Handbook for Peer Educators and Community Mobilisers Conducting HIV/AIDS Prevention Programmes in the Informal Sector Workplace

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<td>Acquired immune deficiency syndrome</td>
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<td>AIC</td>
<td>Aids Information Centre</td>
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<td>ANC</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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Introduction

This handbook has been developed as a resource to be used by peer/community educators and mobilisers conducting HIV/AIDS prevention programmes in the informal sector workplaces and surrounding communities in Uganda. The handbook provides basic information on a range of topics on HIV and other sexually transmitted infections that can be used by community educators and mobilisers when facilitating discussions, group meetings and workshops on HIV/AIDS issues among informal sector workers. The information in this handbook is presented in topics/modules that can be easily used either as stand-alone for short group meetings/discussions or as part of a larger training programme. It is recommended that educators and mobilisers that have had orientation training on HIV/AIDS use this handbook.
1.0 What is HIV/AIDS?

While in most cases the two terms are used together, they actually mean two different things. HIV is a virus and AIDS is a term used to refer several different illnesses that someone may contract after s/he has been infected with this virus.

1.1 What is HIV?

HIV stands for human immunodeficiency virus. (A virus is a small germ.) HIV is a virus. Inside the body of an HIV-infected person, HIV slowly destroys the body’s defenses for fighting off diseases. After some time, the person infected with HIV will start getting sick with serious illnesses. At this point, the person will be diagnosed as having AIDS (acquired immune deficiency syndrome), that is, to be suffering from AIDS related illnesses. There is no cure for AIDS, and after some years, the person will die from AIDS.

1.1.1 Where is HIV Found in a Person?

If someone is infected with HIV, this virus is found in

- the blood
- the man’s semen (including the fluids that come from the penis before ejaculating)
- the fluids that are in a woman’s vagina
- a woman’s breast milk

1.1.2 How is HIV Passed from One Person to Another?

HIV is spread through blood, sperm, vaginal fluids, or breast milk from one person to another person. Once the virus gets inside the skin of the other person, it goes into the person’s blood supply, and the person is then infected with this virus, HIV.

Sexual intercourse. The most common way HIV is spread is by having sexual intercourse with someone who is infected with HIV without using a condom. Most of the cases of HIV in Uganda today have been caused this way.

Pregnant woman to unborn baby. The second most common way HIV is spreading is from an HIV-infected mother to her baby, while the child is in the womb, when the baby is being born, or during breastfeeding.

Blood contact. The least common way that HIV is spread is through blood contact. Today in Uganda, the blood used for transfusion is first tested for HIV. Nevertheless, there can still be some small risk that blood has HIV in it, so transfusion should be avoided if possible. When you are going for an injection, you should make sure that a new syringe is used. Also, you should always use a new needle for ear piercing or tattooing.

Window Period. If you were infected with HIV during sex last night, and you run to the clinic this morning to get a blood test, the test will show negative— and yet you are infected! This is because the test only shows a true result after three months have passed since the infection.
1.1.3 Myths about How HIV Spreads

There are a number of false beliefs/views that some people may have about how HIV spreads. It is important to note that:

**HIV Is Not Spread by**

- Shaking hands
- Hugging
- Eating together
- Sharing cups, utensils
- Sharing clothes, towels, bed sheets
- Sharing toilet
- Saliva
- Sweat
- Urine
- Faeces (human waste)
- Kissing
- Mosquitoes

**AIDS**

When a person with HIV infection starts getting sick, it is called having AIDS. It can take five to 10 years, sometimes even longer, after HIV infection for the person to start getting sick.

Some of the typical signs of AIDS are:

- Swollen lymph glands
- Tuberculosis (TB)
- Severe weight loss
- Sweating, especially at night
- Repeated diarrhea
- Persistent cough

Such signs are not firm proof that someone has AIDS. One should go for an HIV/AIDS test to be sure.
2.0 The Informal Economy and HIV/AIDS

The informal economy refers to legal economic activities done without recognized written formalities. The characteristics of businesses and workers of the informal economy include the following:

- They lack recognition under legal and regulatory frameworks.
- Their employment relationships and incomes are generally insecure and irregular.
- They are seldom organized and, as a result, have few opportunities to make their voices heard.
- They are outside social protection mechanisms and systems.
- They cannot easily access public benefits and services such as credit, business information or training schemes.
- They are vulnerable to interferences by public authorities and police harassment and are sometimes regarded as outlaws.
- Their turnover is not counted in official statistics, although their economic contribution may be greater than that of formal enterprises.
- Activities are informal either because costs of formalizing them are too high or because the procedures for doing so are too complicated, intimidating and time consuming.
- Workers are free to change jobs any time.
- The jobs are generally low income.
- Jobs are given on a gentleman’s agreement with no formal written agreement.
- The workers are not entitled to recognized workers’ benefits such as health care.
- The business is not formalized because of a low education level or because it cannot meet the costs of formalization.

