

How to support and care for a person with HIV

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How to support Angela



Angela's story

Angela is a young woman who lives in Rio de Janeiro, Brazil. She works at an office downtown and lives with her boyfriend. She and her boyfriend are close to her family, which also lives in the city. Angela is two months pregnant and has felt more tired than usual. She has also had some diarrhea. She came to your clinic for some medicine and had some laboratory tests done, including one for HIV. The HIV test was positive. She does not have the courage to tell her boyfriend about the test. She says to you, "I do not want to live now that I have HIV."

Facing challenges together

Having HIV is isolating. Most people do not know very much about it and are afraid of the virus. Some people think that living near someone with HIV will give them the disease. Friends and family members may abandon someone who has HIV. Coworkers may not want to work with a person who has HIV. Even though HIV cannot be spread in these ways, many people do not know this and avoid contact with anyone who has it.

Supporting people with HIV can be a rewarding experience for a health worker, family member, or friend. The work can also be very demanding. People with HIV need emotional support and physical comfort. People are afraid when they find out they have HIV or AIDS—they fear being left alone, feeling pain, and dying. Having a chronic and fatal disease can be overwhelming. The reaction of the community can make it worse. If you have HIV yourself, you can be a special source of support for others who have the virus. Through your support, you can make a difference in a person's life.



People with HIV must deal not only with medical problems, but also with social and emotional problems. People with AIDS worry about what will happen to their spouses and children when they become ill or after they die. They worry about how they will pay for medical expenses. They feel sad, fearful, angry, and anxious. They may lose hope in the future. These are normal feelings for anyone with a serious illness. These feelings may become so strong that the person cannot carry on with day-to-day activities. When this happens, you can help people find ways to cope with their feelings.

On the other hand, knowing that they have a fatal illness may give people the courage to focus on what is important to them. A serious illness can give people the opportunity to change or walk away from situations that are unpleasant or unhealthy. Many health workers find it rewarding to work with people who are seriously ill because the health worker shares their new sense of purpose. Some people see being infected with HIV as a challenge; they want

to be in charge of their household, their finances, and their health. Others may feel less able and need more help. Remind people with HIV that needing and asking for help is normal. Help people with HIV and their families find a balance between dependence and independence.

There are many ways to live with HIV. Some people with HIV do not let others know that they have the virus. Some people become active in fighting the epidemic when they find out they have HIV. Helping someone else avoid the virus provides a sense of purpose. Helping others can give people with HIV a sense of community and self-worth even when their own lives are difficult. Just as people with alcoholism or cancer help others who have the same problems, people with HIV can reach out to others. Many people with HIV talk about AIDS in schools and at community meetings. Some become HIV counselors. Others work as activists for improving services for people with HIV. Some volunteer to be friends or “buddies” for other people with HIV. Each chooses to live with HIV in her own way.



Project First Hand

Some people do not believe that HIV is a threat to them. Others think that since they do not belong to a risk group (such as drug users) they will not get the virus. People with HIV have a special ability to reach other people and help them understand how they might be at risk.

In the city of Santa Cruz, California, in the United States, people with HIV help educate other people about AIDS. Six HIV-infected men who were willing to share their personal stories with the community organized Project First Hand. At community meetings, they shared their "firsthand" experiences of living with HIV. By telling their own stories they were able to help people relate to HIV on a personal level. The men were role models for other people with HIV in the community.

Over time, more people with HIV volunteered for the program. They went through short training classes about HIV and public speaking. Then, together they held a small meeting where they practiced talking about their experiences with HIV.

Project First Hand then set up meetings in the community. Health workers were there to help with technical questions and any hostile people in the audience. Friends asked questions if the crowd was too shy or timid. People who have heard the talks have been so moved that they have written letters of support to the speakers. You may want to start such a program in your own community.

Denial and other emotions

Some people do not believe that they have HIV even when a health worker tells them they do. They are not able to face the truth. They do not want to believe that they will die. They do not want to know that a person they love may have given them HIV, or they do not want to think that they may have given the virus to someone they love. Denial can be dangerous for a person with HIV and for others. People who are "in denial" do not take care of themselves because they do not believe that they are sick. If they refuse to take precautions, they can give the virus to others. Sometimes people turn to alcohol or drugs in order to forget that they have the virus.



Sometimes people are in denial after hearing that they have had a negative test. They find it hard to believe that they have not been infected, or they do not want to recognize that fact. For example, a woman whose husband has HIV may not want to believe that she had a negative test, because it means she will have to change how she has sex with her husband or leave him.

