

# **Growing up With HIV and Transitioning to Adulthood**

**A Handbook for conducting  
workshop for adolescents**

**PRAYAS**  
HEALTH GROUP  
2019

## **Growing up With HIV and Transitioning to Adulthood**

A manual for conducting  
workshop for adolescents

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## Preface

HIV is no longer a life threatening disease since ART medicines are available. These medicines prevent the growth of HIV in the blood of the patient. Previously, for lack of the Anti-retroviral medication, a child with HIV infection would very rarely live to attain adolescence. Now the situation has changed. Now for last seventeen years we see the first generation of adolescents and young adults living with HIV are facing life with courage. Standing on the brink of adulthood, a life equivalent to their uninfected peers awaits them.

However, these adolescents living with HIV face a set of issues for plenty a reason. A plethora of the questions creates uproar in their minds. Firstly, in adolescence mind and body are in a phase of natural transformation. The changes seem sometimes welcome and sometimes not.

Though HIV is now a controllable chronic medical disease; the clefts in our social mind-set got highlighted with advent of the epidemic. Even today after more than thirty years HIV infected individuals do not find acceptance easily in our society. Most of these teenagers and young adults face the discrimination since childhood. They have to plan the course of a secure future for themselves while simultaneously dealing with fear, misapprehension, mistrust, a feeling of destitution and condemnation from society. Many of the infected children have come to know that they are HIV infected, but hardly anyone was explained exactly what that means. They have already accepted the beliefs that are widely held in society. In fact, they have no other option. That contributes to a lot of misconceptions. At such a time they need honest support and an unencumbered mind. Otherwise they might walk on the well-trodden path carrying the burden of the guilt and inferiority complex for being infected.

Prayas Health Group has been working in the field of HIV for many years and has been supporting HIV infected people in many ways. One of them was child support programme. In the days when ART was not easily available in Government HIV programme, Prayas health group was running a self-funded programme supported by friends and likeminded generous people. In this programme the infected children of economically underprivileged parents used to get free ART. Eventually the children got registered under government ART program, but kept on coming to Prayas to meet up with the doctors and counsellors. When they reached adolescence, and started being grasped with the queries regarding growing up and the effect of the infection on their lives, our counsellors sensed that.

We decided to deal with it in an inventive way. We designed and started conducting workshops for adolescents. This happened in 2010. We are now sharing with you all that we gained in last 9 years. We hope that this will benefit as many HIV infected adolescents as possible.

Today a lot of inaccurate information about HIV and human body is available on the internet. Even if it is right it is given out of context and so does not make any good sense of it.

Even if information is available, there are still some questions that remain unanswered. Such as 'why do I alone have to take medication daily? How exactly do these medicines control this disease? If it is possible to control this disease, would it not be easier to cure it entirely by taking a lot of medicines all at once? How come my sibling is not HIV infected but I am? Should HIV infected persons marry or not? Should they have children or should they not? Would my child be born with HIV?' These doubts aren't assuaged by information alone. They can be cleared only through discussions with people who are ready and equipped and have concern about the children.

It is highly likely that these children have lost one or both parents due to HIV. The reason is that the ART was not easily accessible when they needed it. So they are riddled also with the fear that they too will die early due to HIV. Many of these children grow up in institutions. The institutions do take care of their food and medicines. But their minds remain soaked in anxiety and grief.

Everybody has to face large and small difficulties in adolescence and youth regardless of whether they are HIV infected or not. It should be possible for all children to enjoy life with a youthfulness and zest. Being HIV infected should not prove to be a hindrance. They need to be assured that their right to happiness is not snatched away by HIV. These teenagers should be given hope to take charge of their future and paint it as they wish.

To many, this still feels like a faraway dream. However, after conducting more than thirty workshops we are certain that the dream can come true. This does not imply that the workshop acts like a magic wand. We only wish to assert that it is achievable and the process begins in the atmosphere of unity, freedom, compassion and knowledge which the children experience in the workshop.

This workshop is meant to educate the adolescents but not in the conventional school-like pattern where a teacher teaches and pupils listen. They create and imbibe knowledge joyfully, from their own experiences, observations, and musings and by collaborating with others. Their sensibilities, their experiences, their paintings, skits and music born out of these teamed up with the support of the facilitators enable the children to think with such refreshing clarity that it amazes the facilitators and the children themselves.



## **Aknowledgements**

We express our gratitude to all colleagues especially Dr. Vinay Kulkarni for numerous helpful criticisms and suggestions. I am pleased to acknowledge the fine co-operation and assistance of Mr. Manik Paradhe. I owe immeasurable thanks to Ms. Neelima Sahasrabuddhe for lending her vision at a critical stage in the preparation of the manuscript. Finally thanks are due to the children who participated in the Growing up with HIV.... (GUWHATTA) workshops since 2010 before the book came out.

**Sanjeevani Kulkarni**

and

**Mohan Des**

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ABOUT US 

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BEFORE READING THE HANDBOOK 

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## About us

Prayas is a Pune-based voluntary organisation. The health group of Prayas has been working in the area of HIV, sexuality and reproductive health since 1994. Prayas works towards awareness, prevention, treatment behavioural research and advocacy in the field of HIV. On an individual level we were already seeing the initial signs of the HIV epidemic since 1986. HIV was being diagnosed and managed at our clinic since 1989. In those days there was no treatment and HIV infection invariably led to the terminal stage AIDS. It was an invariably fatal disease then.

After a few years around 1993 some medicines which were used for other diseases were tried and were seemed helping. The medicines used then were seen effective only for some years. But when some such medicines were used together they proved quite effective in controlling the HIV infection. Initially these medicines were extremely expensive. They were not affordable to majority. Since 2001 we are making ART medicines available at much affordable rates to patients visiting Prayas clinic. Several men and women have and have been benefitting by it. HIV was being observed in adults as well as in children.

Majority of children with the infection have gotten it due to mother-to-child transmission of HIV. Thus they grow up with HIV almost since birth. These children if not treated early, get sick since their infancy and may succumb. If these children are given medicines since beginning, they can stay healthy. Children being treated since infancy in most cases grow normally.