2.1 Type of Work Done in the Informal Economy in Uganda

- Firewood and charcoal selling
- Fishing, fish frying, fish selling, fish smoking
- Tailoring
- Cooking food for sale
- Boda boda (bicycle and motorcycle transport)
- Car washing
- Brick making
- Building houses
- Subsistence farming
- Poultry farming and animal rearing on a small scale
- Market vending
- Operating beauty salons and barber shops
- Retail shops
- Carpentry
- Boat making
- Bar attending and selling alcohol
- Driving taxis
- Shoe shining
- Telephone operators
- Luggage carriers
- Making fishnets
- Mechanics, (repairing cars, radios, TVs.)
- Cleaning and sweeping
- Boat transporters
The following factors make it easier for HIV/AIDS to spread among people working in the informal economy:

- Poverty
- Idleness
- Job insecurity resulting in exchanging sex for a job
- Low education levels leading to inadequate knowledge about HIV/AIDS prevention and control
- Having an “I don’t care” attitude due to limited opportunities
- Fatalism – accepting every event as inevitable because of limited opportunities
- Having disposable income on a daily basis that can be used in exchange for sex

The impact of HIV/AIDS is more severe in the informal economy for the following reasons:

- Informal economy workers have little or no access to health services and social protection.
- These workers rarely enjoy financial security. They survive at the margins with few savings and little access to credit except for very expensive private moneylenders.
- The changeable situation of their work can mean that a few days of absence will result in the loss of a job or the right to trade.
- They do not go for treatment because they do not have accurate knowledge about AIDS.
- They do not have enough money to buy drugs and other necessary items.
- Helpful services are not near to them/are far away because of poverty
- There is ignorance about available treatment because of low levels of education.
- They do not have adequate social support because of poverty
- Their jobs are easily lost when they get sick.

In summary, informal economy workers have fewer private possibilities to cope with the effects of HIV/AIDS, and they have less access to public services.

What needs to be done to minimize the spread and the impact of HIV/AIDS in the informal economy?

- Educating and making people aware of the problem and how to protect themselves
- Using spiritual guidance to change behaviour and manage problems, for example, being patient, being faithful to the partner and working to overcome poverty
- Seeking help from outside the community and being active in stopping the spread of HIV/AIDS
- Organizing themselves into clubs and self-help projects
- Providing education on how to save money to assist for future needs.
3.0 Peer Education

3.1 What is Peer Education?

Peer education is receiving knowledge, skills and practices from fellow peers about an issue. These are people of generally the same age, interests, sex, social/economic background, for example, Bodaboda riders, fishmongers, prostitutes and many others.

Peer education involves working together to achieve a learning goal. This type of team approach makes training programs more realistic.

Peer education has been introduced to address what is lacking and has been identified in other methods to promote the receiving of knowledge, attitudes and skills.

In Uganda, many proverbs from local languages underscore the influence of peers on someone’s behaviours. Peer education is based on the theoretical premise that “like influences like.”

Existing methods of Peer Education include:

- Classroom learning
- Campaigns
- Mass media
- Print
- Guidance from parents and society
- Counselling at service delivery points
- Drama/music

Importance of Peer Education:

- Continuity of services of that person in the community (sustainability)
- Promotes community participation in handling their own issues and problems.
- Confidentiality/trust already exists since peers are familiar with each other.
- It is cost effective for the community and the initiators.
- The approach brings services nearer to the people.
- It builds capacity in the community.

Qualities of a Good Peer Educator:

- Role model/Respectable
- Good communicator
- Knowledgeable
- Available
- Nonjudgmental
- Receptive
- Honest/trustworthy
- Empathetic
- Friendly
- Reliable
- Able to keep secrets
- Sympathetic

A Peer Educator Should Not:

- Be short-tempered
- Be pompous (arrogant)
- Use his/ her position to find sexual partners
- Be unfair to anyone
- Be dictatorial
- Pretend to know everything
Strategies for Peer Education

- Drama and music
- Formation and use of existing clubs
- Local Council meetings
- Religious meeting
- Home visits
- Sports/ games
- Debates
- Competitions
- One-on-one meetings or in small groups

Responsibilities of a Peer Educator:

- To design activities aimed at promoting abstinence and safer sex practices among their peers.
- To create activities that will encourage the peers to practice what they have been taught.
- To design activities aimed at promoting discussion of those issues by the peers and with their partners.
- To refer the peers to centres where they can get the services they want or need.
- To prepare and keep records of their activities and prepare monthly reports.
4.0 Behaviour Change Communication

Behaviour Change Communication is the process of communicating to individuals and the community for the purpose of changing unfavourable behaviours and attitudes to those that are favourable for promoting a particular issue.

The role of behaviour change communication for people working in the informal economy

- gives people the right information so that they can change their behaviour and sustain good behaviour;
- reduces stigma and discrimination;
- makes people aware of HIV/AIDS and changes their attitudes to the positive attitudes required to deal with HIV/AIDS;
- reduces inaccurate perceptions;
- encourages people to use religious guidance to address HIV/AIDS;
- encourages people to attend education sessions;
- changes behaviour and helps people sustain their changed behaviour;
- promotes care and support for people living with HIV/AIDS.