Yet denial is not all bad. Some denial helps people deal with the day-to-day challenges of life and plan for the future. Denial may help people live without thinking about the seriousness of their illness all of the time.

People with HIV often must cope with many strong emotions. They may have recently lost a loved one to AIDS. Some may feel guilty about the behavior that led to their infection. Most fear rejection from people around them. They may feel that they do not want to continue living, and they may even make plans to kill themselves. You should ask about these feelings and explain that it is normal to have them. You can work with people on ways to cope with these feelings. Anyone who is thinking of killing himself should be taken seriously. Ask him to promise to contact you or someone he trusts before he attempts suicide. Although this may seem silly, it works; just talking with someone often prevents people from harming themselves.

Family counseling

People with HIV have family, friends, and coworkers who will all be affected by their illness. In most communities the family is the basic unit of social organization. Families are able to survive many types of stress. Most families have dealt with death, separation, and economic hardship. HIV and AIDS place new strains on a family. Usually it can adapt, but occasionally a family breaks up when one of its members has HIV. When you sense that this is a possibility, try to help family members get the support they need to stay together. It can be useful to meet with the entire family. Family members may have questions about how to deal with HIV. You can help them talk about problems, solve conflicts, learn how to support each other, and find other sources of help from the community or government.

If a parent has HIV or AIDS, encourage her to talk about it with her children. Children often can tell that something is wrong. They may already have had one parent die of AIDS. It is important for parents to talk with their children about what to expect in the future, even if this might include becoming an orphan.

Help parents plan for their children's future

When adults with HIV die, they often leave behind children. Many parents with HIV worry about this and try to arrange for their children to be cared for by others, but in areas where HIV is widespread this can be difficult. Millions of children have been orphaned by HIV.

Parents often need support to appoint a guardian or make a will that leaves family assets to wives or children and gives other instructions about the children's future. A counselor can help parents see this planning as security for the family rather than just preparing for death. Caregivers of orphans also need support, especially in places where HIV is very common. This support



can be through counseling, parenting training, burial and lending funds, community food programs, shared childcare, or help in paying school fees. Orphans should also be provided HIV counseling and testing so that they can receive care and treatment if needed.

Children not yet orphaned but living with ill and dying parents also need support, to make sure their needs for food, attention, education, and health care are being met.

If a woman has HIV, the chances are that one out of every three babies she gives birth to will have HIV. People with HIV will need help making decisions about family planning. Encourage people with HIV to talk with their partners about family planning. This is a time when giving accurate information and supporting someone with HIV will most help her.

Supporting children with HIV

Children with HIV, even young ones, need to know that they are sick. Younger children may only need to know a little bit about HIV. Give them short, simple answers to their questions. Older children understand more and need correct information and honest answers. If they do not get this information from you or their family, they may get the wrong information from someone else. A child with HIV may suffer silently because of shame or fear. She may have problems sleeping or trouble at school. She may avoid family and friends. Warn families about these signs and help them to talk openly with children who have HIV.

Support groups

It is often useful for a group of people with the same problem to get together and talk about their lives. “Support groups” of people with HIV give people a chance to talk about their problems and successes. People with HIV can learn how to deal with common problems from other people in the group. Support groups help members feel less lonely. People gain strength from their group because they know that they are not alone in struggling with HIV.



There are different types of support groups. “Drop in” groups meet regularly but people go to meetings only when they want help with a particular problem or when an emergency arises. In other groups, the same people meet weekly for a few months; everyone goes to the meetings, whether or not they have a particular problem to talk about that day. There are also long-term groups that last for years. Long-term groups may be especially useful because they allow people to get to know each other well. These groups also experience the sadness of having members of the group become sick and die.

It is helpful when groups are made up of people with similar lifestyles. The members understand each other’s situation and language. You can start support groups that are made up of people with similar backgrounds, such as people of the same social or ethnic background, or people who share a certain risk or condition, such as sex workers, drug users, or pregnant women.

Support groups are also useful for the families and friends of people who have HIV. Even though these people do not have HIV, they may fear losing a friend, becoming infected, or being shunned by their communities and families. A support group can help them with many of the problems they face in having a loved one with HIV.

Care for people with HIV

A person with HIV can live a longer, healthier life with some simple and low cost interventions. Medicines to treat HIV are important (see the appendix at the end of this book), but there are many other measures that can also make a difference in a person’s health. See the next page for a sample list of interventions for helping people with HIV.

