

**HIV/AIDS PREVENTION
TRAINER'S GUIDE**

**PARTNERS FOR A WORLD WITHOUT AIDS
FEDERATION OF UGANDA EMPLOYERS
EXPERIMENT IN INTERNATIONAL LIVING
WITH TECHNICAL ASSISTANCE PROVIDED BY AIDSCOM**

TABLE OF CONTENTS

INTRODUCTION: PHILOSOPHY AND MODEL

CHAPTER 1: USE OF THIS MANUAL

1.1	FOR WHOM IS THIS MANUAL WRITTEN?	1
1.2	HOW TO USE THE MANUAL	1
1.3	A SUMMARY OF THE MANUAL	2
1.4	CHARACTERISTICS OR QUALITIES OF A GOOD TRAINER	3

CHAPTER 2: HOW TO ORGANISE A TRAINING

2.1	INTRODUCTION	4
2.2	SETTING GOALS AND OBJECTIVES	5
2.3	KNOWING YOUR AUDIENCE	8
2.4	COURSE CONTENT	10
2.5	TRAINING METHODS	13
2.6	MATERIAL AND LOGISTICS	19
2.7	EVALUATION	24

CHAPTER 3: CONTENT OF TRAINING

3.1	IDENTIFYING FEELINGS, ATTITUDES AND BELIEFS - <i>VALUES CLARIFICATION</i> .	30
3.2	FACTS ABOUT AIDS	33
3.3	THE IMPACT OF AIDS ON SELF/FAMILY/WORKPLACE	39
3.4	BEHAVIOUR CHANGE	42

CHAPTER 4: RESOURCES

4.1.	COUNSELLING AND PATIENT CARE	56
4.2	AIDS IN UGANDA: A GLOBAL PERSPECTIVE	56
4.3	INFORMATION MATERIALS	57

GRAPHICS

1	<i>Progression of HIV Disease</i>	34
2	<i>Age of Uganda AIDS Cases: Age Distribution Curve</i>	37

APPENDICES

A	Form I - Knowledge and Attitude Assessment Form (Pre- and Post-tests)
B	Form II - Course Evaluation Sheet
C	Form III - Activity Diffusion Sheet
D	Form IV - Evaluation Sheet for Employers
E	Safer Sex Continuum
F	Correct Condom Use
G	References

INTRODUCTION

PHILOSOPHY AND MODEL

AIDS is a challenge to medical science and a threat to the lives of millions of people. Without a cure or a vaccine, whoever is infected with the AIDS virus lives under a shadow of a life cut short, unfulfilled aspirations and above all extreme physical and mental suffering.

The AIDS virus is transmitted through specific modes of behaviour - through sexual intercourse, sharing of unsterilized body piercing instruments, blood transfusion and from mother to child during pregnancy or at time of birth. The first three modes of transmission are through volitional acts. Empowering people with facts about the AIDS on the individual, the community, Uganda and the world at large and, more importantly, helping people to adapt new and safer behaviour patterns and encouraging them to maintain those new behaviour patterns is a philosophy that The Experiment in International Living (EIL) and the Federation of Uganda Employers (FUE) believe in.

The model employed in arming individuals and the public at large in the fight against AIDS is through **Information and education**. FUE, working with its member organisations, and EIL, working with various community organisations, train trainers who in turn train peer educators. The peer educators, in their daily informal contacts, inform and educate them about HIV/AIDS. The trainers and peer educators are encouraged to

be exemplary and to act as models in reflecting the behaviour change they are urging their peers to adopt.

The training of trainers and peer educators has a number of advantages:

1. It has a multiplier effect, i.e., with a few trainers you can train a large number of peer educators, who in turn can reach many people on a one-to-one basis;
2. The trainers and peer educators operate within an environment in which they are familiar with the people whom they educate and inform, and vice-versa; and
3. The trainers and peer educators, working within their workplace, can continue training in AIDS/HIV education after the expiration of the project.

This Training Manual has been prepared by the staff of FUE and EIL, with technical assistance provided by AIDSCOM, to help those whom they train as trainers and who are joining the front line in the fight against HIV/AIDS infections. The only weapon that can be handed out in the fight today is accurate information and education and the ability to influence fellow human beings to adopt safer behaviour with respect to HIV transmission.

CHAPTER ONE

USE OF THIS MANUAL

1.1 FOR WHOM IS THIS MANUAL WRITTEN?

This manual has been prepared for those people who have been trained by the staff of EIL and FUE as trainers of peer educators in AIDS. The manual is based on the training the trainers have undergone, but new information can be inserted as it emerges.

1.2 HOW TO USE THE MANUAL

This manual has been written to be used as a resource as well as a tool or guide. The trainer should read the manual to educate himself and revise his/her knowledge about AIDS and about the training role. It is suggested that the book be read from start to finish in the order in which it is presented. In this way the trainer will capture the essence and purpose of the manual.

The second method of using the manual is to read it when preparing for a specific training. The trainer may select a particular topic because he/she does not have time to cover everything or because it is appropriate to his/her audience needs. He/She will need to revise the material on a subject only for the purpose of his/her training. Every time the trainer organises a training, however, he/she will need to go through Chapter 2,

How to Organise a Training, until the six steps become automatic in his/her planning, in order to ensure that the training is well organised.

The third way of using the manual is as a guide in helping the trainer prepare his/her training. Chapter 3, *Content and Methodologies*, for example, has a format for the trainer to follow step by step when he or she is making a lesson plan. In the same way, Chapter 4, *Resources*, is a guide for the trainer who wishes to look for more information.

1.3 A SUMMARY OF THE MANUAL

The manual is arranged in four chapters:

Chapter One summarizes the contents of the manual, deals with its use, and outlines the qualities of a good trainer.

Chapter Two addresses the question of how to organise a training. It contains six sections which form a framework for developing a workplan. For any training, even if it is for 30 minutes, the trainer will have to go through this framework when he/she is preparing a training activity. He/She will have to state his/her objectives clearly, identify the audience, think of the content he/she wants to deliver, and determine how to deliver it.

Chapter Three contains the content area. It is from this chapter that the trainer will select his/her subject matter. If his/her audience is well informed about the facts about AIDS, he/she does not have to discuss that topic with them. He/She can

concentrate on another topic about which they are less informed. There are four topic areas in this chapter but it can be expanded as more information and knowledge about AIDS becomes available.

Chapter Four contains a list of resources which the trainer can contact on his own for more information. The list is not exhaustive and can be expanded.

1.4 CHARACTERISTICS OR QUALITIES OF A GOOD TRAINER

An effective trainer exhibits certain characteristics or qualities, and the list below outlines some of these characteristics:

- knows the subject
- good communicator
- good listener
- objective/
non-judgmental
- practices what he/she
teaches
- resource provider
- confident
- respected
- coordinator
- keeps eye-contact
- sensitive
- friendly
- time conscious
- self evaluating
- flexible, accommodating
- realistic
- honest
- patient
- organised
- identifies and sets
objectives

CHAPTER TWO

HOW TO ORGANISE A TRAINING

2.1 INTRODUCTION

Training is not easy. It is a method of communicating and sharing meaning with trainees so as to make them qualified and proficient. People are normally trained to apply knowledge in a specific way, and, if the trainer is going to make his/her trainees proficient, he/she must organise his/her training.

This chapter gives a step by step logical guideline of what the trainer should think about when he/she is organizing a training programme (or activity). There are six steps which he/she must think of, namely:

- setting goals and objectives
- knowing your audience
- choosing the course content
- selecting appropriate training methods
- arranging logistics and obtaining materials
- evaluating the training

Detailed notes are written on each of these six steps to guide a trainer on what to consider when he/she is organizing a training. The content part is elaborated on more in the next chapter.

2.2 SETTING GOALS AND OBJECTIVES

A training activity should be based on needs assessment. What does the audience need to know about AIDS prevention and control? When the trainer establishes the training needs of his/her audience, he/she sets objectives to meet those needs.

2.2.1. What are objectives?

Objectives are statement of intent. They define what is to be accomplished by conducting a training or any other activity.

2.2.2. Importance of clearly stated objectives

When clearly stated, objectives serve as the basis for choosing the instructional materials, the content and the methods of training. They are the basis for evaluating the success of the training. They provide the learner with the means to organise his/her own efforts towards the accomplishment of the very objectives, since they know the destination.

The trainer should have written objectives and should share them with the trainees or collaborators in the training activity. Adults learn better if they know where they are going. During and at the end of the training the trainer should look back at the objectives and find out from the participants whether, in their opinion, the objectives are being met.

2.2.3. Levels of objectives

There are two levels of objectives:

a) General or ultimate objectives - these are general statements of the goals or purpose of the programme. They are a broad range of intent and are long term. Examples include the following:

- ▶ to contribute to the reduction in the spread of HIV infection in Uganda, and
- ▶ to procure and distribute condoms to private Doctors and Physicians in Uganda.

b) Specific objectives - these are derived from the long term objectives. Specific objectives tell the reader three things:

- the performer (who)
- the action (will do what)
- deadline (by when)

Examples include the following:

- ▶ At the end of the training, participants will be able to demonstrate correctly how to use the condom.

- ▶ By March, 1991, each peer educator will be expected to have trained at least 50 peers in the workplace in AIDS education and prevention.

Qualities of useful objectives

- are specific and measurable
- are challenging but realistic
- apply to a specific timetable
- exclude the greatest member of possible meanings other than the intent.

