no antibodies to HIV were detected in the blood. Possible meanings of this result are:

- a. The person conclusively is not infected with HIV.
- b. The person may not be infected with HIV.
- c. The person may be infected with HIV, but his or her body has not had time to produce antibodies to the virus. In this case, the person is in the window period.
- d. The testing procedure/mechanism is faulty.

5. Explain how HIV test results should be given to clients:





## Apply

### **CASE STUDY**

1. Kato would like to get married in the future. The nurse counsels him to use a condom if he has a new partner. He says it is very difficult to do so. The nurse listens carefully to the worries of Kato and understands them. She counsels him on risk reduction. What is some information the nurse can use, and what skills will the nurse (counselor) use to convince Kato?

2. In a counseling session, a patient tells you, "You are saying that I need to tell at least one person that I am HIV-positive. I actually changed my mind about telling another person. I do not need anybody to support me. I can do it all on my own." How do you counsel this person that he/she needs additional support?

# LESSON 6

## ***Stigma and Discrimination***

### Learning Objectives

- Identify values and attitudes related to HIV/AIDS
- Explain the importance of one's values and attitudes about HIV and their impact on health care delivery
- Define the concept of stigma and discrimination
- Discuss contributing factors of HIV/AIDS-related stigma and discrimination
- Explain how HIV/AIDS-related stigma affects the quality of health care for people living with HIV/AIDS (PLWHA)
- Describe client's rights and the roles of health care providers in ensuring non-discriminatory health care services
- Demonstrate strategies that effectively address stigma and discrimination



### Refer to Chapter 6 in Teacher's Manual *Health Education: HIV & Other STIs*

The topic Stigma and Discrimination in the Course ALHL 2904 Health Education: HIV and STIs covers values and attitudes toward HIV and AIDS, stigma and discrimination, factors contributing to stigma and discrimination, the impact of HIV and AIDS on individuals and families, and strategies to address stigma and discrimination. .



### Review

#### **TRUE or FALSE**

1. Stigma is praise that people give an individual on account of a particular characteristic or trait that the individual possesses.  
True | False
2. Discrimination is unjust treatment of a person because of his real or perceived HIV status.  
True | False
3. Stigma may deter people from getting tested for HIV.  
True | False
4. Health care workers are discriminated against for working with HIV patients but at times discriminate against their own HIV patients.  
True | False

5. Addressing stigma in Belize should be done on a national level only.  
True | False
6. Any health care worker might be HIV-positive or have AIDS.  
True | False
7. Health care workers can choose to withhold care (refuse care) to an HIV-positive patient without violating the rights of the patient.  
True | False
8. Stigma affects not only the individual but his/her family as well.  
True | False
9. Stigma and discrimination may deter a person from getting tested.  
True | False
10. One method of addressing stigma and discrimination is through public education.  
True | False

## MULTIPLE CHOICE

12. Which of the following is NOT an effect of stigma?
- Deters people from getting tested
  - Encourages people to get tested
  - Highlights the graveness of HIV
  - Makes people less likely to acknowledge risk
13. Which of the following is an effective way to combat stigma?
- Ignore it
  - Increase knowledge
  - Create rumors
  - Offer more testing
14. Which of the following is NOT a stage of incorporating HIV/AIDS into our lives and work?
- Avoidance
  - Recognition
  - Concern for person with HIV/AIDS
  - Denial
15. Health care workers are likely to be affected by HIV/AIDS in which of the following ways (circle all that apply):
- Getting a promotion
  - May be stigmatized
  - May be HIV-positive or have AIDS
  - May experience depression or burnout





## Apply

### **CASE STUDY**

When an HIV-positive woman who is known to be a sex worker leaves the clinic after a family planning appointment, other women in the waiting room loudly complain that they do not appreciate being treated in an environment where “sick” and “dirty” women are seen. They do not want the same doctors, nurses, or equipment touching them.

1. Write the script for this case scenario. The script should portray the scenario described and how the situation could be addressed to reduce stigma and discrimination.

