General Understanding
This session is important to lay the groundwork for HIV transmission. Through a combination of choices, we can reduce the risks of transmission of the virus. Ensure that you play the transmission game and you can refer back to it or play in other sessions. **DO NOT** skip this session, as it provides the basis for making accurate, informed choices for one’s overall health and well-being.

### Materials needed:
- Flipchart paper and pens

### Equipment and preparation for the transmission game, namely
- Jars for holding water for each participant
- Clear vinegar
- Baking soda/Bicarbonate of soda
- Teaspoons

### Equipment needed for demonstration of barriers to HIV transmission
- Orange or other citrus fruit
- Knife
- Hollow bore needle (if available)
- A balloon
- Cottonwool

### Equipment needed for a demonstration on viral load
- Food colouring
- 3 Glass jars
- Large glass jar
- Water
- Spoon
### Session Objectives

| **HIV Transmission** | Familiarise participants with the three necessary criteria for HIV transmission, namely:  
| | HIV needs to be exposed to human blood to be transmitted.  
| | HIV needs to be exposed to human blood for a length of time  
| | HIV needs to be present in sufficient quantities  |
| **Session Overview** | This session includes a game looking at the transmission of HIV and the various barriers there are to HIV transmission. There is a demonstration on viral load.  |
| **Key Message** | Transmission is not random – we can control it  |
| **Expected Learning Outcomes** | Participants know what the criteria are for HIV transmission  
| | Can begin to identify ways of reducing the risks of transmission  |
| **Toolkit References** | ARV’s  
| | Condom use  
| | Mutual Fidelity  
| | VCT  
| | MTCT  
| | Sterile surgical equipment  
| | Male circumcision and cultural scarification  
| | Sexually transmitted infections  |
| **Time needed:** | Transmission game 30 minutes  
| | Demonstration on barriers to HIV (30 - 45 minutes)  
| | Demonstration on viral load 30 minutes  |
Note to facilitator:
You will need to plan for this game well before hand to ensure you obtain the right chemicals. You can access most of the material from a local school with a science laboratory or from your local chemist.

Introductory game:
This game is very important to play because it shows two things:
1. You cannot “see” the transmission of HIV, you do not know who is HIV positive.
2. It clearly shows how HIV is transmitted even if there is only one person infected.

This game primarily focuses on sexual practice, but it is also effective in showing how blood contact can lead to high levels of HIV transmission.

Game:
Introductory game: Transmission Game

Note to facilitator:
You will have to plan for this game well before hand to ensure that you have the right chemicals. You can get most of the material from a local grocery store.

This game is very important to play because it shows two things:
1. You cannot “see” the transmission of HIV, you do not know who is HIV positive.
2. It clearly shows how HIV is transmitted even if there is only one person infected.

Game:
You will need:
- Colourless vinegar.
- Water
- Baking powder
- Glasses, or drinking cups
- Teaspoons

Each person needs to receive a slip of paper with a role written on it. Ensure that each person has a role and that they are not to tell anyone what their role is. You will need to have three people who have role 1:
1. Your role is to exchange fluids as often as possible with anyone you want. If someone doesn’t want to exchange fluids with you, find a way to persuade them. **Your aim is to exchange fluids as often as possible.**
Your role is always to say “NO” if someone wants to exchange fluids with you. **Your aim is not to exchange fluids at all.**

Your role is to exchange fluids only with your first partner and encourage them to exchange fluids only with you. Say “NO” to anybody else. Try to prevent your partner from exchanging fluids with anybody else. You may exchange fluids with your partner as often as you want. **Your aim is to exchange fluids with your partner ONLY, when you want to.**

- Pour pure vinegar into three glass jars. Give these to three people who are assigned role 1. These people are HIV positive. Everyone else receives a plain glass jar of water.

- Before the game starts use your own 2 jars to show everyone how to exchange fluids. The people sharing fluids must pour the full contents of one jar into another and give it a good stir. They will then return half the mixture to the empty jar. This is considered a complete exchange of fluids.

- Ask every one to move around playing their role. They can do this for five minutes.

- Then take each jar and test it: Pour baking powder into each jar. Every jar that fizzes is an HIV positive jar

- Tell the group that you started with three solutions that were HIV positive. Have a discussion about the spread of HIV, how it was spread, how people who were encouraged to have only one partner or who said “NO” where persuaded to exchange fluids. If you handle this correctly you can have a very deep discussion on the transmission and prevention of HIV.

- Ask every one to move around playing their role. They can do this for five minutes. How do they exchange – by pouring?