For the kind of training and other activities that FUE and EIL trainers are expected to engage in, the objectives will apply to a specific training or timetable. They may not be measurable directly but can be measured indirectly. Examples include the following:

- ▶ To increase participants knowledge about the mode of transmission of HIV.
- ▶ To increase participants' understanding of safer and unsafe sexual practices.
- ▶ To encourage development of positive attitude among employees towards HIV-positive fellow workers.
- ▶ To enable trainees to appreciate the problems that are likely to arise from the AIDS epidemic.

2.3 KNOWING YOUR AUDIENCE

It is important that the trainer know his/her audience, during and after training. In the process of organizing a training programme, he/she should find out characteristics of his/her participants, e.g.,

- a) their level of education, and experience in life;
- b) the social and cultural environment;
- c) their age; and
- d) what they already know, feel and think about the subject.

Knowing the level of education of the trainees, will enable the trainer to choose appropriate language of instruction and will determine which methods to use to present his/her lesson. It is most unlikely that the trainees at any given time will be of the same academic qualifications. Where possible, groups of trainees should be selected according to their education for the sake of selecting an appropriate language. In some cases it may be necessary to carry out trainings in local languages.

During the training session, the sitting arrangement should be such that the trainer can keep eye contact with the audience. The trainer should find out the attitudes, beliefs, and opinions of the participants towards AIDS and Persons With AIDS (PWAs), for instance through a *values clarification exercise*. This is to give him/her the impressions about the participants: What they already know and/or what misconceptions they have about AIDS, so that he/she knows areas that need emphasis.

If the trainer is going to succeed in convincing his/her audience, it is imperative that he/she *thinks* like them. It is through use of their language that his/her audience will trust

and attend to him. The trainer should avoid complicating the message he/she is trying to put across and should be consistent.

How to know the audience:

There are several ways which the trainer can use to know his/her audience before, during and after training.

- He can use selection reports having details about each participant from their heads of Departments. Such selection reports should include the name of the participant, age, sex, level of education, occupation, other trainings undertaken, and any other relevant information. This is to give the trainer an overview of what sort of person he/she is to train.
- At the beginning of any training, a trainer can administer a pre-test questionnaire to assess the knowledge of the participants about AIDS, their attitudes, and their beliefs. As stated above, one may use *values clarification* as a tool to know and set the audience in the discussion mood. The participants have to be motivated to discuss freely and express their feelings on a slippery subject such as AIDS, especially as it discusses sex.
- Those with positive feelings towards people with AIDS (PWAs) and convinced towards safer sex can be identified through interaction. By open discussion, one can identify some outstanding participants who can form the cadre of peer educators.
- The post-test will also demonstrate increases in knowledge and changes in attitude, feelings and beliefs among the participants.

2.4 COURSE CONTENT

The purpose of this chapter is to identify the topics that should be covered during a training programme. These topics have been selected based on the field experiences of other trainers and, if well handled, will cover most of the issues that an ordinary person needs to know about AIDS. The topics cover the information and facts about AIDS to assist anyone to change his/her sexual behaviour.

The topics must be handled in such a way that the end of one session prepares ground for the introduction of the next. There are no prescribed ways of introducing the topic as each situation and calibre of a trainer and the type of the audience he/she is handling will influence the way a topic is introduced.

However, a trainer should ensure that, for each topic, he/she meets the objectives for which it is intended and the subject areas indicated. How detailed he/she goes into each topic should be guided by the time at his/her disposal. A guideline of how much time is estimated to be spent on each topic has been provided. A trainer is expected to use approximately such time if he/she has it but may adjust the content of the topic to suit the time available. But care should be taken not to compromise the objective of the topic in the name of lack of time. If it requires two or more short sessions to cover the topic the trainer should divide the content accordingly. It is imperative that in all cases the trainer identifies the key points in each topic and covers them adequately.

Each topic contains the essential points which **must** be covered; the issues which the audience **should** know and those areas which are nice to know. The trainer is advised

to identify these points and cover them in the order provided, but guided by time allocated or available to him.

The choice of what content to be covered in each session should also be guided by how much the audience already knows. This is determined by the positive results of the pre-test and by the *values clarification* session. The course content prescribed in the manual provides a fair body of knowledge for a trainer. But the trainer is encouraged to try and increase his/her knowledge through further reading and enquiries, using the references given at the end of this manual plus any other relevant sources at his/her disposal.

During the sessions, the trainer should endeavour to distinguish between facts and opinions about AIDS and help his/her audience to separate the two and react to them appropriately.

Most of the content indicated in the manual may be generated into a body of knowledge from the audience through methods that cause the audience to participate in discussions. The following topics have been identified in this manual:

2.4.1. Identifying feelings, attitudes and beliefs

This is the topic at times referred to as *values clarification* in this manual. The topic helps the trainer find out how much his/her audience knows and how ready they are to participate in the discussion. It gives the trainers a chance to **OPEN UP WITH HIS/HER AUDIENCE**. Based on this information, the trainer plans the next topic which should endeavour to clear the myths and the misinformation

identified. It also helps the trainer to measure the energy level of his/her audience and react to it appropriately during the trainings.

2.4.2. Facts about AIDS

This is the topic that provides the scientific and epidemiologic information about AIDS. It is during this topic that such myths on transmission or symptoms can be cleared. The trainer should use this topic to distinguish opinions from facts. He/She should also emphasise the areas that may appear unclear to the audience. How much a trainer covers under this topic should be based on results of the pre-test and the *values clarification* session.

2.4.3. Impact of AIDS on self/workplace

This topic deals with the psychological, social and economic implications of AIDS. Through this topic the trainer should also clarify some attitudes of isolation, stigma and policy in the workplace. The trainer should use the session to cause the audience to realise that AIDS patients, like any other patients, need care, love, and sympathy. During the session the trainer needs to sort out the negative opinions raised during the *values clarification* session. It is also geared at causing the audience to think deeply about what AIDS means to society.

2.4.4. Behaviour change: options and negotiating safer sex

After identifying the means by which HIV is transmitted, this topic seeks to indicate what one can do to avoid getting the virus. The main area discussed in this session is sexual transmission of HIV. Different types of sexual behaviour in the community are identified and discussed in relation to HIV transmission. The trainer helps the audience to identify safer sex options.

The trainer also assists the audience to identify the means through which one can introduce preferred safer sex options to a sexual partner. This is referred to as "negotiating for safer sex." Through role plays the audience practices how to successfully negotiate for safer sex. The two sections of behaviour change can be treated separately but must be linked.

2.5 TRAINING METHODS:

After reading this chapter, the trainer should be able to:

- a) Explain what training methods are;
- b) List and explain different training methods, showing advantages and disadvantages of each;
- c) List the qualities of good methods; and
- d) Select and use appropriate training methods for his/her subject.

Training methods are techniques used by trainers throughout the learning process to effect a high degree of retention.

Effective training methods generally:

- arouse interest;
- appeal to a variety of senses;
- enhance active participation;
- provide a degree of autonomy and avoid trainer dominance, which destroys the willingness to learn;
- incorporate appropriate training aids; and
- provide a feedback to trainees.

Poor training methods are counter to retention by the trainees and are reflected by:

- trainer's continuous uninterrupted talk;
- a great deal of imaginary listening by trainees;
- dominance of one method and disregarding the use of a variety or diversification;
- a high rate of trainees dropout; and
- lack of feedback to trainees.

Among numerous training methods, the following will be highlighted because they are relevant to this programme:

Lecture

Normally the trainer talks uninterrupted for a period of half to one hour. This method is common in University faculties or institutions of higher learning where students do the listening, and not the talking. But the students more often get lost with no power to ask the lecturer to repeat. A lot of information can be delivered in a short time but

at the expense of retention by the trainee. It does not give chance for active participation which is very important in learning. This method does not allow a feedback.

Discussion

A topic is normally introduced by the Trainer, and trainees in groups discuss the subject with the aim of reaching a resolution or conclusion. The method is highly participative and is learner-centred. It is particularly good for problem-solving, committees, group meetings, etc. It is flexible in that it may be preceded by introduction in the form of a short lecture or demonstration, and training aids such as a film or video tape can be integrated. It permits everyone to participate in the learning and helps in pooling various abilities among the trainees. The method is considered good in preparing people for responsibilities they will exercise once training is completed. It is highly stimulating and motivating when it is properly planned and well organised. A good amount of thinking and planning is spent on it to yield positive results. The trainer must keep alert to provide guidance to the discussion.

Demonstration

Telling is common in this method but considerable amount of time is spent on showing trainees how something ought to be done. It is both a visual and an oral way of training but touching is also significant. The method is based on the idea that skills come from seeing how something is done, then doing it yourself under the eyes of the trainer. Note that as demonstration is being carried out, attention is drawn to key

points. The trainer must avoid dominating the show but rather must give sufficient opportunity for the trainees to practice and demonstrate to fellow trainees. The trainers should also encourage trainees to provide a feedback to fellow trainees. It is important that the trainer conclude the exercise by repeating the demonstration at the end, in order to clear doubts among the trainees. This method is highly participative and allows feedback. Demonstration of condom use is an integral part of the AIDS education programme and is a good example of the method.

Role Playing

This is a method whereby trainees enact the role they may be called upon to play in their work situation, or to dramatise a certain situation.

The most common example of role play is drama acting. For example, two people could role play a workplace experience, one representing an employee alleged to have AIDS and the other representing his/her Manager with the news that the employee is suffering from AIDS disease. Such a situation, if well role played, will convey to the trainees an important message about the implication of AIDS in the workplace. This method is useful in dealing with face to face situations and is relevant to this training programme where people come together in the work situation. It is also highly participative and is trainee-centred. Trainees get the feeling of real life experience. The major disadvantage is that trainees may not take it seriously.