# LESSON 7

## ***Bio Safety***

### Learning Objectives

- Describe risk factors for disease transmission in health care settings
- Describe the importance of universal precautions/ standards in health care setting
- Demonstrate correct hand washing techniques
- Demonstrate proper gloving
- Demonstrate the importance and appropriate use of PPE
- Describe the risk factors for needle-stick injuries in health care settings
- Describe the proper procedures for managing injuries from sharps
- Describe and demonstrate the proper procedures for use and disposal of needles and other sharps
- Describe the proper ways of disposin solid waste, liquid medical waste, and hazardous chemical waste
- Explain national post-exposure guidelines and treatment protocol



**Refer to Chapter 7 in Teacher's Manual**  
*Health Education: HIV & Other STIs*

The topic Biosafety in the Course ALHL 2904 Health Education: HIV and STIs covers information on risk factors for disease transmission in health care settings, universal precautions, proper disposal of medical waste, and post-exposure prophylaxis (PEP).



## Review TRUE or FALSE

1. Health care facilities are ideal settings for transmission of disease because whenever clinical procedures are performed, clients are at risk of infection during and immediately following the procedure.  
True | False
2. Items such as pickups (lifters, cheatle forceps), suture needles, and surgical scrub brushes should not be left soaking in antiseptic or disinfectant solutions.  
True | False
3. Fumigation (disinfectant fogging) with formaldehyde is an effective way to reduce contamination of surfaces such as walls and ceilings in order to prevent infection.  
True | False
4. Hands should always be washed after removing gloves.  
True | False
5. To reduce contamination, limit the number of people permitted into operating theaters and processing rooms.  
True | False
6. If instruments will be sterilized or high-level disinfected, cleaning with detergent and water is not necessary.  
True | False
7. Housekeeping staff should wear utility gloves when cleaning operating theaters and procedure rooms.  
True | False
8. Proper storage of instruments and other items is as important as careful sterilization or high-level disinfection.  
True | False
9. Hepatitis B can be transmitted to a health care worker through splashes of blood or other body fluids onto unbroken skin.  
True | False
10. Transmission of blood-borne infections from infected health care workers to their clients is a common problem.  
True | False
11. Sterilization is preferred over high-level disinfection for items that will come in contact with the bloodstream and tissues under the skin.  
True | False
12. Single-use examination gloves are not acceptable for use during pelvic examination.  
True | False

13. Most surgical site infections occur from contamination of the wound after the client leaves the health care facility.

True | False

14. Housekeeping equipment such as mops, brushes, sponges, and buckets do not need to be decontaminated and cleaned since those items are used with a disinfectant cleaning solution.

True | False

15. Burial sites for medical waste should not be located near water sources because of the potential to contaminate the water.

True | False

## **MULTIPLE CHOICE**

16. Proper infection prevention practices are important for:

- a. Preventing infections in service providers and other staff
- b. Preventing surgical site infections, abscesses, and pelvic inflammatory disease in clients
- c. Protecting the community from infections that originate in health care facilities
- d. All of the above

17. Decontaminating instruments and other items in a 0.5% chlorine solution:

- a. Reduces the risk of infections in facility staff by killing HIV and the hepatitis viruses
- b. Should be done after cleaning if the items are very bloody
- c. Allows instruments and other items to be reused immediately
- d. None of the above

18. Hand washing:

- a. Decreases client sickness and death
- b. Is usually performed correctly, and when appropriate, in most health facilities
- c. Is not necessary if the hands appear to be clean
- d. All of the above

19. To reduce the risk of infection and injury:

- a. Recap all hypodermic needles immediately after use by holding the needle still in one hand and carefully placing the cap over the needle with the other hand
- b. When passing sharps, transfer the sharp from your hand to the other person's hand
- c. Dispose of sharp objects along with medical waste, such as used bandages and gauze
- d. None of the above

20. Housekeeping staff are at risk of infections:

- a. When cleaning administrative offices and other non-client care areas
- b. When disposing of medical waste
- c. When mixing a disinfectant cleaning solution
- d. These staff member are not at risk of infections if they are not directly involved in client care activities.