Basic care for people with HIV

Cotrimoxazole (trimethoprim/sulfamethoxazole) is a low cost antibiotic that prolongs the lives of children and adults with HIV and prevents malaria and diarrhea, and avoid hospitalization. See the appendix at the end of this book for information on giving this medicine.

Safe drinking water is important for everyone. It is essential for people with HIV because diarrhea caused by unclean water is more common and severe for them. Simple methods for cleaning drinking water are boiling for 3–5 minutes, or adding 5 drops of 5% bleach solution to every liter of water. Also, try pouring water into cups or pots, instead of dipping them back into a full bucket of water, which spreads germs to the water that everyone shares.

Medicine to prevent TB (isoniazid). Tuberculosis (TB) is a common and dangerous lung infection. It is especially common and deadly in people with HIV. Some HIV treatment programs are now giving medicine called isoniazid for 6 to 9 months to prevent TB. Note: it is important *not* to treat people who *already* have TB with isoniazid because people who already have TB need more than one drug. If possible, everyone should be tested for TB before receiving isoniazid, and no one with symptoms of TB (coughing, fever, weight loss, night sweats) should be treated with isoniazid without being tested first. See the section on TB in the appendix for more information about diagnosing and treating TB.

Bed nets treated with insecticides can prevent malaria, a common infection passed by mosquitoes. Problems from malaria are more common and dangerous in people with HIV.

Good nutrition and multivitamins improve the health and prolong the lives of people with HIV, and lower the chances of a mother passing HIV on to her baby. The best way to get vitamins is by eating a variety of nutritious foods like fruits, vegetables, grains, beans, eggs, milk, and meats every day. Taking multivitamin pills every day may offer additional protection.

Offering counseling, testing, and treatment for HIV to family members can help people with HIV talk openly about their status with their partners and family. It can help people with HIV get more support and help from their families, including the support they need to take medicines. It is also useful because many family members of people with HIV are also infected with HIV, but do not know it because they have not been tested. Providing testing, treatment, and a regular supply of condoms to people with HIV and their partners prevents transmission in a couple where one person has HIV and the other does not, and can help prevent transmission from mother to child. Providing testing to family members allows those who have HIV to seek care and treatment.

Social support

All people with HIV will at some time need help. In some countries this will come from their families. In other countries this will come from the community or the government. For example, counseling, home care, needle-exchange programs, and assistance with food, shelter, or transportation may all be available. Find out what services are available and direct people to them when needed. If there are no services available, start some. This may mean starting a support group for people with HIV, making a list of health workers and counselors who work with people with HIV, or setting up a “buddy system” where people with HIV volunteer to be friends to others who are infected. Be creative and talk with people who have HIV about their needs and how they can be met.

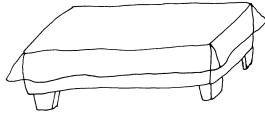
Home care

Most families take care of sick members at home. It is often the best way to care for people with HIV. But some people are afraid to care for loved ones with HIV at home. You can help people get over this fear and give practical advice on how to best give home care. With a few precautions, it is possible to care for people with HIV safely at home. You should remind people who are thinking of home care that HIV has never been spread by sharing food, cookware, towels, or other household items.

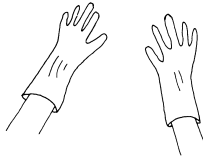
The real risk with home care is for people with HIV. They catch diseases from other people in the household, not the other way around. Even colds or the flu can be serious for someone with AIDS. Some simple things will help people live more happily at home. Living areas



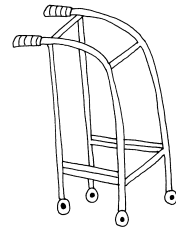
Supplies for home care



Plastic for bed



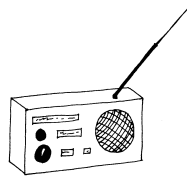
Gloves



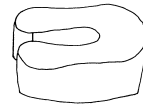
Walker



Plastic urinal made
from an old container



Radio



Bedpan or bedside
commode

should be clean. Rooms should have plenty of light and air. People with HIV can cook for others without any risk of passing the infection. If they have open sores they should avoid cooking until the sores are better. Anyone who cooks should wash his hands with soap and clean water before preparing food. Dishes should be washed in hot, soapy water. Foods that have dirt on them should be well washed. This is especially true for vegetables grown with animal or human stool as fertilizer. All people should wash their hands with soap after going to the bathroom to prevent the spread of disease.

There are many simple things that can be used to make life at home easier for people with HIV and their families. Some of them may already be in a person's home, such as a radio, a bedpan, gloves, or a walker.