Case Study

This is a method whereby a history of an event or a set of circumstances with relevant details is examined by the trainees. This method is trainee-centred and provides opportunities for the exchange of ideas and for consideration of possible solutions to problems which the trainee will face in the workplace. For example, trainees may be asked to investigate circumstances in Company X leading to the dismissal of employee Y, who is alleged to have had AIDS symptoms. If this method is to succeed, trainers should provide good guidance and follow-ups. Case studies are also rich in participation, as the trainee is him-/herself involved. The case study method is, however, time consuming on the side of both the trainer and trainee.

Exercise

In this method trainees undertake particular tasks, leading to a required result on the basis of the guidance provided by the trainer. Exercises may be used to discover what trainees know before further information is given.

They can also be given to individuals or groups to discover the effect of the given information. A trainer who wants to introduce the condom for safer sex, for example, may ask small groups to engage in a discussion about condoms - what they are, their usefulness, how they are used, and problems associated with their use - and then to make a presentation to the larger group. Exercises are very valuable and provide good feedback on what the trainees know before and after information dissemination. In this method, there is a lot of room for the imaginative trainer; it is also a dynamic

form of learning, centred on the active participation of the learners. Trainers should, however, note that exercises must be realistic and must be based on a set of clear objectives. Exercises take up a great deal of trainers' time in preparation, implementation, and follow-up, and they must be well planned to be successful.

Story telling

This method, although not very conventional, is very useful, particularly in Africa, where story telling is important in information dissemination. The method is also important for less literate societies where oral exposition is prevalent. The trainer plays a guiding role as the trainees are asked to relate, to a listening audience, their experiences about a particular topic, or issue. The trainer also develops a framework for the story, which helps the audience focus on the relevant issues. Trainees are able to learn from the various experiences of others. This method is further enriched when the trainer asks the audience to jot down points from the story. This method is highly participative and recognises the fact that the trainees are not simple vacuums to be filled, but they have a body of knowledge to contribute. The story telling should be followed by a discussion and conclusion, and the trainer should recognise the contribution made by the trainees.

Lesson

This method involves the main features of a variety of methods. It typically begins with a short lecture and may end with an exercise. Discussion, demonstration and question and answers are common. There is a high degree of interaction not only

between the learners and the trainer but also among the learners themselves, especially as discussion is integrated. This method also incorporates a variety of training aids, such as flip charts, overhead projector etc.

It is a method which reflects modern adult education theory, in that it is based upon the learners' active participation and feedback. The method is suitable for a group of not more than twenty people.

2.6 MATERIAL AND LOGISTICS

Materials are those items or aids which enable a trainer to effectively carry out a training.

By **logistics** we refer to facilities like the venue of the training, transportation, trained AIDS specialists, facilitators, finances and all supportive items required if a training is to take place.

If a training is to succeed, a trainer must be well organised. He/She must clearly identify his/her target group, select suitable training methodologies, then, finally, arrange for the necessary logistical and material support. Material and logistic support may include any or all of the items in the list which follows. Remember that a good trainer is realistic. In case a trainer fails to get all the training materials and logistic support requested, he/she should try to improvise and/or work with what is available.

2.6.1. Examples of Materials

- **Condoms:** All participants should be given or have access to condoms during a practical demonstration on condom use. This will enable the participants to get more acquainted with a condom.
- **Models:** A trainer will need to provide participants with a model of the penis, e.g., a big banana or bogoya to enable each participant to practice condom use.
- **Condom leaflets/instruction sheets:** A condom demonstration may not be sufficient to enable participants to feel comfortable about using condoms. The trainer needs to provide them with leaflets or information sheets, with instructions and illustrations on correct use and disposal of a condom.
- **Handouts:** A trainer should have a summary of the difficult topics covered, typed out and distributed to participants for future reference.
- **Blackboard/Flip Charts:** All participants should be able to see clearly and understand a trainer's explanations. This can be achieved by using a blackboard (also chalk) or flipchart (also markers, cello-tape and tripod stand). Flipcharts allow the trainer to store and re-use information. A trainer is also able to stick these charts on the walls of training rooms, to encourage participants to refer to them throughout the session.

- **Evaluation Tools:** A trainer needs to be equipped with a set of evaluation forms in order to measure his/her effectiveness, as well as to measure changes in knowledge and attitudes among the participants. Examples of such forms are:
 - 1) pre-test,
 - 2) post-test, and
 - 3) activity diffusion form.

For further details, refer to Section 2.7, Evaluation.

- **Film:** Film is an effective medium for education and information. It can complement a training when it is used appropriately, i.e., when
 - ▶ the audience is familiar with film as an educational tool, and not simply as entertainment;
 - ▶ the film is relevant to the issue under discussion;
 - ▶ the film complements, and builds upon, other training methods;
 - ▶ the audience can relate to, or identify with, the characters in the film; and
 - ▶ the film is culturally relevant.

Films come in two types:

- 1) **16 mm:** These come in reels and are shown off a screen or white wall by a film projector.

2) **Video:** These come on videotape and are shown on a television monitor.

- **Information materials:** These also complement a training and serve as reference points which participants can draw upon after the training is over. Examples of information materials are leaflets, posters, charts, stickers, badges, and certificates.
- **Overhead projector:** This is an alternative to the use of a blackboard. Use of the overhead projector requires, however, that the trainer prepares overhead transparencies before the training session begins.
- **Slide projector:** This is somehow similar to film because it also shows a series of pictures. A trainer will need to prepare a set of slides in sequence and develop or adopt an appropriate running commentary to establish a consistent flow of the whole presentation.
- **Stationery:** A trainer needs stationery to be able to write and circulate information to his/her audience. In addition to paper, the trainer will need a supply of chalk, markers, pens, charts, cello-tape, and file jackets.

2.6.2. Examples of Logistics

- **Transport:** A trainer will need a vehicle (or transport allowance) in order to be able to make arrangements for a training to take place, e.g. establishing a venue, arranging for provision of meals, and contacting resource persons. The

participants might also need transport (or transport allowance) to carry them to and from the training.

- Venue/Accommodation: A trainer should try as much as possible to identify a comfortable, quiet, and spacious place as the venue for a training, in order to avoid inconveniences and interruptions. The venue should be inspected, paid for (if necessary), and prepared before the training begins. A trainer must bear in mind certain points when inspecting the venue, for example:
 - 1) Does the room identified for the training have electricity, and are the sockets accessible? Will the trainer need a long cable, an adaptor, or a power generator?
 - 2) If it is a residential workshop, are there enough rooms, and are they ready?
 - 3) Have arrangements been made for meals, and, very importantly, have assurances been given that the meals will be on time?
 - 4) Is there running water? If not, what convenient alternative can be arranged?
- Feeding/Refreshments: Depending on the length of the training session, a trainer might need to arrange for appropriate breaks accompanied by refreshments or meals. Remember! It is as difficult to keep the attention of hungry participants as it is to keep overfed ones awake.
- Publicity: It might be necessary for a trainer to publicise his/her training through the mass media, especially in areas with bad communication or infrastructure.

- **Personnel:** An effective trainer is a specialist on the overall subject of AIDS. To enhance the training, however, it might also be useful to attract, from other organizations, specialists in certain specific topic areas, such as HIV testing, counselling, epidemiology, and medical care.

In summary, training materials help complement, or enhance, the methodologies selected. Logistics form the framework; they make it possible for a trainer to conduct a training.

2.7 EVALUATION

2.7.1. Definition

Evaluation of a training is defined as an attempt to obtain information on the effectiveness of a training programme, and to assess the value of the training in the light of that information.

The importance of setting objectives **before** any training takes place was highlighted above. When evaluating a training, the trainer looks back at the objectives he/she set out to achieve. By asking participants, the trainer can find out if he/she has achieved what he/she wanted to. If the training is aimed at changing certain attitudes, for example, he/she can measure or find out if he/she has influenced change in attitudes after the training activity.

2.7.2. Why Evaluation?

From the definition, the trainer wants to find out whether his/her training has been effective, i.e., if he/she has achieved his/her objectives. Evaluation may help the trainer to improve his/her training by finding out which training processes are successful in achieving the objectives, and which are not.

Evaluation can also be used as a motivational tool. By finding out if the trainer is achieving his/her objectives, and by letting the participants know their progress, the participants may be motivated in the learning process.

2.7.3. Techniques of Evaluation

The techniques used for evaluation will depend on the training objectives, the design of the training, the training methodologies employed, and the relationship between the trainer and his/her trainees.

There are several methods for getting information, including 1) observation of trainees by the trainer himself or by a third party, 2) informal feedback, through discussion, questions and answers, and training exercises (such as *values clarification*), and 3) formal, written feedback, such as a written questionnaire or test. Selection of a method will depend upon what information the trainer wishes to obtain and how he/she plans to use that information. In some instances, overall impressions may be sufficient; in others, more detailed information may be required.

If, for example, a written questionnaire is selected, it, too, can take many different forms. For instance, it may be composed of multiple choice questions, or it may be made up of a list of statements to which trainees respond *true* or *false*. Another format is to present a list of statements to which trainees must respond by indicating how much they *agree* or *disagree* with each statement. In this case, the trainee is usually given several choices from which to choose. The choices lie on a scale, which may have two points (agree, disagree), four points (strongly agree, agree, disagree, strongly disagree), or even six points (strongly agree, agree, slightly agree, slightly disagree, disagree, strongly disagree). This type of scale, called a Likert Scale, is generally used to measure opinions, attitudes, and beliefs, rather than facts.

