

TRAINING OUTLINE FOR 'PEER TRAINERS'

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I. INTRODUCTION:

- A. **Personal experiences** (*since 1982*) of Wendy Arnold, M.P.H. in HIV/AIDS education, prevention and caring for people with HIV disease.

II. EXERCISE: *Who are we?? (Do you like M&Ms ☺ ?)*

III. SOME CHALLENGES IN THE HIV/AIDS ARENA:

- B. **Every person is unique**: We have different immune systems, different progression of HIV.
C. **Stigmas, barriers**: These can block HIV/AIDS information – culture, gender roles, religion.

IV. EXERCISE: *The culture and values of Uganda through pictures.*

V. WHY DO HIV INFECTIONS CONTINUE TO RISE GLOBALLY? (*Just a few ideas.*)

- D. **Denial**: “AIDS will not happen to me or my family!” “I trust my partner!”
E. **Gender roles**: Subordination of women in many countries; women cannot discuss sex.
F. **Lack of information and education**: Where can we learn about sexuality?
G. **Media**: Glamorization of sex, mostly from western cultures.
H. **Inaccessible medical services**: Geographical, financial, hourly barriers.
I. **Cultural values**: Inability to talk about sex or negotiate protection.
J. **Poverty**: “Survival sex” – prostitution to feed our children, pay for school fees.
K. **Peer pressure and the use of alcohol/drugs**: These can promote risk-taking behaviors...
L. **Lack of disposable needles, syringes, medical equipment, condoms.**
M. **High prevalence of STDs**: With an STD, one is more at risk for HIV (*lesions, cuts*)..
N. **Age factors**: Yes, older women are at high risk too!
O. **Use of other birth control methods**: The “tablet” will not protect from HIV.
P. **Polygamy and multiple partners**: This increases the risk of an exposure to HIV.

VI. EXERCISE - *It can be hard talking about sexuality!* If we cannot talk about sex, we are not good educators in HIV/AIDS prevention.

VII. EXERCISE - *Group identification and confidentiality:* ➔ If someone tells you

something personal, it should remain YOUR secret. ←

VIII. HIV/AIDS STATISTICS - Global, Africa, Uganda, USA:

A. In the world:

1. Estimate that there are more than **43 million** people living with HIV/AIDS.
2. **>25 million** have already died from AIDS.
3. Estimate that **16,000** people in the world get infected **every day** (*2,000 of these are babies...*); this is **667** people every hour; **11 people every minute!**

B. In Africa:

1. **29.4 million Africans** are living with HIV/AIDS.
2. **One in eleven Africans has HIV/AIDS.**
3. **> 9,000 HIV infections in Africans/day; 5,000 die from HIV/AIDS.**

C. In the USA:

1. More than **890,000 AIDS cases** are registered.
2. ~1.0 - 1.5 million are HIV-infected (*one in every 250 people in USA is HIV+*).
3. ~45,000 new infections each year (*110 people infected each day*).
4. **1-2 American teens are infected in every hour of every day....**

IX. MEDICAL PERSPECTIVES OF HIV/AIDS:

A. Medical definitions:

1. **HIV** (*H uman I mmuno-deficiency V irus*): The virus that leads to AIDS).
2. **AIDS** (*A cquired I mmuno-D eficiency S yndrome*): The complications that follow when a damaged immune system can not fight off infections.
3. **Immune System**: The body's defense system. HIV damages the Immune System.
4. **T-cells**: The cells in the immune system that help fight off infections. These are the cells destroyed by HIV (*normally a person has between 800 -1200 T-cells*).
5. **Opportunistic infections**: When the immune system cannot fight off infections (*like when HIV has damaged the immune system*) there are certain infections that take the "opportunity" to get into the body. These infections often develop into **opportunistic diseases** (*which can lead to death for a person with HIV*). Three of the most common are: **PCP** (*Pneumocystis Carinii Pneumonia damages the lungs*), **KS** (*Kaposi's Sarcoma is like a skin cancer*) and **TB** (*Tuberculosis*).

Malaria and TB are major opportunistic diseases killing so many Africans with HIV/AIDS.

6. "**Window Period**": The time it takes to develop antibodies to HIV. This can be between 2.5 weeks and 6 months (*every one is different...*).
7. "**Incubation Period**": The time it takes between an HIV infection (*by unprotected sex, blood to blood, or mother to child*) and the development of signs and symptoms (*it can be weeks, months, years*). Once again, everyone is different.
8. **HIV antibody test**: This is a test for the antibodies to HIV. It is not a test for AIDS. *The test should be anonymous and there should be pre and post-test counseling.*
9. Some **possible symptoms** associated with an HIV infection:
 - * chronic cough, * swollen lymph glands, * unexplained weight loss (*wasting syndrome*),
 - * chronic diarrhea, * yeast infections, * night sweats, * low grade fever, * blue lesions,
 - * severe nausea, * skin infections, * more...

B. Treatments, research:

There is no cure for AIDS. In some countries there are some medicines that can *sometimes* help a person infected with HIV. There are excellent herbal medicines and traditional healers in Africa.

X. TRANSMISSION:

- A. HIV is **not** transmitted by casual contact (*hugs, sweat, mosquitoes, hand shakes*).
- B. HIV **is** transmitted by:
- ➔ **Unprotected** (*without a condom*) **sexual activity** (*anal, vaginal, oral*).
 - ➔ **Blood-to-blood contact** (*sharing needles such as those used for injecting drugs, tattoos, ear and body piercing AND, unsterilized surgical instruments*).
 - ➔ **Infected mother to child** (*during pregnancy, at birth or breast milk*).