People with HIV have many needs and there are never enough services to help. Money and other resources are often lacking and people with HIV and their families often feel alone in their personal struggle against the disease. You can be a source of hope and help for people and their families.

Home care in Zambia

The AIDS Care and Prevention Programme at the Chikankata Hospital in southern Zambia is a good example of home-based care and prevention efforts in Africa. The program's three-stage effort includes providing medical and nursing care, offering free counseling, and teaching other communities about HIV.

In the home care part of the plan, health care workers make home visits. These visits are made not only for people with HIV and AIDS but for people with serious conditions like epilepsy and cancer. This approach helps avoid discrimination against the people being visited. The home care team teach families about HIV and about practical matters in home care, like how to make a solution (oral rehydration solution) to replace fluids lost by diarrhea. They also draw blood samples and ask families how the team can best help them. Hospitals are often overcrowded and better care can be given at home. These home visits help both the family and the hospital work more effectively.



Support for health workers

People who counsel or care for very ill people sometimes become sad and tired. This “burnout” may happen if health workers do not have sufficient time to rest and talk about their own sense of frustration and loss.

Burnout can be emotional, intellectual, physical, or all three. It affects how people do their job. People start to feel tired, helpless, or hopeless. Even workers who usually have a lot of energy and hope may find themselves struggling with burnout. It is important for you to realize that this may occur and to take steps to avoid it.



Burnout

Here are some things that can help prevent burnout among health workers.

1. Keep a sense of humor; it helps in stressful situations.
2. Take on a variety of jobs so that you are not doing one stressful job all of the time. This will keep you interested in your work.
3. Make sure you work a reasonable number of hours. Most people who work too much do not work well after a while.
4. Encourage volunteers and reward them with parties or small gifts to let them know their work is appreciated. Make yourself available to answer questions, and acknowledge their efforts in front of others.
5. Recognize work that is well done. People need to know they are doing a good job. Each person needs something different, so give personal compliments.
6. Keep your eyes on the big picture—all the good things in life—so that you do not get lost in the day-to-day struggle.
7. Recruit people who are dedicated and are from the community with which they will be working. They are often more committed and comfortable with the job.
8. Give people days off from their jobs so that they can rest and recover from stress and the strong emotions they may experience at work.
9. Everyone can burn out, even a director or group leader. Be aware of signs of burnout in yourself and others, and work together to avoid it.

How to support Angela

“I do not want to live now that I have AIDS.”

Angela is clearly feeling sad and overwhelmed by the news of having HIV. This is understandable, but she has other reasons to be hopeful. She has HIV infection but does not have AIDS. She has a boyfriend who loves her and can help her cope with her illness. She has a family that cares for her. She will live to see the birth of her child. There are medicines that can treat some of the illnesses she will get in the future, and people with HIV are now living longer than they did in the past.

You can talk with Angela about telling her boyfriend about her HIV test. This will bring up many issues, including whether he or she has had sexual partners outside their relationship. It may help for you and Angela to practice how she will tell him that she has HIV. You can offer to talk with her and her boyfriend together about how to live with HIV. There will be many issues you will want to talk about with them, including whether Angela's boyfriend might want to get tested and the fact that the virus can spread from mothers to their babies. Angela may want to talk with other people, especially pregnant women, who have HIV. If there are no support groups in her area, you can help Angela start one. Angela spoke about not wanting to live. Talk about suicide should always be taken seriously. Try to meet with Angela regularly so that she does not feel alone. Encourage her to think positively.

Training HIV health workers

Phan's story

How do we learn?

Who will come to your training session?

Where should you teach?

Getting the session started

Helping others lead

Using language and methods that work

Serving as an example

After the session

Answering Phan's questions



Phan's story

Phan lives in Vietnam. He is a village health worker who recently took part in a training class on HIV in the nearby capital of Hanoi. He went because people in his village were sick with AIDS and a rumor had spread that the virus was in the village water. Phan did not think HIV could be spread by water, but he was not sure. He wanted to find out the truth.

After he returned from the training, Phan realized that his village needed more people who knew about HIV and AIDS. They would be able to teach others and stop false rumors about the virus. A few people offered to help do

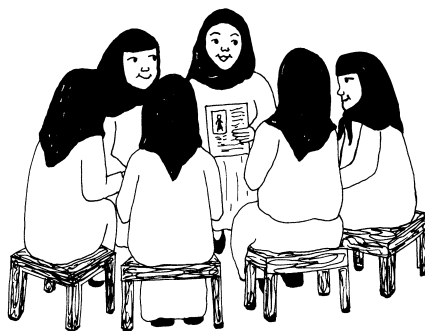
this. Phan has planned a meeting to speak about what he learned in the training class, but he is nervous about leading a group; he has always been more comfortable talking one-on-one. He wonders, “How do I stir up interest within the group? How do I involve everyone, even the people who usually get bored? What if people are too shy to talk about issues like sex and drug use?”