Prayas clinic has always been a child- friendly place. We make special arrangements in the clinic for the children who come here. Games, snacks, books and colour pestles etc. are available for the children so that they do not get bored while waiting for the doctors. They aren't scolded even if they wander anywhere in the clinic. Someone from the doctors, counsellors, volunteers, researchers, practically anybody can be seen playing with the children. The children too happily ramble everywhere in the clinic. At Prayas no one ever discriminates anybody against HIV, nor looks at these children with pity.

Usually when the diagnosis is made the child is too young to understand that s/he is HIV infected. The parents and others in the family are aware about the infection but the child isn't. In case of adults we believe that it is

always the right of any person irrespective of the age to know first about concerns regarding one's own health. But in case of children parents do not know exactly when and how should they explain to the child about the child's infection. Hence they postpone telling it to the child. But, even if the parents don't tell them, the children come to know sometime and somehow or other.

When the children come to know, they feel very upset much more than having cancer or diabetes. This is because of the societal opinion about HIV and lack of getting any clear information. Also bothersome are the daily medicines and the periodic blood tests. It is but natural. 'What kind of illness am I suffering from, why am I infected with this illness, what other illnesses will I have to bear' are some of the questions that arise in their minds. Till the children were young they could be satisfied with easy answers. However as they grow older, they don't rest till they get complete and clear answers.

The counsellors sensed the disturbance in the behaviour of the adolescents coming to Prayas's clinic. This ultimately led us to organising a residential workshop for them to understand their concerns and also with the thought that if provided with a safe space; in

a group setting, these adolescents might be able to share their thoughts and feelings with each other more easily and we could help resolve their doubts by giving appropriate information. We could help them feel assured that they are not facing this situation alone and to help them relieve the stress a little.

The children at the workshops shared everything that had been building up in their minds. They asked questions and attempted to understand the answers. They had extensive discussions and finally their minds seem to be at rest. They became energised and confident. They realised that HIV can be controlled, there are medicines for HIV and if taken regularly, it is possible for them to lead a happy life. In the group setting, this feeling was strengthened. At the end of the first workshop that we conducted the participants formed their own self-help group and named it in typical youthful attitude- 'So What!'

'We are HIV infected! So What!'

The group thereafter started meeting regularly. They started helping each other in their difficult times. They discussed how and when parents should disclose children about HIV status. They shared their stories about how incorrectly they were informed. They thought that if they shared their feelings and

experiences with other parents, those parents could understand the impact of such disclosure on the children and try informing them in a better way.

So, seven adolescents from this group wrote their experiences about being disclosed, and we published them in a form of book (When we came to know about...).

On insistence and encouragement from the 'So what' group, Prayas continued conducting the workshops. The children from the previous workshops helped in organising and facilitating. The participants in later workshops joined 'So What'.

In our country alone there are approximately a hundred and fifty thousand HIV infected

adolescents (age 10 – 19 years). It is needless to say that there are many other organisations and individuals working and want to work for these children. Here is a complete plan of how an organisation could organise and conduct the workshops.

As per Prayas's policy we do not believe in copy rights. Everyone learns so much from forerunners, so it is the natural right of anyone in the tomorrow's world to learn and use the work that we have done. Here is what we have done and we believe our work will prove to be useful for those who want to do something similar but are in search of such a module.



## **Before reading the handbook...**

The objective of this handbook is to help people who want to conduct such workshops. The workshop is to help HIV infected adolescents and youth to move towards a happy, secure and meaningful life. It aims to boost their resilience, strength and courage. There are a few international handbooks available on the internet. But we did not find any handbook written out of actual experience that we could use as a baseline.

We designed the workshop sessions keeping in mind the participants as adolescents and youth. We attempted to make our design full-proof and comprehensive. We have seen it creates a zest for life in the minds of the participants. This process begins from creating a cohesive, free, compassionate and knowledge-oriented environment at the workshop. Not only does a workshop become successful with the participation of wise facilitators, but the 25-30 participants living and learning together has definite benefits that also contribute to the workshop's success. Ideally this workshop should be organised as residential one. The participants and facilitators should stay there for all five days and four nights. The facilitators are expected to attend the workshop throughout.

### **Who is this handbook for?**

You could be working as a counsellor in the

HIV healthcare domain. You could be a teacher and you are interested in working with HIV infected students. You could be the parent of an HIV infected child and you might wish that along with your child, other children too ought to have a right to a healthy life. You could be associated with a charitable organisation that works for the children and your organisation wants to conduct such workshops.

### **While reading the handbook...**

Those who conduct the workshop sessions are termed not as 'teachers' but as 'facilitators' because their role is not to teach but to encourage thinking, discussion and dialogue. The children from previous workshops of Prayas went on to form their own self-help group called 'So What?' Members of this group participate as volunteers or as facilitators in the next workshops.

### **What does this handbook contain?**

In this handbook we have tried to explain in great detail about all that needs to be done while organising this workshop. We have shared our thoughts about what is to be achieved, how is it to be organised and where. There is a definite goal for each day and the sessions are designed accordingly. This module details out the objectives of each session, all information about how to

conduct it, what the participants' response might be, what difficulties might have to be faced and how to deal with them.

Society usually discriminates people against so many issues. Previously, HIV infected people have suffered extreme discrimination in many parts of the world. They were thrown out not only from their families but also from their towns. Children have been denied admission to schools. However, now it seems that the discrimination has reduced to some extent. However since almost all the participants have faced discrimination sometime in the past, they are almost always wary while interacting with new people. If you are going to ask them to speak freely in the workshop and share their thoughts, you must, right at the beginning of the workshop, assure them that there is no place for discrimination in the workshop. There is also a special session that deals with discrimination itself. A possibility of directly confronting discrimination in order to dispel it has been explored in it.

Many participants might be uncomfortable with speaking about certain sensitive issues. Words such as menstruation, intercourse, penis, vagina, semen, condom etc. might be mumbled or spoken with some hesitation. Many times we avoid saying these words in our daily conversations and use some other

words instead. For example, in India, girls use the word 'problem' while referring to the periods. Such words show the perspective of society towards it. Our stand is that it is best to use scientific terms.

