HIV/AIDS Group Education

Reference Manual

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JHPIEGO An Affiliate of Johns Hopkins University

A GLOBAL LEADER IN IMPROVING HEALTH CARE FOR WOMEN AND FAMILIES

HIV/AIDS Group Education

Reference Manual

editor

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JHPIEGO An Affiliate of Johns Hopkins University

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JHPIEGO, an affiliate of The Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.
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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
AZT	Zidovudine
CMV	Cytomegalovirus
CSW	Commercial Sex Workers
DOTS	Directly Observed Treatment Short-course Strategy
HAART	Highly Active Antiretroviral Therapy
HIV	Human immunodeficiency virus
KS	Kaposi's sarcoma
MSM	Men who have sex with men
PCP	*Pneumocystis carinii* pneumonia
PMTCT	Prevention of mother-to-child transmission of HIV
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counselling and testing
WHO	World Health Organization

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ONE

INTRODUCTION TO HIV/AIDS

OBJECTIVES

1. Describe how HIV becomes AIDS
2. Describe how HIV can and cannot be transmitted
3. List situations or conditions that may increase your chances of HIV infection
4. Describe what people can do to avoid getting infected with HIV
5. Describe safer sex behaviours
6. Describe aspects of antiretroviral (ARV) use and healthy living for individuals with HIV
7. Describe special issues including young adults and HIV, tuberculosis, and women and HIV

BACKGROUND

HIV stands for:
Human
Immunodeficiency
Virus

AIDS stands for:
Acquired
Immune
Deficiency
Syndrome

HIV is the virus that causes people to develop a condition called AIDS. A virus is a very small organism (seen only with a powerful microscope) that can make people sick. Some viruses, such as influenza (the flu), only stay in the body for a short period of time. HIV is different, though, because it does not go away.

When a person is infected with HIV, the virus attacks her/his immune system. The immune system in the body fights off infections. HIV will damage the immune system of an HIV-infected person until it cannot protect the body from infections that usually do not cause problems for people. When an HIV-infected person's immune system gets very weak and s/he begins developing infections, the person has AIDS.

The first cases of AIDS were reported in 1976, and now HIV/AIDS is a fast-growing worldwide problem. Here are some data about HIV/AIDS from the World Health Organization and UNAIDS:

- At the end of 2002, there were about 42 million people across the world living with HIV/AIDS.
- In 2002, there were about 14,000 new cases of HIV each day.
- About 95% of these cases were in countries with limited resources.

HOW HIV BECOMES AIDS

Being infected with HIV (also called being HIV-infected or HIV positive) is not the same as having AIDS. **Table 1-1** shows the stages that a person who has been infected with HIV goes through.

Table 1-1. Stages of HIV

INFECTION	After getting infected with HIV, some people have symptoms such as fever, muscle and joint pains, or swollen lymph nodes for 1 to 2 weeks. Some people have no symptoms at all. After a person is infected with HIV, there is a period of time when s/he will not test positive for HIV but can infect other people. This is called the window period, and it can last from several weeks to 3 months. After the window period, the immune system of an HIV-infected person will begin to fight HIV by making antibodies. When this happens, an HIV-infected person will test positive for HIV.
ASYMPTOMATIC (NO SYMPTOMS)	Many people who have HIV do not get sick for many years. Some people live without any symptoms of HIV for 10 years or more. There are drugs that can help an HIV positive person stay healthy for a longer period of time. These drugs are called antiretroviral therapy. They slow down the damage that HIV does to the immune system.
SYMPTOMATIC (HAS SYMPTOMS)	At this stage, an HIV-infected person begins to have symptoms such as chest infections, fever, and diarrhea. These can often be treated.
AIDS	When the immune system of an HIV-infected person gets very weak, s/he begins to develop opportunistic infections. Opportunistic infections occur when the immune system does not work properly. The infections are called "opportunistic" because they take advantage of the weakness in the immune system. AIDS is a group of opportunistic infections that includes cancers and infections caused by viruses, bacteria, and fungi. Following are some examples of common AIDS-related opportunistic infections: • PCP (*Pneumocystis carinii* pneumonia), a lung infection • KS (Kaposi's sarcoma), a skin cancer • CMV (cytomegalovirus), an infection that usually affects the eyes • TB (Mycobacterium tuberculosis), an infection that usually affects the lungs There are also other health problems related to AIDS, such as serious weight loss or brain tumors. A doctor will say that an HIV positive person has AIDS when the person develops one or more AIDS-related opportunistic infections and when the person's immune system is seriously damaged. AIDS is different in every HIV-infected person. Some people die soon after being diagnosed with AIDS, while others live fairly normal lives for many years.

It is important to remember that once a person is infected with HIV, s/he will always have HIV. Anyone who is infected with HIV can pass the HIV virus on to another person, even if the HIV-

infected person looks and feels well and does not have AIDS. The following are key terms often used in discussing HIV disease:

- **HIV Viral Load**: The level of HIV in a person's blood. The viral load reflects how fast the disease is progressing. Following are some important facts about viral load:
  - The viral load is very high soon after HIV infection (within 2–6 weeks after exposure) because there is a rapid growth of the virus at this stage.
  - The viral load decreases with the use of antiretroviral therapy.
  - People with AIDS have a very high viral load, and, just like those newly infected, can very easily infect another person.
- **T-Cells or CD4 cells**: A measurement reflecting the amount of damage to the immune system. These are the cells in the immune system that help defend and protect the body from disease. The HIV virus attacks and slowly destroys these cells until the immune system can no longer function. Decisions about antiretroviral therapy are often made based on the measurement of these cells.
- **Opportunistic Infections**: Infections that develop as the immune system deteriorates. Some common opportunistic infections are tuberculosis, candidiasis, various forms of diarrhea, and pneumocystis pneumonia.
- **The Window Period**: The time period between the point of infection and the development of sufficient antibodies to be detected by the antibody test. During this time, a person can have an HIV test and it may not be positive. This is because standard HIV tests measure antibodies to the virus and during the window period these have not yet been developed. Nevertheless, a person in the window period can infect others with HIV. The window period usually lasts from 6 weeks to 3 months.
- **Seroconversion**: Occurs when sufficient antibodies are produced in the person's blood. The HIV antibody test results will now be positive. This usually occurs within 3 months of exposure.

HOW HIV IS TRANSMITTED

HIV **cannot** be spread in these ways:
- Hugging, touching, or shaking hands
- Being bitten by an insect
- Sharing toilets, latrines, or showers
- Coughing or sneezing
- Sharing dishes and eating utensils
- Swimming in public pools
- Using public phones
- Sharing food or drinks

Large amounts of HIV can be found in the following body fluids in an HIV-infected person:

- Blood;
- Semen (male sexual fluid);
- Vaginal fluids (in women); and
- Breastmilk.

Other body fluids, such as saliva (spit) or tears, contain HIV in small amounts, but there are no known cases of people getting HIV through those fluids.

A person gets HIV when infected body fluids enter the blood. The main ways that HIV is passed, or transmitted, are:

- **Sexually,** by having sex with an HIV-infected person;
- **Parenterally,** by using HIV-infected needles or receiving HIV-infected blood products or infected organs; and
- **Perinatally,** by an HIV-infected woman passing HIV to her baby while she is pregnant, during childbirth, or through breastmilk.

Sexual Activity

In most of the world, the most common way that HIV is spread is through sexual activity. A person can get HIV by having the following sexual activities with an HIV-infected person:

- **Vaginal sex** (a man's penis enters a woman's vagina). HIV in infected semen can enter a woman's bloodstream through the lining of the vagina or through cuts and sores in the vagina. HIV in infected vaginal fluids can enter a man's bloodstream through the opening at the tip of the penis or through cuts and sores on the penis.
- **Anal sex** (a man's penis enters the anus of a man or woman). HIV in infected semen can enter the bloodstream of a man or woman through the lining of the anus. The skin of the anus is very thin and tears easily. HIV in infected body fluids can enter a man's bloodstream during anal sex through the opening at the tip of the penis or through cuts and sores on the penis.
- **Oral sex** (sex using the mouth). HIV in infected semen and vaginal fluids can enter the bloodstream of a man or woman through cuts and sores in the mouth or gums.

People are in more danger, or "at risk," of getting HIV when they do any of the following:

- Have sex without knowing whether their partner is HIV-infected or discussing his or her sexual history;
- Have many sex partners;

- Have a partner who has or may have many sex partners (for instance, a partner who goes away for work for long periods of time, such as a truck driver, travelling worker, or military employee);
- Have a sex partner who uses injection drugs;
- Trade sex for things they need, such as money, a place to stay, drugs, or clothes;
- Have a sexually transmitted infection such as syphilis, herpes, or chlamydia; and
- Have anal sex.

Infected Needles or Syringes

Another way people can become infected with HIV is by using a needle or syringe that an HIV-infected person has already used. People who share needles in order to inject drugs such as heroin are at high risk of getting HIV. A person can also get HIV if infected needles are used for tattooing or body piercing.

Mother-to-Child Transmission of HIV

The term "mother-to-child transmission of HIV" means that the mother is the source of the baby's HIV infection. It does not mean that the mother is to blame for the baby's HIV infection.

Without treatment, about 25 to 35% of HIV-infected pregnant women will pass HIV to their babies. Most infections occur (60%) during labor and delivery. This can happen at the following times:

- During pregnancy;
- During childbirth; and
- While breastfeeding.

HOW HIV IS NOT TRANSMITTED

There are many myths about HIV transmission and cures. Myths are usually unreliable information passed around the community, mostly by word of mouth. Myths become widely known and are believed to be true, but often are inaccurate or false. The original source is usually forgotten.

Worldwide, there are thousands of different myths about HIV/AIDS that people believe, most of which are linked to misunderstandings about HIV prevention, transmission, treatment, and cure issues. It is impossible to list all the myths, but important to know and understand are the local myths about HIV/AIDS.