- Have a discussion about the spread of HIV, how it was spread, how people who were encouraged to have only one partner or among those who said “NO” were persuaded to exchange fluids. If you handle this correctly, you can have a very deep discussion on the transmission and prevention of HIV. It will be important to bring into this discussion that HIV can only be transmitted through BODY fluids, and even then only through “high risk” body fluids; these being semen or vaginal fluids, blood and breat milk.
How is HIV transmitted:

Note to facilitator:
This is a quick information session.

High risk:
- Blood
- Milk
- Vaginal fluid or Semen

Note that part of the human tragedy... our most intimate relationships - our first relationship with our mothers, our adult sexual relationships, and our relationship with humanity of giving blood to save lives.

Effective transmission:
- HIV must find a way to enter the blood stream
- HIV needs to be present in sufficient quantities
- Duration of exposure needs to be long enough

HIV must find a way to enter the blood stream:
The skin – our first protection against HIV

Activity:

You will need:
- An orange or a citrus fruit. If you can, get each person an orange.
- A knife
- A hollow bore needle and syringe (if you have access)

Ask participants to describe the texture of the orange. (Note that an orange most closely resembles human skin. Doctors and nurses begin practising injections on oranges before they are allowed to practice injections on patients).

The outside of the orange is like human skin – it forms a barrier against infection, HIV included. The skin is the most effective barrier against the virus.
Now cut the orange. Hopefully some of the juice will spill out. The juice represents blood. Stress that once the skin is broken in some way, the skin can no longer provide a protective barrier. Thus any open sore provides an opening for HIV to get into the blood stream. Cuts also provide an idea opportunity for HIV to enter the blood stream.

Take the syringe and hollow bore needle and inject it into the orange. Pull some of the juice into the syringe. Take the syringe out of the orange and show people that there is juice both in the syringe and therefore in the needle. This is similar to how blood gets into a needle and syringe from the human body.

Go to someone else’s orange or even your own and inject the contents of the syringe. Again, remove the syringe. There should still be some juice left in the syringe and therefore on the needle. Explain that as unsterilised needles move from person to person they break the barrier of the skin and, therefore HIV has access to the blood stream.

Note to facilitator:
When this exercise is complete, you need to stress that HIV needs to enter the blood stream.

Activity:
On flipchart ask the group ways in which HIV cannot get into the blood stream. Try to get a similar list to the one below:

- Holding hands
- Eating off the same plate
- Sneezing
- Using a toilet
- Drinking the same water
- Contact with low risk bodyfluids like tears or sweat or saliva or urine.

If a person in the group says that you can contract HIV from one of the above methods, go back to the orange. Stress that the skin, just like the skin of the orange, provides an excellent barrier of protection because it is tough, has many layers, and is not easily broken. HIV needs to enter the blood stream through the skin, which is difficult.
If people mention kissing or oral sex – put it on the “parking lot”, as this topic will be discussed in the following activity.

Our mucus membranes – not as good as skin (Mucus membrane and skin are part of the same “organ group”, the durmis).

Activity:

You will need:
- A balloon – blow it up

Compare the blown balloon with the skin of the orange. Ask people what the differences are and compare their relative toughness. Explain that the balloon is similar to the mucus membranes in your mouth as well as the very porous mucus membranes in the genitals, the anus and rectum. These membranes are easily torn – pop the balloon at this point for effect.

Ask people to feel inside their mouths and ask them how this feeling differs from the toughness of the skin. Remind them that the mucus membranes they are feeling are easily broken. Furthermore, the mucus membranes in the genitals, anus and rectum are even more delicate. They tear easily. Thus exposure in these areas to blood, milk and vaginal fluid or semen can provide direct access for HIV into the blood stream.

These barriers are not as effective as the skin.

What about kissing?

- Information: The mouth is a good barrier against HIV (although not as good as skin) because the mucus membrane is not porous. Furthermore, saliva breaks down HIV. Thus: HIV is often not present in saliva
- You would have to be exposed to many litres of saliva as well as have sores in your mouth to get HIV from kissing (bleeding gums).
- There have been no reported cases (in over 20 years of tracking transmission) of a person getting HIV from kissing.
- We spoke earlier of the need for HIGH viral load or numbers of viruses. Saliva is a very low risk bodily fluid because when HIV is present in saliva it is always present in very very low quantities.
Enjoying a good kiss and cuddle, it is good for building an intimate relationship and not transmitting HIV.

**Sores in the mouth:**
If you or your partner have sores in your mouth or on your lips then you should refrain from kissing. Sores, dental work, or damage to the mouth will lead to blood in the saliva of the mouth. Blood can have an extremely high concentration of HIV and contact with wounds in the mouth can lead to transmission.

**What about oral sex?**
This topic is covered in detail in the section on safer practices.

---

**HIV TRANSMISSION – BODILY FLUIDS**

This section is brief since issues of sex and sexuality are covered in other sections of the toolkit.