The objectives of behaviour change communication are to

- increase knowledge
- stimulate community dialogue
- promote essential attitude changes
- reduce stigma and discrimination
- create a demand for information and services
- be an advocate on issues
- promote services for prevention, care and support
- improve community skills and the feeling of being self-sufficient in this area

The stages or steps of behaviour change include the following:

1) Unaware
2) Aware
3) Concerned
4) Knowledgeable
5) Motivated to change
6) Practicing trial behaviour
7) Practicing sustained behaviour change

People go backwards and forwards through these stages.
Enabling factors for behaviour change include the following:

- Providing effective communication
- Creating an enabling environment in terms of policies, community values and human rights.
- Providing easy-to-use, accessible services and materials/methods.

The role of religious teachings in changing behaviour includes the following:

- Religious code of conduct maintains behaviour change
- Presence of penalties helps to change to acceptable behaviours through religious teachings such as:
  - Loving the wife
    - A man is the head of the family.
    - A man should love his wife.
  - The best man is the one who loves his wife.
  - Saving life is a cherished act.
  - Never kill.
  - Do not commit adultery and fornication.
  - Saving one life is like saving the whole world.
The role of local council leaders and informal economy leaders in changing behaviours include the following:

• Formulate bylaws
• Encourage people to go for group discussions

The local council leaders know the community and can help in organizing these bylaws and discussions. The leaders have their skills for organisation and mobilisation. They use these skills to get the mandate of their communities for leadership. The same skills can be used to promote prevention of HIV/AIDS in informal economy workplaces.

The channels of communication include:

• Mass media (television, radio, newspapers)
• Community networks and traditional media, for example, local councils and religious groups.
• Interpersonal communication, for example, during workplace visits
• Group communication during meetings
• One-on-one personal discussions.
5.0 **Abstinence, Being Faithful, and Condom Use (ABC)**

Three major ways of preventing HIV infection that have been widely and successfully used in Uganda are: abstinence, being faithful and condom use. These have come to be frequently referred to as the “ABC” methods.

5.1 **Abstinence (A)**

Abstinence is when a person does not have any sexual intercourse. Abstinence has a number of advantages that include the following:

- It is the only best way of protecting yourself from pregnancy, STIs (sexually transmitted infections) and HIV.
- It allows one to have energy for education, skills development and doing work.
- No one can use you.
- You will have a good time with friends without tying yourself up in a sexual relationship, you can end up knowing more people who can help you, and you can pick a good partner for marriage.
- Once you have abstained from sexual relationships, you will have respect from the whole community and place of work.

How to achieve abstinence.

- At the work place, tell friends that you do not want sex and no one will try to approach you.
- Discuss with friends what would happen if you get pregnant, produce many children and catch an STI or HIV.
- Tell your friends and workmates that you can love someone without having sex.
- Tell them that you cannot have sex anyhow, make it clear that you enjoy spending time together, having fun and building trust before you begin thinking of having marriage and sex.
- Make sure that you avoid instances that can force/cause you to have sex.
- The moment you feel sexy, try to do something physical like running, sports, gardening or dancing.
- With friends, you can talk of situations that can deter/prevent you from abstaining from sex.
- Talk about what plans you have in the near future that can be ruined by getting HIV.
- Talk about what the community and workmates would feel if you would catch HIV.

**Myths about abstinence.**

If a girl or woman does not have sex, her vagina will close.

**False – Virgins have healthy vaginas, so one can abstain and nothing happens to his/her life.**

If you do not have sex, your brain does not work well.

**False – Your brain works well without sex. In fact, sex can confuse you during working.**
Do not be influenced by your workmates to have sex when they claim that they are having it on a daily basis. They might be influencing you to join their group or peers and to have STI or HIV.

5.2 Being Faithful (B)

This is when a person sticks to and has a sexual relationship with only one person. This is good practice for fighting the spread of STI and HIV. For this to be effective, the partners should be faithful and one of the two should not have other relationships, as he or she might bring HIV into the family.

Being faithful is a result of having a feeling that sex is something special, only to be done with your partner. You will feel happy for keeping your values.

You will have a good reputation and you will be accepted at your workplace if also your friends value sex as something good for marriage.

In situations where one feels he or she cannot abstain or be faithful to the partner, then as a last resort a condom can be used. A condom can be used to save the life of that person.

5.3 Condom Use (C)

A male condom is a thin tube of rubber, closed at one end. A man puts it on his penis when he is having sex, to stop his sperm getting into the vagina, and to stop the fluids from her vagina touching his penis. This means a condom stops pregnancy and infection from STI or HIV.

A female condom is made of plastic and is bigger than a male condom. It is put into the vagina before sex, so that the man’s penis goes inside the condom and does not touch the fluids from the vagina.

5.3.1 Benefits of Using Condoms

- It is smooth like one having sex without a condom.
- It is strong and cannot burst/break as others claim.
- There is no worrying about pregnancy and diseases.
- It shows that you care for your health and life.
- It shows that you care for the life of the one you are having sex with.
- Information about condom use is for all, including the virgins, and not only for the sexually active people.
- Condoms are the business of everybody and not just for boys and men.
- Condoms are very safe if used properly every time you have sex.
- HIV cannot pass through a condom. Good quality rubber condoms made in Uganda have two layers.
- Condoms are available free from clinics and hospitals, or you can buy them cheaply from groceries and supermarkets.
- Check the manufacturer’s date on the condom packet. A condom should be less than five years old.