Remember that HIV is **not** transmitted by:

- Hugging, touching, kissing, biting or shaking hands
- Mosquito bites or other insect bites
- Sharing eating utensils or other objects

- Using the same toilets, latrines or showers
- Coughing or sneezing
- Swimming in the same pool
- Using public phones
- Sharing food or drinks

PREVENTING HIV INFECTION

There are ways people can avoid getting HIV. People can prevent HIV infection in the following ways:

- Choosing not to have sexual relations (abstinence);
- Having sex with only one partner (monogamy) who they know is not HIV-infected, does not have other sexual partners, and does not use injection drugs;
- Using barrier methods (such as condoms and dental dam) for preventing sexually transmitted infections and for family planning. When used consistently and correctly, barrier methods are an effective family planning method and also protect against HIV and sexually transmitted infections.
- Using "safer sex" methods. Safer sex involves preventing a partner's body fluids from entering the body through the vagina, anus, and any cut or open sore in the mouth or body. Safer sex methods include:
  - Using a male latex condom or a female polyurethane condom when having vaginal, anal, or oral sex. Condoms stop fluids from entering the body during sex. Both men and women should carry condoms and should not use a condom if the expiration date on the package has passed. Condoms made of lambskin or other natural products are not as good at stopping HIV infection as latex condoms are.
  - Using lubricants made with water (such as K-Y Jelly®). Lubricants made with oil (such as petroleum jelly) can damage latex condoms.
  - Avoiding sex when drinking alcohol or using drugs. People may not think clearly enough to protect themselves well at those times.
  - Choosing sexual activities that feel good but do not let fluids enter the body. These activities include:
    - hugging and kissing;
    - touching; and
    - touching/rubbing the genitals (masturbation). People can do this by themselves or with a partner.
- Seeking medical treatment for themselves and any sexual partners if they have a sexually transmitted infection. Having a

Latex and **polyurethane** are types of material that will not allow fluids or viruses to pass through them. Condoms made of latex or polyurethane can prevent both HIV and sexually transmitted infections.

The **expiration date** of a product shows the last day the product should be used. If a condom's expiration date has passed, it may not work correctly.

sexually transmitted infection increases your chances of getting HIV up to 2 to 5 times. Those with HIV are more likely to infect others. Individuals with sexually transmitted infections should also consider the benefits of HIV testing. If both partners are infected, condoms should still be used to prevent reinfection.

- Avoid sex when drinking alcohol or using drugs. Drug use is often linked with unsafe sexual behaviours. While using drugs, people may not think clearly enough to make good decisions and protect themselves from HIV. Drug use is also often linked with trading sex for drugs or money.
- Using clean needles, razors, or other sharp instruments that have not been used by another person. If people must share these items, they should clean them with bleach and water before each use. Remember that the use of drugs such as heroin, cocaine, marijuana and alcohol is a behaviour that can increase a client's chances of HIV infection. In some parts of the world, injection drug use is a major way that HIV is spread.

Proper Barrier Methods Negotiation and Use

Negotiation is "a discussion intended to produce an agreement"[1] There are five important factors involved in negotiation:

- **Exchange:** Each person gets and gives something in the agreement
- **Need:** Degree that each person needs or wants to reach agreement
- **Power:** Ability to control the other person
- **Time:** Time available to reach agreement
- **Information:** What each person knows about the other's needs or wants, or the goal itself

All of these factors influence the success of the negotiation. Before people can negotiate, they must believe that negotiation will work, feel comfortable with negotiation and believe that the risks involved in negotiation are worth the potential rewards.[2]

When negotiating barrier method use:

- Be clear and state the reason for using a condom or other barrier method.
- Identify possible responses to your partner's reply.
- Shift the focus of the discussion toward yourself and your feelings, beliefs, and intentions.
- Establish what behaviours you will not accept.

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[1] *Accessed from: www.wordreference.com, 6 April 2005.*

[2] *Adapted with permission from: A Guide to Conduct Communications Activities to Support Safer Sex.* National HIV/STI Control Programme, Ministry of Health, Jamaica.

Common Objections to Condom Use

Objections and possible responses to condom use include:

- **They're too small.**
  Condoms come in a variety of sizes and textures, and expand to fit.
- **It interrupts the mood.**
  A condom can be taken out of its package and put in place in a matter of seconds.
- **They reduce feeling.**
  Condoms can change sensation during intercourse or oral sex, but the difference is often exaggerated. In addition, condoms can sometimes delay ejaculation long enough for men to enjoy intercourse over a longer period of time.
- **You don't trust me, or you're being unfaithful.**
  The possibility for infection exists unless you have never had sex or contact with any blood or other body fluids. An infection can go unnoticed if symptoms are mild or invisible. It is not a question of trust; it is a matter of protecting both partners from possible infection.
- **You wouldn't ask if you really loved me.**
  It is because you care than you want to protect both your partner and yourself.
- **You're on the pill, so why bother?**
  Taking an oral contraceptive does not protect against sexually transmitted infections. Condoms are one of the few barrier methods that significantly reduce the chance of getting a sexually transmitted infection (STI).
- **I don't like the goop they put on them.**
  There are many different brands of latex and polyurethane condoms, some lubricated and some not. Condoms with lubricants containing spermicide give extra protection.
- **I hardly ever have sex.**
  It only takes once to be exposed to a STI, whether or not your partner shows any symptoms.
- **It can't happen to me.**
  Sexual transmitted diseases exist in every community. Some are curable, some are not, and one can kill—AIDS. Safer sex is worth it and can still be fun.

Tips for Proper Male Condom Use

Barrier methods are very effective if used correctly and consistently. Here are some tips to proper condom usage:

- Store in a cool, dry location; avoid storing in wallets or cars.
- Check the date on the condom package. Condoms are good for 5 years after the manufacture date if stored properly.

- Open the condom package carefully so that the condom does not tear. Do not use scissors, teeth or other sharp objects to open the package.
- Use only lubricants made with water (such as K-Y Jelly®). Lubricants made with oil (such as petroleum jelly) can damage latex condoms.
- Do not use the condom if the package is broken or the condom appears damaged or brittle.
- Carefully roll the condom on an erect penis; do not unroll prior to use. Leave space at the top for ejaculate. After ejaculation, hold the condom on at the base of the penis while withdrawing from the vagina.
- If the condom breaks or leaks during intercourse, replace the condom with a new one immediately; the woman should go to a clinic within 72 hours for emergency contraception.
- Use each condom only once. After use, tie the condom in a knot and dispose of it in a trash container.

Tips for Proper Female Condom Use

- Store in a cool, dry location; avoid storing in wallets or cars.
- Check the date on the condom package.
- Open the condom package carefully, tearing down from the arrow to open. Do not use scissors, teeth or other sharp objects to open the package.
- Do not use the condom if the package is broken or the condom appears damaged or brittle.
- To insert the condom into the vagina, squeeze the inner, smaller ring into an oblique angle. Insert the condom until the outer, larger ring touches outside the vagina. Push the inner ring all the way in, making sure it sits behind the pubic bone and covers the cervix.
- Use each condom only once. After use, twist and pull gently to remove the condom. Wrap it in tissue paper and dispose of it in a trash container. Do not flush it in the toilet.

Tips for Proper Dental Dam Use

- Store in a cool, dry location; avoid storing in wallets or cars.
- Check for integrity of the barrier before use.
- When using, hold with both hands and place over orifice.
- Keep the barrier over the opening during sexual activity.
- After use, discard in an appropriate trash container.

ANTIRETROVIRAL THERAPY

Being infected with HIV does not mean that a client's life is over. People living with HIV/AIDS can use antiretroviral therapy, medicines to fight opportunistic infections and healthy living to have a healthier, longer life. In most countries antiretroviral drugs are increasingly available to fight the progression of HIV disease.

The first antiretroviral drug, zidovudine (AZT), was introduced in 1987. Now a variety of antiretroviral drug classes are available to fight HIV, and the latest treatment strategy uses ARVs in combinations of at least three drugs from two different classes. This type of treatment is known as Highly Active Antiretroviral Therapy (HAART). The goal is to decrease the amount of HIV in the body as much as possible for as long as possible.

Similar to the treatment used in tuberculosis, the use of multiple drugs that attack the virus in different ways helps prevent the development of resistant viral strains. When HAART was used, HIV-related deaths, opportunistic infections, and hospitalizations all decreased by 60–80 percent. However, along with this remarkable success came some bad news as well:

- The drugs have substantial side effects and both short-and long-term toxicity;
- Patients have to take **95 percent or more of doses** to suppress the virus;
- HAART does not cure HIV infection;
- Development of antiretroviral drug resistance is a major problem, resulting in treatment failure and exhaustion of treatment regimen options; and
- There is concern about transmission of a resistant virus, which may affect the effectiveness of these drugs.

Nevertheless, these agents can be very effective in fighting HIV/AIDS. In some settings, they have changed HIV/AIDS from a progressive and always fatal disease to a chronic manageable disease.

Taking ARV therapy requires a long-term commitment. **Adherence is most important factor in successful ARV therapy.** Correct and consistent use is required for the drugs to be effective and the response to last. ARV agents can have side effects that can make them difficult for some people to take. **It is important to begin treatment when therapy is indicated and not too soon.** Treating too early may lead to unnecessary toxicity and quicker development of drug resistance.

In particular, pregnant women who are HIV-positive may have access to antiretroviral therapy and counselling about infant feeding options through a programme to prevent HIV infection in

babies. (see following section). Voluntary counselling and testing can help connect HIV-positive clients with these and other support services for people living with HIV/AIDS.

HEALTHY LIVING WITH HIV

Voluntary counselling and testing, which is addressed in the next chapter, identifies those who are HIV-positive so they can seek treatment and prevent spreading the disease. In addition to medications or before medications are indicated, there are some simple actions that HIV-positive people can take to better care for themselves physically and emotionally. These include the following:

- Getting regular medical checkups that include diagnosis and treatment of sexually transmitted and other infections
- Eating a healthy diet
- Exercising regularly
- Practicing safer sex to avoid getting and spreading HIV and sexually transmitted infections
- Avoiding tobacco and drugs that people use recreationally (for fun) such as alcohol, marijuana or ganja, and heroin
- Managing stress through exercise, support groups, meditation, spiritual practices or other means
- Avoiding infections and illnesses

SPECIAL ISSUES

Young Adults and HIV

In 2002, about 40% of the new HIV cases were in young adults between the ages of 15 and 24 years old. Although more and more young adults are getting infected with HIV, many of them do not think that it is possible that they are at risk. In addition, young adults tend to focus on the present and find it difficult to think about the future. As a result, young adults may take many risks when they begin to get curious about sexual relationships, alcohol and drugs.

It is important to provide information and materials about family planning methods to young adults. Often, young adults have difficulty buying or obtaining condoms and other family planning methods.

Tuberculosis and HIV[3]

About one-third of HIV-infected individuals are also infected with Mycobacterium tuberculosis (TB). HIV is a risk factor for reactivating TB. When the body's immune response is fighting a TB infection, HIV reproduces at a faster rate.

[3] *Adapted from: http://www.cdc.gov/nchstp/od/gap/strategies/4_1_tb_prevention.htm*, retrieved 4 April 2005.