How do we learn?

The best way to learn something is by doing it. Most people learn to farm by working in the fields, instead of by reading about farming in a book. People can also learn from talking with each other, or reading, or hearing the advice of others. This chapter describes different ways to help people learn. It can be used as a guide for training health workers or teaching in the community. You can adapt the ideas in this chapter to meet the needs of your community.

A health worker’s most important task is helping people take control of their health. This is especially true for an HIV health worker because prevention is so important. Training sessions are an important part of this process. The best teachers get people involved and help spark new ideas. They do not confuse people or make them feel stupid for not knowing things or believing things that are not true. Good teachers do not bore people, because when people are bored they will turn away from the chance to learn.

Most of the teaching styles used in formal schooling are based on a teacher telling students what the teacher feels is important to know and then testing them to see if they remember it all. HIV health workers in the Dominican Republic say this is like “pouring water into a sieve instead of a pot.” Many times people do not remember information because they were not interested in



learning it in the first place. Many people have not gone to school and are not used to a one-way flow of facts from “teacher” to “student.” It is said that good teaching is drawing ideas out of students, not putting ideas into them. Sharing information in both directions is a better way for a health worker to teach.

Who will come to your training session?

Before you start your training session, think about who will participate. In some areas of the world, almost everyone has friends or family members with HIV. In these areas, many of the people in your training session will have HIV, and the discussions will be different than in areas where few people have personal connections with people who have the virus. Some people will have been inspired by friends or family with HIV to learn more about caring for people who are ill and preventing the spread of the virus. Others may be health workers, sex workers, or community workers active in HIV issues.

Think about having sessions that include people with similar backgrounds. For example, this could mean having one training group for teenagers, another for women, and another for people who have HIV. People have different reasons for becoming interested in learning more about HIV, and you can ask people to talk about some of these during the training sessions. Having groups made up of people with common backgrounds allows people to speak more freely about issues that they might not feel comfortable talking about in a larger group.

Child-to-child teaching

In many places in the world older children care for their younger sisters and brothers while their parents work. Some care for younger brothers and sisters because their parents have died. Few of them have the time to go to school. These children act as parents but often do not know how to care for babies and very young children. Many countries have started programs that work with these children.

Diarrhea is a leading cause of death in children. It can be especially harmful in children with AIDS. In Maharashtra, India, a child-to-child teaching program was started to help teach children about treating and preventing diarrhea. A health worker spends a few hours a day teaching the older children. Often one of the younger children has diarrhea. The health worker uses this as an opportunity to teach about the danger signs of dehydration (when the body loses too much water), how to make oral rehydration fluid, and when to visit a clinic for help. Children can follow the health of a friend with diarrhea as she is being treated. Often the children are inspired when the child gets better and they go home and teach their families what they have learned. You can bring children in your area together and teach them about HIV. They can then go home and teach their sisters, brothers, and parents.



Where should you teach?

Teaching can happen in many places. “Formal” teaching is usually done in a school, clinic, public building, or under a tree. Others teach “informally,” while cooking, walking, milking the cows, or weeding the yams. The best place to train people depends on whom you are trying to reach. For example, it may be better to talk with sex workers in the nightclub before they start work. This way they may think about what they learned while they work. Health care workers can be reached at the clinic. Teachers may feel most comfortable learning at school. You can use a barbershop to talk with men in the community. Traditional healers will learn better in their own homes than in a school or clinic. Find people where they live and work; do not make them come to you.

Getting the session started

How you set up your training session makes a difference. Sitting in a circle is a simple way to involve everyone. In a circle everyone can see each other’s face. People can share ideas more easily, instead of just being an audience for the teacher. By sitting on the same level as the group, you help people feel comfortable sharing ideas with you.

Later, especially if the group is large, you can split into smaller groups. The groups can then teach each other. Ask each smaller group to teach the larger group the most important things its members learned from each other.