21. Which of the following are appropriate infection-prevention practices?
- a. Changing the needle, but not the syringe, between injections
  - b. Leaving a hypodermic needle inserted through the stopper of a multidose vial
  - c. Using a new or processed needle and syringe to draw up medication from a multidose vial
  - d. All of the above
22. HIV can be transmitted by all of the following EXCEPT:
- a. Insect bites
  - b. Unprotected vaginal intercourse
  - c. Breastfeeding
  - d. Blood transfusion
  - e. Use of contaminated syringes
23. Which of the following will likely cause contamination?
- a. Leaving gauze sponges soaking in antiseptic
  - b. Pressing the cotton to the lip of the antiseptic container and inverting it
  - c. Dipping cotton into the main antiseptic container
  - d. All of the above
24. Which statement about surgical attire is correct:
- a. If shoe covers are not available, staff may walk around the operating room with bare feet.
  - b. Caps and masks worn in the operating room should be sterile.
  - c. Sterile surgical gloves should be considered contaminated if your gloved hands drop below the level of your waist.
  - d. When removing surgical gloves, always remove the first glove completely and then remove the second glove with your bare hand.
25. Which of the following are considered medical waste?
- a. Outdated client records
  - b. Used bandages
  - c. Trash from the hospital kitchen
  - d. Unused condoms
  - e. None of the above



## Reflect

1. Visit a health care facility in your community and find out whether the hospital has a universal precautions policy, and if it does, how is it implemented?
  
  
  
  
  
  
  
  
  
  
2. Find out how the hospital disposes medical waste.



## Apply

### **CASE STUDY**

1. Anita works in a woman's health clinic and is responsible for charting client's blood pressure, temperature, and weight, and for drawing a few drops of blood from clients' fingers to check their hematocrit. She does not wear gloves during any part of this process but does wash her hands before seeing the next client.

Is this an appropriate infection-prevention practice? Why?

2. While suturing the peritoneum, Dr. Hemsley punctures her finger with a contaminated suture needle. She drops the needle holder with the suture needle on the sterile field and asks the circulator to remove his gloves. The wound is not bleeding much, so she "milks" the punctured finger. The circulator pours Betadine over the site, and the scrub nurse helps the surgeon re-glove and removes the needle holder from the field. Surgery resumes. Is this appropriate management of needle stick injuries? Why?

# LESSON 8

## ***Adherence to Antiretroviral Therapy***

### Learning Objectives

- Explain how ARV medications work in relation to the HIV life cycle
- Identify HAART used in Belize
- Identify common side effects of HAART medications
- Discuss the factors to consider when starting a patient on HAART
- Explain Caribbean guidelines for ART in adults and children
- Define OIs of HIV infection
- Counsel patients in OI prevention
- Explain why adherence is critically important in HIV and other treatment
- Identify patient, medication, and provider barriers to adherence to ART and other medications
- Discuss key strategies in promoting adherence in ART
- Counsel patients in adherence counseling



### **Refer to Chapter 8 in Teacher's Manual** *Health Education: HIV & Other STIs*

The topic Antiretroviral Therapy in the Course ALHL 2904 Health Education: HIV and STIs covers information on ARV medications, how they affect the HIV life cycle, common side effects of ARV, guidelines for administering ART to adults and children, and OIs.



### **Review**

1. What does HAART stand for?

2. How many different drugs do we need to take in order to have an effective regimen?

3. At which CD4 count is it generally most appropriate to start patients on ARVs?
  
4. What are some reasons to consider changing ARV therapy?
  
5. What are the two main goals of ART?
  
6. What is a second-line regimen?
  
7. What happens if an infected person does not take the combination of several ARV drugs?
  
8. What are some “uncomfortable but not dangerous” side effects of ART?
  
9. What are some “potentially serious” side effects of ART?
  
10. What are some guidelines for managing side effects?
  
11. Define OIs. Give two examples of OIs.



## Reflect

Speak to a person with HIV infection. Find out what challenges they face in their ARV treatment.



## Apply

### **CASE STUDY**

1. Mr. Smith comes to the clinic to talk to a health counselor about his HIV infection. You are the health counselor. What counseling advice would you give to Mr. Smith to help him prevent OIs?

2. Visit a VCT clinic and find out what kind of information is given to clients infected with HIV about preventing OIs.



## Refer to Chapter 8 in Teacher's Manual

### *Health Education: HIV & Other STIs*

The topic Adherence to Antiretroviral Therapy in the Course ALHL 2904 Health Education: HIV and STIs covers information on adherence to ART, barriers to adherence, and strategies for promoting adherence in ART.



## Review

### SHORT-ANSWER QUESTIONS

Imagine you are a nurse at the KMH and your clients make the following statements to you. How would you respond?