<table>
<thead>
<tr>
<th>Session Objectives</th>
<th>HIV transmission through vaginal and semen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Overview</td>
<td>There are several discussions in this section</td>
</tr>
<tr>
<td>Key Message</td>
<td>Semen and vaginal fluid have high concentrations of HIV – you can prevent transmission of HIV if you adopt SAFER practices</td>
</tr>
<tr>
<td>Expected Learning Outcomes</td>
<td>Participants know how HIV is transmitted through contact with vaginal fluid and semen Can identify ways of reducing the risks of transmission</td>
</tr>
</tbody>
</table>
| Toolkit References | ARV’s  
Condom use  
Mutual Fidelity  
VCT  
Sterile surgical equipment  
Male circumcision and cultural scarification  
Sexually transmitted infections |
| Time needed        | 1 hour |
Note to facilitator:

This section is mainly informative. Note down any questions that people have in terms of transmission, as these are dealt with in other sections of the Toolkit.

Remind participants that HIV needs to enter the blood stream to infect a person.

<table>
<thead>
<tr>
<th>Fluid</th>
<th>High Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Seminal Fluid</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vaginal Fluid</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Breast Milk</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tears</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sweat</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Saliva</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Low risk bodily fluid:

Saliva:
- There is very little HIV present in saliva. Thus kissing HIV positive people carries very little risk of infection. There is no known case of infection through saliva.
  - The danger through transmission through kissing arises when people have open sores within or on their mouths. You probably do not want to kiss anyway under these conditions.
  - Bleeding gums through tooth brushing generally is not a concern, as the mouth heals these small tears within a matter of minutes.
  - Bleeding gums due to a gum infection is problematic, as the body finds these wounds difficult to heal. Furthermore, there will be CD4 cells present in these areas trying to control and manage these infections.

Note to facilitator:

When discussing points above, emphasise the potential risk of blood-to-blood contact with mouth wounds, not saliva. Or semen to blood contact. It is not saliva contact that is important.

Tears and Sweat:
- Like saliva there are very low levels of HIV present in both tears and sweat. We know that HIV transmission is related to the concentration of HIV in the body fluid concerned. Here the concentration is so low that there is no risk of transmission at all. It is absolutely safe to hug, hold, wipe away tears, kiss away tears etc. There is no recorded case of any transmission via sweat or tears.
Urine:
- Urine is another body fluid which, while having very low concentrations of HIV, has never been known to cause the transmission of HIV. For homecare workers in particular, normal hygiene should be observed while cleaning patients, but the body fluid you should be most careful around from an HIV transmission point of view is blood.

High-risk bodily fluids:

Breast Milk
This is discussed in HIV transmission – breast milk in great detail

Semen
Seminal fluids carry a large amount of HIV. Semen’s method of entry into the body is generally through very delicate parts of the body, which increases risk of transmission.

The mucus membranes of the vagina, rectum and anus
Vaginal sex:
The vagina is a very delicate region of the body. The vagina contains natural bodily processes that protect it from infection.
- The vagina constantly produces a mucus lining that protects both the vagina and the uterus.
- The vagina produces mucus during sex that protects the delicate wall of the vagina and cervix.
- There is a large concentration of immune cells around the vagina, ensuring that the environment is kept clean and infection free.
- During sex, however, there can be microscopic tears to the vaginal wall caused by the friction between the vaginal lining and the penis. These tears give semen direct access to the blood stream and to a blood stream rich in CD4 cells. HIV positive seminal fluid carries high risk of transmission.
- Sex during a woman’s menstruation also provides an ideal environment for HIV transmission.
  - Firstly there is blood involved. If a man has tears on his penis then there is a high risk of HIV infection.
  - Secondly, during menstruation the lining of the uterus gently tears away from the walls of the uterus leading to small tears in the uterus – an area rich in blood supply.

CAUTION

- Semen stays in a woman’s body for between 3 and 5 days, which means that there is ample opportunity for infected semen to get into the blood stream.
- Generally, a woman’s first sexual experience provides trauma to the vaginal area. There can be severe tears in the vaginal wall and cervix, which lead to a high risk for HIV transmission.
- A woman’s cycle provides higher risk periods for vaginal trauma and therefore heightened vulnerability to HIV transmission. After menstruation, the vagina does not secrete a lot of the protective mucous lining. Thus sex during this period can cause small tears in the vagina for easy access of HIV to the blood stream.
- During pre-menopause and menopause most women will suffer from severe vaginal dryness. Once again, this causes tears in the lining of the vagina – easy access for HIV. During this time, it is advisable to use lots of lubricant with the condom, as this will provide more protection and also more pleasure for both parties.

Vaginal fluid:
- Vaginal fluid also has a high HIV content. Sexual transmission is high if there are tears on a penis or during oral sex. The inside of the foreskin as well as the inside of the urethra are also highly sensitive to HIV infection via vaginal fluid.