5.3.2 What Can Damage a Condom

- A condom can easily be damaged by oil or heat, so store them carefully. Keep them in a cool place, dry place, for example in a drawer. Do not keep them in trouser pockets, because they can easily be destroyed by the skin’s heat.
• Never use petroleum products like Vaseline to lubricate your condom. This destroys the rubber. You can use water or buy KY jelly from a pharmacy for lubrication.
• Use a new condom for every round of sex. Never reuse a condom.
• If your penis is too small for a condom, do not use it; it shows that you are not old enough and ready for sex.

5.3.3 What Makes a Condom Burst or Break?
• If a man wears two condoms, one on top of the other.
• If the woman’s vagina is too dry, because of herbs or powders. Also, because she has not been given time to get ready for sex and produce the natural fluids that make sex easier.
• If sex is too forceful or it takes too long.
• If the condom is unrolled before being put on the penis.
• If the condom is too old.
• If the condom has been left in a hot place for too long.
• If oil touched the condom, for example, petroleum jelly.
5.3.4 Myths about Condoms

Condoms Encourage Immorality.
False – Researchers studied whether teaching about condoms makes people have sex and found that the opposite is true. Teaching about condoms encourages teenagers to wait until they are older before having sex, and encourages them to behave more responsibly.

Only sex workers and unfaithful people use condoms.
False – In fact, it is often the opposite. Sadly, many unfaithful people do not use condoms—and that is one reason why there are so many AIDS cases.

In places where sex workers have been taught about HIV, they will usually try to use condoms to protect their own health. Often the customers do not want to use condoms.

People who use condoms care about their health and their partner’s health. They are the people who do not want to catch or spread diseases.

A condom can get stuck in a woman’s vagina.
False – Very rarely does a condom come off the penis during sex. Once it does, stop immediately and take the condom out with your two fingers.

Breaking the virginity of a girl requires such force that a condom will automatically burst.
False – Breaking the virginity of a girl does not require great force that can burst a condom.

A step-by-step guide to proper condom use

1. Be honest with yourself that you will have sex and that you will need condoms.
2. Buy or get condoms.
3. Check expiry date on condom package when it is still daylight.
4. Talk and agree with your partner to use condoms.
5. Open condom package carefully.
6. Check that the condom is the correct way round before it is unrolled.
7. Pinch tip of condom to get any air out.
8. Unroll condom onto erect penis.
9. Have sex (sexual intercourse) with partner.
10. Remove condom from penis after ejaculation.
11. Carefully dispose of the condom.
6.0 Life Skills and their Application in Changing Behaviour

Life skills are approaches needed by an individual to deal with different life situations effectively. They are also tactics used to save one’s life and to be able to survive in different situations. These include personal and social skills required by people to function confidently within themselves, with other people and the wider community.

6.1 Examples of Life Skills

- Self-awareness
- Self esteem
- Assertiveness
- Coping with stress
- Interpersonal relationships
- Friendship formation
- Empathy
- Peer resistance
- Negotiation
- Non-violent conflict resolution
- Effective communication
- Critical thinking
- Creative thinking
- Decision making
- Problem solving
- Peer resistance
- Using religious guidance
- Patience.

One can use the above-mentioned life skills to handle several behaviours and practices that include the following things.

6.1.1 Drugs and Alcohol

Drugs and alcohol are out there. Friends may push you to try them. Control yourself and decide what is good for you. Can drugs and alcohol help you?

Health and behaviour experts know that drinking large quantities of alcohol can:

- Affect behaviour, concentration and judgment
- Cause emotional outbursts
- Depress nerve cells in the brain, damaging their ability to respond
- Lead to addiction; the person becomes dependent on alcohol
- Cause breathing problems
- Weaken the immune system, so it is easier to get infections
- Cause impotence (failure in a man to get an erection) and infertility in women
- Cause breast cancer in women
- Produce deformities in unborn babies, for example, small heads, speech disorders and poor growth if consumed by a pregnant woman

Many sexual mistakes are blamed on alcohol, so be careful when deciding what to do. In most cases, once one goes to a place where people are drinking, one can be forced to taste. With time, you will end up liking the taste, and you end up drunk.

A few drinks will make you want to have sex with a person whom you would not have liked to have sex with if you were not drunk. Drink makes you see things differently and can force you to forget your beliefs and to lose your judgment to decide what is wrong and what is right.
Alcohol, drugs and marijuana can make you irresponsible, like having unprotected sex (sex without using a condom). Unprotected sex can result in unwanted pregnancies. It also puts you in danger of catching STI or HIV.

6.1.2 Violent Relationships at Workplaces and at Home

Some people are abusive at their workplaces. Such can be a result after taking alcohol or drugs. In some cases, it can be out of jealousy or due to love relationships at the place of work, and this can lead to violence. This violence is also common in some homes. Violence at workplaces includes fighting, sexual assault, emotional abuse and discrimination against people infected and affected by HIV/AIDS. It is mainly done by leaders, employers at the workplace, men against women and among the workers themselves. Workers find themselves unable to leave violent workplaces because they feel they have nowhere else they can go.