The World Health Organization (WHO) recommends the DOTS strategy (Directly Observed Treatment Short-course Strategy) for controlling tuberculosis. This strategy includes the following:

- Government commitment to controlling TB
- Detection of TB cases using smear microscopy
- Directly observed therapy (usually 6–8 months duration)
- Continuous and reliable drug supply
- Efficient record and reporting system

In countries with a high incidence of TB, HIV-infected individuals may be given a drug to help prevent TB infection. This helps them live longer and healthier lives.

Women and HIV

There are many reasons why women are more vulnerable to HIV infection than men. Some of the common reasons are as follows:

- A woman is the receptive partner during sex. This means that infected semen from the man is deposited into the woman's vagina and remains there for some time, which gives the virus more opportunity to enter the woman's bloodstream. This also increases the woman's risk of being infected with other STIs. One exception is that men who have receptive anal sex are at even greater risk of infection with HIV.
- When a woman menstruates, her inner uterine lining is raw and exposed, making it easier for the HIV virus to get into her bloodstream.
- Some cultures have harmful traditional sex practices, such as "dry sex", which can dry out the vagina and make it more susceptible to tearing, thereby allowing the virus easier entry into the bloodstream.
- In many societies, there is an unequal balance of power between men and women, which prevents women from being able to negotiate with men about sexual issues such as the use of condoms. This is especially true with young women who have sex with older men.
- Women who suffer from low economic status are more likely to engage in commercial sex work to earn money.

Pregnant Women and HIV Testing

Pregnant women should test for HIV after appropriate counselling. If they are HIV-positive, it is important that they follow the doctor's or midwife's instructions during pregnancy and after childbirth. There are many advantages to a woman's knowing if she is HIV-positive during her pregnancy:

- She can be counselled and informed about the risks of mother to child transmission. In many countries, she is then able to

access antiretroviral therapy and other treatment options to help her and to prevent mother to child transmission (MTCT).

- Depending on the services available in her community, she may be able to access care for HIV-positive pregnant women. This often includes education, nutrition supplementation, support groups, antiretroviral therapy and management of other infections.
- In countries where abortion is legal, she has the option to terminate the pregnancy if she wishes.
- She can be counselled and informed about her family planning options after pregnancy.
- Her husband or partner may also be infected, and this is an opportunity to encourage him to test.
- HIV-positive pregnant women and their babies are at greater risk of anaemia, insufficient weight gain and risk of complications such as preterm delivery, spontaneous abortion, low birth weight and stillbirths. Her prenatal care can try to address these problems. Her newborn baby can also be monitored for HIV infection and receive care.

Preventing Mother-to-Child Transmission

Pregnant, HIV-positive women may transmit HIV to their babies in three ways—in the womb when pregnant, during labour and childbirth, or through breastfeeding. It is estimated that about 25% of infant infections take place during pregnancy, about 60–70% during labour and childbirth, and about 10–15% during breastfeeding. Most transmission occurs during labor and delivery.

Many HIV-positive pregnant women do not have any symptoms. Often, voluntary counselling and testing (VCT) offered in antenatal clinics identifies women who are HIV-positive. The following may reduce the risk of mother to child transmission.

- Providing antiretroviral drugs to the mother and baby.
- Diagnosing and treating any sexually transmitted infections.
- Avoiding invasive procedures during labour and childbirth such as: forceps/vacuum procedures, scalp electrode monitoring, episiotomy and rupturing the membrane.
- Removing the mother's blood and secretions immediately after birth by washing the baby gently. It is especially important to clean the face, where the HIV can enter through the mucous membrane.
- Giving antiretroviral drugs to the baby after birth.
- Considering alternatives to breastfeeding or changes in breastfeeding practices.

Different countries have different prevention of mother-to-child transmission (PMTCT) programs. Pregnant, HIV positive women will either be offered short-term ARV prophylaxis with only one drug to prevent transmission only, or started on effective combination ARV therapy (or HAART) to both prevent mother-to-child transmission and treat maternal disease. **It is important to know that short-term ARV prophylaxis does not treat maternal disease.**

Effective combination ARV therapy or HAART provides maternal treatment for pregnant women who are eligible (see below) and also is associated with the lowest rates of mother-to-child transmission (1–2%). Increasingly, as treatment with HAART becomes more common in low resource settings, women may become pregnant while on HAART treatment or may need effective ARV treatment started during pregnancy.

Nevirapine and AZT are medicines that if taken as prophylaxis during pregnancy or labour reduce transmission. If taken correctly, they can reduce transmission rates from about 25% transmission to less than 5%.[4]

Infant Feeding

If you are an HIV-negative mother, the best practice is exclusive breastfeeding.

There are infant feeding options that can help prevent HIV-infected mothers from passing HIV to their babies. Here are some of the options that may be available:

- Avoiding breastfeeding completely if other feeding methods are available.
- Starting antiretroviral therapy to slow down the damage that HIV does to the mother's immune system; two examples of HIV antiretroviral drugs are Nevirapine and AZT.
- Visiting a local antenatal clinic to get information on infant feeding techniques and other support.

Voluntary counselling and testing can help connect HIV-positive clients with these and other support services for people living with HIV/AIDS (see **Chapter 2**).

[4] *Adapted with permission from: National HIV/STI Programme. Speaker's Manual on HIV/AIDS and STIs.* National HIV/STI Control Programme, Jamaica.

TWO

VOLUNTARY COUNSELLING AND TESTING FOR HIV

OBJECTIVES

1. Describe the process of voluntary counselling and testing
2. Describe the principles of risk reduction
3. Describe methods of rapid and traditional testing for HIV
4. Describe what a negative and a positive test result mean
5. List the benefits of HIV counselling and testing

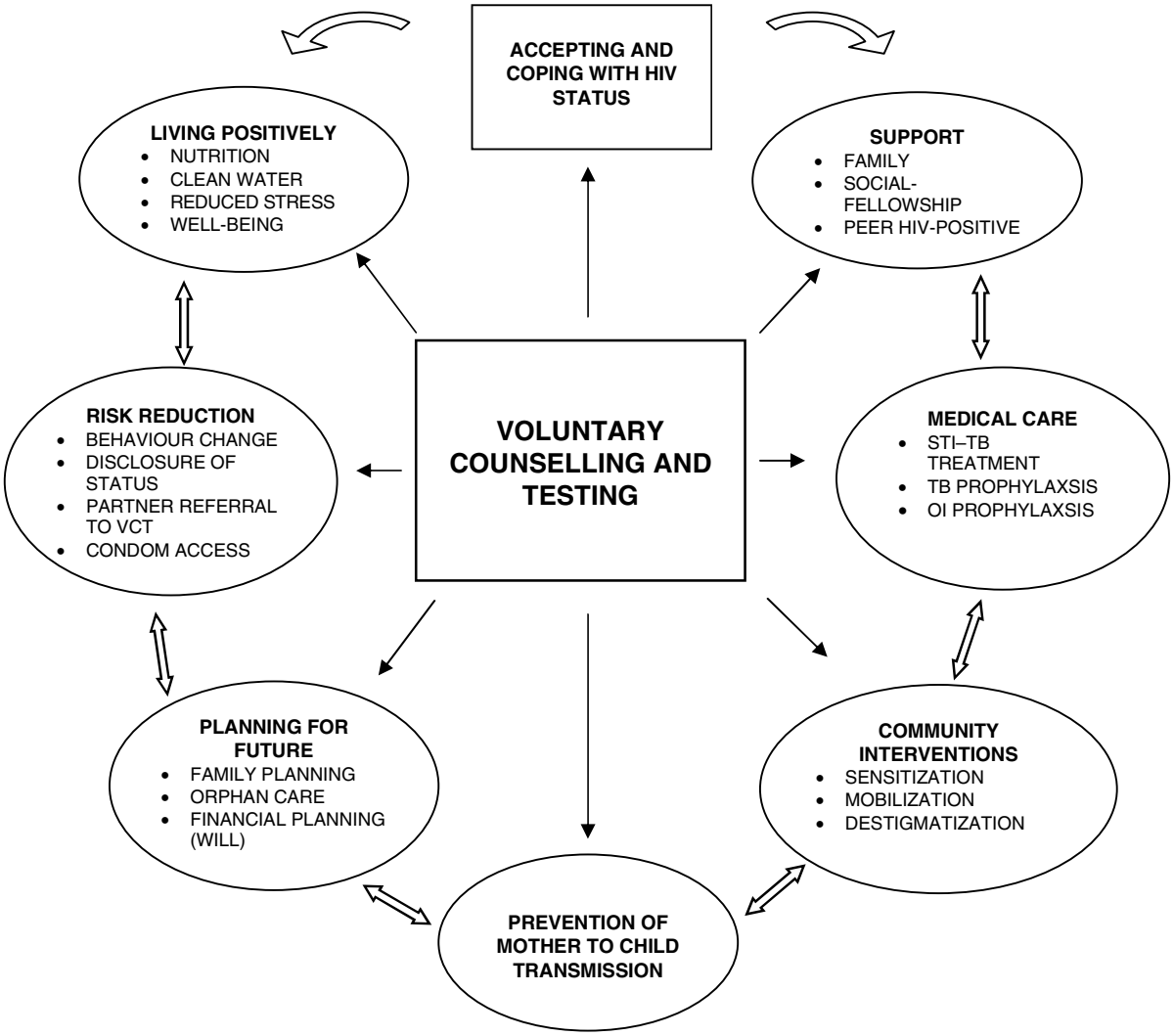
BACKGROUND

VCT for HIV is a service that lets people talk with a counsellor about whether they are likely to get infected with HIV, identify ways they can prevent getting infected with HIV, and get a blood test to find out whether they are infected with HIV. People who use VCT services are called clients.

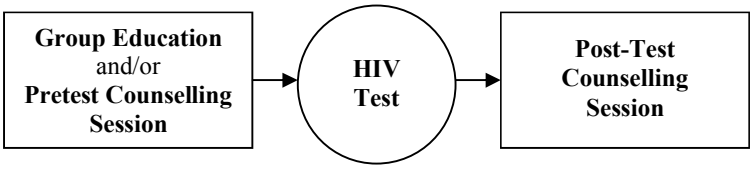
The VCT intervention is "client-centered" to the extent that you focus on the client's unique issues and circumstances related to HIV risk. The VCT intervention is based on a harm reduction model and the emphasis is on the initiation of small, step-by-step behaviour change to reduce risk. VCT is an intervention that builds on success!