The participants might have some misconceptions. Let us consider this example. Many people believe that the menstrual cycle is for monthly cleansing of the body. Whatever that is not required by the body is thrown out of it such as sweat, feces and urine. Actually this is not true about menstruation. The scientific explanation is that there is a system for childbirth in a woman's body. When this system is not utilized, the unused part is expelled from the body. This is the menstrual cycle. If it is considered as cleansing, then concepts such as clean and unclean, pure and impure attach themselves to this biological fact. Our perspective gets affected. Being facilitators, our opinion also matters. Always be careful that your opinions do not make the participant boys and girls to feel ashamed. They should, in fact, gain strength from our words. If a participant asks a question, first find out what the participant already knows on the topic. Often they have acquired incorrect or correct information from the internet and they are trying to verify it by asking questions.

Do not speak about intercourse in a cheap manner. Never crack jokes on women. But if at all any participants does it, do not ridicule them or get angry with them. Plainly explain why doing so is wrong. Under no circumstances should you mention in any way that the participant's infection is the ultimate consequence of their parent's doing.

The entire workshop should be children-oriented. Do not, even by mistake, think that you are doing the children any favors by conducting the workshops. It is our experience that conducting these workshops makes us more capable and wiser than before in all respects.

During discussions, ensure that nobody's thought is suppressed. Some participants find it difficult to articulate their thoughts. Their words do not convey their thoughts clearly. At such a time you could ask questions to understand what they want to say. Do not oppose their thoughts before understanding completely what they want to convey. Even after you find that out, never reprimand them for not articulating their thoughts better. On the contrary praise them for attempting to convey a very good thought. So that the child be able to continue trying to communicate his/her thoughts and will learn to do it.

The participants should truly feel like participants. They will participate in all the decision-making processes too. That will help them realise that their participation is considered vital in the workshop. The core of this workshop is in empowering and learning to take appropriate decisions and realising that they can take the responsibility of those decisions.

In this workshop the participants would learn something that nobody has ever talked to them before, at least in such clear words. But this is not imparting information, but the knowledge is constructed in their minds. This process would imbue in them the feeling of confidence.

As mentioned above, many new ideas and educational tools were developed in the process of preparing for the workshop. Picture cut outs was one such educational tool. We use it extensively in the workshops. The graphical designs for the same have been given in the appendix.

Skits are very useful to start discussions about some topics. These skits are presented in the workshop by the facilitators or by volunteers. The concepts of these skits are also given in detail. Songs are a definite advantage of our workshops. Music and songs bring a certain charge in the atmosphere. The topic of the session is



understood by the participants beyond words through music. We certainly want to specify though that the songs do entertain the participants, but that is not the objective.

In-depth discussions should be facilitated on topics such as choice of a partner, informing the partner of one's HIV infected status, choice of career etc. Narratives have been proved as an effective tool for igniting discussions. It is also our observation that the participants actively participate in discussions on the stories. At the end of the fourth day when we see the participants immersed completely in the heated debates and trying to convince others of their points, it makes us, the facilitators very happy.

The stories are given in the appendix. In order to help you, we have also mentioned the points that we think should be discussed.

It is likely that the facilitators too don't know everything about HIV. However it is sufficient even if they can convey to the participants that we can find out about things we don't know. If the participants can be included in the search for right answers, that will be even better.

Our entire experience is behind you. Even so, preparation is necessary when you decide to conduct a workshop. Read this manual carefully. Prepare the graphical designs as mentioned in advance. Our suggestion is before actually conducting a session using pictorial information, rehearse by doing mock sessions. This certainly helps to understand the logic and the probable questions audience might ask.

The things to be spoken with the participants are given in inverted commas like this: "...". Also, action points for new facilitators are given in brackets : (...)

A total of four to five facilitators can conduct the workshop. Decide in advance about which facilitator will conduct which session. Thus each facilitator can prepare in depth for his/her sessions. After a short break after the end of each day's sessions, the facilitators should have a meeting to prepare for the next day's sessions.



## When you want to plan a workshop

This workshop is for HIV infected adolescents and young adults. It is designed for participants above 14-15 years of age. Even youngsters around 22-23 years who haven't had the opportunity to attend such a workshop do enjoy it.

This is a specially designed to inculcate non-judgemental perspective, regarding respectful relationships, gender and sexuality. The children ought to be aware that they are HIV infected. In this workshop, detailed discussions about HIV are conducted. This workshop can be organised for home based HIV infected children and also HIV infected children who live in institutions. Since the area of experience of the two groups is vastly different, our experience says that separate workshops for the above mentioned groups work better.

This workshop should last for five whole days and should be residential. Thoughts can be fostered not only through learning together but also through spending time with each other. Staying together facilitates building support mechanisms. The participating boys and girls will be away from the world at large, their daily routine, school and college studies during these five days. In our experience, if the participants are mentally engaged in the workshop without any distractions, it greatly increases the possibility of fulfilling the

objectives of the workshop. If five days seems like a long duration, the workshop could be conducted in two phases. However that will present some technical difficulties regarding time-management.

The workshop should be organised in a private, quiet and scenic venue. At least a couple of facilitators should stay at the venue for the duration of the workshop. The workshop sessions will take up around eight to nine hours each day. Excluding personal time, there will be some time left for games, one-to-ones and dialogues.

The venue should have a large hall to conduct the workshop sessions. The hall should be large enough to allow seating in different ways e.g. in a circle, in small groups, in a classroom seating. The hall should be well lit and airy. There should be two or three blackboards or whiteboards to jot down important points. A cloth covered board is required, where the picture cut-outs can be put up. Usually a microphone is not required. However in some places the sound echoes and audibility is compromised. In such a place, a microphone has to be used.

Keep the picture cut-outs ready by sticking the velvet paper behind them. Keep the photocopies of stories ready. The evaluation questionnaires have to be printed in a specific way, as described in the Annexure.





The stationery detailed below should be kept available in the workshop hall for all the days of the workshop.

Adhesive tape, papers, pencils, crayons, sketch-pens, about 200 one-side blank sheets of paper, two large poster papers per group of five to six participants (for body mapping).