Workers at violent workplaces should get help from a peer educator, counsellor or fellow workers, and if it continues, the worker should plan to find an alternative workplace.

6.1.3 Sexual Abuse

Sexual abuse at the workplace can be defined as any unwanted sexual contact, often by someone you know, like a boyfriend, relative or workmate. Sexual abuse can involve threats, humiliation and violence. Men and women are abused at the workplace, though women are more in danger of this than men. Such abuse or threat of it can force one to do things that put one at risk of getting HIV or giving up work. Once one threatens you, control your fear. If one does one of the following to you its sexual abuse:

- Touches you in away you do not like
- Touches your private parts
- Asks you to take off your clothes
- Asks you to see or touch his or her private parts.

6.1.4 Sexual Harassment

Sexual harassment at the workplace can be defined as remarks and physical gestures made in a sexual manner. It mainly results in physical and/or emotional pain or uneasiness: This involves the following:

- Calling one “malaya” or slut because people believe you have had several sexual partners.
- Someone touching the opposite sex in a sexual way (Men at workplaces at times touch girls’ buttocks or breasts.)
- Making sexual remarks to you.

If such a thing happens, be straight and tell that person that you do not like it. No one has a right to abuse you. Sexual harassment is a warning that something still worse may come. Please try to avoid people who make unpleasant sexual remarks. Please do not be scared, but look calm, steady and move away.

6.1.5 Rape

Rape is forcing someone to have sex when they do not want it. Men rarely do get raped, but rape victims are usually women. Rape is an act of force, hostility, violence and humiliation. Rape is not about sex. Sex means caring for another person. Rapists are not always strangers; victims often know them.

Even if a man and a woman are good friends (they can kiss and cuddle), the moment one goes further and forces one to have sexual intercourse, it is rape, and one can be imprisoned. It is called “date rape”.

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Such rape is common. A person may want to make you their best friend. If you are starting that type of relationship, tell your friend that you are not after sex. Though men are strong, women can fight rape. Tell your man friend that you do not want sex and stick to it. Say no if you mean it. Not the other way around.

- Men should also know that women have a right to decide when to have sex and when not to. If she says “No” she means it.
- Women should show men that they can afford to look after and take care of themselves to avoid being taken advantage of.
- When going out with a man, women should move with money so that once things do not work out well, they will not get stranded with things like transportation, or paying for a restaurant bill.
- Women should learn to sense danger, so that they can always escape being raped. Always visit places where there are many other people or move with friends.
- Men should accept a “no” from women in Uganda. NO means NO!

What to do in case of rape.

- Talk to someone whom you trust who can accompany you for medical care and legal help – someone who is dependable and who can keep secrets. Report to the police or the local council in your locality as soon as possible after the rape.
- Do not wash before you go to police. Take the clothes to the police. It is the only thing that can prove that you were raped.
- If you are sexually abused, raped or harassed, do not keep quiet. You can seek counselling, talk about it with a friend or you can report it to the leader at your workplace or to local authorities, and report it to the police if you fail to get helped.

**Medical care.** In Kampala, you can get medical services from Naguru Teenager Information Centre, Hope After Rape in Ntinda or Mulago STD clinic. If you are upcountry, try a government hospital, health centre or AIDS Information Centre. Get a health worker to examine you; it is good to have a female one do so whenever possible. Have an HIV and STI check-up and have an emergency contraception to prevent pregnancy. All the information should be well recorded to prove to police that you were raped.

You can avoid a rape by defending yourself and using some of the following tactics

- Hard knee kick to the groin
- Prick the eyes of the attacker using your fingers
- Use your heel to hit the lower part of the spine when a rapist overpowers you
- Deodorant spray can be sprayed into eye.
- You can use your rings and bangles to fight the rapist
- You can always move with pepper spray and use it when attacked
- Scream loudly and continuously when attacked
- If you are overpowered, RELAX and try to fool the attacker into carelessness. Then hit; and you must not fail!
Even if you are raped, remember that life has to continue. Do not feel responsible for the rape. You are not guilty of anything.
7.0 Voluntary Counselling and Testing (VCT)

VCT is a personal informed decision to go for discussions about HIV issues after which blood is taken for an HIV test. This process involves counselling and testing.

Counselling is the process of helping a person solve or deal with his or her problem or issue. Counselling is needed to help people change and sustain behaviour change in regard to HIV/AIDS. It also helps people cope with HIV/AIDS.

Apart from the counselling that someone can receive when they go for an HIV test, counselling can also be done for people working in the informal economy at workplaces, through group meetings in the community, at religious places, for example at mosques or churches, and at home. It is recommended that the counselling is done by one of the following people: a trained counsellor, a trained community educator, a trained religious leader, a trained elder/boss/community leader, a parent or a teacher. In all situations, it is important to respect the privacy of the person being counselled and to maintain confidentiality on the issues discussed.

A good counsellor should have a positive attitude: accepting the client; being empathetic; non-judgmental; caring and maintain confidentiality. S/he should also have good communication skills including: being a good listener to the client, checking to make sure that the counsellor has understood the client; asking appropriate questions of the client and answering questions from the client.