Anal sex, (both women and men):
This sexual practice is a high risk practice for HIV transmission and other sexually transmitted infections practiced without the necessary safer practices.
- The anus contains a very thin lining. Furthermore, due to diet, stress and tension, and conditions like haemorrhoids there can be severe tears in the anus which increase the risk of HIV transmission.
During anal sex the anus does not generally produce a sufficient amount of lubrication which means that more often than not tears in the anus wall will occur during sexual activity. The anus is much smaller than the vagina and thus the risk of trauma is greater.

To decrease the risks of HIV transmission use lubrication as well as condom.

CAUTION

- Anal sex is often practised by heterosexual couples to prevent pregnancy. Focusing exclusively on pregnancy, they forget the real dangers of HIV transmission as well as other sexually transmitted infections. In parts of Africa where there is an increased focus on virginity testing before marriage, many young girls engage in anal sex with their boyfriends to remain vaginal virgins for the tests before their marriage. Anal sex should always be performed with a well-lubricated condom due to the high risks of infection.

A note on sexually transmitted infections

- Common sexually transmitted illnesses will always create tears and wounds in both vagina and mouth and on a penis or round an anus. The complications of these illnesses are immense not only in terms of HIV transmission but also to the health of the person.
- A SAFER practice is to see a doctor and get these treated as soon as possible.
- A SAFER practice is to abstain from penetrative sex if you know you have a sexually transmitted disease. Mutual masturbation or solo masturbation would be possible in these circumstances if you use condoms for mutual masturbation.
- For many people, women in particular, they will not know they have a sexually transmitted illness until they are in the severe stages of the infection. If you have sex without a condom you are at risk, which increases the risk of HIV transmission.
- Cervical cancer is widespread in the developing world. It also causes tears in the lining of the cervix and an easy entry for HIV. There are simple tests to detect this form of cancer, but access to such healthcare is not always possible. Always use a condom to prevent not only HIV transmission but also cervical cancer and the transmission of other STIs.
Activity:

You will need:
- Cotton wool

Again, remind people of the difference between the skin and the delicate membranes of the mouth. Explain to participants that the mucus lining the vagina, anus and rectum are even more delicate than the mucous membrane of the mouth.

Ask the participants to role out their balls of cotton wool. Ask them to role it out as thinly as possible. They should notice that the cotton wool becomes damaged – it develops small holes and tears in the fabric. Explain that this represents any friction in the vagina, rectum or anus which can lead to breakages in the mucous membranes. The mucous membranes are easily damaged, which provides access to the blood stream and therefore can provide HIV access to the blood stream.

Notes for facilitator:

This illustration is a good way of explaining why HIV can access the blood stream so effectively through the genitals. Walk the participants through the drawing carefully. Note that you will do two drawings. However, the drawings are presented here separately to more clearly walk you through the steps when explaining to participants.
Draw the following picture for the participants:

Anus and rectum

- Blood stream
- Lining of rectum - there is no lubrication thus easily torn
- Rectum
- Anus

Vagina

- Blood stream
- Vagina
- Lining of vagina - there is lubrication thus not as easily torn as anus
HIV positive seminal fluid allowing HIV to enter the bloodstream through tears in the rectum or vagina

Explain that in order to infect a person with HIV, one needs penetrate the mucous membranes of the vagina, anus and rectum where fluids can enter the blood stream. Explain how the skin of the penis is tougher than the membrane of the vagina so risk of transmission to men can be less. The urethra of the penis (this is the small hole at the tip of the penis where urine is excreted) gives access to the same type of membrane for a man, but access is more protected. Within the blood stream, there are specific cells to which fluids will attach themselves—CD4 cells and taxi cells (Langerhans cells).

Ask participants: How does HIV cross the barrier of the mucous membrane into the blood stream? You should get the following:
Breaking the membrane through:
- sex
- inserting objects into the vagina, rectum or anus
- dry sex
- sexually transmitted infections that cause sores and tears

HIV

HIV enters the blood stream and attaches itself to the CD4 cells where it begins the replication process. Or, HIV attaches itself to the taxi cells where they are then transported to the lymph nodes where the CD4 cells are manufactured. Here HIV can transfer itself to the newly made CD4 cells and begin to replicate.

HIV needs to be present in sufficient quantities
Activity:

You will need:
- Food colouring
- 3 Glass jars
- Large glass jar
- Water
- Spoon

Put the water in all three of the glass jars. In the first jar put 5 drops of food colouring in the water and stir it up, in the second put at least twenty in the jar. And in the third put over 50 drops of food colouring in the jar (the colour of the last jar should be very vivid). Stir this up. Ask people to notice what they observe.