Start the first session by explaining what you are planning for the day. Then ask people to introduce themselves. Self-introductions help people feel more comfortable talking to each other. One way to have people introduce themselves is to have each person explain who she is, why she came to the training session, and what she most wants to learn. Another way to start is to get a ball or a coconut. Have everyone stand in a circle and toss the coconut from one person to another. As each person gets the fruit have him say his name and where he is from and give a word describing himself that begins with the first letter of his name. For example, Kwame could catch the coconut and say, “I am Kwame from Accra, Ghana. Call me Kwame the king.” Yet another way to begin the session is to have each person turn to a partner and ask where the partner is from and why the partner wants to learn about HIV. Then each person can tell the group about her new friend.

You can ask people what they have already heard about how HIV is spread and how people get sick from the virus, and about any personal experiences they have had with HIV. This will show what people in the group are most interested in and what they want to learn more about; it gives you a starting place for introducing new ideas. It also helps everyone become comfortable talking in the group. Most important of all, discussing these issues lets the group understand that people have different beliefs and experiences with HIV and AIDS. Some of the people in the group may have HIV. If they feel comfortable talking about their experiences, this can be especially powerful for others. Personal stories make the issues the group will be talking about seem more important to everyone in the group.

Planning a training session: Before you start

Plan goals for your sessions:

- Design your training to meet the needs of the community.
- Design the training with the strengths and weaknesses of the group in mind.
- Choose how many people you want to train.
- Think about which exercises will work best for the group.
- Make any learning materials you will need, such as drawings or puppets.

Work with the community to:

- Choose the place for your session.
- Choose the best time (time of day, day of the week, and time of year).
- Make a schedule for the training sessions.
- Let people know about the meetings.

Once one person begins talking, others usually join in. A feeling of trust and cooperation can be built if everyone feels comfortable speaking. Trust is important. Talking about HIV means talking about sex, drugs, and other sensitive topics. In the beginning, it is easier for the group to answer general questions that do not make people uncomfortable. After talking about sex and HIV in a general way, people will be more comfortable discussing their own experience.

Pay attention to how you state questions. Closed-ended questions are usually not the best way to get a discussion started. For example, asking the group “Does everyone here use condoms regularly?” invites a “yes” or “no” answer and makes those who do not use condoms feel guilty about saying so.

During and after the training session

During the course

At the beginning of each class, explain your plan for the day.

Ask the group to make up some rules for the session. Here are some examples:

No one should be pressured to talk about feelings or ideas they are uncomfortable sharing.

Respect everyone's opinions about sexuality. Acknowledge and accept differences of opinion and experience.

Clarify the difference between "I believe" and "It is true that."

Establish confidentiality. Emphasize that no one should talk about other people's personal feelings or experiences outside the group.

Evaluate how your training is going:

Ask people if they are learning what they want to learn.

If they are not, ask for suggestions about how to change the training session to make it better. Should different issues be talked about?

Should the training be given in a different way?

After the course

Discuss ways that people can learn more on their own.

Make time for discussion of the course:

Ask the people in the group what they thought about the session and about ways to improve it; talk about successes and problems.

Have group members help organize the next session.

Instead, you might ask, "Why do condoms work against HIV?" Open-ended questions like this invite people to talk and share their ideas.

Notice who is talking in the group. Shy people do not talk very much. In some communities older people hold most of the authority, so younger people may not want to say what they think. In other cultures, the opposite is true. Both younger and older people's ideas are important for learning about HIV.



Encourage everyone in the group to speak.

In many communities women will speak less often when they are in groups with men than when they are in groups of women. This is a problem because women's opinions are important when talking about AIDS, and men and women need to talk about HIV together. One of the most important tasks in running a training session is to help everyone share their ideas. Ask each person in the group a question at some time during the training. Do not be afraid of silences. Allow at least three seconds for someone to answer a question—it may seem awkward at first, but more people will express their ideas if they think you are waiting to hear from them. You can ask quiet people to sometimes run the discussion. The idea is to try to bring out different points of view.

Fill in the blanks

People are often embarrassed to talk about sex. Even HIV health workers may be shy about the topic. But it is important for anyone talking about HIV to be comfortable discussing sex and body parts. Humor can help people relax during a training session and allow them to talk more comfortably about these topics. One option is to use a story with blanks. First draw pictures of different body parts used during sex, such as a hand, a mouth, a penis, an anus, breasts, and a vagina. Next, ask the group to give you all the words they know to describe each body part. For example, most people know many other ways to say "penis." Also ask the group for words to describe different sexual acts. Then, write on a chalkboard or piece of paper a story with blanks like the one that follows. Ask each person to read one sentence from the story (or you can read them out loud) and at the blank you point to one of the pictures you have drawn on the board. The person then picks a word from the list to fill in the blank. The next person fills in a word for the next blank. We have included an example below; you can change it to fit your community.