When the person or a couple goes for VCT, after receiving counselling, they can have their blood tested. Possible results when a couple is tested for HIV are:

- Both negative.
- One positive the other negative.
- Both positive.

If results are negative, it is necessary to repeat the test after three months, and if the test remains negative, then this is a true negative test (unless the person has done some action during that period which they think may have exposed them to HIV infection). An HIV test is a measure of the body’s reaction to defend itself from the virus. The body takes three months to react to defend itself from the virus. If the test is done soon after the infection, the body may not have reacted and the test would be negative. However, after three months (window period), the body is likely to have responded to defend itself from the infection.

Services provided at VCT centres include reception, registration, confidential counselling, HIV testing, receiving results, after-test counselling, after-test club for support and referral for specialized services such as PMTCT or ARV. There are several government and private VCT centres in Uganda now. For more information about the nearby places, you can contact qualified health personnel or a trained counsellor in your community.

VCT increases understanding of a person’s life, so that he/she can plan for a better future.

Benefits of VCT include:

- Acceptance of sero-status and coping.
- Helping to bring about behaviour change.
- Reducing mother-to-child transmission of HIV.
- Early management of opportunistic infections and STIS.
- Referral to social support and peer support.
• Normalizes HIV/AIDS and reduces the stigma.
• Planning for future orphans’ care and will making.

People fail to go for VCT because of the following reasons.

• Fear that service providers will reveal that someone is HIV-positive.
• Lack of good information, especially about the benefits of VCT.
• Lack of access to VCT services.
• Inadequate funds to pay for VCT services.
• Reluctance by some men to be tested with their partners for fear that it may reveal that the men engaged in risky sexual behaviour.

There is a need to provide appropriate education for people to be able to overcome these problems.
8.0 Stigma and Discrimination

Stigma in this case is when a person living with HIV/AIDS (a PHA) is looked down upon as a lesser person who does not fit into society and as a result, is sidelined in many activities. The person perceives this and may express it accordingly. These unfair attitudes can also lead to other actions such as discrimination, where a person is unfairly segregated/separated from others or restricted from participating in some activities because of his/her HIV status.

Causes of stigma among people living with HIV/AIDS are by erroneously believing that HIV/AIDS

- Can be transmitted through air, when close to someone with infection.
- Can be transmitted through casually touching someone such as greeting.
- Is for the sinner because one committed adultery.
- Can be transmitted by sharing utensils, drinks and food with someone with HIV infection
- Can be transmitted by selling food and drink and can contaminate these items with their infected blood.
- Can be transmitted by sleeping close to someone with HIV/AIDS, by sweat from an infected person.
- Infected persons are expected to die very quickly.

Stigma can be reduced by overcoming false ideas about HIV/AIDS in the following ways:

- Educating the people about the methods of transmission and the correct management of people living with HIV/AIDS.
- Through better interpretation of religious teachings.

It is also important to note that PHAs (persons living with AIDS) also have rights just like any other human being. Rights of PHAs in the informal sector include the following.

Right to:

- Associate.
- Run business and own property.
- To work.
- Plan for his or her family.
- To get counselling.
- To get food.
- To worship.
- Get treatment and care.
- Have safe sex.
- Have security.
- Not be stigmatised and discriminated against due to his or her HIV-positive status.
- Receive help.
- Not to be abused or harassed because of his or her HIV-positive status.
- To remain on the job regardless of his or her HIV-positive status.

A person with AIDS should be treated like any other patient — with care and respect!

AIDS is a disease, not a punishment, and patients should be treated with care and respect, whatever their disease. Caring for and supporting people with HIV encourages them to be safer, for example, using condoms when they have sex. This can help stop the spread of HIV.

Some people say a person with HIV or AIDS should be sent away from their families and the community. That person could be you, your mother or father, brother or sister. In Uganda, tens of
thousands of people are living with HIV/AIDS—where could they all go? If someone with HIV or AIDS is chased away, they will become careless about their lives and so they might have sex without a condom and pass the disease to someone else.
9.0 How to Treat People Infected and Affected By HIV/AIDS.

If you have HIV infection, taking care of your health can help your body’s defense system to fight off the attacks from the HIV germs. This will help you stay well and delay the start of AIDS.

The steps for taking care of yourself are the same whether you have HIV infection and want to stay well, or if you are already sick with AIDS.

If you have HIV or AIDS, this information is for you. If you know someone with HIV/AIDS, share this information with them to help them feel better. The steps below are also good advice for anyone who wants to improve their health, whether they have HIV or not.

1. **Get any medical help any time you feel sick.** Your body has a better chance of fighting off any disease if you go for treatment immediately when you feel sick.

2. **Eat nutritious foods.** Eating the right food helps make your body strong and gives it energy to fight infections and sickness. Try to eat food from each of the following three groups at every meal. This does not have to be expensive. You can choose the cheapest food from each group, and it will still be very nutritious.
   1. **Body building foods**: peas, beans, Soya, lentils, groundnuts, eggs, meat, fish, milk
   2. **Energy giving foods**: cassava, rice, millet, maize, potatoes, bread
   3. **Vitamin-rich foods** that protect the body such as vegetables and fruits

3. **Cut down on smoking cigarettes and drinking alcohol.** Cigarettes and alcohol can damage the body’s ability to fight diseases. If you cannot stop completely, you should try to cut down.