They should note that the colour becomes more vivid as more food colouring is put into the water. This represents the quantity of the virus in an HIV positive person.
- The first jar represents an HIV positive person who has an undetectable viral load. This is generally due to ARV treatment.
- The second jar represents a person who is HIV positive and the viral load is detectable. This is during the phase after the window period and before the CD4 count has reached levels less than 350.
- The Third represents a person who is in the AIDS phase of the infection or who is in the window period. The virus simply overwhelms the body’s immune system

Fill the larger jar with water. This represents the blood of a person who does not have HIV.

Discuss that this as follows:
- HIV transmission depends on the quantities of the virus present in the fluid – either blood, breast milk or other bodily fluids.
- Take the first small glass jar and tip it into the larger jar. You should notice that the colour of the larger jar is barely changed. This is an example of exchange of bodily fluids where the virus is undetectable. Can you think of examples of where this can happen:
- Unprotected sex with an HIV positive person whose viral load is undetectable (See the Christo Greyling story in the condom module).
CAUTION: This should only be done with close medical supervision.

- Does this mean that the virus can be transmitted? We are not sure as we do not know how much HIV is needed to begin the process of replication. Thus SAFER sexual practices are ALWAYS necessary.
- Take the second small jar and pour it into the large jar. You should notice that the colour is now visible. In the small jar there was enough colouring to change the colour of the large jar dramatically. This exchange of fluids shows that if there is enough HIV present in the bloodstream of the first person it will pass to the second given the right conditions. The second will then test positive for HIV in 6 weeks to 12 weeks time.

Discussion:

Have a group discussion about these questions:

- What are the implications of the above for you if you do not have HIV?
- What are the implications of the above for you if you have HIV?

Final Comment:

Monitoring concentrations of HIV in the bloodstream is not a complex process but getting access to this can be problematic. So, do not take any chances:

- Wear condoms – do not have unprotected sex – whether you have the virus or do not.
- If you are on ARV’s ensure that you are taking them according to the correct protocols.
- If you are breast feeding follow the advice given by your clinic sister to minimise the transmission of HIV to your baby. We will discuss how you can do this safely in a later module.
- Kiss, cuddle, hug, eat, bath and live life as normal – a little care will ensure a happy long life.

We do not know how many actual copies of HIV per ml it takes to infect an individual — it could be as low as one but we simply don’t know. So always protect yourself, your partner and your community.

Duration of exposure needs to be long enough

We do not know exactly what “long enough” means. We cannot tell people whether you need to be in contact with HIV positive body fluid for 5 minutes or 5 hours before infection is said to have taken place. However, what we do know is the following:

- Blood has the highest concentration of HIV. Thus needle stick injuries, or exchange of blood on a circumcision blade, or intravenous drug users all have a high risk of transmitting HIV.
HIV Transmission: Vaginal Fluid

- Vaginal fluid is also a high risk fluid when it comes to the transmission of HIV. Men can get HIV from a female partner who is HIV positive because of the high concentration of HIV in the fluid.
- The penis is a sensitive organ and, during sex, there can be lesions of the penis that will ensure that the HIV present in the vaginal fluid gains direct access to a man’s blood stream. This can be true even if your partner’s vagina is very well lubricated during sex.
- Remember that during her period there is a lot of blood present in a woman’s vagina. This mixed with vaginal fluid is a very high risk concentration of fluid and provides the ideal environment for HIV transmission.
- After sex, the vaginal fluid of the woman remains on the penis. If there are lesions, there is ideal access for HIV into your blood stream from the vaginal fluid.
- A shower after sex does not reduce the risk of HIV transmission:
  - Remember this duration of exposure to HIV is a key determinate of transmission. Thus the point of highest risk is during penetration.
  - Furthermore, we do not know if blood needs to be exposed to a high risk fluid for 5 seconds or five minutes. The time you take from point of sex to shower could provide the right time for transmission.
- A shower to prevent HIV transmission is not an effective prevention strategy. Use a CONDOM.
- The head of the penis, if it is protected by foreskin, is highly sensitive and lesions can easily occur in this part of the penis during sex.
- Any sores on the penis will present an opportunity for transmission of HIV from female to male.
- If you engage in mutual masturbation and there are wounds on your fingers or in your mouth, these wounds can give HIV from vaginal fluids direct access to your blood stream. You can use a condom on your fingers and there are special condoms designed for oral sex.

CAUTION

Male circumcision is currently being highlighted as reducing the female to male transmission rate. This is because, once the foreskin of the penis is removed, the skin on the head becomes tougher and lesions are less likely to occur. However, it does not mean that circumcision reduces the risk to zero.
- During the first six weeks after a circumcision is performed, the wound is very tender. Sex during this period can open a substantial wound on the head of the penis. Thus, any exposure to HIV positive vaginal fluid will result in transmission.
- The penis is still a delicate organ and thus remains vulnerable to lesions during sex.