For your convenience, please find lists of material specifically required for each day's sessions.

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- **Day 1**

**Session 1.3:** Name tags: 3" \* 2" pieces of card paper to write the name on, safety pins, notebooks and pens to distribute to the participants.

**Session 1.5:** One set per team of the pre-test questionnaire with one question printed on one page.

**Session 1.6:** Questions written on paper for group discussions

**Session 1.7:** Question Box

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- **Day 2**

**Session 2.5:** A bag made of soft cloth, things to keep in the bag e.g. handkerchief, sponge, pencil, eraser, bowl, cotton, spectacle case with a pair of spectacles in it, etc.

1 A4 sized paper per participant with the human figure drawn on it and a few extra.

Set of picture cut-outs: our body,

2 joined poster papers per group for body mapping.

**Session 2.6:** Picture cut-outs: Immunity

**Session 2.7:** Picture cut-outs: Why food?

**Session 2.8:** Picture cut-outs: HIV and ART

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- **Day 3**

**Session 3.2:** Picture cut-outs: HIV and ART

**Session 3.3:** Picture cut-outs: From mother to baby

**Session 3.5:** Picture cut-outs: Nine months

**Session 3.6:** Picture cut-outs: Preparation in mother's body

**Session 3.7:** Picture cut-outs: Preparation in father's body

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- **Day 4**

**Session 4.2:** Two stories about discrimination

**Session 4.3:** Stories about friendship, marriage, life partner

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- **Day 5**

**Session 5.2:** Packets of condoms, contraceptive tablets or Copper-T if required

**Session 5.4:** Picture cut-outs: Positive Living

**Session 5.6:** Projector, Computer, Sound Amplifier etc. to show film 'So What?'

**Session 5.7:** Post test Questions to be written on other side of pre-test

# 1

## Day One

### **Agenda for day 1**

- The participants and facilitators will get acquainted with each other.
- The participants will get an overview of what will be done during the workshop and its schedule.
- Participants will know the logistical arrangements and related assistance.
- The participants will understand how the learning process improves through personal experiences.
- Friendly environment will be created which will be conducive for the participants to feel assured that all their questions confronting them while growing up with HIV infection, will be answered during the workshop.

### **Session 1.1 – Welcome** (Time 15 minutes)

One of the facilitators should welcome everybody.

Why to welcome everybody? Not just as a formality, but as it is a very meaningful act. When we welcome the participants with a smile and warmth, they will feel assured that they will be treated with utmost respect

throughout this workshop. Make sure that the welcome is made very special.

### **Note**

- *The matter in the parenthesis( " ") is to help you make introductions. You need not memorize it. Use your own language and manner to convey the content. The points **however** should be made clear.*

### **Points for Communication / Introduction**

- Speak about the institution that is organizing the workshop.
- Introduce peer groups if any, such as 'So What', who will be assisting the facilitators.
- Mention about whether the participants stay in an institution or are home based.
- Communicate to the participants, *"This is a workshop. This is **not** a classroom, where the teachers teach and students only listen. In a workshop, nobody teaches. All learn together and all contribute to the learning process."*
- Encourage participants to communicate without any hesitation. Tell them that whatever are their specific difficulties; they will be understood and addressed. Make it clear that they can interrupt during the sessions whenever they feel, if they are not understanding the discussion or if there are difficulties in understanding on account of the language spoken. If required, facilitators may have to modify the way of communication so as to help everyone to understand and further to enable them to participate. The responsibility of creation of such completely open environment for communication lies solely with the facilitators.
- *"This is a group of boys and girls in adolescence. This is a period of transition from childhood to adulthood where you undergo many changes. You might be having many questions in your mind. Often we do not know where to look for satisfactory answers to our questions. During this workshop all your questions will be addressed. We will try answer as many questions as we can and we will help you to find the answers for the remaining ones."*
- *"In this workshop we are going to talk about our experiences and concerns. We are going to learn what we have not been taught at home, at school or college and not even at the institution where some of you are living."*
- Reference to HIV has to be made absolutely clear, right in the beginning, *"There is one thing common in you all and that is you all are HIV infected. We all will be discussing about our concerns regarding HIV very openly. I request all of you to participate in the workshop whole heartedly, without any fear, without any hesitation."*
- Inform the participants that it is a five day residential workshop. Provide them with the information about their stay and all other related arrangements. Introduce them to the person whom they could contact for any help.
- Assure them that in this workshop there will be no discrimination against anyone living with HIV. Everyone without exception will practise this.
- *"One very important thing is to take the medicines on time. Everybody must take the tablets on time; even while an important session is going on you should not hesitate to take the tablets."*

## What are we going to do in these five days?

- "We are going to learn and study. However it does not involve reading, memorizing, homework notebooks, question-answer exercises, writing etc. This study is to be done through games, discussions, music, drawing, painting and theatre. It will not be boring at all.
- It is going to be very joyful and pleasurable to study along with friends.
- These are the days when our mind will open up. That is not all. In these five days you will learn how to nurture your mind, how to help it grow. You are going to make new friends. You won't even realize how these five days will pass. We assure that, you will never forget these five days."

## Session 1.2 – Inauguration (45 minutes)

### Objectives:

- To create an environment to enable open and friendly interactions, to interact and work together freely.
- To enable discussions, collective decision making and implementation.
- To foster creative thinking



Material- Anything that is easily available and can be used as props e.g. colourful things such as bedsheets, scarves, pillows etc.