   Alcohol can affect your judgment. When you have been drinking, you may have sex without a condom, which could pass over HIV infection to someone else, or give you another STI.

3. **Keep active.** Staying active, busy, and using, your body and your mind will keep you healthier and will make you feel better. If you are not yet sick with HIV or AIDS, try to continue working and keeping busy. If you cannot work, you can do other activities around the home, or even in the community.

4. **Do not overwork your body and mind.** Your body needs extra rest and relaxation. Try to get eight hours of sleep every night and rest whenever you feel tired. It is also important to try to relax or not worry about the future. If you feel anxious or depressed, find someone to talk to, such as a spiritual leader, health worker or counsellor, family member or trusted friend.
5. **Family and community support.** It is important for family and community members to spend time with AIDS patients. This will make them feel that they are still loved and wanted, and will help them fight off depression and loneliness.

6. **Spiritual Support.** Some people find strength from spiritual beliefs and spiritual counselling. This helps them see that they are not alone in the struggle. It helps to relieve fears and worries.

7. **Antiretroviral Therapy (ART).** Anti-retroviral therapy is the use of anti-retroviral (ARV) drugs to interfere with the multiplication/growth of HIV. ART reduces multiplication/growth of HIV and boosts the body’s immune system so that it can fight diseases better. Many people on ART live longer and have useful lives.

There are several benefits of using ARV to the individual, the family and the community:

**Individual:**
- Boosts immunity
- Life is prolonged
- Gets healthy babies
- Makes you stronger and this helps you to work
- Helps you to plan your future
- Saves money

**Family:**
- Happiness in the family because they are healthy
- Economic status will improve as they will all be working

**Community:**
- Reduces orphans
- Reduction in stigma
- Community continues to develop because the workforce is maintained
- Reduces the spread of disease
- Economic gains as a result of reduction in attending of funeral rites

**Advantages of ART in HIV prevention:**
- Children are prevented from getting HIV infection from their mothers
- Reduction in viral load reduces HIV transmission from one person to another
- More people are counselled and tested for HIV and this encourages behaviour change.

**Advantages of ART in care and support:**
- Reduced time spent on care of bed-ridden patients since those on ARV can recover and take care of themselves.
- Caregivers are happier because patients recover.

**Disadvantages of ART on prevention:**
- Reduced fear of getting HIV infection, since it has become a “chronic treatable infection.”
- Deliberate spread may increase since those who are HIV-positive become more healthy and mobile.
• Some people may not take their drugs properly and this can result in the appearance of HIV types that are used to the drugs (resistant), so that they continue to multiply in the presence of the drugs. These drug-resistant types may increase and make it difficult to treat HIV once again.

Disadvantages of ART in care and support:

• People living with HIV/AIDS may get less support from their caregivers.
• Side effects of ART may include: pain in the feet, darkening of the skin, blurred vision, mental confusion, liver damage, reduced amount of blood in the body, disturbance of the nerves, abdominal upsets, vomiting, joint pains, numbness, skin rashes, yellow eyes and diarrhoea. However, these side effects can usually be managed at health units.
• ART are still quite expensive, varying from about 50,000/= to 200,000/= per month when all costs are taken into account. However, the government has started distributing free ARVs to some hospitals.

Misconceptions/Incorrect ideas about ART
Some of the misconceptions about ART are shown below with the corrections in bold.

ART quickens ones death
ARTs prolong life, but if one gets serious side effects, they can kill like any other drugs.

ART cures AIDS.
It reduces multiplication/growth of HIV. It does not cure.

Manufacturers of ARVs are only after making money and profits.
There are some benefits to the community besides profits to manufacturers.

9.1 MTCT and PMTCT

MTCT refers to Mother to Child Transmission of HIV. This means that if a mother is infected with the Human Immunodeficiency Virus (HIV), she can pass it to her baby. This can occur during pregnancy, time of labour and delivery or after giving birth through breast-feeding.

PMTCT, refers to Prevention of Mother to Child Transmission of HIV. This means that it is possible for a mother who is infected with the human immunodeficiency virus (HIV) to reduce the risk of passing the virus to her baby.

There is a need to address MTCT because:

• Mother-to-child transmission of HIV is the second most common method through which HIV spreads from the infected—apart from sexual transmission.
• MTCT is the main method of spreading the virus to children. Almost all HIV infected children were infected by their mothers.
• PMTCT is the major intervention/possibility for reducing HIV infection among children in Uganda. PMTCT can easily be integrated into the existing health care delivery system, making it cost effective.

9.1.1 Benefits of PMTCT.

• It helps in reducing the rate of HIV infection among children.
• It helps and prolongs the life of infected mothers.
• It reduces the social and economic effects of HIV/AIDS at the household and community level.
• It plays a major role in reducing the spreading of HIV.