For use in the *values clarification* exercise, each point on the scale is assigned a number, such as the following:

<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1	2	3	4

In use, once the trainees become familiar with the scale itself, the trainer reads aloud, or writes on the board, a statement, to which the trainees must respond by writing down a number between 1 and 4 (or 1 and 6, if the scale has six points).

Examples of statements are the following:

- People with AIDS should be isolated, or quarantined, in order to stop the spread of the disease.
- I would feel uncomfortable working next to someone who has AIDS.

2.7.4. Pre- and Post-Test - Form I

One tool for assessing changes in knowledge and attitudes is the pre-test, followed, at the end of a training or training segment, with a post-test, which may be the same or similar to the pre-test. An example of this *Knowledge and Attitude Assessment Form, Form I*, is found in **Appendix A**.

The assessment form is used to measure changes in knowledge and attitudes which have occurred as a result of the training. When the test results are reviewed aloud, this evaluation tool provides feedback to the trainees, who will learn from their mistakes. More importantly, perhaps, this form provides feedback to the trainers themselves, and it helps the trainer to answer certain questions about him-/herself and his/her training:

- (in response to the pre-test) What knowledge areas do I need to emphasize? What are the attitudes I need to change, or modify? Does this test give me an overall impression of my audience and the challenge I am facing?
- (in response to the post-test) Am I an effective trainer? Have I chosen effective methods for conveying information and changing attitudes?

- (in response to the post-test) During the training, have I emphasized those areas in which, according to the pre-test, the trainees needed the most work?
- Do my trainees have sufficient knowledge and do they have the kind of attitudes about the subject which will enable them to be effective trainers themselves?

The value of the pre-test and post-test cannot be overemphasized. If used properly, it is one of the most effective evaluation and training tools available to the trainer.

Analysis: For multiple choice questions, find out the percentage of those trainers who have the correct answer from each choice of the question. Then compare the pre-training with the post-training results and compute the change by subtracting the results of pre-test from post-test ($\text{Post-test} - \text{Pre-test} = \text{Change}$). Take a serious note of a steep negative change, and for every change, try to find out why there might have been such a change.

Note: Always mark *pre-test* or *post-test* on the form in order to avoid confusion.

2.7.5. Course Evaluation Sheet - Form II

In all FUE/EIL trainings, the trainees are requested to fill out a course evaluation sheet at the end of the training. Graduates of the FUE/EIL trainings may also wish to use such a form in their trainings. A copy of this form is found in **Appendix B**.

2.7.6. Activity Diffusion Form - Form III

It is important that every trainer gives formal feedback to FUE/EIL. Trainers are advised to administer the pre-test and post-test questionnaires before and after a training session. In addition, trainers are requested, for every session, to fill out the *Activity Diffusion Form*, a sample of which is found in Appendix C. This should be submitted to EIL/FUE on monthly basis. The purpose of this form is to advise FUE/EIL of the total impact, or diffusion, of its trainings, as measured by the number of people eventually trained. Attached to the activity diffusion forms should be a list of participants for every training.

2.7.7. Employer Evaluation Sheet - Form IV

This evaluation form, a copy of which is found in Appendix D, is used by FUE/EIL trainers to monitor the employers of organizations in which they are working. It is included as another example of an evaluation tool, but will not be regularly used by all trainers.

CHAPTER THREE

CONTENT OF TRAINING

3.1 IDENTIFYING FEELINGS, ATTITUDES AND BELIEFS - VALUES CLARIFICATION

This topic deals with identification of what attitudes, feelings, and beliefs people have towards HIV/AIDS, people with AIDS (PWAs), and other provocative issues, such as sexuality.

Objectives

This topic is intended to expose the audience's attitudes towards HIV/AIDS, people with AIDS, and other emotional topics, through a brain storming type of exercise. After the discussion, participants are expected to:

- a) Identify their own instant reactions towards the topic at hand;
- b) Appreciate that different people react differently to these issues; and
- c) Open up to discussions.

The session is expected to enable the trainer to:

- a) Understand the attitudes and beliefs of his/her audience and, thereby, select training methodologies and exercises which will be most effective; and

- b) Measure the energy level and identify possible difficulties among the participants.

Method

A series of provocative statements is posed by the trainer. They may deal with AIDS itself, or people with AIDS, or issues about sex, or the use of condoms - ANY statement which will get the audience to think and react is O.K. to use. Participants are told that there is no right or wrong answer, and they are encouraged to be honest with themselves in reacting to the statement. Participants are asked to choose (and write down) a number on the agree-disagree scale which reflects how much they agree or disagree with the statement. The trainer then facilitates a discussion among the participants. He/She may solicit immediate reactions and may also call for replies to the reactions by peers. The trainer is not looking for consensus; it is the trainer's responsibility to highlight the diversity of opinion among the participants. A more detailed discussion of methodology, along with sample scales, is found in Section 2.7.C.

Note: The trainer should avoid giving his/her own opinion.

Sample Statements

1. I would feel uncomfortable working next to someone who has AIDS.
2. I would feel uncomfortable inviting someone with AIDS into my house.

3. I would feel uncomfortable having someone with AIDS hold my young child in his or her arms.
4. I would feel uncomfortable eating a meal with someone who has AIDS.
5. AIDS is mostly a problem of prostitutes and homosexuals.
6. Parents should teach their teenage children how to use a condom.
7. If a woman wants to use a condom but the man does not want to use the condom, then a woman has a right to refuse sex with the man.
8. A person with AIDS deserves to lead a happy and productive life.
9. For those who get AIDS, it is their fault.
10. Those who have AIDS should be isolated.
11. It is O.K. for a man to have sex outside of marriage.
12. Talking to teenagers about sex encourages them to go out and have sex themselves.
13. It is O.K. to have sex just for pleasure.
14. Those who have AIDS should not have sex.
15. It is a social responsibility to care for people with AIDS.

Teaching Aids:

Blackboard/Flip charts.

3.2 FACTS ABOUT AIDS

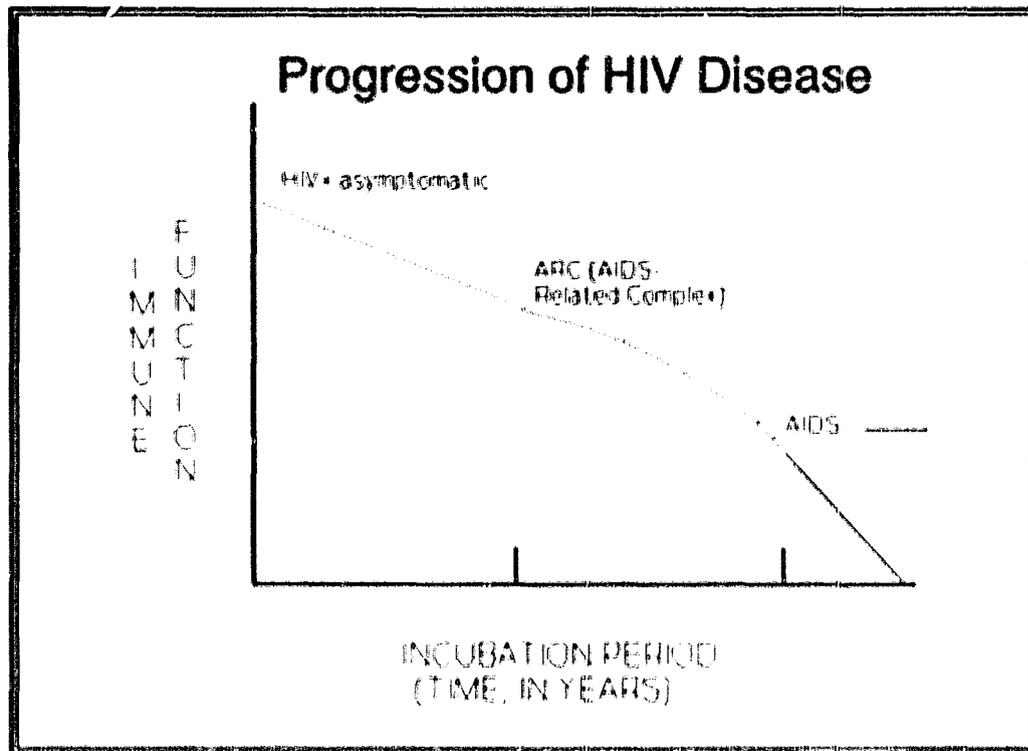
Time: 1 1/2 hours.

Objectives

1. To provide basic information about AIDS and prevention in the workplace.
2. To encourage risk-free behaviour.
3. To cause participants to differentiate between having HIV and having AIDS.
4. To promote compassion in dealing with people with AIDS in the workplace.

Content

A trainer should explain what AIDS stands for: short for **Acquired Immune Deficiency Syndrome**. AIDS (or Slim) is caused by a virus, the Human Immunodeficiency Virus, or HIV, which weakens the body's system, making it difficult for the body to fight off infectious diseases and certain forms of cancers which could normally be prevented or overcome.



1. **INCUBATION PERIOD** is the time between infection with HIV and the development of AIDS-Related Conditions (ARC), or symptoms. During this period, the person still feels well, looks healthy, and has no symptoms, but is infectious.
2. From the time of infection the person is said to be *HIV-positive*.
3. **AIDS** is the final stage in the process of HIV infection.

4. Common symptoms of AIDS include:

- persistent excessive TIREDNESS
- unexplained FEVER
- persistent DIARRHOEA
- unexplained WEIGHT LOSS
- recurring NIGHT SWEATS
- dry COUGH
- SWOLLEN GLANDS
- grey-white coating on the tongue/throat
- NEUROLOGICAL PROBLEMS

The trainer should emphasize that these symptoms are common to a variety of illnesses which are unrelated to HIV infection.