María: Hi, José! What's up? You look tired.

José: Hi, María. I was at home with Tina and I was feeling restless. I asked her if she wanted me to touch her _____ [breasts]. She said no but that I could kiss her _____ [mouth].

María: I understand. I was at the movies with Juan and asked him if he wanted to put his _____ [penis] in my _____ [vagina]. He said he wanted _____ [oral sex].

José: You should have told him that he could _____ [masturbate].

María: Life is complicated!

Helping others lead

Many trainers are surprised to find that there is a lot they can learn from the people in their training sessions. Teaching is sometimes the best way to learn. Medical students in the United States have a saying: “See one, do one, teach one.” If someone in the group has special knowledge or skills, she can help teach the group. For example, you can ask a midwife to teach the group about how a baby is born and ways that midwives can protect themselves and their patients from getting HIV. Having people in the training session teach each other helps everyone—including you—learn.

Good trainers often say there is no such thing as a stupid question. If someone has a question, others in the group often have the same one. Try to answer questions when they are raised, rather than at the end of the training session. This way questions are not forgotten along the way and anything that is confusing can be made clear before you move on to the next topic.

Using language and methods that work

Try to teach at a level that is understandable for most of the people in the group. Asking questions will help you know if people understand what you are saying.

You can change your teaching style to fit the group. Some people learn better from a story or pictures. Others learn better if an idea is written down. Think ahead before trying a new method. For example, if people are not used to seeing drawings that represent a larger-than-life view of an object, you may get unexpected reactions. Drawing a virus on the chalkboard may lead people to believe that viruses are huge. Because they have never seen something that looks like your picture, they may even think HIV does not exist in their area.

Explain words or ideas that are new to the group. Add enough new information each day to keep people interested, but not so much that people are



overwhelmed. When possible, give new information in a meaningful way by using practical examples from real life.

Brainstorming

“Brainstorming” is when a group of people get together and share their ideas about how to solve a problem. A brainstorming session about AIDS might start with the question “Why are people afraid of people with AIDS?” The group can talk about people’s fears of death and catching the virus. You can talk about these fears and about how HIV really is and is not spread. When brainstorming, write the answers down so that people can see them. Talk about which ideas are most helpful and follow through with the ones that seem best. At the end, discuss the answers and give out tasks for the next meeting. You can use brainstorming to define a problem and to develop a solution.



Using pictures

Many trainers use pictures as a means to start a discussion in a group. Pictures are especially useful with people who cannot read, but they can help everyone. Asking the group what a picture means to them will raise different points of view. Let each person tell everyone else what he sees. You should avoid explaining the picture before hearing everyone’s ideas; let each person think for himself. For example, you can ask people what they think of a picture of a man in a pharmacy. To get the discussion started, ask a simple question such as, “What is this man buying?” Someone



might answer that he is buying condoms, and this might start a discussion about how condoms help prevent the spread of HIV. Someone else might answer that the man is buying medicine, and this might start a discussion about whether there is a cure for AIDS and whether there are medicines for people with HIV and AIDS.

Using role plays

Learning by playing games or watching a play can work better than listening to a lecture. In a role play, people take the role of a character in a difficult situation and act out real-life problems. This helps the people acting and the people watching deal with their own problems. Role plays help people prepare and practice what they would say or do at a difficult time; they bring situations to life. Many situations do not seem complicated when you hear about them, but acting them out while the group is watching can bring out difficulties that appear in real life. Role plays help people to think of creative solutions to those difficulties. Role plays can help people overcome shyness, embarrassment, or fear. You can use a role play to help a person practice telling his partner his HIV test results or asking a partner to have safer sex. Role plays can show the worst and the best things that could happen in a given situation.

A role play

Ask two people in your group to act out a role play involving a husband and wife. One person plays the role of the man, who works five days a week in another town. The other plays the woman, who works in the market at home. The man has started to have sex with another woman from the town where he works. He loves his wife and his girlfriend. Unfortunately, he has recently found out he has HIV. He thinks he got it from his girlfriend. Now he wants to use condoms when he has sex with his wife, but he is afraid that if he tells her about his girlfriend or that he has HIV, his wife and family will disown him. In the role play, the two people can act out the conversations that the man might have with his wife or girlfriend.