**Important Message**

*Delivery (birthing) under the close supervision of a trained health worker helps to reduce the risk of mother-to-child transmission of HIV.*

- HIV-positive mothers should inform the health workers about their sero-status as soon as they reach the health facility to ensure proper management during delivery.
- HIV-positive mothers should take antiretroviral drugs and ensure that their babies also receive antiretroviral drugs after delivery.
- HIV-positive mothers should discuss with the health worker on how to feed their children.
- HIV-positive mothers should visit a health facility two weeks after delivery.
- Counselling on safe infant feeding practices should be sought to prevent transmission of HIV to the baby.
- Children born to HIV-positive mothers should receive drugs for prevention and treatment of opportunistic infections.
- HIV-positive mothers and their partners should get drugs for prevention and treatment of opportunistic infections.
- HIV-positive mothers and their partners can be referred for continued support.
- Children born to HIV-positive mothers have to be taken to the health facility at 6 and 18 months for HIV testing.
- HIV-positive mothers should ensure that babies receive antiretroviral drugs within 7 days after delivery.
- Maternal nutrition (eating healthy foods) improves the quality of life for HIV-positive mothers and contributes to the reduction of MTCT of HIV. It reduces mother-to-child transmission of HIV.

**Disadvantages of Breast-Feeding Among HIV Positive Mothers**

- HIV can be passed over to the infant through breast milk.
- Breastfeeding is stressful and may expose the HIV-positive mothers to other infections.
- HIV-positive mothers who are breastfeeding are usually worried that they may transmit HIV to their infants.

Replacing exclusive breastfeeding among HIV-positive mothers can eliminate the transmission of HIV from the mother to the infant through breast milk, and the mother’s body reserves are not depleted, which puts her at a lower risk of infections.

On the other hand, alternative baby foods may not contain protective antibodies. So, the baby is at risk of getting infections like diarrhoea and pneumonia. In addition, if the child is given food of poor quality, malnutrition can result. Other factors to consider include the cost of buying baby food and the reduced bond between the mother and the baby.

**Key Messages**

Anti-retroviral drugs as used for PMTCT do not treat mothers’ HIV infections. HIV-positive pregnant women can participate in a programme aimed not only at preventing the transmission of HIV from the mother to the child, but also to providing care, support and treatment to the pregnant mothers and their other affected immediate family members. This programme is called PMTCT+.

Other HIV/AIDS services needed by PHAs who are working in the informal sector include:
• Counselling
• Laboratory services to determine viral load
• AIDS Clubs, for example, Post-Test Clubs
• VCT services
• Care and support services such as TASO, material assistance, school fees assistance
• Clinical care services such as care for opportunistic infections, TB and STI
• Orphan care
• Youth- and adolescent-friendly services
• Behaviour change communication services
• Religious and spiritual guidance
• Reproductive health services such as condoms and family planning services.
• Income-generating projects.
• Research on health problems of the community.

Several government and private hospitals, clinics and centres do currently provide HIV/AIDS/STI testing, counselling, and treatment services in Uganda. Please contact qualified health personnel in your area for additional information on where you can obtain these services.
10.0 Sexually Transmitted Infections (STIs)

Your private parts can get ill just like another part of your body. Diseases that are passed on when you have sex with an infected person are called sexually transmitted infections (STIs). HIV is the most dangerous STI because there is no cure for it yet, and it is deadly. Apart from genital herpes and hepatitis B and C, STIs can easily be cured nowadays. STIs can be very dangerous if they are left untreated, though.

When people are told they have an STI, they often feel shocked, dirty, disgusted and very guilty. Others think STIs are some kind of punishment for having careless sex, but that is not true. A faithful wife for example, can get an STI from her husband.

Some think that getting an STI proves they are mature, but STIs can be very dangerous if they are not treated.

Anyone can get an STI if they have sexual intercourse, oral sex, (licking or sucking someone’s private parts) or anal sex.

What is the connection between STIs and HIV?

You can get HIV, or pass it to someone more easily if you have open sores on your private parts, or any other kind of STI.

HIV and STIs are both passed on through intercourse (having sex). The more often a person has sex with an infected person, the higher the risk of infection from HIV and STIs. Both types of infections can be prevented by staying away from sex, being faithful to a faithful partner, or using condoms.

10.1.1 Some Ways to Help You Avoid STIs

- Stay away from sex until you are older.
- Always use a condom. Someone who uses condoms can have hundreds of partners and be in less danger of getting HIV and STIs than someone who only has one or two partners, but does not use a condom.
- Wash your private parts every day and before and after sex.
- Do not have sex with many different people. It is possible to catch an STI from the first and only person you have sex with, but you are much more likely to catch/get an STI if you have many partners.
- Do not have sex with someone if he or she has sores, rashes or ulcers around their private parts.
- If either of you has mouth ulcers or bleeding gums, do not deep kiss (put tongues in each other’s mouths).
- Girls, when you go to the toilet, wipe clean from front to back.

Do not think a person is safe just because he or she has no signs of STIs—those germs could still be inside his or her body.

If you have played/performed sex without a condom, or you have any symptoms, go to a clinic, doctor or hospital as soon as possible.