VCT is an essential component of a comprehensive HIV/AIDS program. It is from the foundation of VCT that other prevention, care and support services emerge. The diagram on the next page summarizes the ways VCT links to other services.

Figure 2-1. VCT as a Foundation of HIV Prevention and Care Services



There are three main parts to VCT:



Counselling and testing services should be:

- **Voluntary**. Women and men should decide for themselves whether to get counselling and have their blood tested to see if they have HIV. Clients should never be forced to get counselling or be tested.
- **Confidential**. In order to keep VCT services confidential, the counsellor should not tell anyone else what the client says during VCT counselling sessions or share the client's HIV test result with other people. There is more information about confidentiality below.

CONFIDENTIALITY

Confidentiality is an important characteristic of VCT services. Counsellors should keep all client information private and respect a client's wish to decide carefully when and whom to tell about her/his HIV status. In general, clients feel more comfortable sharing personal information with counsellors and getting tested for HIV when they know this information will not be told to anyone else. Other reasons confidentiality is so important in VCT are the negative feelings many people have about HIV/AIDS and the possible harmful consequences of someone's HIV status being known.

Sometimes, certain health care workers at a clinic need to know the client's HIV test result. This is because there are times when the medical treatment to be offered to the client may be different depending on whether the client is HIV-negative or HIV-positive. In this situation, the counsellor should tell the client about this possibility during counselling, *before* the client makes a decision about HIV testing.

HIV RISK AND RISK REDUCTION

The main focus of counselling for HIV is to help the client reduce her/his "risk" of getting HIV. A person's HIV risk level describes how likely the person is to get infected with HIV. The term risk behaviour describes actions (such as unsafe sex and injecting drugs) that may lead to HIV infection. Risk reduction describes the process whereby people lower their chances of HIV infection by recognizing and changing unsafe behaviours. Risk reduction choices are based on identified risk behaviours and situations.

For example, if a client realizes through counselling that he frequently has unprotected sex while drinking, avoiding bars or always carrying a condom may be options for risk reduction for him. A woman who has a partner who she knows is having unprotected sex with others can reduce her risks by either always using a condom with this partner or not seeing him anymore.

COUNSELLING FOR HIV

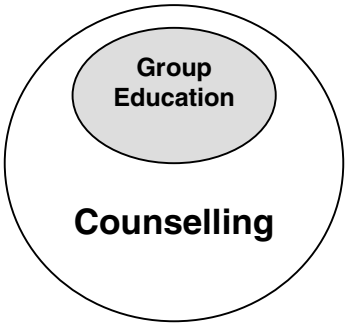
Counselling is a method of helpful communication. Some parts of counselling are:

- listening to clients;
- helping clients understand what decisions they have to make, sometimes by providing information and facts; and
- helping clients make a plan to carry out their decisions.

There is a tool called the Counseling and Testing Protocol that helps counsellors talk with clients about their HIV situation. This protocol is part of JHPIEGO's *Counseling and Testing for HIV* training package.[5] Different organizations may provide counselling for HIV in different ways, but the pretest and post-test content is similar.

Group Education

Some VCT sites begin VCT services with a group education session. During group education, a group of clients receives basic information about HIV/AIDS, prevention and testing before any individual counselling is done. Group education may also be done as a stand-alone activity to educate or raise awareness. The principles explained in this manual may be applied to any setting.



Pretest Counselling Session

During the pre-test counselling session of CT services, the counsellor and client discuss behaviours that put the client in danger of HIV infection and how the client can prevent getting HIV.

The counsellor and client also discuss HIV testing and the advantages and disadvantages of knowing one's HIV status. Knowing this information allows the client to make an informed decision about whether to be tested for HIV. At the end of the pre-test counselling session, the client decides if s/he wants to be tested for HIV.

HIV Testing

If the client chooses to have an HIV test done to find out if s/he has been infected with HIV, the VCT site should provide that service after the pretest counselling session. There are different types of HIV tests that a VCT site can use.

When VCT is part of the services offered at an antenatal, STI, or other clinic there are two ways that testing is offered:

- The client makes the decision to be tested for HIV after talking with a counsellor. This is called "**opt-in**."
- The clinic routinely does an HIV test for all clients except for those who state that they do not want to have the test done. This is called "**opt-out**."

More information on HIV testing can be found later in this chapter.

[5] *Counseling and Testing for HIV*. 2004. JHPIEGO: Baltimore, MD. This learning package comprises a Reference Manual, Course Notebook for Trainers, Course Handbook for Participants, and Counseling and Testing Protocol.

Post-Test Counselling Session

If the client decides to be tested, there will be a second counselling session after the test (the post-test session). At that point, the client learns her/his test result and talks with the counsellor about what the result means.

Most people who get tested find out that they are not infected with HIV (HIV-negative). It is very important for the counsellor to help these clients make a plan of actions they can take to avoid getting HIV.
Clients who find out they are infected with HIV (HIV-positive) discuss with their counsellor options for treatment, support and actions they can take to avoid spreading HIV to others.

TESTING FOR HIV

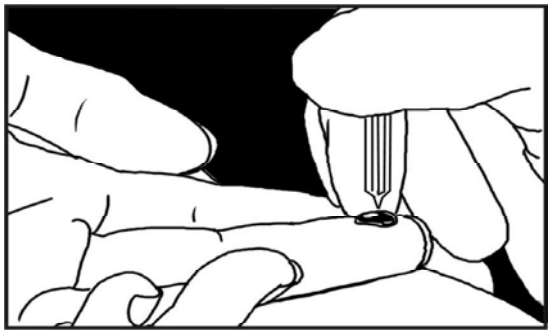
There are special blood tests used to find out whether a person is infected with HIV. These blood tests tell whether a person's immune system has begun making antibodies to fight the HIV virus. Following is information about the most commonly used HIV testing methods.

HIV Rapid Tests

The HIV rapid tests are blood tests whose results are available very quickly. There are several types of HIV rapid tests, but they share the following characteristics:

- The blood sample can be collected by a finger-stick (see **Figure 2-1**).
- No laboratory equipment is needed to find out the results of rapid tests.
- The results are ready in 30 minutes or less.
- The results are just as reliable as results from HIV tests read by a laboratory worker.

Figure 2-2. A finger-stick, or lancet, is used to collect a small amount of blood from a person's finger.



The client's HIV result comes from two rapid tests called the HIV screening test and the HIV confirmation test. If the results of the two tests are different, a third test, called a tiebreaker, is done. The client's test result will be the same as the result of the tiebreaker

test because then two out of the three tests will have the same result. **Table 2-1** shows the possible results of HIV rapid tests.

Table 2-1. Results of HIV Rapid Tests

HIV SCREENING TEST	HIV CONFIRMATION TEST	CLIENT'S HIV RESULT
Negative	Negative	Negative
Positive	Positive	Positive
Positive	Negative	Conduct tiebreaker The client's HIV result is the same as the result of this tiebreaker test.
Negative	Positive	Conduct tiebreaker

Following are some benefits of HIV rapid testing:

- Clients can receive their result on the same day that the testing procedure is done, so they do not have to leave the site and then come back for their results. This reduces the number of people who leave and do not return for their test results.
- It is cost-effective because many clients get their results quickly.
- Clients with positive HIV test results can tell (disclose to) their partners quickly and begin protecting others immediately.

ELISA Tests

ELISA tests also test blood for antibodies to HIV. For this type of test, blood must be taken from a vein, usually in the forearm. The blood is collected in a tube using a needle. Then the blood is sent to a laboratory for testing by technicians who are trained to use special equipment. It may take several days or weeks for the results of an ELISA blood test to be ready.

If the result from an ELISA test is positive, another blood test, such as the Western Blot test or ELISA II, needs to be done to confirm that the result is real and not a false positive result. This can usually be done with the same blood sample so that the person does not have to give blood again.

Some people consider the waiting period between the ELISA test and the results to be an advantage because it gives clients some time to prepare themselves for the possible results. The waiting period can be a disadvantage, though, because sometimes clients do not return for their results.

HIV TEST RESULTS

The possible results of an HIV test are negative, positive or confirmed indeterminate. These three different results are described below.

Negative Test Result

A negative HIV test result means one of two things:

- that the client has not been infected with HIV, or
- that the client was infected during the previous 3 months and is still in the window period.

Clients who have received negative test results but have recently engaged in a behaviour that put them at risk for HIV infection should be tested again in 3 months because they may be in the window period. For example, if a client had unprotected sex on May 15 and was tested on June 3, s/he may want to be tested again after the window period ends, which would be after August 15.

Clients who receive negative HIV results should take steps to try to remain uninfected with HIV.

Positive Test Result

A positive test result means that the test found HIV antibodies in the client's blood. This means that the client has been infected with HIV and can spread it to other people. An HIV test cannot tell:

- whether the client has AIDS (only a doctor can make this diagnosis),
- how the client became infected with HIV, or
- when the client was infected with HIV.

All positive results are confirmed with another test, so it is unlikely that the result will be false.

Clients who test positive for HIV will remain HIV-positive for the rest of their lives. There is no cure for HIV at this time.

Clients who test positive should take great care not to infect others through unprotected sex, sharing of needles (or other sharp instruments) or breastfeeding.

A positive HIV test result does not mean that clients can no longer have sex. Clients should, however, decide how to disclose to their partners that they are infected with HIV. Clients also need to decide how they will prevent re-infecting themselves with other strains of the HIV virus and avoid infecting partners with HIV.

A positive HIV test result does not mean that clients are a danger to others through everyday contact, including work.

Confirmed Indeterminate Result

A confirmed indeterminate result means that it is not possible to tell, based on the test results, if the client has been infected with HIV. This kind of result does not occur very often.

Counsellors should tell clients who receive indeterminate results that it is recommended that they be tested again in 3 months if they

have engaged in HIV risk behaviours. Those who do not engage in behaviours that could lead to HIV infection do not need to be tested again unless they start engaging in risk behaviours that could lead to HIV infection.

BENEFITS OF COUNSELLING AND TESTING

There are many good reasons for people to learn their HIV status through VCT services.

VCT helps HIV-negative clients protect themselves from future HIV infection. HIV-positive clients can learn how to avoid infecting other people with HIV, how to care for themselves and seek medical treatment.

VCT counsellors also can help clients find places to obtain other services they need, such as treatment and support services, family planning, antenatal and childbirth care, and drug abuse treatment services. The counsellors can also help HIV-positive pregnant women learn what they can do to stay healthy longer and prevent HIV infection in their babies.