Finally, role plays can help people understand other people's points of view. People in a role play can act their parts for a few minutes and then trade roles. This helps them understand both sides of a problem. It also will help them see how another person would talk about the same problem. Afterward, the group watching the role play can brainstorm with suggestions from their own experience or ideas on how to make talking to each other easier. Two new people from the group can repeat the role play and the group can give more ideas about what they thought worked and did not work.

Serving as an example

Others will learn from your example as a group leader. A leader encourages everyone in the group to participate in learning and teaching. You will set a good example if you show that you are willing to accept your own mistakes and lack of knowledge. When you are genuinely concerned about people with HIV, the people in your training sessions will be too.

Practice what you teach. If you want people to participate, do not spend the entire training session lecturing. Teach through stories, skits, games, and role plays. Think about taking the group to visit an HIV project in another town. Some trainers like to have different activities on different days. For example, Tuesday could be a day for trips to other places to learn from people doing similar work; Wednesday could be a day for working on a play; Thursday could be a day for more traditional lecture-style learning. If the group meets once a week, each meeting might be structured differently. After trying different ways to organize the sessions, you can choose the ways that work best for each particular group. You will know your training is successful when group members are able to teach other people what they have learned.

After the session

Plan for follow-up and support after the training session. Decide how much supervision the new workers will need. How will they start using their new skills? Will they learn best if in the beginning they work with other, more experienced health workers who could give them advice on how they could be better? Will after-work meetings help them learn from common mistakes and experiences? There is always more to be learned. A program of ongoing training will help people continue to learn.

An example of a one-day training workshop for HIV health workers

1. **Introductions:** Divide the group into pairs. Have the two people in each pair talk to each other about themselves and what they want from the training. Gather everyone in a circle and ask each person to introduce her partner to the group. (15 minutes)
2. **Objectives:** Discuss what people in the group want to learn by the end of the training. What would they like to be able to do with this information? (15 minutes)
3. **Exercise 1:** Brainstorm with the group on the ways people can and cannot get HIV. Ask the group members for questions or worries about HIV. The goal is to review how HIV is spread and to help people share their concerns. This exercise helps people talk to each other and make learning goals for the training session. (45 minutes)
4. **Presentation 1:** Give a presentation about how to identify and counsel patients at high risk for HIV. Include basic information on the spread of HIV, HIV testing, and counseling. (1 hour)
5. **Exercise 2:** Split into two groups for role plays. Each group can plan a role play, act it out, and then lead a discussion with the whole group. The first play can describe a man and a health worker talking. The man wants an HIV test because he had sex with a woman he visited while traveling (see Chapter 8). The second play can be about a married woman who is worried about being pregnant and having HIV (see Chapter 9). (1 hour)
6. **Lunch** (1 hour)
7. **Presentation 2:** Give a presentation about social issues in HIV counseling, including ethnicity, religion, sexual orientation, and drug use. The goal is to help people better understand those from different backgrounds, and to use this information to improve HIV counseling. (30 minutes)
8. **Exercise 3:** List words used to describe different groups of people in your area. Some of these words will carry negative associations. Talk about the list. The goal is to learn about negative ideas people may have about certain groups of people, and how these ideas can get in the way of HIV education. (1 hour)
9. **Exercise 4:** Act out another role play to develop different ways to talk about sex. Divide the group into pairs: One person plays a young woman who wants to talk about “safer sex” with a new boyfriend, the second person plays the boyfriend, who would like to have sex with the young woman. The group can watch the two actors and then talk about their behavior. (1 hour)
10. **Summary and evaluation:** Talk about the training session and about local support for HIV activities. Discuss follow-up training. Have a final round of questions and comments. (30 minutes)
11. **Future plans:** Ask people in the group to discuss what they plan to do about HIV in their communities. (30 minutes)

Answering Phan's questions

“How do I stir up interest within the group? How do I involve everyone, even the people who usually get bored? What if people are too shy to talk about issues like sex and drug use?”

To stir up interest, it is important that Phan helps the group teach itself about HIV. This means that everyone should have a chance to talk. Phan can ask the group members to sit in a circle and introduce themselves. He can use a picture or a specific question about HIV to get people talking. Different people from the group can write people's questions on a chalkboard. Early in the training, Phan can ask why each person is interested in HIV and AIDS and what he wants to learn. Some people do not like to talk about sensitive issues like sex; in order to make the discussion easier, Phan can have everyone act in role plays. He can break up the large group into smaller groups to talk about different ideas. The small groups can then return to the bigger group and explain what they learned. After the training session, Phan can ask the group what worked, what did not work, and how to make the training better next time.