- Participants could be addressed as follows:
- "The inauguration of this workshop will not be a typical one where a ribbon is cut in the hands of a chief guest or a lamp is lit, etc. Instead, together we shall create something interesting and innovative."
- "Let us think that this hall is the backdrop or may be a canvas on which we will create a picture. All participants and their colourful clothes are the colours to paint it with. It will not be a still picture. It will be a dynamic picture. With our bodies we will create a structure which will express our feelings. There are only two rules we shall follow while creating the picture. Firstly, we will not create any alphabets or names in any language. We will not create any religious symbols. We will not create a particular place of worship because we want to neither foster nor offend any religious sentiments. Secondly,



Butterfly



Rays of the Sun



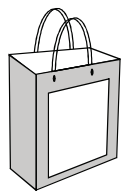
*everybody, the entire group should participate leaving no one aside in creating the structure."*

- Facilitator's participation should be minimal in the ideation process. In general, children tend to choose the themes such as the sun or a flower. However in the past, some groups have made pictures of landscapes or butterflies. Refer to the photographs of inauguration sessions from previous workshops. Preparing such a sculpture is the inauguration.
- After inauguration, ask if they like the *inauguration process and if they had experienced such an inauguration before*. Give feedback on the sculpture that the children have created, appreciate it. Give suggestions for improvement, or suggest changes but never insist that they should accept them.

### **Session 1.3 – Introducing yourself (40 minutes)**

#### **Objectives:**

- To know each other in an informal way.
- To enable participants to be able to identify themselves with the nature.



#### Material-

Blank badges, colour pencils, sketch pens, etc.

The facilitator would ask all the participants to introduce themselves. Tell that usually while introducing oneself one states the first name along with father's name/ mother's name, surname, etc. Here the introduction will be different. One should

state one's name along with some element from the nature. Then one should also tell why one has chosen a particular element. There will be only one condition – as far as possible one should not repeat the element already used. You could use the same element in different language.

For example, Aaryaa Rain, Rahul Pearl etc.

Aaryaa might say that she loves rain because she belongs to the Vidarbha region of Maharashtra. The region does not have enough rains. She considers rain synonymous with life.

Rahul might say that he likes pearls because a pearl is formed when the animal inside the mussel secretes a fluid when something pricks it. Since the time he found out that he is HIV infected, it has been pricking him. He too wishes to make it into something brilliant like a pearl.

The facilitators should encourage everybody to speak. Several children might state the name of a flower such as Jasmine or Rose and give the reason simply as 'I like it' without elaborating further. They should be encouraged to think more, think differently. The facilitators should also introduce themselves and try to be more innovative in it. After everybody has introduced themselves, ask them to create their own name-badge. Ask them to put it on so that everyone could see it. Let them know that they have to wear it throughout the workshop.

## **Session 1.4 – Setting up the Rules for the Workshop (30 minutes)**

### **Objectives:**

- *"We would like the workshop to proceed smoothly so that we will be able to learn a lot of interesting things while enjoying it. We all might have come from different places. We all might be new to each other. So to avoid confusions, or irritations or feeling of deprivations etc. we suggest that we can set up some rules which would help us while interacting with each other and enable us to work together with ease. Now let us all set the rules. These rules will have to be followed by each one of us and therefore each one of us has to contribute in this exercise of setting up the rules. We have to also see to it that our behaviour would not cause any inconvenience or trouble to others. Since we are laying down the rules, it is our duty to follow them."*
- Facilitator should write down all the rules on the board. Encourage participants to suggest many rules. After all the suggested rules would be listed on the board, promote the discussion regarding the acceptability of the rules. The rules should be finalized by accommodating useful suggestions for modifications and by seeking approval from all the participants.

These are some of the rules we suggest.

1. Everybody should come on time for the sessions.
  2. Medicines should be taken on time.
  3. Food and water should be used with due care.
  4. Nobody should leave the workshop premises without permission of facilitators.
  5. Everybody should treat each other with respect.
  6. Nobody should be discriminated against for any reason.
  7. Any personal stories shared during the workshop, should not be disclosed outside even after the workshop.
  8. Everybody should keep their mobile phones switched off at least during sessions.
  9. Lights and fans should be put off when they are not being used.
- The participants might have to be reminded about the responsibility to follow the rules laid down.
  - In workshops organised by Prayas, at the end of the session, a Marathi song '*Paadu chala re bhint hee madhe aad yenaree*', which means 'Let's break down this wall that blocks our path', is sung. Any song which is against discrimination could be sung.

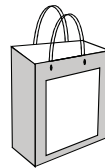


## Session 1.5 Preparation for Group Discussion and Pre-test ( 70 minutes)

### Objectives:

To form small groups for discussion so that every child gets an opportunity to share her/ his experiences, ideas.

To develop self confidence amongst the participants to express themselves without hesitation.



### Material-

Pre-test questionnaires

Divide the participants into 5-6 groups. As far as possible try to evenly distribute boys and girls, bold and shy children in all groups. Encourage them to identify names to their groups. Facilitators could consider assigning every group, one of the facilitators as a secret mentor.



Discussions

## Session 1.6 –Group Discussion: (90 minutes)

### Objectives:

- Participants will discover how one could learn through experiences.
- Participants will practise to present their opinions and thoughts freely and also to listen to the others' presentations.

### • Group Discussion:

**Give each group questions on one subject and encourage them to discuss. Providing written note of the topic to the groups helps in maintaining the focus of discussion.**

- Group I
  - What do you like? Why?
  - (To eat, to do, some specific ideas, practises, concepts, behaviours, persons)
- Group II
  - What do you dislike? Why?
  - (To eat, to do, specific ideas, practises, concepts, behaviour, persons)
- Group III
  - What do you fear or worry about? Why?
  - (Places, persons, behaviour, incidents, thoughts, ideas, practises, concepts)
- Group IV
  - What forms your support system? Does the thought about such things make you feel better? State the reason for each thing.
  - (Persons, materials, objects, places, thoughts, behaviour, institution, education, degree, job, money, property)
- Group V
  - What are your dreams regarding your own future, future of the society we

live, and regarding future of the world around?

- *"Everyone has to participate in the group discussion. Someone from the group will note down the points discussed. Twenty minutes are allotted for the discussion. After that each group will come forward and present what they discussed in the group. Presentation should include all the different points came up. Even when there were differences of opinions they also should be included in the presentations. All the group members should participate in the presentations."*
- Somebody in the group assumes leadership. Children decide their leader on their own. However the entire group has to make the presentation. The facilitators should keep in mind that some participants may lack confidence; they need some more encouragement to come forward to make the presentation. The facilitators should ensure that the group discussions don't digress from their respective topics, and there is no discord, or exclusion of anyone in any of the groups. Therefore everyone will be able to actively participate in the group discussion.
- Generally the group discussing fears and worries express that they are worried



about their HIV infection. However the institution based children somehow have never opened up about HIV in the discussions or presentations. It takes substantially more time and more encouragement for them to open up.