How AIDS is transmitted

The trainer should always ask the participants how HIV, the AIDS virus, is transmitted. The trainer should then review, in some detail, the three ways by which AIDS is spread:

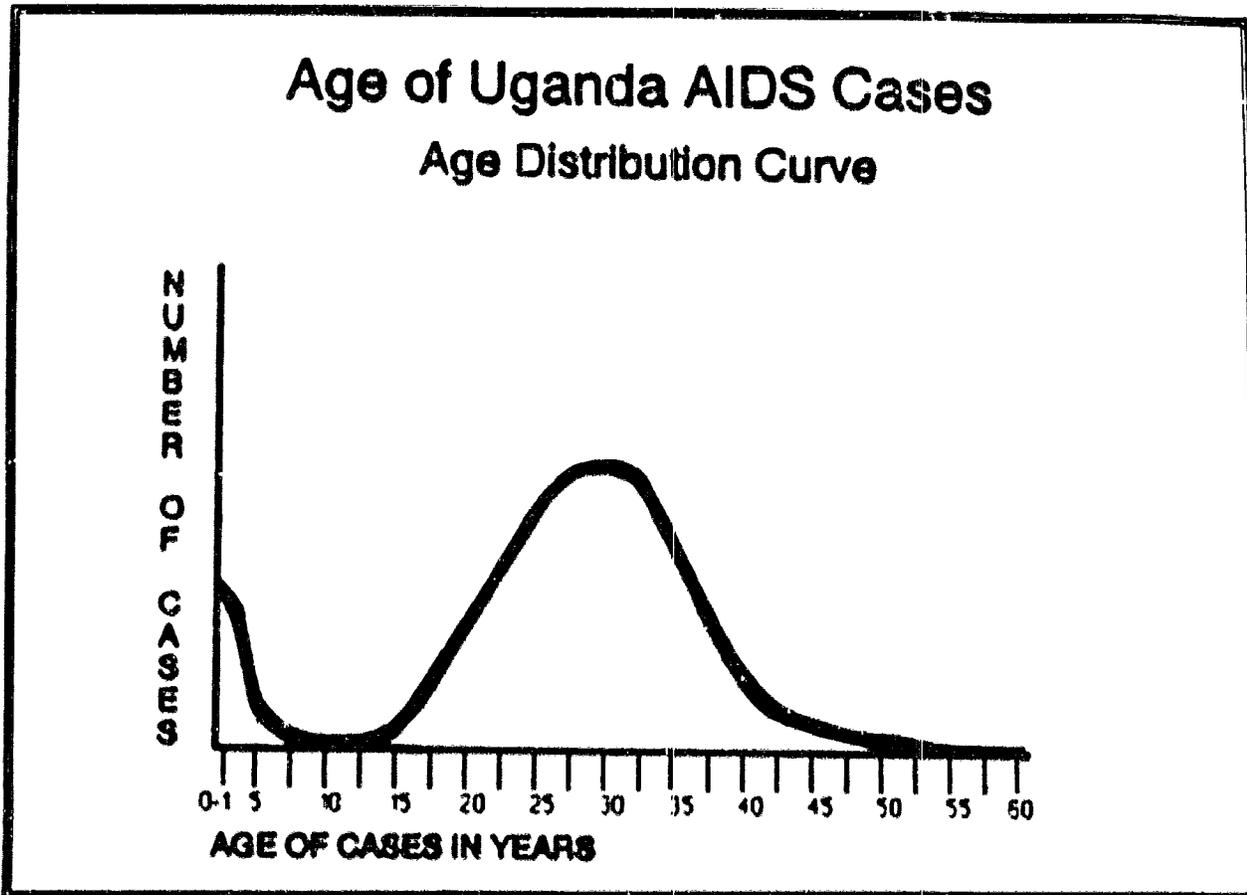
- Sexual intercourse: The AIDS virus is found in body fluids, notably blood, semen and vaginal fluids. During sexual intercourse, if there is exchange of any of these body fluids, the AIDS virus goes from the carrier to the uninfected person. Sexual intercourse accounts for about 90% of all AIDS cases in Uganda.

- **Contaminated blood:** This may be through unsterilised body piercing instruments or blood transfusion. These days most blood banks test their blood for the HIV virus, so that HIV-infected blood is not transfused.
- **Infected mother to child:** Another way the AIDS virus is spread is from an infected mother to her child during pregnancy or at birth.

How AIDS is not spread

The trainer should emphasize that the AIDS virus is not transmitted by casual contact. There is also no evidence to suggest that the AIDS virus can be transmitted by biting insects like mosquitoes and bed-bugs. Finally, AIDS is not an airborne disease.

Use the chart on the following page to emphasize the points that AIDS is not airborne nor is it transmitted by insect bites. If it were airborne or transmitted by insect bites, the chart would show almost equal numbers of AIDS cases across all ages, including children. But the children and the elderly do NOT acquire AIDS to any large degree. People between 15 years and 55 years are the most affected by AIDS, and they have one thing in common: they are sexually active.



Source: National AIDS Control Programme

Test for AIDS

This topic should be handled carefully, depending upon the level of education of the audience. There is a blood test for the antibodies that show if a person has ever been infected by the AIDS virus. One may have his or her blood tested - free of charge - at **Mulago Hospital, AIC Bauhman House (Kampala)** or Uganda Research Institute (Entebbe). Some private hospitals like Nsambya and Rubaga also have facilities to carry out the test.

These are some of the reasons that cause people to suspect that they may be infected and thus may need to have their blood tested for HIV antibodies:

- some have started showing signs and symptoms
- some have an infected partner
- some have been raped
- some have partners who have died
- some need to be tested before they can travel abroad

A positive test is not an end in itself. One should always be counselled for *positive living*.

Positive Living is an individual's ability to live with, accept, and cope with the infection. Such a person protects himself/herself from reinfection and protects other sexual partners as well. Resources for counselling individuals in *positive living* are becoming increasingly available throughout the county.

What one should do if a co-worker/friend has AIDS

It is important that everyone understand how the AIDS virus is transmitted and how it is NOT transmitted before one can appreciate and support (suspected) PWAs. There is no evidence whatsoever to suggest that HIV infection can take place through casual contact with PWAs.

How the risk of exposure to AIDS can be avoided

After the methods of transmission have been explained, the trainer may ask how the opposite can be done, i.e., how to STOP the spread of HIV. A list of all possible suggestions from the participants should be made. The following options should be emphasized:

- Total abstinence is the most risk-free behaviour.
- Zero-grazing means mutual faithfulness.
- The use of condoms is one method of safer sex. Condoms are not 100% perfect, but, if properly used, they are effective barriers to the transmission of the AIDS virus.

3.3 THE IMPACT OF AIDS ON SELF/FAMILY/WORKPLACE

During the discussion of this topic, participants are caused to think seriously on the implications of AIDS to society and individuals.

Time: 1 hour

Objectives

At the end of the discussion of the topic, participants are expected know that:

- Those who contract AIDS go through a number of psychological stages including shock, anger, sadness, acceptance, and resignation.
- People with AIDS also suffer family and social problems.
- There are medical, financial and social implications to the family, society and the place where PWAs work, both before and even after death.
- Society should not isolate, but should assist PWAs, because they are suffering from an ailment that is like any other disease.

The topic is also aimed at giving the participants the salient implications of AIDS to the national economy.

Content

The trainer should cover the following areas:

- 1) The **psychological stages** an AIDS patient goes through before death, i.e. crisis, adjustment, acceptance and resignation to death.
 - Crisis: shock, fear, denial
 - Acceptance: suicide, revenge, withdraw from society

- **Adjustment:** counselling, talk about it, plan for family or relatives
- **Resignation:** become ill, weak, die

The Trainer should cause the audience to imagine the stages using any situation one may face, and should probe them to bring out the above points.

2) The impact on the workplace:

- the age group most affected by AIDS also comprises the largest part of the workforce
- workers and their mobility
- rural/urban implications
- loss of skilled manpower to illness and death
- costs associated with illness and death
- loss of corporate image

3) the Impact on the family:

- stigmatization
- loss of bread winner
- creation of orphans

Training methodology:

Through the guidance of the trainer, participants are encouraged to contribute to this discussion. Question and answer sessions may be useful and should be encouraged. A bit of lecture may also be needed to bring out the salient points. A role play on crisis stage and isolation can be performed to bring the points out clearly. The role play should be short and to the point.

Members of the audience are encouraged to use their imaginations and to refer back to any of their own experiences with life-threatening illnesses, such as cancer. The trainer should help the audience use its imagination through probing and guidance.

Visual Aids

Flip chart, Chalk-board.

3.4 BEHAVIOUR CHANGE

3.4.1. Introduction

Though it is widely known that AIDS is a new deadly disease, that it has no cure, and that it can be spread through sexual intercourse with an infected person, from an infected mother to her unborn baby, and through contaminated blood transfusions, this information alone has not caused people to stop the behaviour that puts them at risk of becoming infected with HIV.

We have so far learned how the AIDS virus, through blood, semen, and vaginal secretions, can be transmitted from one person to another. In order to protect ourselves from infecting others or becoming infected ourselves calls for a change in the way we have been doing things, i.e., a change in behaviour. To avoid receiving infected blood, for example, doctors are required to avoid prescribing blood transfusions unless they are absolutely necessary. In addition, all blood to be transfused must be screened. All body piercing instruments, e.g., injections and cutting tools used for circumcision, must be sterilized. With respect to sexual intercourse, people should not indulge in casual unprotected sex or in unprotected sex with a partner whose HIV status is unknown.