In addition, VCT helps communities begin talking about HIV/AIDS, testing and prevention. VCT services can help encourage the development of care and support services and community volunteer programmes to help people living with HIV/AIDS.

THREE

STIGMA AND DISCRIMINATION

OBJECTIVES

1. Describe how HIV/AIDS stigma and discrimination affect people with HIV/AIDS or groups linked with HIV/AIDS
2. Describe how attitudes, values, and prejudices might affect quality of care
3. Describe ways to combat HIV/AIDS stigma and discrimination

BACKGROUND

HIV/AIDS is a serious problem, yet many people do not know very much about HIV/AIDS. One reason for this is that HIV is linked to issues such as sex and drug use—subjects that people often feel uncomfortable discussing. There is also a lot of false information about HIV/AIDS.

When combined with fear, this lack of information can result in many negative thoughts and prejudices about people who have HIV/AIDS or about groups connected with HIV/AIDS, such as people who trade sex for money or other needs. These negative thoughts and prejudices are called HIV/AIDS **stigma**.

Stigma can result in bad or unfair treatment of people with HIV/AIDS, or people thought to have HIV/AIDS. This is called HIV/AIDS **discrimination**.

Stigma, discrimination and discomfort about discussing issues such as sex and drugs may cause people to be afraid of using voluntary counselling and testing (VCT) or medical services. Often, people are worried that the health care workers will judge or criticize them.

ATTITUDES, VALUES, AND PREJUDICES

Individuals have their own strengths, weaknesses, beliefs, attitudes, fears, values and worries. All of these can affect how a counsellor works with clients. Individuals should think about the issues below to help them provide high-quality services to clients.

Self-Awareness

Being self-aware means knowing yourself, how other people affect you and how you affect other people. Individuals who are self-aware:

- are sensitive to their own feelings, thoughts, attitudes and beliefs and how these can affect counselling in positive and negative ways;
- understand and appreciate that clients have their own feelings, thoughts, attitudes and beliefs and how these can affect their ability to talk about their concerns; and
- look at their own behaviours and attitudes and ask themselves: "How am I doing? How can I improve?"

Individuals who are self-aware can focus on their clients and respond to their needs. They are also more willing to learn and improve their performance.

Attitudes and Values Attitudes and values are feelings, beliefs and emotions about a fact, thing, behaviour or person. For example, some people believe that having many sexual partners is all right, while other people believe that it is wrong.

A counsellor's attitudes and values can affect her/his behaviour toward clients, especially when the clients have different attitudes and values. It is important for counsellors to be aware of their own attitudes and values so that they can talk to clients without judging, criticizing or scolding them. Although counsellors may not always agree with clients' behaviours and choices, they should always treat clients with respect and help clients feel comfortable talking openly and honestly.

Prejudices

A prejudice is a negative opinion or judgement made about a person or group of people without knowledge of the facts. Often, prejudices are caused by a lack of information. For this reason, the more people know about something, the less likely they are to be prejudiced against it. Prejudice can take many forms; here are a few examples:

- Prejudice against different tribal groups
- Prejudice against poor people or rich people
- Prejudice against Muslims or Christians
- Prejudice against people with HIV, homosexuals or people who trade sex for money or other things they need

Prejudices can prevent health care workers and clients from having open and honest discussions about sensitive issues. It is important for health care workers to be aware of their own prejudices about the cultures and groups of people with whom they work. You can lessen prejudices by getting information about those cultures or groups of people. This information will help the health care worker interact with clients in a more respectful way.

DEALING WITH STIGMA AND DISCRIMINATION

To address issues of HIV/AIDS stigma and discrimination, the health care worker needs to be aware, informed, and willing to talk confidentially with clients. While it can be difficult to change people's attitudes and prejudices, the first step is to promote more open communication about HIV/AIDS.

Health care workers need to support and inform clients who are considering, have agreed to, or have received results from HIV testing. They can also work to educate the community at large about the facts and realities of HIV/AIDS and those infected. By replacing unknowns and false information with facts and resources, health care workers can reduce the amount of HIV/AIDS stigma and discrimination that exists in the community.

Examples of Stigma and Discrimination

Examples of **stigma** include beliefs that:

- People who are infected with HIV are dirty or bad.
- Only homosexuals get HIV.
- You can get HIV by touching or hugging an infected person.
- Women who infected with HIV have many sexual partners.

Examples of **discrimination** include:

- Clients being refused medical counselling, examinations, and/or treatment by health care workers.
- Clients being refused jobs based on their status (or rumoured status).
- Children not being allowed to attend school—or being allowed to attend, but isolated from other students.

Correcting False Information

Providing correct information to a client and correcting any myths and false information is important. There are many incorrect facts about HIV, AIDS, and sexually transmitted infections, and they should be corrected. However, this needs to be done in a sensitive way that does not make the client feel stupid or defensive. Acknowledge false information and then correct it quickly. It is not necessary to give a detailed explanation of the facts.

Maintaining Confidentiality

One effect of community-level stigma and discrimination is that many people have negative feelings about HIV/AIDS, and there are potentially harmful consequences if someone's HIV status becomes known. As a result, clients may be fearful of being tested for HIV/AIDS and/or be fearful of who will know their results. Clinics should keep all client information private and respect a client's wish to decide carefully when and whom to tell about her/his HIV status.

FOUR

GROUP EDUCATION SKILLS

OBJECTIVES

1. List principles of adult learning
2. Plan for group education, considering your audience
3. Write sample session objectives for group education
4. Describe how to prepare the setting
5. Describe techniques of effective group education
6. Demonstrate how to conduct group education
7. Describe how to facilitate small group activities
8. Demonstrate how to use audiovisual aids
9. List ways to evaluate group education sessions

BACKGROUND

Group education may be used to support counselling and testing services, provide information to a group or generate discussion. It provides an opportunity for individuals to learn the basics of HIV and AIDS prevention. Group education may be provided in communities, in churches and in clinics where clients are waiting to see health care providers, as well as in other places.

ADULT LEARNING PRINCIPLES

An effective group education session depends on understanding how adults learn. Adults who participate in group education sessions may either be attending because they are interested, or just waiting in a clinic for medical care. In order to ensure that the audience learns from the session, remember the following tips about applying principles of adult learning to group education. Adults in a group education session:

- Require content to be relevant. Plan or revise your presentation based on your audience. Consider their characteristics and what the audience already knows to ensure content is focused on areas of interest and need.
- Are highly motivated if they believe learning is relevant. During the introduction, use questions or stories to make HIV-related content relevant to their situation. After the introduction, the audience should understand “what’s in it for them” and why they should pay attention.
- Respond well to participation. Few individuals prefer to just sit and listen. Many adults are interested in contributing their ideas

and opinions. (Using participatory methods in your group education sessions is covered later in this manual.)

- Desire variety. Variety is the spice of life. Using a variety of questioning techniques, combining lecture with demonstrations and using learning aids or audiovisuals all help to hold the interest of your audience.
- Desire positive feedback. While this may be difficult to provide in a large group, you can always congratulate individuals who respond correctly or provide input. "Thanks for that comment" or "You're exactly right" are all effective ways to provide positive feedback.
- Have personal concerns and need an atmosphere of safety. Ensure that you present information and answer questions respectfully, and that you ensure the audience responds to others' comments and questions with respect. Do not allow anyone to be belittled.

PLANNING FOR GROUP EDUCATION

The first step in planning a group education session is deciding what you want to accomplish during the session, based on your audience. What do you want the audience to know when you are finished? What knowledge and skills does your audience need? What changes in attitudes would you like the audience to make?

Knowing Your Audience[6]

When planning for your session, in addition to defining your objectives, consider your audience. There are several key points to keep in mind as you decide which information to provide to your audience.

Who is your audience? Are you speaking to a church group, adolescents, or clients waiting at an STI clinic, antenatal clinic or counselling and testing centre? The type of group will help you decide which style of communication to use, as well as which areas to focus on.

What do they know? A church group might need more information on the basics of HIV than a group of clients waiting at an STI clinic. It will be helpful to find out from the person organizing your talk what the audience may know. It is always important to assess what they already know so you can focus on new information.

What do they want to know? If the person organizing the session can't give you this information, you can always informally assess the knowledge of the audience at the beginning of your presentation. Specific skills for making presentations are covered later in this manual.

Don't assume. You may assume that people should know the basics of HIV transmission and prevention by now, but this is often not that case. Be sure that you have the latest statistics from the ministry of health before presenting, and that your talk provides the most recent information on HIV transmission, prevention and treatment (when relevant).

WRITING OBJECTIVES

Once you know your audience, you can begin planning your session. Plan by developing the objectives for the presentation. When writing objectives, consider that learning occurs in three different areas or domains:

- **Knowledge:** What we know (also known as the cognitive learning domain)
- **Skills:** What we do or perform (also known as the psychomotor learning domain)
- **Attitudes:** How we feel about what we know and do (also known as the affective learning domain)

Knowledge objectives require absorbing information and processing facts, and often require recalling information, understanding or problem solving. **Skill objectives** refer to the acquisition of skills or the ability to perform procedures. (Note that the terms skill, clinical skill and procedure mean the same thing in this manual.) **Attitudinal objectives** deal with opinions or feelings.

The format for writing objectives is not complex. Review the objectives at the beginning of this chapter and you will see that they are short and simple. **Objectives have two basic components: the specific action to be taken and the object of the action**.

Specific Action to Be Taken

The specific action describes what must be done, learned or felt after completion of the session. Common action verbs for objectives are shown in **Table 4-1.** This table also shows words or expressions to avoid because they are open to interpretation and are difficult to measure.

Table 4-1. Action Verbs for Learning Objectives

KNOWLEDGE AREA	SKILL AREA	ATTITUDE AREA	WORDS TO AVOID
Adopt, analyze, categorize, classify, compare, compile, contrast, describe, devise, discriminate, estimate, evaluate, explain, interpret, organize, predict, show, solve, summarize	Adjust, arrange, assemble, demonstrate, follow, identify, insert, inspect, locate, model, organize, perform, place, point to, practice, prepare, recognize, remove, sort	Accept, ask, assist, attend to, choose, comply, conform, contribute, cooperate, defend, demonstrate, display, initiate, join, listen, observe, participate, share, suggest, support, use	Appreciate, believe, internalize, know, realize, understand

Object of the Action

The object of the action is the specific information, skill or attitude the participant is expected to know or demonstrate in order to meet the course objectives. Below are some examples of objectives that could relate to group education for HIV. In the first phrase, "Describe" is the specific action to be taken and "how HIV may be transmitted" is the object of that action.