- One of the primary objectives of this session is the participants know each other well. In this session they also get to know themselves in a different way. The questions posed are connected to their everyday experiences. Open and free sharing of experiences among participants, fosters development of strong friendships. Further it helps participants to realize that they have many other common attributes, views, and opinions apart from HIV.
- The discussions in the groups on likes and dislikes generally begin about food and later lead to people and their behaviours. There is a subtle realization in this session that the existence of relationships is essential to our life and its enrichment. Our relationships are an essential as well as an enriching constituent of our lives.
- These discussions reveal what kind of people do the participants like, what kind of behaviours they dislike. Some of the commonly expressed comments are 'I do not like people who scold.', 'I like people who not only help me understand but also try to understand me.' Often while communicating our feelings, thoughts to others, we get better clarity about the same. Many a time, listening to others is useful in crystallizing one's own thoughts.
- One of the groups has been asked about 'what do they fear about'. This question is important not only because they are HIV infected but also because having different fears has a strong impact on one's psychological development. Fear is a potential root cause of several mental illnesses. Knowing one's own fears is the first step towards finding ways to deal with them.
- The group discussion and presentation about support includes people, institutions, places which provide support, protection, guidance, and even security that one requires. Further one will be helped to understand that these support systems, consisting of people, places, etc. can be developed and access to them could be improved. This will illuminate the path to living with enthusiasm. The typical answers come from participants are 'What all do provide you support?' are – 'parents', 'family', 'friends', 'institution', and even 'ART'!
- In order to sow the idea in the minds of the participants, that 'With the help of the support systems, one is capable of leading life as per ones aspirations', this session of group discussion is very effective. This process of the discussions within the individual groups and also the group's presentations and further discussions there on, gives a very intense experience to all the participants. The entire content of this session is mostly being contributed by the participants and there is nothing that has been taught to them.
- **Presentation of the Group Discussion:**
- After all the groups have concluded their group discussion, one by one, every group will be invited to present what was discussed in their group. Group will begin their presentation by introducing themselves. Some of the participants may be shy to speak, due to lack of experience

of presenting in front of an audience. Facilitators should particularly encourage such participants to speak, guiding them to present by asking questions. Appreciate and help to wrap up the points covered in their discussions.

- Participants discussing 'what you do not like?' may communicate that they do not like adults who shout. Group discussing 'what do you fear about?' typically specify fear of HIV along with other causes of fear. In case if group does not bring out the fear of HIV, facilitator could ask about it openly. Our experience is participants respond to it honestly.
- The question 'what do you worry about?' is like a mirror of the mind. Similarly the question, 'what do make you feel supported?' generates a sense of courage. Dreams about the future unfold. This session sets up the tone of the five day workshop.
- After each presentation, the facilitator should appreciate the efforts. Encourage the audience to ask questions, and request the presenting group to answer. This will allow them to practise discussing with others.
- When the group comes forward to make a presentation, they should be given applause. Also at the end of each presentation, the group should be thanked and praised for their presentation.

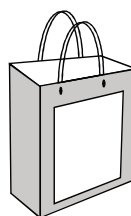
### **Session 1.7 – Question Box (60 minutes)**

#### **Objectives:**

- Participants will realize that they are not alone and there are others who face the similar problems.
- Participants will develop confidence that

they can ask any of their questions without any hesitation and that their questions will get truthful answers.

- The communication among the participants and the communication between the participants and the facilitators improves. Further it will help everyone to participate spontaneously and with greater involvement in the workshop.



Material- Papers and a drop box with a label – 'Question Box'.

- The facilitator will make pairs of participants. If the workshop is for institution based children, try making pairs of participants from different institutions. During the workshops conducted by Prayas mostly boys are paired with boys and girls with girls. It is likely that boys and girls may feel less confident to open up easily when they talk to other gender on the very first day.
- The facilitator will explain them the process.
- *The friends duo chat for next 15-20 minutes. They would talk to each other about HIV or anything else that bothers them. They would write down each other's questions on a piece of paper and drop it in the drop box. They need not write their names if do not want. All the queries will be addressed in the first session next day.*
- On the last day of the workshop facilitator should verify that all the buddy pairs are satisfied with the answers to their questions.

**Closure of the day:**

- At the end of the day, the facilitators should address all participants. The conclusion should be in an assuring manner. Closure of the day work is done at the end of every day. Do ask if they are comfortable in the new environment, whether they have any issues about accommodation or food, whether they have any other issues, how the day was, what did they like and what they did not like, etc. While concluding remind them not to share their buddy's questions with anybody else.
- In the end remind the participants of their new names. You may play the memory game where one participant tells his/her new name and all subsequent participants tell the new names of previous participants with their name at the end. If anybody can't remember, help her without teasing.
- Request all the participants to write a kind of diary during the workshop period. Explain to them that they can write about what new things they learnt, new friends they made, what they liked, what they did not like, how they enjoyed together, what they appreciated about themselves and about others before going to bed.



# 2

## Day Two

### **Day Two:**

#### **Objectives for day 2**

- Review of the day 1.
- The participants will develop body awareness by gaining a general understanding of anatomy.
- The participants will understand through the skits and their own experiences the meaning of growing up and different aspects of growing up such as perception of being a responsible grown up person, being conscious about other's opinion about oneself, increased physical strength and skill level etc.
- The participants will understand what is stress, what kind of stress is required and how to deal with manage undesirable stress.
- The participants will acquire basic knowledge about infections, immunity and its relation with HIV.
- The participants will understand how HIV virus affects the human body and how ART medicines stop the multiplication of HIV.

#### **Session 2.1 – (Time 30 minutes)**

#### **Welcome:**

Begin the second day by welcoming the participants. A small game can be played. For example, ask the participants to describe the previous day in one word



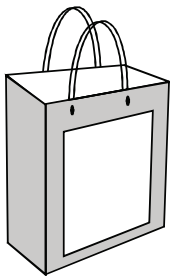
e.g. fun, happy, eager, fresh, boring, enthusiastic, great, etc.