Thus, always wear a condom.

Once again – protect yourself.
Living with HIV

**Session objective:**
To help participants explore the feelings, thoughts and challenges faced by people living with HIV.

**Time:**
1 hour.

**Materials / preparation:**
Flipchart and markers.

**Session overview:**
This session involves group discussion and a drawing exercise.

### Drawing activity on HIV and AIDS

- Explain the purpose of the session and divide participants into two groups, either separate female and male groups, or mixed groups.
- Ask them to discuss in their group what people living with HIV often go through and feel. They must focus on both the positive and negative.
- They must then represent this through a drawing.
- No word should be used in the drawing except HIV.
- In the discussion of the pictures make sure that you look at both the positive and negative aspects of being HIV positive.
- Discuss the issue of stigma and the negative effects of it on people living with or affected by HIV.

### Tips for facilitators

- The drawing exercise is a method to help us reflect on what people living with HIV go through. It can be used in communities where people are illiterate to help them reflect on the stigma and the way they treat people.
- Please note that if you are not able to get a person living with HIV to attend and are not able to source a DVD testimonial from such a person, then this session can last longer so that it deals comprehensively with issues of living positively with HIV.

### Points to remember
It is important to handle this discussion with sensitivity and to recognise that there may be people in the group who are living with or affected by HIV personally.
Person living with HIV (PLHIV) Guest speaker

<table>
<thead>
<tr>
<th>Session objective:</th>
<th>To get participants to interact with someone living positively with HIV, and get a chance to ask additional questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>1 hour.</td>
</tr>
<tr>
<td>Session overview:</td>
<td>Participants are addressed by a PLHIV and get the chance to ask questions.</td>
</tr>
</tbody>
</table>

**PLHIV Guest Speaker:**
Invite a guest speaker who is livingly openly and positively with HIV to address the participants on issues of living with HIV.
Allow the speaker to talk for 30 minutes, and then allow time for questions.

**Points of remember**
This is an important session as it gives the participants a new perspective and makes them take in new information from different angles.

**Tips for facilitators**
- It may be necessary for this session to be allocated another time, depending on the availability of the guest speaker.
- If it is not possible to get a PLHIV as a speaker, you may source DVD testimonials that are available from PLHIV networks in your area.
Explaining HIV to children

Children need hands on, interactive activities to really understand the nature of HIV. Here are some fun activities. You want them to understand that HIV is a virus that attacks the immune system. You also want them to understand that when someone has HIV they need to look after themselves and take their medication when this becomes necessary. If children understand the importance of HIV and good HIV management they can be powerful advocates in families for SAVE practices.

Note that the section on CD4 count and viral load should not be included for children as this does make understanding the virus unnecessarily complicated for them. The essential information is that HIV attacks the immune system.

Activity:

- These activities are planned for children from aged 6 – 10 years. You can get more sophisticated for older groups. They can build bigger models and can get very excited about the whole creating process. This is important because it gives children a sense that HIV can be managed.
- Divide the children into groups of between 4 and 6.
- Each group is going to build a house. Give each group boxes, glue and crayons. They can also use clay and a variety of grasses and leaves to make their houses. Give them time to make their houses. They can get very involved and intense – thus plan on this being a 45 minute activity. Encourage them to make their houses as beautiful as possible.
- You will need to have built your own house. Build it in such a way that it can be taken apart very easily.
- Once each group has made a house, ask each person in the group to make four figures of people. They will need to make a thief, a policeman, a gangster and a superhero. You can use clay for all these people. Thus each child will have their own thief, policeman, gangster and a superhero. Ensure that you have one of each as well.
- Once you have had fun creating tell the following story, let the children help you.
- There is a system inside your body that is very much like your house. It is called the immune system and protects you from germs. If you get sick it helps you get better. You can make it strong with good food, water, sleep and exercise.
  - Ask the children: Look at the house you have built and tell me what makes it strong?
One day a thief comes into the house and begins to steal things. The thief is called HIV.

- Use the thief you have made to go inside your house and steal something.
- Ask all the children to use their thief so steal something from your house.
- Ask the children: How would you feel if thieves came into your house and stole things?
- Ask the children: “What would you do”?

As the owner of the house you call the police. The police take a while to come so the thief, HIV, can steal some more of your house.

Once the police come – the anti-HIV crime fighting unit – the thief HIV finds it a little more difficult to steal. But he has ways and means. He turns the police into HIV’s too and they both go and steal.

- During this explanation get the police to come and guard the house and then get the thief, the HIV, to whisper in a policeman’s ear and then get the two of them to steal from the house. They should be stealing doors and walls.
- Ask the children: What do you think is happening to the house? It should be breaking up.