- Describe how HIV may be transmitted
- List ways to prevent HIV
- Describe how to put on a condom
- List benefits of knowing your HIV status

PREPARING THE SETTING

Consider the setting of the group education session. Is the room large or small? Will you need a microphone? Do you need any equipment or materials to help you present your session, such as overhead projectors or a flipchart? Ensure that you have the following ready:

- Any audiovisual tools or learning aids
- Condoms and penis and vagina models for demonstration
- Electrical outlet extension cords if you are using an overhead projector or projection unit
- A flipchart stand and paper, when appropriate

Here are a few tips for creating a good environment for learning. When possible, visit the location or arrive early to ensure that:

- Lighting and ventilation are adequate.
- Seating is arranged so that everyone can see you and the group can easily interact.
- Everyone can see any audiovisuals or learning aids you are using.
- If you are using an overhead projector or projection unit, there is a screen or place to hang a sheet on which to project images.

CONDUCTING GROUP EDUCATION SESSIONS

There are a number of group education skills that can be used to make a session more effective. The skilled group educator uses a variety of techniques to involve the audience, maintain interest and avoid a repetitive presentation style. Some common techniques are:

- **Follow a plan and use notes or a group education guide**, which includes the session objectives, introduction, body, activity, audiovisual reminders, and summary and evaluation.
- **Introduce the topic clearly** and state the objectives. You can do this by asking a related question, telling a related story, sharing a personal or real-life experience, using a video or transparency, or making a provocative statement to generate discussion.
- **Ask questions** to find out what the group knows before you provide all the information. There is no need to give information the group already knows. This technique is covered in more detail in the following pages.
- **Use an interactive approach**. Ask and answer questions and encourage group members to ask questions. Here are some tips for using questions:
  - Ask questions of the group and target individuals.
  - Provide positive reinforcement to those who answer.
  - If a member of the group answers a question incorrectly, provide the correct information in a polite way.
- **Display enthusiasm** about the topic and its importance. Smile, move around the room with energy and interact with participants. Enthusiasm and excitement are contagious and directly affect the enthusiasm of the audience.
- **Use appropriate audiovisual or learning aids** during the presentation.
- **Praise group members** when they participate.
- Provide a condom demonstration when appropriate.
- **Maintain eye contact.** Use eye contact to “read” faces. This is an excellent technique for establishing rapport and getting feedback on how the audience is responding to the session.
- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain their attention. Avoid using a monotone voice, which is guaranteed to put people to sleep! Communicate in a way that is easy to understand. Many people will be unfamiliar with the terms, jargon and acronyms of a new subject. Use familiar words and expressions, explain new language and consider the local cultural needs.

- **Use and control group discussion.** Keep in mind that in order for discussion to be useful, the group needs a basic knowledge of the content you wish to discuss. Some key points:
  - Discussions involving more than 15 to 20 participants may be difficult to lead.
  - Discussion requires time for extensive group interaction.
  - A poorly directed discussion may move away from the subject and never reach the objectives.
  - If you do not maintain control, a few individuals may dominate the discussion while others lose interest.
- **Provide positive feedback.** Examples:
  - "You're exactly right."
  - "Thanks for sharing that story."
  - "That's an excellent point."
- **Display a positive use of humor related to the topic.**
  - Examples:
    - Cartoons on transparency or flipchart
    - Humorous stories
- **Summarize key points.** Always summarize the session to ensure that you have addressed the key points adequately. Here are some ways to do this:
  - **Ask the group questions** that focus on major points of the presentation.
  - **Ask the group if they have any questions.** This may result in a lively discussion focusing on the points that seem to be the most troublesome. Make sure you have adequate time to do this.
  - **Review the key points.** Go over the most important points or the points most relevant for your audience.

In summary, a good group education session:

- Begins with a strong introduction
- Is followed by a smooth transition into the body of the lecture
- Follows the planned outline
- Uses a variety of audiovisual aids
- Includes activities that involve the participants
- Concludes with an effective summary

USING AUDIOVISUAL AIDS APPROPRIATELY

Using appropriate audiovisual aids is very important. Visual materials help highlight important points or key steps or tasks. Because individuals have different styles of learning, using a variety of audiovisuals provides information in different ways and reinforces the learning process.

No matter which audiovisual or learning aid you choose to use, the following tips apply to all:

- Do not turn your back on the group to draw or take notes while you are talking, because they will not be able to hear you. Stand to the side of whatever visual aid you are using so that everyone can see you and the aid at the same time.
- Make sure everyone can see.
- Print neatly, using large letters, so that even the people in the back of the room can see. Bullet key points to keep things organized.
- If using any electrical equipment, make sure it is working and that you have enough electrical extension cords and a place on which to project your images. Practice with the equipment before using it in front of the group.
- Remember to focus on your audience and not lose eye contact while you are using the audiovisual aid.

Here are some examples of types of audiovisual aids that you can use, and how to use them.

Writing Board

A writing board can display information written with chalk (chalkboard or blackboard) or special pens (whiteboard). Although there usually are more effective methods of transmitting information, the writing board is still the most commonly used visual aid. It is especially useful for impromptu discussions, brainstorming sessions and note taking.

The **advantages** of using a writing board:

- Available in most training rooms and does not require electricity
- Easy to use and inexpensive
- Excellent for brainstorming, problem solving, making lists and other participatory activities

There are some **disadvantages** to using a writing board, including:

- The board cannot hold a large amount of material.
- Writing on the board is time-consuming.
- It is difficult to write on the board and talk at the same time.

- The board can get messy.
- There is no permanent record of information presented.

Tips for Using a Writing Board

- Keep the board clean.
- Use chalk or pens that contrast with the background of the board so that participants can see the information clearly.
- Make text and drawings large enough to be seen in the back of the room.
- Prepare complex drawings in advance (if very complex, an overhead transparency or 35 mm slide may be preferable).
- Underline headings and important or unfamiliar words for emphasis.
- Do not talk while facing the board.
- Do not block the participants' view of the board; stand aside when writing or drawing is completed.
- Allow sufficient time for participants to copy the information from the board.

Flipchart

A flipchart is a large tablet or pad of paper, usually on a tripod or stand. It can be used for displaying previously prepared notes or drawings as well as for brainstorming and recording impromptu discussions.

There are also smaller, laminated flipcharts that have a ring binder and are easily hand-carried from place to place. These are pre-printed and cannot be written on. They contain key points that serve to guide the group educator through the session and ensure that nothing is missed.

Advantages of the flipchart:

- Easy to move from room to room and does not require electricity. This is especially true with the smaller, preprinted versions.
- Easy to use and inexpensive.
- The smaller, preprinted versions may be used as a group education guide to ensure key points are covered and a focus on important content is maintained.
- The larger, paper versions are excellent for brainstorming, problem solving, making lists and other participatory activities.
- Pages of information can be prepared in advance and revealed at appropriate points in the presentation (paper version only).
- Pages can be removed from the pad and taped on the walls of the training room for future reference (paper version only).

Disadvantages of the flipchart are the same as those listed for the writing board, except that there is a permanent record of the information presented.

Tips for Using a Flipchart

- Use wide-tipped pens or markers; markers with narrow tips produce printing that is difficult to read.
- Print in block letters that are large enough to be read easily in the back of the room.
- Use different colored pens to provide contrast; this makes the pages visually attractive and easier to read.
- Use headings, boxes, cartoons and borders to improve the appearance of the page.
- Use bullets (●) to delineate items on the page.
- Leave plenty of white space and avoid putting too much information on one page (crowded and poorly arranged information is distracting and difficult to read).
- When pages are prepared in advance, use every other page (if every page is used, colors may show through and make text difficult to read).
- Have masking tape available to hang flipchart pages on the walls during brainstorming and problem-solving sessions.
- To hide a portion of the page, fold up the lower portion of the page and tape it (when ready to reveal the information, remove the tape and let the page drop).
- Face the participants, not the flipchart, while talking.

Transparencies of PowerPoint Presentations

The overhead projector is one of the most commonly used and most versatile pieces of audiovisual equipment. This visual aid projects images onto a screen using transparency film. A transparency is a plastic or acetate sheet (film) containing written or drawn material; it should be created in landscape (horizontal) rather than portrait (vertical) format.

A projection unit can be used to project PowerPoint presentations directly from a laptop or desktop computer onto a screen. Projecting presentations electronically makes it unnecessary for you to print the transparencies and allows you to update presentations very easily. However, projection units are very expensive.

The **advantages** of using transparencies or PowerPoint presentations are:

- The projector or projection unit is easy to use, and can be used in almost any training room that has electricity.
- Use of a presentation that has been prepared in advance saves time (writing on a board takes longer than talking) and allows more time for discussion.
- They can be used repeatedly.

The primary **disadvantage** of transparencies or presentations is that text and images cannot be projected directly from the printed page.

Tips for Preparing Transparencies

- Limit the information on each transparency to one main idea and about five or six lines of large type.
- Use large lettering and a lot of white space.
- If preparing them by hand, print the text. Printing is easier to read than script handwriting.
- Make graphics and drawings large enough to be seen easily in the back of the room.
- Number the transparencies to keep them in the correct order (the number can be written on the transparency itself or on its outside frame).
- Store the transparencies in a box with a lid, in an envelope or a "pocket" made from manila folders or sheets of clear plastic to protect them from dust and scratches.

Tips for Using the Overhead Projector

- Before the presentation begins, locate and check the operation of the on/off switch.
- Be sure that there is an extra projector bulb and that it is working. Some overhead projectors have two bulbs so that if one burns out, a second is available at the flick of a switch.
- Focus the projector and check the position of the image on the screen using a transparency before beginning the session.
- Turn the projector on after the transparency is placed on the glass and turn it off before removing the transparency.
- Once the projector is on and the image is on the screen, move away from the projector to avoid blocking the participants' view of the screen.
- Face the participants, not the screen, while talking.
- Show one point at a time and control the pace of the discussion by covering selected information with a piece of paper. (The paper can be placed either on top of or beneath the transparency and moved down to reveal the next item.)
- Use a pointer or pencil directly on the transparency to focus attention on a specific area; this allows the trainer to maintain direct eye contact with the participants.
- Allow plenty of time for the participants to read what is on the screen and take notes, if necessary.

Tips for Preparing PowerPoint Presentations

- Limit the information on each slide to one main idea and about five or six lines of large type.
- Use large lettering and a lot of white space.
- Make graphics and drawings large enough to be seen easily in the back of the room.
- Save your PowerPoint presentations with descriptive names. The name can indicate the date created, intended audience or any special content focus. This makes it easier for you to use them again without recreating new ones.