Many people who are sexually active started their sexual behaviour long before the AIDS epidemic. Their sexual behaviour has become a characteristic expression of themselves as men and women. AIDS has led us to the question of whether they are doing so responsibly. In order to prevent HIV transmission, people need to change their attitudes towards sex and towards their own sexual behaviour patterns, which are deeply rooted. In order to cause people to change from **risky** to **safer** sexual behaviour, a trainer needs to understand what behaviour change involves. A trainer must also know his/her participants, and, by listening carefully to all they have to share, communicate to them in a language they understand.

The fundamental theme and main objective of a training is to influence and encourage safer sexual behaviour amongst people trained in the workplace and/or community, so as to curtail the spread of AIDS.

Objectives

- To make people realise that they are at risk and cause them to address the problem of AIDS in relation to their own sex life
- To cause people to make informed decisions about how they can avoid AIDS
- To cause people to adopt safer sexual behaviour and to influence behaviour change in others

Before a trainer tackles the topic of *Behaviour Change*, he/she must make sure that the participants have grasped the basic facts about AIDS (A quick *values clarification* exercise can confirm this if one is not sure).

It is important that, in the simplest terms possible, the trainer defines and establishes what behaviour is.

What is behaviour?

The word *behaviour* describes the characteristic way by which people reveal themselves through their actions, either individually or as a group. *Behaviour* is a characteristic pattern of **actions or habits** a person has been doing over a period of time. Behaviour is usually familiar:

- It can result from **repeated** practice or action (e.g. good manners).
- It can be **comfortable** (wearing a Kanga/Leesu whenever in own house).
- It can be **rewarded** (e.g. compliments on how neat your desk always looks).

How does behaviour come about?

Behaviour is either inborn, e.g. the sex *urge*, or learned and encouraged as good or necessary by self or others, e.g. *drinking*.

The trainer must then establish how inborn behaviour (the sex urge) can, when accompanied by learned behaviour (drinking), put one at risk for HIV infection. Remember: 90% of the people with HIV/AIDS today have been infected through sexual intercourse with infected persons.

How can we change?

A trainer must make it clear that knowledge and positive attitudes alone do not necessarily lead to behaviour change; but it must be established that **it is possible to change behaviour**.

The first step is to know your present behaviour and **accept** that it may put you at risk for becoming infected with HIV.

The following questions will help participants to address their own behaviour patterns (This exercise can also be given out as an assignment):

- What is your life like? (Tell your story)
- What is your sexual behavior like? (Focus on **your** sex-life)
- What have you left out? (What about AIDS?)

The **second** step is to **believe** that behaviour change is possible and that new behaviour will be rewarding:

- What do you want your life to be like? (Build up a new picture of the future)
- Is this possible? (discuss this critically and weigh everything carefully).
- What will you accept or agree to do? (What are your choices and are you prepared to change?)

The **third** step is to **act** in order to realise this change in your behaviour and in your life as a whole:

- What can you do? (What actions can you take?)
- How will you do it? (Discuss this critically and draw up a plan of action)
- Do it! (action)

Here is an exercise that will help the participant identify risky behaviour in relation to AIDS:

A trainer divides the full group of participants into four or five small groups and asks each group to select its own chairperson and secretary. Each group is then given drawing paper and markers and asked to discuss and list the following:

- factors which **promote** the spread of HIV in their community
- factors which help **prevent** AIDS in the community

The trainer should then assign to each small group a specific community or group to study and discuss, e.g.,

- a city community
- a university or college
- a village community
- a workplace
- a semi-urban community

The trainer then asks three of the groups to report their findings; following their presentations, the remaining groups are asked to contribute their findings as well, so that a complete list is developed. This should then be followed by a discussion on constraints to behaviour change under each of the following headings:

- Environment
- Peer Groups
- Economic Status

3.4.2. Safer Sex

A trainer must be relaxed, get his/her participants to relax, and encourage them to be as open as possible, before starting a discussion on safer sex. This is important because sex is deep-rooted behaviour which, in most cultures, is rarely discussed publicly. Most people will, therefore, need to be assisted to get over their initial embarrassment.

The trainer must stress that, with all due respect to cultural values and practices, there is a need to discuss sexual behaviours, if we are working to stop the spread of AIDS. Remind the participants that 90% of the people with AIDS in Uganda have been infected through sexual intercourse. There are, however, various sex alternatives which enable people to practice sex without being at risk for HIV infection. These are what we call *Safer Sex Options*.

What is Safer Sex?

Safer sex is the practice of sexual behaviours which do not involve the exchange of blood, semen or vaginal fluids, and which, therefore, prevent transmission of HIV between sexual partners.

It is recommended that the following exercise be done in small groups, in order to make it is easier for participants to discuss this sensitive subject. Each group is then asked to:

- discuss people's attitudes towards sex (teenagers, parents, couples etc.).
 - ▶ Do people talk about sex with their sexual partners?
 - ▶ Do parents talk to their children about sex? (sex education)
 - ▶ What happens when a couple has a problem with their sex-life?
- discuss the implications of AIDS on cultural practices and religious beliefs.

- generate a list of all possible sex options, then identify which are safer and which are unsafe. (Note: a *Safer Sex Continuum* is found in Appendix E. This should be used to complement the lists generated by the participants themselves.)

Examples of Safer Sex Options

- **Abstinence**

This means to refrain or abstain from sexual activity.

- **Faithfulness**

This is when sexual partners develop a trusting relationship whereby they have sex **only** with each other. In the case of a polygamous marriage, all the women should be faithful to that one man, and the man should be faithful to his wives. It is sometimes referred to as *Zero Grazing* and is the practice of avoiding casual sexual involvement with different people.

- **Condom use**

Condoms were originally manufactured to act as a barrier method of contraception. It was later discovered that condoms also protect against sexually transmitted diseases (STDs), like gonorrhoea. If used correctly, condoms can then be an effective barrier against transmission of HIV from one sexual partner to another. See **Appendix F** for *Correct Condom Use*.

In introducing the topic of condoms, a trainer should talk about their effectiveness, where they can be obtained, how to correctly store condoms, how to use them,

and how to dispose of them. This discussion should be followed by a **condom demonstration**.

3.4.3. Negotiating for Safer Sex

A trainer should re-emphasise the need for individuals to make decisions about their future and to actively protect themselves and their partners from HIV infection.

Since many people find it difficult to change or modify their behaviour, a trainer must do more than just teach about and encourage safer sex practices. A trainer **must** equip his/her participants with skills on how to successfully negotiate for safer sex with their sexual partners.

What is Negotiation?

Negotiation is discussion with another person, in order to reach a mutual agreement on a given issue.

In introducing the subject of safer sex to a sexual partner in relation to HIV infection, one must be well prepared if he/she is to succeed in convincing his/her sexual partner about:

- the importance of practising safer sex.
- the need to identify and agree upon the most suitable safer sex option.

Before a trainer starts on any exercises, he/she must get all the participants to individually establish the following before getting into discussions and doing role plays on successfully negotiating for safer sex:

- **Assess your position and define your goals:**
 - ▶ What do you want to achieve?
 - ▶ What do you actually need?
 - ▶ What are you prepared to give up to get what you want?
- **Gather information to support every point you make.** This will boost your confidence.
- **Try to anticipate all potential objections and prepare answers in advance.**
- **Have alternative solutions and approaches ready.**
- **Be clear about the facts about AIDS.**

A trainer should first use a role play to demonstrate how people usually negotiate for a reasonable price when out shopping. This will help the participants to put into perspective some of the basic skills needed for successful negotiation.

A trainer should then use role plays for the participants to study various negotiation techniques. The following is a list of scenarios to be explored:

- A woman has just been to a training where she was encouraged to practice safer sex with her husband when she gets home

- A young couple have known each other for six months. They met in a certain bar. They are deeply in love. They do not stay together but have been meeting in a certain lodge for sex. One day the man attends a training and is convinced about the need to practice safer sex and would like to negotiate for it before they go up to the room.
- A parent is looking for something. He/She lifts some books off his/her son's bed and a condom drops.
- A man/woman wants to negotiate for another safer sex option (not the condom).

If a person is to avoid AIDS, he/she must take control of his/her life and make informed decisions about his/her future in relation to HIV infection. Acquiring skills in negotiating for safer sex is, therefore, very important.

NEGOTIATION TECHNIQUES

Positive

1. Environment/Surroundings should be **private** and **comfortable**.
2. The timing should be appropriate, giving both of you enough time to focus on the discussion.

Negative

1. • Many interruptions and distractions.
2. • Awkward situation, e.g., just after a quarrel.

3. Partner should be informed in advance to allow him/her time to prepare for the talk and for you to prepare yourself.
 4. Be confident!
 5. Partner should be encouraged to make the first contribution to the discussion. This will help you to judge his/her attitude and mood; it will help you to relax.
 6. Be assertive!
 7. Should have an open mind.
3.
 - Partner caught unaware, unprepared and, therefore, in a bad mood or with a bad attitude.
 - Lack of careful planning.
 4.
 - Uninformed.
 - Begging.
 - Afraid to offend.
 - Afraid to lose friendship.
 - Not convinced about the issue yourself.
 5.
 - Blaming.
 - Not giving the other partner a chance to speak.
 6.
 - Demanding.
 - Aggressive.
 - Not used to asserting own views and opinions.
 7.
 - Not ready to listen.