Once the house is very broken, the gangsters arrive. The gangsters are not able to get into the house if it is strong but the thief, HIV, is stealing the door and the walls. The gangsters come and live in the house. They make fires in the house. They smash the bathrooms. Is there any hope?

- Yes – you have a superhero called, ARV, who comes in, chases all the gangsters away and tie up the thieves in the house. It takes some time but he helps the owner to rebuild the house.
- As you are saying this, bring out your superhero and chase the gangsters away and wind up some string round the thief, and start to rebuild your ruined home.
- Ask the children: What will happen if the superhero suddenly goes away?

Once you have told the children this story explain to them the following:

- There is a system inside your body that is very much like your house. It is called the immune system and protects you from viruses. If you get sick it helps you get better. You can make it strong with good food, water, sleep and exercise.
- If the virus called HIV gets into this house it begins to steal things from the house. It begins to steal things from the immune system.
- Even if the immune system calls the police, the thief, HIV, uses them to become thieves as well and then there are more thieves stealing from the immune system.
- If there are lots of thieves (HIV) stealing, the immune system gets very...
weak. When it is weak other viruses, that could not get into our bodies before are able to get in. These are viruses like tuberculosis, flu, chickenpox and thrush. They are the gangster viruses and make you very, very sick. When this happens, the person’s immune system house begins to crumble and we say that this person has AIDS. They will die unless there is help.

- We have a superhero, his name is ARV. He is able to tie up the HIV and give the body time to chase the gangsters away. As the immune house is being rebuilt, the person gets well again.
- If the super hero ARV goes away, the thieves, HIV, will come again and start stealing again, so it is important that the owner of the house makes sure that the superhero ARV is there every day to protect his house.

**Conclusion:**

The final message is that HIV destroys the immune system and that ARV stops the HIV destroying the immune system, allowing the body to rebuild the immune system until a person is well again. Furthermore, ARV needs to continue to be around to protect the immune system from HIV even when the person is feeling well again.

**How does HIV get into our bodies?**

This is a logical question. Be as honest as possible but only give them as much information as they need. This is generally not a sexual question but one of simple curiosity. We have supplied some activities to help you.

- HIV needs to get into our blood before it can start stealing. These are the ways this can happen
  - The first way that HIV gets into our body is a cut in the skin. We have all had cuts, we have all fallen out of trees and fallen over our feet and cut ourselves and we do not have HIV.
  - Simply cutting ourselves does not give us HIV. But, if someone is HIV positive and they cut themselves this blood may be able to give you HIV but only if you have a cut too and your blood mixes. When you do cut yourself find a grown-up to help you.
  - Sometimes when you are really sick in hospital and you need more blood, the hospital will give you blood from someone else. Mostly this is not a problem and will help you, but once in a long while this blood might have HIV, and in this instance you could get HIV. But there are very clever doctors and nurses who work with blood all day to make sure that if we need it, it will not have HIV in it.
  - Never play with needles. Sometimes needles can have blood on them and if we prick ourselves that blood gets into our body. If the blood on the needle has HIV then we will get HIV. But, don’t worry about needles in hospital. They have been specially cleaned so that there is no blood on them. If you are worried talk to your doctor or nurse about how they clean needles.
Another way to get HIV is when a mummy and a daddy are making a baby. If one of them has HIV they can give it to the other. (Note: for young children you do not need to get very detailed about sex. If they do start asking questions there are other aspects of the Toolkit that can address these areas. Remember: never lie and always be age appropriate.)

Yet another way to get HIV is when a baby is being born. But, our superhero ARV often comes to the rescue and will protect the baby from HIV. Also, ARV can protect mother and baby from getting sick and they can all live good lives together.

One of the key fears of young children is that their parents will die. If you have a person living with HIV who has a small child, ask her to come and talk to the children. They can then see that someone’s mother has HIV and is healthy. An HIV positive mother may also be able to answer children’s questions in ways that give them a greater understanding of living with HIV.

**SSDDIM for children:**

SSDDIM for children is approached in a way that encourages compassion for all. It does not single out HIV positive people and does not try and create differences in response to sickness. Furthermore, it does not differentiate between orphans and vulnerable children and children who are neither. Children may do this naturally and single out children who are struggling. This can be very destructive and it would be up to the adults to provide guidelines for children to be compassionate in these situations.

- **Musical hugs:** Play some music and ask the children to rush around and give each other a hug. Ask them to try and give everyone in the class a hug. Ask them to count the hugs as they rush around. When the music stops ask them how many hugs they “collected”. At the end of the game explain that you cannot get HIV from hugging people. In fact we all need hugs; the more we get and give hugs the happier we will all be.