1. "How can I possibly remember to take a drug twice a day at the same time forever?"
2. "What is the purpose of taking such a complicated treatment if I will not get cured?"
3. "What if I go away for a few days, and I forget to take the drugs with me?"
4. "My wife—who will be my treatment supporter—does not have time to come to meet you since we have three children and one of them is sick."
5. "You are talking about side effects that might really bother me. How can I take drugs that make me feel so bad?"



## Reflect

As a future pharmacist, nurse, medical lab technician, or social worker, outline how you will assist clients with adherence to ART.



## Apply

### **CASE STUDY**

Speak to a VCT nurse in your area. Find out:

1. What percentage of clients on ART actually has a good adherence record to their ART?

2. What are some of the main challenges clients face in adhering to their medications?

# LESSON 9

## ***Nutrition***

### Learning Objectives

- Explain how to determine nutrition needs in children and adults
- Develop strategies to help patients develop or maintain good nutritional habits



### Refer to Chapter 9 in Teacher's Manual *Health Education: HIV & Other STIs*

The topic Nutrition in the Course ALHL 2904 Health Education: HIV and STIs covers information on nutritional needs of HIV-infected persons and strategies to help patients develop or maintain good nutritional habits.



### Review **TRUE or FALSE**

1. Since HIV causes the immune system to become weak and allow more infections, a person with HIV will need more energy or calories from food to stay strong.  
True | False
2. For an HIV-infected person who is in the early stages of HIV, stages 1 and 2, their energy needs increase by about 10%.  
True | False
3. When an HIV-infected person begins to progress in HIV stages to stage 3 or 4, the person's energy needs will increase by 20-30%.  
True | False
4. HIV and OIs can impact growth in children leading to poor brain development and growth failure.  
True | False
5. Nutritional assessment helps HIV-positive people receive appropriate treatment, care, and nutritional support.  
True | False

## SHORT ANSWER

1. Nutritional counseling may include education on various topics, including:

2. Explain the nutritional issues and considerations related to WHO Stage One of HIV infection.



## Reflect

Think about the challenges that HIV-infected patients may face in regard to their nutritional needs. What may be some ways to deal with those challenges?



## Apply

Imagine you are a nutrition counselor at one of the health facilities in your area. You have decided to make posters entitled, "The Take-Home Message" in order to help your clients adhere to good nutrition. What would that take-home message include?

# Glossary of Terms

**A** **Adherence:** The extent to which a patient takes his/her medication and follows up with medical visits according to the prescribed schedule.

**AIDS (acquired immunodeficiency syndrome):** This is the most severe manifestation of infection with the human immunodeficiency virus (HIV).

**ARV (antiretroviral):** Drug used to fight infection by retroviruses, such as HIV infection.

**ART or ARVT (antiretroviral therapy):** A treatment that uses antiretroviral medicines to suppress viral replication and improve symptoms.

**Asymptomatic:** Without symptoms. In relation to HIV, it is used to describe a person who has a positive reaction to one of several tests for HIV antibodies but who shows no clinical symptoms of the disease.

**C** **CD4 (cluster of designation 4) cells:** A type of T cell involved in protecting against viral, fungal, and protozoan infections. These cells normally orchestrate the immune response, signaling other cells in the immune system to perform their special function.

**CD4 count:** A way of measuring immuno-competency by counting the lymphocytes that carry the CD4 molecule. Normal is well over 1000/ml of blood. A count lower than 200 ml is an indicator of AIDS.

**D** **Discrimination:** This follows stigma and involves the unfair and unjust treatment of an individual based on his or her real or perceived HIV status. Discrimination occurs when a distinction is made against a person that results in being treated unfairly and unjustly on the basis of belonging, or being perceived to belong, to a particular group.

# H

**HAART:** Highly active antiretroviral therapy. The usual HAART regimen combines three or more different drugs.

**Health:** This is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**Health behavior:** Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting, or maintaining health, whether or not such behavior is objectively effective toward that end.

**Health education:** This is the development of individual, group, institutional, community, and systemic strategies to improve health knowledge, attitudes, skills, and behavior. The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.