- | | |
|--|---|
| 8. Should have positive attitude (stay calm). Reach an agreement on each point as you go along; this helps to build a positive atmosphere. | 8. ● Loses temper and loses control. |
| 9. Should try to persuade partner. | 9. ● Intimidate partner into agreement.
● Threatens. |
| 10. You might need to solicit support from a very close relative or friend. Ask him/her to talk to your partner/child and to persuade them on the issue in your absence. | 10. ● Feeling unsupported in your actions.
● Feeling helpless, isolated, alone, etc. |

The most important point of all is that, in order to succeed in negotiating for safer sex, a person must be **knowledgeable** about the facts about AIDS and about safer sex options.

3.4.4. Indicators of Behaviour Change

In the section on Evaluation you will find an explanation of the importance of evaluation. Changes in people's behaviours, i.e., the adoption of safer sexual practices, provide the best evidence that the training has had a positive impact. They are also the most difficult to measure.

The following are direct and indirect indicators of changes in people's behaviour. In their own way they help us evaluate or assess our progress as trainers:

- A steady drop in the incidence of sexually transmitted diseases
- Self-reported behaviour change (of self, partner, family, etc.)
- A rising demand for condoms
- Observation and monitoring of behaviour of people well known to you.

Methodologies

The trainer is advised to have as much participation from the people being trained as possible. Role plays and exercises are encouraged.

The use of case studies and role plays are the best methods for spearheading discussion. The lecture method is discouraged.

Materials need

- Flip charts
- Hand-outs (case studies, condom use, etc)
- Condoms (and models for demonstration)
- Condom use pamphlets

CHAPTER FOUR

R E S O U R C E S

We have drawn up a list of external resources that a trainer can draw upon to help him/her organise and conduct an effective training:

4.1. COUNSELLING AND PATIENT CARE

- The AIDS Support Organisation (TASO) Training Development Unit
- Nsambya Hospital AIDS Patient Care Unit
- Kitovu Hospital AIDS Patient Care Unit
- The National AIDS Control Programme
- The AIDS Information Centre
- The National Blood Bank (Nakasero)

4.2 AIDS IN UGANDA: A GLOBAL PERSPECTIVE

- The National AIDS Control Programme (Entebbe)
- The WHO Global Programme on AIDS (Entebbe)

4.3 INFORMATION MATERIALS

The National AIDS Control Programme (NACP), Entebbe:

- ▶ Pamphlets on *Facts About AIDS* (also translated into several local languages)
- ▶ Poster with AIDS message
- ▶ Surveillance reports on AIDS situation in Uganda
- ▶ Maps and graphs on history/background of AIDS in Uganda
- ▶ Booklets on AIDS for health workers, Resistance committee, etc.
- ▶ AIDS films

Uganda Red Cross:

- ▶ Pamphlets on *Facts About AIDS, AIDS and the Health Worker, AIDS and your Blood* (translated into several local languages)
- ▶ Posters on *Facts About AIDS*
- ▶ AIDS films

United Nations International Childrens Emergency Fund (UNICEF):

- ▶ Primary school kit on AIDS Control

Uganda Catholic Secretariat/Medical Bureau:

- ▶ Posters with AIDS messages
- ▶ Pamphlets on *Facts About AIDS* (also translated into several local languages)

Uganda Protestant Medical Bureau:

- ▶ Posters with AIDS messages
- ▶ Pamphlets on *Facts About AIDS* (also available in several local languages)

The Experiment In International Living (EIL):

- ▶ AIDS lending library
- ▶ AIDS films
- ▶ List of international AIDS newsletters and magazines you can subscribe to
- ▶ Information brochure/insert
- ▶ Educator badges and stickers

Federation of Uganda Employers (FUE):

- ▶ Management booklet on AIDS in the workplace
- ▶ Information insert
- ▶ Educator badges and stickers
- ▶ AIDS films

Family Planning Association of Uganda:

- ▶ Condoms
- ▶ Condom booklets
- ▶ AIDS films

The AIDS Support Organisation (TASO):

- ▶ AIDS films
- ▶ Booklet for Counsellors
- ▶ Training Manual for Counsellors

Organisations you can write to abroad:

Listed below and on the following page are some of the international organisations which have produced interesting AIDS information and education materials, which we believe will be of some additional help to the trainers in establishing AIDS information libraries in their respective organisations. Trainers are advised to write to organisations of their choice through the contact addresses given below.

<u>Name of Organization</u>	<u>Materials</u>
<p>The American Foundation for AIDS Research (AmFAR) 1515 Broadway New York, New York 10109-0732</p>	<ul style="list-style-type: none"> • AIDS treatment information
<p>The Terrence Higgins Trust 52-54 Gray Inn Road London WC1 37U England</p>	<ul style="list-style-type: none"> • AIDS education leaflets
<p>The IPPF AIDS Prevention Unit Reagent College Inner Circle, Reagent Park London NW1 4NS England</p>	<ul style="list-style-type: none"> • <i>Preventing a Crisis</i> • <i>Talking AIDS</i> • <i>AIDSWATCH</i> (a supplement to the IPPE Journal)

<u>Name of Organization</u>	<u>Materials</u>
FOCUS UCSF AIDS Health Project Box 0884 San Francisco, CA 94143	<ul style="list-style-type: none">• <i>FOCUS</i> (a guide to AIDS Research)
Gower Academic Journals Subscriptions 34 Cleveland Street London W1P 5FB England	<ul style="list-style-type: none">• <i>AIDS</i> (a review journal on all aspects of AIDS)
The Panos Institute 8 Alfred Place London WC1E 7EB England	<ul style="list-style-type: none">• <i>Blaming Others</i> (a book on prejudice, race, and AIDS)• <i>AIDS and the Third World</i>• <i>World AIDS</i> (an interdisciplinary newsletter)
Appropriate Health Resources and Technologies Action Group, Ltd. (AHR TAG)	<ul style="list-style-type: none">• <i>AIDS Action</i> (an international newsletter for exchange of information)
The San Francisco AIDS Foundation 25 Van Ness Avenue San Francisco, CA 94102	<ul style="list-style-type: none">• AIDS education leaflets

These are the main external resources a trainer can draw from. Other resources are also available, and trainers are advised to keep a look out for them.

Trainers are expected to draw from the best.

APPENDICES

APPENDIX A

FORM I

KNOWLEDGE AND ATTITUDE ASSESSMENT FORM

(PRE- AND POST-TESTS)

FORM I - KNOWLEDGE AND ATTITUDE ASSESSMENT FORM

Each question may have more than one correct answer.

CIRCLE ALL OF THE ANSWERS YOU BELIEVE ARE CORRECT.

Please feel free to comment on the questions in the space provided.

DATE _____

1) AIDS is:

- [a] A disease in which the immune system has been damaged by a virus.
 - [b] Always fatal within a few months.
 - [c] Curable in the early stages, but not in the later stages.
 - [d] Is one of the sexually transmitted diseases.
 - [e] God-given.
-
-

2) AIDS can be transmitted by:

- [a] Sexual intercourse.
 - [b] Sitting on a dirty toilet seat.
 - [c] Using unsterilized needles and skin-piercing instruments.
 - [d] Insect bites.
 - [e] Drinking from a glass used by someone with AIDS.
 - [f] A mother to her baby.
 - [g] Witchcraft.
 - [h] Blood transfusions.
-
-

3) One cannot get AIDS by:

- [a] Shaking hands with a carrier of the virus.
 - [b] Healthy-looking people.
 - [c] A married woman to her husband.
 - [d] Hugging and kissing on the cheek.
 - [e] Sexual intercourse.
-
-

4) If people test **positive** for the HIV antibody, it means:

- [a] They will definitely die of AIDS within a year.
 - [b] They are infectious for the rest of their lives.
 - [c] They may become infectious if they develop symptoms of fever and weight loss.
 - [d] They are probably infected with the virus that causes AIDS and can transmit it to their sexual partners.
-
-

5) If people have no AIDS virus in their blood it means:

- [a] It is safe to continue having sex without using condoms.
 - [b] Their sexual partners are not infected either.
 - [c] They are probably immune to getting AIDS.
 - [d] They can't lose weight.
 - [e] They can't infect their sexual partners with AIDS.
-
-

6) It is possible to avoid getting the virus that causes AIDS by:

- [a] Making sure people who are infected do not prepare food.
 - [b] Using condoms during sexual intercourse.
 - [c] Sterilising needles and other objects that break the skin.
 - [d] Testing blood donors for HIV antibody.
 - [e] Circumcision.
 - [f] Visiting a traditional medicine man.
-
-

7) Which body fluids contain enough HIV to transmit infection?

- [a] Saliva
 - [b] Tears
 - [c] Semen
 - [d] Blood
 - [e] Vaginal secretions
 - [f] Urine
 - [g] Breast-milk
-
-

AGREE or DISAGREE -

Circle the answer that best describes how you feel about the statement:

- 1) I feel sorrier for people who get AIDS from a blood transfusion because it wasn't their fault.

AGREEDISAGREE

- 2) Although I have compassion for people with AIDS, I still don't like the idea of working with someone who has it.

AGREEDISAGREE

- 3) If someone has AIDS, he/she should not have sex.

AGREEDISAGREE

- 4) A person with AIDS deserves to lead a happy and productive life.

AGREEDISAGREE

- 5) People with AIDS should be isolated to stop further spread.

AGREEDISAGREE

- 6) If a woman wants to use a condom but the man does not want to use a condom, then a woman has a right to refuse sex with the man.

AGREEDISAGREE

- 7) Parents should teach their teenage children how to use condoms.

AGREEDISAGREE

APPENDIX B

FORM II

COURSE EVALUATION SHEET

FORM II - COURSE EVALUATION SHEET

TICK AGAINST THE ITEM WHICH SATISFIES YOUR REACTION.