- **You are special:** Sit all the children in a circle and ask them to tell the class why they are special. For example: “My name is Alice and I am special because I can do a cartwheel”. Once this exercise is finished stress that we are all special, we all bring different gifts to the world. It is our responsibility to use those gifts, whether we are HIV positive or not.

- **We care:** If any child is absent for a couple of days or sessions get the class to make a “we care” card. Fill it with drawing, hand prints and anything else that will help the child to feel loved. Any child who is sick or in any way distressed should get one of these cards. This teaches that each child is valuable, special and important. If a child has an HIV related absence the child will be treated no different to any other child and will feel part of a loving group.

- **Death:** Children are afraid of death, especially of their own, or a loved one’s and care-givers’ dying. This is a very hard reality to deal with. Ask someone living with HIV to come and talk to the children. Ask them to talk to the children about how they are living positively with HIV. Furthermore, do not avoid questions about death; deal with them honestly and openly as they arise. Refer children to trained bereavement counsellors who can support individuals who need special care.
EXPLAINING HIV TO TEENS:

Like children, teens need to have practical activities to ensure that they understand the nature of the virus. There is a lot of material that focuses on how HIV is transmitted, especially for teenagers but it is important that they also understand the nature of the virus.

Activities:

- For a group of teenagers adapt the activity that is outlined for children. Ask them to make puppets instead of clay models of the thief, the policeman, the gangster and the superhero.
  - Ask the teens to design a puppet show for younger children explaining HIV. They will gain a lot from this as they will really have to understand the workings of HIV and the immune system to make it simple enough for children to understand.
  - Create an opportunity for the teens to show the puppet show to children.
  - A further idea is to have the puppet show within faith communities so that parents are able to see what their children are learning.
  - Using puppets is a great way to communicate information and get people to have fun at the same time.
- It is important that teens understand the relationship between viral load and CD4 count. The graph that is included at the beginning of this section should be used.
  - Draw the graph in small stages carefully explaining the window period and the gradual rise in the number of viruses in the body.
  - Once the teens have grasped this – move onto the CD4 graph and how the CD4 count rises and declines during the various stages of progression of living with HIV.
SSDDIM for teens

SSDDIM for teens can be complex. It is important to stress a compassionate and caring environment. The section also assumes that a leader is present for groups of teenagers that will encourage mutual friendships and SAFER practices. An adult within the community or teens themselves can provide leadership and guidance.

- Ask someone who is HIV positive to come and speak to the teenagers about HIV and how to live positively.
- Teenagers often have great fear of dying (as do children). Allow the teens to ask the HIV positive person how the fear of death has impacted their lives.
- Create a compassionate culture by creating groups of peers who care for each other. Encourage these groups to write ‘get well’ messages whenever they are sick. If a teen is baby-sitting younger siblings, ask a friend’s help. Homework clubs, soccer clubs, netball clubs, etc. are vital in promoting social cohesion. Peers who are friends are less likely to reject each other than peers who do not have close relationships.
- Within teen groups where all the teens know their HIV status, encourage mutual responsibility.
- Create opportunities for them to talk about SAFER practices.
  - For those who are HIV positive, try and assure them that they are supported and encouraged to take their medication at the right times. Teens are often more compliant in taking their medication if they know someone cares, not only about the medication but also about their well-being in general.
- Encourage positive friendships between teens, ones that follow SAFER practices, are supportive and mutually beneficial.
MISACTION
Some parents and caregivers decide not to tell HIV positive children and teenagers about their HIV positive status.

- The first pillar of good HIV management is to ensure a healthy immune system thus they need to know about good nutrition, good sleep habits and be encouraged to exercise.
  - Many children and teens are involved with contact sport. If they are injured and there is blood they need to know how to treat themselves SAFELY for everyone.
- They will also need to monitor their own health for opportunistic infections and even small bouts of flu so that their immune systems can be supported correctly. This support can be through medication or simply having adequate rest. They will need to be in-tune and understand their bodies.
- Once children and teenagers are on medication it becomes important that they know how to take it and why proper adherence to medication is important.
  - They may decide to stop taking their medication because the medication makes them feel sick.
  - They may spend time out of their usual environment and they do not take their medication for a couple of days.
- By encouraging children to take responsibility for their health we empower them to make good decisions when there is not an adult or when there is a mis-informed adult looking after them.
- If children know they are HIV positive AND they are given information about SAFER practices they will be able to make positive choices around:
  - Managing their sexual health and taking responsibility for that of their partners.
  - Managing medical procedures where they are able to request the right sterile instruments
  - Ensuring that any rituals around cultural scarification, circumcision or even a simple razor haircut can be done SAFELY.

If children and teens know their status and have good information we reduce HIV transmission and empower young people to take control of their bodies and empower young people to live positively.

FURTHER READING:
- WHO guidelines on ensuring a safe blood supply
- WHO guidelines on MTCT