**HIV (human immunodeficiency virus):** The virus that weakens the immune system, ultimately leading to AIDS.

# I

**Illness:** This is the subjective experience of loss of health. General malaise, tiredness, sleeplessness, aches, and indigestion are examples of illness.

**Immunodeficiency:** The inability of the immune system to resist or fight off infections or tumors when certain parts of the immune system no longer function.

# O

**Opportunistic infections (OIs):** Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems.

**P** **PEP (post-exposure prophylaxis):** The use of ARV therapy just after a possible exposure to HIV has occurred.

**Prevalence:** The number of cases at any time during the study period in relation to the population at risk.

**Primary health care:** The principal vehicle for the delivery of health care at the most local level of a country's health system. It is essential health care made accessible at a cost the country and community can afford with methods that are practical, scientifically sound, and socially acceptable.

**R** **Rapid Test:** An HIV blood, saliva, urine, or vaginal secretions test that yields same-day results.

**Retrovirus:** A type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus.

**Reverse transcriptase:** This enzyme of HIV (and other retroviruses) converts the single-stranded viral RNA into DNA, the form in which the cell carries its genes.

**Resistance:** The ability of an organism, such as HIV, to overcome the inhibitory effect of a drug, such as AZT or a protease inhibitor.

**S** **Side effects:** Medical problems that result from ARV drug toxicities.

**Stigma related to HIV and AIDS:** This refers to a process of devaluation of people either living with or associated with HIV and AIDS. Stigma can be used to marginalize, exclude, and exercise power over individuals who show certain characteristics.

**STIs (sexually transmitted infections) or STDs (sexually transmitted diseases):** STIs/STDs are spread by the transfer of organisms from person to person during sexual contact.

**Surveillance:** The ongoing and systematic collection, analysis, and interpretation of data about a disease or health condition.

**Symptomatic:** Having evident signs of disease—weight loss, fever, diarrhea, etc.—from DNA.

## W

**WHO Staging System:** A classification of the clinical stages of HIV disease developed by the World Health Organization (WHO).

**Window period:** Time from infection with HIV until detectable sero conversion.

# List of Organizations Involved in the National Response To HIV/AIDS in Belize

Alliance Against AIDS  
Belize Family Life Association  
Belize Red Cross  
Claret Care  
Cornerstone Foundation  
District Offices of the National AIDS Commission  
CNET+  
Hand in Hand Ministries  
National AIDS Commission  
National AIDS Programme (Ministry of Education)  
Pan American Health Organization (PAHO)  
PASMO  
REDCA+  
United Nations Children Efficiency Fund (UNICEF)  
UNDP  
UNIBAM  
USAID| Central America Capacity Project  
Women's Issues Network (WIN)  
Women in Action (POWA)  
Youth Enhancement Services (YES)  
Young Women's Christian Association (YWCA)  
Youth for the Future (YFF)

# Useful Links

1. [http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce\\_BZ\\_Narrative Report%5B1%5D.pdf](http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_BZ_Narrative%20Report%5B1%5D.pdf)
2. <http://health.gov.bz/www/>
3. <http://www.nacbelize.org/>
4. [http://nacbelize.org/library/search\\_result](http://nacbelize.org/library/search_result)
5. <http://andwhatnow.info/>
6. <http://www.bflasrh.org/>
7. <http://www.hhministries.com/>
8. <http://www.humandevlopment.gov.bz/>
9. <http://www.psi.org/>
10. <http://www.redca.org/>
11. <http://www.pancap.org/en/>
12. <http://www.aidsmap.com/>
13. <http://www.thebody.com/>
14. <http://www.trainx.com/catin/index.htm>
15. <http://www.cdc.gov/globalaids/>
16. <http://www.unaids.org/en/>
17. <http://www.ifrc.org/en/what-we-do/health/diseases/hiv-aids/>
18. <http://www.biomedcentral.com/1471-2458/10/538>
19. <http://www.mayo.edu/mshs/careers/respiratory-care>
20. <http://www.cdc.gov/hiv/topics/basic/www.avert.org>
21. <http://aids.gov/hiv-aids-basics/>
22. [http://www.who.int/topics/hiv\\_aids/en/](http://www.who.int/topics/hiv_aids/en/)
23. [www.unaids.org](http://www.unaids.org)
24. <http://www.engenderhealth.org/pubs/hiv-aids-sti/index.php>