Tips for Using the Projection Unit

- Arrange the room so that all participants can see the screen; make sure that there is nothing between the projector and the screen.
- Set up and test the projector before the participants arrive.
- Make sure there is an extra projector bulb in working condition; practice replacing the bulb.
- Locate the focus control and check the focus of the projector and position of the image on the screen.
- Run through the PowerPoint presentation in advance to ensure that it loads and runs correctly.
- Determine if all or some of the lights can be left on during the slide presentation; this will make note taking easier for the participants.
- During the presentation, avoid rushing through a series of slides. This can be very frustrating for the participants. Take time to view and discuss each slide. When appropriate, ask participants questions regarding what they are seeing on a slide.

Videos

Videos can be very creative audiovisual aids. They can be used alone to provide group education or as a supplement to a presentation.

The **advantages** of using videos are:

- Videos can be produced locally to reflect local conditions.
- Commercially developed videos can be purchased or borrowed.
- TV monitors, especially commercial grade, tolerate fluctuations in voltage much better than either overhead projectors or slide projectors.
- Video players are less expensive and easier to maintain than slide projectors.

There are some **disadvantages** to using videos:

- Commercially prepared videos easily become outdated.
- The audience may be distracted by cultural differences such as accents, appearance or communication styles.

Tips for Using Videos

- Preview the video to ensure that it is appropriate for the participants and consistent with the course objectives.
- Before the training session, check to be sure that the video is compatible with the video player. Run a few seconds of the tape to ensure that everything is functioning properly.
- Cue the video to the beginning of the program.
- Arrange the room so that all participants can see the video monitor.
- Prepare the participants to view the video:
  - State the session objective.
  - Provide an overview of the video.
  - Focus participants' attention by asking that they look for a number of specific points during the viewing of the video.
  - Discuss the video after it has been shown. Review the main points that the participants were asked to watch for as they viewed the video.
  - Prepare test items based on the video content if appropriate.

GROUP EDUCATION SCRIPT

Below is a script that shows one way a group education session can be conducted. Much of this information is included in **Chapter 1** of this manual. The script can be adapted to the specific situation in a clinic or region.

The text *in italics* contains instructions for the group educator.

Opening

- Hello, my name is ____, and I am a ____ here at the clinic.
- You have all probably heard of HIV, the virus that causes AIDS. We do not talk about it much, but we are going to talk about it today because it is important to your health and the health of your partners and children.
- HIV is increasing quickly here and all over the world. How many of us know family members or friends who have HIV or who have died from illnesses related to HIV/AIDS?
- During this session, you will learn some basic information about HIV/AIDS and how being tested for HIV can be beneficial to you and your family and partners.
- You will also learn about what services are available to you, especially about the counselling and testing services that are offered here. We will also talk about family planning and about a program that helps reduce the chances that pregnant women who have HIV will pass HIV to their babies.

- HIV testing is recommended for all pregnant women and their partners, and tests are offered as a part of regular antenatal care in our center.
- For those who get tested and find out they have HIV, there are medicines that help them stay healthy longer and help reduce the chances of infecting others with HIV.
- While these medicines do not provide the answers to all of our problems in dealing with HIV, they do give us hope that we can live longer, healthier lives with HIV. But before going into detail about the services we can offer, here are a few facts about HIV.

The Difference Between HIV and AIDS

- HIV is the virus that causes AIDS. It is possible for a person to be infected with HIV and not know it or feel ill for many years. AIDS is a condition caused by the HIV virus, and you get it when your body's defense system has become very weak because of the virus.
- There are no cures for HIV and AIDS, but medicines are available that can help prevent other infections. There are also medicines that slow down the virus and help HIV positive people stay healthy longer.

Country Statistics

- Here is some information on HIV infection in our country and region. *(Share recent national statistics on the spread of HIV and the numbers of clients with HIV in antenatal and STI clinics.)*
- What are some of the things people say about HIV? *(explore myths)*
- That is a common belief, but it is not true. Does anyone know why this is not true? Here is the reason why this is incorrect information.

How HIV is Spread

- The **most common way** you can get HIV is by having unprotected sex with an HIV-infected person.
- Another way people get infected with HIV is by using needles that an HIV-infected person has already used for injecting drugs, body piercing, and tattooing.
- Your baby… HIV-infected mothers can pass HIV to their babies. There is a chance that the baby can get infected in the womb during pregnancy, during labor and childbirth, and also through breastmilk.

AIDS

- When the immune system of an HIV-infected person gets very weak, s/he begins to develop opportunistic infections. Opportunistic infections occur when the immune system does not work properly
- AIDS is a group of opportunistic infections that includes cancers and infections caused by viruses, bacteria, and fungi.

- Following are some examples of common AIDS-related opportunistic infections:
  - PCP (*Pneumocystis carinii* pneumonia), a lung infection
  - KS (Kaposi's sarcoma), a skin cancer
  - CMV (cytomegalovirus), an infection that usually affects the eyes
  - TB (*Mycobacterium tuberculosis*), an infection that usually affects the lungs
- There are also other health problems related to AIDS, such as serious weight loss or brain tumors.

Sexually Transmitted Infections and HIV Transmission

- Having a sexually transmitted infection increases your chances of getting HIV up to 2 to 5 times. Those with HIV are more likely to infect others.
- Individuals with sexually transmitted infections should consider the benefits of HIV testing.

Preventing HIV Infection

- How can we prevent HIV infection? (Examples: abstinence, using condoms, one faithful partner who is HIV negative, use sterile needles.)

HIV Risks and Risk Behaviours

- What circumstances may put you at risk for HIV? Behaviours that increase a person's chances of getting infected with HIV include: having many sex partners or a partner who has many sex partners, exchanging sex for money or things one needs, anal sex, having a STI, sharing needles, having unprotected sex, not knowing if your partner is HIV negative or HIV positive, and being in a relationship if the power is unequal (for example, an older man and a young girl

Reducing the Chances of Getting Infected with HIV

- Do you have any ideas of ways that people can reduce their chances of getting infected with HIV? *(Add other options to participants' suggestions; for example: cutting out a high risk partner, talking to a partner about testing, talking about HIV concerns with a partner or friend, decreasing alcohol or drug use, increasing condom use, avoiding places where you often have high risk behaviours, abstaining from sex or using condoms until you and your partner are tested, etc.)*
- Try to think about some ways that you could decrease your chances of getting infected with HIV.
- It is important to choose small, realistic changes. It can be difficult to take big steps, such as never having sex again, all at once.
- When you think of some ways that you can reduce your chances of getting infected with HIV, share them with someone you trust, such as a close friend.

- Now I will show you the proper use of a condom. *(Include a condom demonstration here if appropriate. Use models and ask participants to do some return demonstrations.)*

HIV Testing

- Our clinic offers counselling and testing services for HIV. Each person has the right to choose whether or not to be tested for HIV.
- Before you make a decision about HIV testing, you will have the chance to talk with a counsellor about your specific situation regarding HIV infection and ways to reduce your chances of getting infected with HIV.
- The test shows your HIV status as of 3 months before you were tested. These 3 months are called the window period. If you have had a recent risk or exposure, this may not be shown in the test results. Some people will need to be retested for this reason. For example, if you had unprotected sex on May 15 and were tested on June 3, you may want to be tested again after August 15.
- A positive HIV test means you have been infected with the HIV virus. It does not mean you have AIDS, and it does not tell us when you will get sick.
- A negative HIV test means you have not been exposed to the HIV virus or that you are in the window period.
- Here is how HIV testing works at our clinic. *(Share the testing process [rapid testing, ELISA] at your clinic.)*

HIV Infection in Babies

- If you are a woman who is HIV-infected and pregnant, there are three ways your baby can get HIV: in the womb when you are pregnant, during labor and childbirth, or through breastfeeding.
- Although the possibility of infecting the baby is always there, an HIV-infected woman can give birth to an HIV negative baby. Let me explain how this happens. Inside the womb, the placenta acts like a filter between the mother and the baby. So, the mother and the baby have completely separate blood systems. This helps her prevent the spread of HIV to the baby. But sometimes blood does cross between the blood systems of the mother and baby, so some babies get infected with HIV in the womb.
- There are two other ways an HIV-infected mother can pass HIV to her baby. The most likely way is during labor and childbirth. This is because the baby comes into direct contact with the mother's blood. An HIV-infected mother can also spread HIV to her baby while breastfeeding.
- It is hard to tell if a newborn baby is infected with HIV. However, the baby may be tested at 4 weeks, 6 months, 12 months, and 18 months to see if s/he is infected.

- Until recently, little could be done to protect the baby. But now there are medicines that can greatly reduce the chance of mother-to-child transmission of HIV during childbirth. These medicines offer new hope to families.
- Here is some information on the program to prevent HIV infection in babies in our country. *(If your country has a Prevention of Mother-to-Child Transmission of HIV [PMTCT] program, provide some information about it. Below are some examples.)*
  - The Ministry of Health recommends that all pregnant women get counselling and testing for HIV.
  - For those mothers who are not infected with HIV, counselling and testing helps them make a plan for how to remain uninfected with HIV and how to protect their families from HIV.
  - For those mothers who are HIV positive, special care is offered to both the mother and baby during labor and after childbirth.

Medicine

- The program provides medicine that greatly reduces the chances that the baby will get infected HIV. This can help save the baby's life. The medicines are safe and very easy to take.

  Share what medicines are available in your region for mothers who test positive and how to access those services. Here is some information on Nevirapine and AZT, two drugs often used to help prevent mother-to-child transmission of HIV.
  - Nevirapine and AZT are among those medicines. Both are used to prevent the mother from passing HIV to her baby.
  - Nevirapine is easy to take: there is one dose for the mother and one for the baby.
  - AZT can be taken through the last 3 months of pregnancy and provides better protection than Nevirapine.

    For more information, ask your healthcare provider.

Infant Feeding

- There are infant feeding options that can help prevent HIV-infected mothers from passing HIV to their babies.
- Here are some of the options that may be available:
  - Avoiding breastfeeding completely if other feeding methods are available
  - Giving the baby breastmilk only and no other food or drink (exclusive breastfeeding) for up to 6 months. After 6 months, other forms of feeding can be used. Although breastfeeding does increase the chances of HIV transmission to the baby, it can be important for the baby to receive the benefits of breastmilk. However, mixing breastmilk and other foods can make a baby sick, which makes HIV transmission more likely.

- As always, if you are an HIV negative mother, then the best practice is exclusive breastfeeding.
- Here is some information on the nutrition programs available in our region. (*Provide information on nutrition programs*.)