DATE _____

A.1. In general, how was the course conducted?

Very satisfactory/Satisfactory/Unsatisfactory

What could be improved?

B.1. Course content:

- (i) Too much practical
- (ii) Too much lecture
- (iii) Not enough films, charts, posters, etc.
- (iv) Just the right combination

C.1. Appropriateness of course:

Did it meet your needs?

How?

What could be improved?

2. What did you enjoy most about the training?

3. What did you like least about the training?

4. What questions about AIDS do you think will be most difficult to answer?

5. What problems do you anticipate in educating people in your organisation/community about AIDS?

6. Did the course provide enough information for you to become an effective Peer Educator?

YES NO

If NO, explain why?

7. What audio-visual aids and materials would you like to see used in the future?

D. FOLLOW-UP

Tick against each number you AGREE with:

1. In the future, I would like to attend:

- (i) a seminar of the same nature.
- (ii) a seminar on a specific topic.

Name the topic _____

- (iii) a non-residential seminar.
- (iv) a residential seminar.

2. I would prefer the course be conducted for:

- (i) two days.
- (ii) three days.
- (iii) other.

Please specify _____

APPENDIX C

FORM III

ACTIVITY DIFFUSION SHEET

FORM III - ACTIVITY DIFFUSION SHEET

1. Trainers A. _____
B. _____
C. _____
2. Facilitators A. _____
B. _____
3. Organisation _____
4. Have you ever done a training? _____
(If NO, go to number 15)
5. Date of training _____
6. Special topics covered _____
7. Describe target group _____

8. Venue _____
9. Number of people trained _____
10. Length of training _____
11. Visual aids used _____

12. Other techniques used _____

13. Unusual questions _____

14. What problems have you encountered in trying to conduct a training?

15. Why have you not had a training?
(Tick against the one(s) which apply and add comments below.)

i) There has not been enough time.

ii) There are not enough people interested.

iii) People cannot attend all the three days of training.

iv) My job responsibility does not allow sufficient time for planning.

v) The management is not interested in attending a training session.

16. Any other comments?

APPENDIX D

FORM IV

EVALUATION SHEET FOR EMPLOYERS

FORM IV - EVALUATION SHEET FOR EMPLOYERS

DATE _____

1. Name of Company/Organization _____
2. Designation _____
3. Approximate number of employees _____
4. How many AIDS Educators are in your group/organization? _____
(If none, go to Number 7)
5. Have you met with the Educators to discuss the AIDS Education Programme?
If so, how often? _____
6. How much time is availed to the Educators for formal AIDS education?

7. State any AIDS training programmes in your group/organisation.

8. How much information on AIDS has your group/organisation received?

9. What are your sources of this information? _____

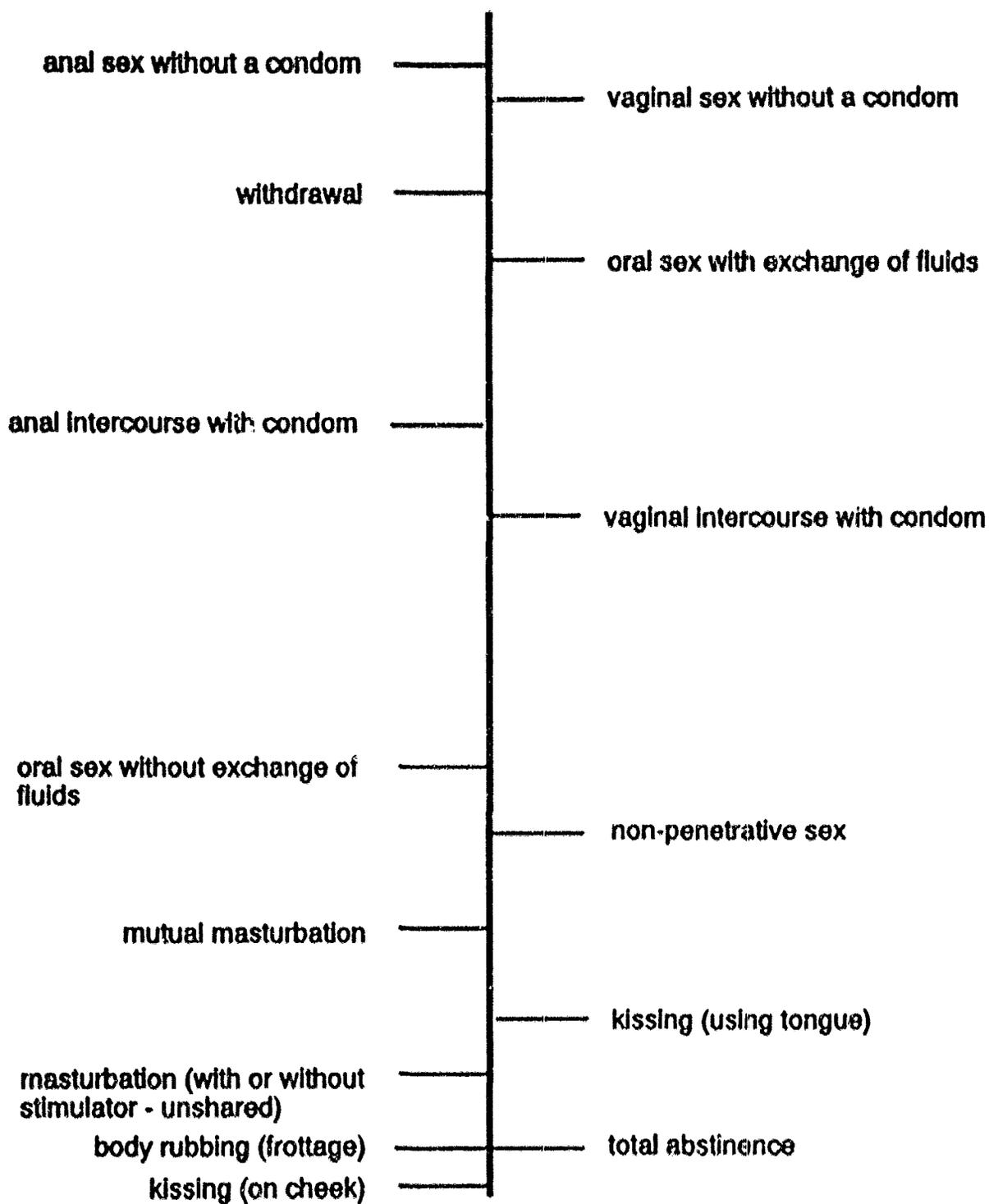
10. What do you think will be the most difficult part of conducting AIDS training sessions in your group/organisation? (Tick all that apply and add any comments).
 - i) It's difficult to allow many members of staff to be away from station of work at any one time.
 - ii) There is insufficient time in the workday because of staff responsibilities.
 - iii) The employees are not interested in attending AIDS training.
 - iv) Other (Please state what) _____

11. Any other comments? _____

APPENDIX E

SAFER SEX CONTINUUM

UNSAFE



SAFER

APPENDIX F

CORRECT CONDOM USE

CORRECT CONDOM USE

Most condoms are made of latex (a rubber) and, if used properly, are an effective barrier to HIV infection. The condom is safer when used in the following way:

- 1) **Must be opened and worn when the penis is erect and ready for sexual intercourse.**
- 2) **Hold tip when rolling the condom onto the penis to ensure that no air is trapped in the condom. Trapped air is one of the reasons why condoms break.**
- 3) **Roll the condom right up to the base of the penis.**
- 4) **Hold the condom on the base of the penis when withdrawing, to prevent the condom from slipping off.**
- 5) **Carefully remove the used condom (away from your partner) and tie the open end to prevent spilling. Dispose of the used condom.**
- 6) **A condom must be used once and disposed of. It must never be cleaned and re-used, or removed and re-used.**
- 7) **The expiration date of the condom is calculated by looking at the date of manufacture usually marked on the condoms. It is advisable to use condoms which do not exceed 3-5 years from the date of manufacture.**
- 8) **Keep the condom in cool dry place because extreme moisture and heat affect them. Badly kept condoms expire earlier than the stipulated dates. For example, keeping condoms in pockets for several hours is wrong because body heat affects them.**

OPTIONS ABOUT CONDOMS

CONCERNS

EXPLANATIONS

Condoms break.

Air bubbles are the biggest reasons why condoms break. Follow the instructions above. Never use oil-based lubricants such as Vaseline or hand lotion, as they will weaken the latex and make condoms break. Expired or mishandled condoms should not be used.

Penis is too big.

A condom can be expanded to go around your head.

Using a condom means I have the HIV virus.

No. Many persons who use condoms do not have the HIV virus, thanks to the fact that they use condoms.

What if my partner says, "You don't trust me"?

It is not a matter of trust. It is a matter of concern about health. It is important that you are both protected.

What if my partner says, "But we have been having sex without condoms"?

We can still prevent infection or reinfection.

What if my partner does not have AIDS, so I can't get the virus?

Most people with the virus do not have any symptoms of AIDS. Any person with the virus can pass it on to others. Have you both taken the test for HIV infection?

Condoms may promote promiscuity.

AIDS is a matter of life and death. condoms could help save lives.

Using condoms isn't African.

Neither is dying of AIDS, so give a condom a chance.

What if it gets stuck up there?

Where? It cannot get past the cervix and that means it is on its way out.

APPENDIX G

REFERENCES

REFERENCES

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(October, 1989).

3. Cosmopolitan Magazine
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Prepared by:
Dr. Ken Dunnigan
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