☹ ~30% of infected mothers transmit HIV to her baby ☹.

- C. **4 Body fluids** that have a high concentration of HIV:

- blood,
- semen (*includes pre-ejaculatory fluid*),
- vaginal fluids,
- breast milk.

HIV CAN BE TRANSMITTED WHEN THESE FLUIDS ARE EXCHANGED WITH A PERSON WHO HAS HIV/AIDS!

XI. EXERCISE: *Why HIV infects so many people so fast... who was your partner's partner*

XII. PREVENTION:

- A. **Abstinence** from sex and drugs (**the safest!!**). Yes, this means NO SEX!
- B. **IF** you know of someone who is sexually active, then **Safer** sex means the proper and **consistent** (*it must be used every time*) use of a **latex condom** with a **water-based lubricant**. (Please stay with only one partner: fidelity and monogamy!).
- C. We will demonstrate proper use with the male and the female condom.

YOU KNOW ANYONE INJECTING or using any DRUGS - GET THEM HELP!!!

- D. **Risk-reduction for needles, instruments, syringes:**

1. **Bleaching**, (Clorox) injecting drug user's needles and syringes **3X** and then rinsing with water 3X, will *help* kill HIV.
2. Tattoo, ear, body **piercing needles** must be soaked in alcohol for 10 min or boiled in water for 10 minutes will *help* reduce the risk of HIV transmission.

XIII. EXERCISE: *Are we a family yet? Music and movement!*

XIV. SOCIOLOGICAL ISSUES: **A discussion on special populations with special needs.**

- E. Why are **women** at high risk for HIV/AIDS?
- F. Why are **teens** and students at high risk for HIV/AIDS?

- G. How can we talk with **prostitutes**?
- H. Can we get the support of **religious organizations**?
- I. How can we reach our **friends with disabilities**?
- J. Your target populations? _____

XV. PSYCHOLOGICAL ISSUES: What are the emotional needs and concerns of a friend with HIV/AIDS?

Kubler-Ross stages of death and dying: Many people who have just found out that they living with HIV will often go through these emotional stages. It is like a grieving process.

- * **shock**: A numbness, confusion, absence of feeling.
- * **denial**: "This is not true. There is a mistake."
- * **anger**: Anger at the world, a partner, the disease, ..at God, Allah...
- * **bargaining**: "If I do something different, I will be healed!"
- * **depression**: Feeling helpless, hopeless, isolated.
- * **acceptance**: "Yes, the diagnosis is real, I have HIV/AIDS."

These stages are fluid; one goes through them in a different order and back again.

XVI. EXERCISE: RISK-MODIFICATION CARDS – How can we reduce the risky behaviors?

How can we reduce the risk of exposure to HIV? Can we talk about sex? Can we negotiate condom use with our partners? What about breastfeeding? What is casual contact? How can we educate our friends and families? How can we care for those living with HIV/AIDS?

XVII. COMMUNICATION SKILLS: How can we be effective peer trainers?

- A. **Needs assessment** of target population: Who are they? Why are they there?
- B. **Conversation openers**: How can we start our discussion? Ask them some questions!
- C. **"CARDINAL RULES" FOR PEER TRAINERS**: Keep these 'rules' in mind!
 1. Respect **confidentiality** (*A secret remains a secret!*).
 2. Be **honest**, trustworthy and professional (*you are a role-model and 'expert'*).
 3. Be **understanding** (*empathetic, non-judgmental, non-discriminatory*).
 4. Know your **limitations** as an educator and trainer (*we are not doctors, nurses*).
 5. Have **realistic expectations** about who *you* are and how many you will reach.
 6. Know the **community resources** for more information.
 7. Never **"fake" an answer**, there are **no "stupid" questions**.
 8. Give *all* the **choices** so *they* are the ones to decide what to do.
 9. Remember HIV/AIDS-related **language guidelines**: **Do not use**:
"AIDS victim", "AIDS carrier", "Normal" sexual behavior, "innocent" victim.

D. Counseling skills: some strategies for one-to-one information exchanges

Now we will discuss how to be a good counselor when discussing HIV/AIDS prevention.

E. Role-playing difficult situations:

What are some situations that we can practice? Advising a teen? Talking to your children?

XVIII. PUBLIC SPEAKING: How can we feel more comfortable in front of others?

A. Initial considerations:

1. Who is your group? (*Age, gender, background, education*)

2. Size of group? (*Less than 10? over 40?*) Where is the presentation? (*school? clinic?*)

B. There are many **types of speeches**: (*Reading, memorizing, outlining*).

C. **Visual and vocal ideas**: (*Body language, attire, pitch and tone of voice*).

D. Use of **visual aids, props, videos**: (*Posters and diagrams will help*).

E. **Organization** of subject material: (*Emphasize key points; make your message very clear*).

F. **'Stage fright'**: (*Dry mouth, it's O.K. to be honest and say "I'm nervous!"*)

XVIV. FUTURE PLANS: Where do we go from here?

A. We can have a **Coordinating Council of Peer Trainers** to help us plan events.

B. We should plan **regularly scheduled meetings** to practice our discussions.

C. **Now we will break into "Focus Groups"**: How will we reach people in

♥ Churches: _____

♥ Schools and Universities: _____

♥ Communities: _____

♥ People living with HIV/AIDS and their families: _____

D. We should evaluate our PEP/Uganda success (*# events, # people, # villages*).

E. **Your suggestions for our continued progress?** ☺

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