Summary of Group Education

- If you are worried that you may be infected with HIV or just want to be tested, counselling and testing services are available here. (*Tell the clients where they can go for CT*.)

CONDUCTING DEMONSTRATIONS

Whether demonstrating condom use or condom negotiation skills, there are several basic steps to conducting a demonstration:

- Ensure that everyone can see or hear the demonstration.
- State the objective or purpose of the demonstration.
- Demonstrate the procedure correctly, with the steps in proper sequence (when relevant).
- Ask questions of the group to ensure their understanding, either during or immediately after the demonstration.
- Summarize and ensure everyone understands the demonstration.

FACILITATING SMALL GROUP ACTIVITIES

Although not often used in group education sessions, there are certain settings in which you may wish to use small group activities within your session. This is difficult to do with a group of strangers waiting in a clinic, and may be more appropriate for school or church groups where people know each other, or where you have more time for activities. If time allows, small groups do offer advantages, such as:

- Providing an opportunity for people to learn from one another
- Involving everyone
- Providing for a variety of viewpoints

You can create small groups by:

- Assigning individuals to groups
- Asking the group to count off "1, 2, 3," etc. and having all the "1s" meet together, all the "2s" meet together, etc.
- Asking the group to form their own smaller groups
- Asking individuals to draw a group number (or name) from a basket

It is important to make sure that there is enough room for people to meet in groups and enough time for small group activities. Usually it takes at least 5 minutes just for people to move into their groups, and closer to 10 for them to start working. Activities should be interesting and relevant for the audience. Here are some tips for successful small group work:

- Provide clear, written instructions. These should include clear directions on what to do, how much time the group has and any requirements for reporting to the larger group.
- Circulate to ensure everyone understands the assignment.
- Provide a "5-minute warning."
- Always allow adequate time for discussion in the larger group.
- Summarize the discussion by highlighting key points discussed and relating to the content.

MAIN MESSAGES AND OBJECTIVES FOR GROUP EDUCATION

No matter which tool you use, the following are often the main messages you will present during a group education session:

- Those who test negative for HIV (the majority) should take steps to try to remain HIV-negative.
- Those who test positive for HIV can take steps to avoid getting re-infected, prevent infecting other people and get treatment to stay healthy longer.
- Participants with sexually transmitted infections (STIs) have a greater chance of getting infected with and transmitting HIV, and should consider getting tested.
- Pregnant women and their partners should be tested for HIV.
- HIV-positive pregnant women can protect their babies from getting infected during pregnancy, during childbirth and while breastfeeding. Programmes to prevent mother-to-child transmission of HIV include antiretroviral therapy for HIV-positive mothers and their babies, counselling on infant feeding techniques and other support.

EVALUATING YOUR PERFORMANCE

When conducting group education, it is important to evaluate the session. This may be done through observation of body language and responses as you make your presentation, as well as through various other means. Here are some suggestions:

- Ask the group what they found most helpful, and which information was not as useful or interesting.

- Hand out evaluation forms asking about the session that participants can complete anonymously (samples are included in the participant handbook).
- Ask for feedback from providers if you are doing group education in a clinic.
- Fill out the self-evaluation form (included in the participant handbook).

Evaluation of the group education sessions will give you useful input for improving your skills in this area.

USING GROUP EDUCATION GUIDES

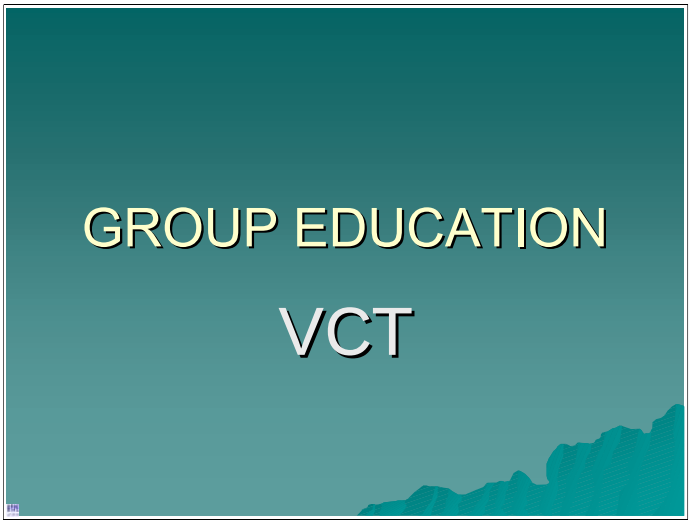
The information provided during group education will vary depending on your audience and purpose. There are several guides that you may use as you provide group education. There are laminated flipcharts that hold key information, prepared PowerPoint presentations, and the group education guide provided in the **Appendix**. You may wish to prepare different guides for different types of audiences.

APPENDIX[7]

VCT GROUP EDUCATION

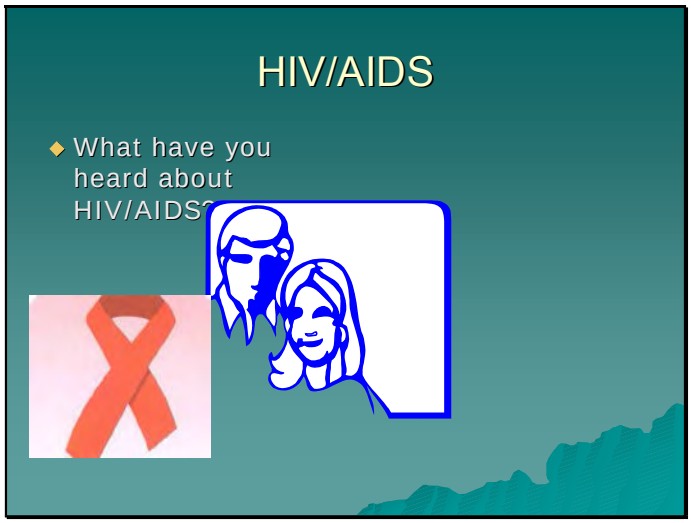
Slide 1

Slide 2

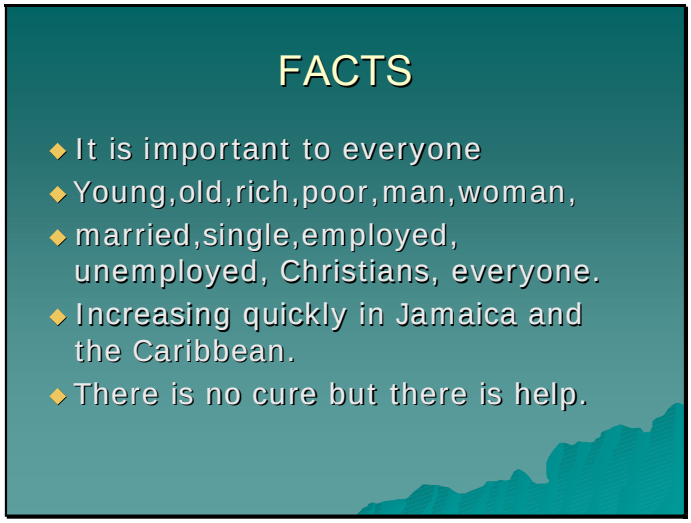


[7] Reprinted with permission from HOPE *worldwide* Jamaica. Crawford, J. n.d. *Group Education VCT*. (Flipchart). Copyright © HOPE *worldwide* Jamaica. All rights reserved.

Slide 3



Slide 4



Slide 5

TODAY YOU'LL LEARN

- **ABOUT :-**
- The difference between HIV and AIDS
- How been tested can be beneficial
- Services available to reduce Mother to Child Transmission (MTCT)
- Support services available

Slide 6

Difference

- HIV is the virus that causes AIDS.
- Can be infected with HIV and not know or feel ill for many years
- AIDS is the condition when your body defense become very weak, and illnesses occurs.
- Some medicines can help with other infections and slow down the virus.

Slide 7

MYTHS

- How many of us know family or friends who have HIV or have died from AIDS?
- Lets talk about some common myths.

Slide 8

HOW HIV is SPREAD

- Sexually – unprotected sex with an HIV infected person,vaginal, anal or oral
- Peri-Natally- mothers to babies, in the womb, during labor and childbirth and breast milk
- Parenterally- contaminated needles,tattooing,drug use etc.

Slide 9

HOW TO PREVENT

- Abstinence,
- Condom every time,
- One faithful uninfected partner
- Sterile needles

Slide 10

HIV and STI

- STI,s increase risk 2 to 5 times
- Persons with a STI should consider the benefits of HIV testing

Slide 11

RISKS

- Many sex partners
- A partner with many sex partners
- Exchanging sex for money of favors
- Anal sex
- STI
- Sharing needles
- Unprotected sex
- Not knowing partners status

Slide 12

REDUCE RISK

- One faithful partner
- Talk about HIV/AIDS and get tested
- Encourage your partner to test
- Decrease alcohol and drug use
- Increase condom use
- Avoid places and persons that put you at risk
- Get VCT and make wise choices

Slide 13

HIV TESTING

- You have the right to choose whether to test or not
- Have a time of counseling before
- The test shows your status as of 3 months before the day of testing. (Window Period)
- **Positive** means you are **infected** with the virus. It does not tell from whom, for how long or when you will get sick
- **Negative** means you are **not infected** or you are in the window period

Slide 14

CONDOMS

- Lets wear them properly
- "Everytime" you have vaginal,anal or oral sex if you are uncertain of your status or your partners
- Male,use only latex condoms
- Female, polyurethane condoms,twice as strong as latex
- Do not use oil-based lubricants

Slide 15

HIV and BABIES

- HIV infected mother can infect her child
- In the womb, at birth, breastfeeding
- HIV infected mother can give birth to a HIV negative baby
- Medicines can greatly reduce the chance of MTCT
- Babies are tested at 1,6,12 and 18 months to see if they are infected
- All pregnant women should do a HIV test

Slide 16

INFANT FEEDING

- HIV infected mother should not breast feed
- Nutrition programs are available to provide formula
- HIV uninfected mother – breast is still the best

Slide 17

MEDICINE

- See a doctor to discuss medication and healthy living
- Nevirapine and AZT are among medicines used.
- Nevirapine is a single dose to mothers and one to the baby
- AZT can be taken through the last 3 months of pregnancy.

Slide 18

Know your status

- If you are worried that you may be infected with HIV
- Just want to be tested
- Just want to talk some more one to one
- VCT services are available
- Find out more from me.

Prepared by Joy Crawford, HOPE Worldwide Jamaica.