**Review of the previous day:** The review can be done as a role play if a media reporter is reporting about the workshop, with the interviews of the workshop participants. Usually such style of reporting with interviews is commonly seen on the television channels. So children are familiar with this method of reporting and they enjoy it. The review of Day1 is generally done by the facilitators or volunteers. On coming days participant's involvement in it can increase.

## **Session 2.2 – Questions and Answers (Time 60 minutes)**

### **Objectives:**

- To develop the confidence in participant's mind that all their questions will get answered during this workshop.
- Explain to the participants that questions on the specific topics will be answered in the appropriate sessions.



Material- List of queries from the 'Question Box',

Share with them all the questions avoiding repetition and grouped as per the topics covered in the sessions. Specify the appropriate day and session about each of them. Answer the remaining questions. Many times the questions are only regarding HIV. Refer to a booklet given in annexes (I

need to about HIV...) Make sure that the language used is simple and easy to understand. The content should be objective and consistent with the facts established by science.

In general the participants ask the questions from pre-test. They know the answers but still want to listen the answers from facilitators. For example, 'What is HIV?', 'What is the difference between HIV and AIDS?', 'How is HIV transmitted?', 'How is an HIV test conducted?' etc.

" HIV is a name of the virus that reduces immunity in humans. This virus can survive only in the body of human beings, and it cannot survive in any other animal's body. The disease that this virus causes is called as HIV disease. Now there are good medicines available to stop the multiplication of the virus. When there were no medicines the virus was causing reduction in the immunity. Due to low immunity many illnesses and diseases are caused. The advanced stage of the HIV disease is called as AIDS. Now since effective medicines are available we could eliminate the use of the term AIDS as it is derogatory.

HIV is transmitted in the following ways:



*प्रश्नपेटीतील प्रश्नांवर चर्चा*

1. Through the blood. (Through transfusion of HIV infected blood or through injection needles have come in contact with HIV infected blood)
2. By having sex with an HIV infected person without using condoms.
3. From an HIV infected pregnant woman to her child during pregnancy, delivery and from breastfeeding.

Generally the participants know the ways in which HIV is transmitted but there could be some misconceptions. Therefore, the facilitator has to ask questions to find out what the participants already know about transmission of HIV and if needed, correct their understanding. Also make it a point to talk to them about how to prevent HIV virus from getting transmitted. Repeat that the HIV virus can be transmitted by these three ways and the transmission via each of the three ways can be prevented by taking proper care.

In order to understand if a person is infected with HIV or not a blood- test is done by ELISA (Enzyme-linked Immunosorbent Assay) technique. This test detects presence of antibodies produced by the body. This technique is not used for testing HIV infection in infants and children below 18 months. It may give false results. So a different test namely DNA-PCR test which detects the actual presence of the virus in the blood is used.

Now there are medicines which stop the multiplication of the virus. These medicines cannot remove the HIV completely from the body, but if taken regularly HIV disease can be kept under control and managed to the extent that one can lead normal life. These medicines are called ART (Anti-Retrovirals,

and so the treatment is called Anti retroviral treatment). ART reduces the presence of virus in the blood. It is very essential that the person has to take ART regularly in the prescribed dose. ART also reduces the chances of transmitting HIV during sexual intercourse or from mother to child.

The detailed discussion about how HIV actually affects human body and how ART medicines control the HIV from spreading is covered in a separate session.

It is possible that many children will still have doubts in their minds, as whatever is being told to them could be contrary to what they have known since many years. So reassure them by promising that they will never be given untruthful information just to comfort or to console them in this workshop. The scientifically well-established facts and information will only be shared.

### **Session 2.3 – What is Growing Up?**

**(Time 1 hour 15 minutes)**

#### **Objectives:**

- The participants will start thinking the meaning of growing up from emotional perspective.
- The participants will be encouraged to think about different aspects of growing up.
- The participants will become aware of the changes that are taking place in their body.



Material- Scripts of the skits



Session will start with performance of five skits. These skits are based on day to day situations and address many different aspects of growing up itself. The discussion followed by presentation of each skit highlights some important points about growing up which should be written on the board. The possible aspects of growing up to be considered for skits include growing up in terms of changes in body, increase in intellectual capabilities, capability to take responsibilities, sense of freedom, understanding social responsibilities and also changes in people's perspective and expectations from the adolescents, etc.

Suggestions for Skit Performances:

- Duration of every skit should be 3-5 minutes.
- Use of special costumes or make up is not required.
- There is no need to use much of props to create the theatrical atmosphere.
- The presentation of the skits will be done by the facilitators, may be with the help of peer volunteer groups. All the roles including that of small children are to be played by facilitators, or the peer volunteers.

After every skit is presented, initiate the discussion by asking questions such as 'What was the skit about?' 'What did you think about the skit?'

### **Suggested Topics for Discussion:**

- How to approach challenges in real life?
- Are the activities such as shouldering the responsibilities, doing the chores, etc., enjoyable? Are these activities a matter of happiness or of pride even?

- In the given circumstances, how to make an informed choice regarding acceptance or rejection of conditions laid down by the family, society, or other institutions.

### **Sample Skits:**

Different skits for home-based and institution based children are given as a sample.



Presentation

### **1. A. For home based children**

Gas cylinder needs to be replaced with another. Mother is worried as no adult man is around to do this work. She is talking to herself, "What should I do now? So much cooking is still to be done. How can I manage without the gas stove?" Adolescent Swapna enters and says, "Don't worry mommy, I am there. I can replace the gas cylinder for you." and she carefully connects the filled gas cylinder to the gas stove. Mother is astonished. (Instead of a girl, a boy too can do that role.)

OR

### **1. B. For institution based children**

The water pump in the institution has to be switched on. Since the switch is at a height, only an adult or an older child can switch the pump on. One child asks, "May I switch on the water pump?" An older child says, "You won't be able to reach it." Then a care taker from the institution asks the older child, "Can you switch on the water pump?" The older child replies, "Yes, I will." Then the older child switches the water pump on. The care taker thanks him for it.

**Discussion:** Discuss about physical growth of the body and development of capabilities and physical skills.

### **2. For both home based and institution based children.**

The telephone rings. A very young child receives the call and says things such as, 'Who are you? I am Chintu. (A girl could play this role too.). You tell me your name first. My sister has brought me a book. I won't give it to you'. Just then an adolescent girl comes there, takes the phone from Chintu's hands and speaks maturely and takes down the caller's message.

**Discussion:** Discuss about how growing up is associated with becoming mature in terms of ability to interact with others, taking on responsibility on the spot when required, and the ability to comprehend the communication.

### **3. For home based children**

There is an ongoing discussion about the elder sister's wedding in the family. An elderly aunt or grandmother is saying, 'We must start preparing for the expenses. After all, we are the bride's side. Even if times have changed, the social attitude does not change.

We still have to make compromises.' Although the mother doesn't agree, she quietly listens without saying anything. A child of four or five years of age is silently playing near the mother. A teenager is in the same room reading the newspaper. S/he reads out a news item about four hundred and fifty men who swore not to accept any dowry. S/he further remarks, 'Accepting dowry is a crime. Marriages work well without women having to compromise. Actually, instead of spending lot on an elaborate wedding, we should think of doing a simple registered one.'

The elderly aunt or grandmother says, 'Kids these days are over smart. When we were young, we would have been flogged if we would interfere in the conversations of grown-ups.' To this, the adolescent says, 'But was it justified to flog children like that? Today girls are aware about themselves and their rights. Why will they quietly accept injustice?' The four or five year old child playing in the room does not understand anything of the discussion; s/he asks naively, 'What does dowry mean?'

**Discussion:** One of the signs of growing up is when one starts thinking logically, rationally with sensitivity about one's future in the social context.

### **4. For both Home and institution based children**

Two teenage girls are conversing.

'Why didn't Rama come for the trip?'

'Her chumps started.'

'So what! Chumps will be there every month. Does that mean we should sit at home for those four days every month?'

'She gets severe stomach pain.'

'She can take a painkiller instead.'

One seven or eight year old girl comes there. These two girls stop talking. She realises this. She insists that they should tell her what they were talking about. The older girls say, 'We'll tell you when you grow up.'

**Discussion:** Individuals growing up like to suggest solutions to problems and they also are particular about who they would like to share, and to interact with.

### **5. A for Home based children**

Scene 1: Young Ganesh has happily accompanied his father to the bank or the ART centre. He plays there till his father's work is done.

Scene 2: Ganesh is a grown up adolescent now. He goes to the ART centre and asks for his father's medicines. He shows his father's ART record book. There could be some discussion with the counsellor/ doctor at ART centre. They hesitate for a short while as ART is generally not handed over to other person. He negotiates with the concerned authority and manages to get his father's medicines.

### **5.B. For Institution based children**

Group of children have returned from the ART centre. An adolescent girl/boy (Swapna/ Prnil) is leading the group. She gives the ART record books to the in charge person at the institution. The in charge finds that one record book is missing in the pile. The in charge asks the adolescent about it. She says, the book might have fallen where she had asked the children to wait while she was talking to a doctor. Care taker yells at her. "Now go back to the ART centre and ask the doctor. Else find out how you can get a duplicate one.' Swapna/Prnil requests,

'Please come along with me this time.' Caretaker agrees but says, 'You are grown up now. You must learn to take responsibility.' Swapna/Prnil assures, 'If any problem or difficulty will arise in the future, I shall take care of it.'

**Discussion:** An important sign or indication of having grown up is the ability to take responsibility and fulfil it by dealing confidently with any difficulties that arise in the process.

After the skit presentations and the discussion there of, ask the participants to share any incident when they realised that they are grown up now. The facilitator can narrate one's own experience to motivate participants. Examples of such incidents include travelling alone, carrying ten or fifteen thousand rupees cash to pay fees or for any other purpose. It will be useful if at least 6-7 participants can share their experiences. Even if everybody does not share start thinking about their growing process.

### **Reflections Corner:**

: We may reflect on our experience of growing up a long time after we actually grow up. These participants have hardly grown up. Will they get stressed out or be concerned about their growing up?

: Here, very common, simple aspects of growing up are being discussed which will not cause any stress. As we grow up gradually, it is hard to realise that we are growing up and also to note that our awareness is growing too. However to observe or to pay attention to one's own process of growing up is itself very important and enriching.

While interacting with certain people one notices that although they have grown

older in terms of age, their level of general awareness, and their way of approaching situations is quite childlike. As such they do not have any disability or handicap of any kind, otherwise they are quite able and normal, and yet they may be either lacking the exposure or they may have been over protected. Therefore such people may not have confidence and would get nervous and confused when they come across, even a slightly unusual situation than what they are accustomed to.

: We should continue observing the process of our growing up forever. When we will turn thirty, we should check what has changed since we were twenty. We should continue doing this analysis, and comparison. It will certainly be useful.

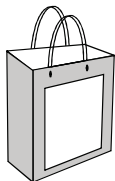
## **Session 2.4 – Stress Management (Time 1 hour)**

### **Objectives:**

Participants will be helped to develop skill to know when they get stressed due to certain causes and conditions.

Participants will know how to deal with the stress.

Participants will know the significance of stress in life.



Material- Board, chalk, a small rope or a longish piece of cloth

Ask participants to specify conditions or situations which lead to stress for them. In case they are unable to respond quickly, help them to think by asking questions, by giving them examples of situations. The examples

of scenarios, situations can be - while waiting to appear for the exam, when a person has to give a speech in front of a large audience without having adequate experience, or even when someone gets reprimanded for with or without any cause.

Ask them whether they know how their mental stress affects their body. Wait for the participants' response. As per the need, ask further questions. The answers will include - one feels breathlessness, palms sweat, hands and feet go cold, one can hear one's heartbeats etc. Inform them that excessive stress is harmful to the mind as well as to the body.

Take a rope or a long piece of cloth. Ask one participant to hold one end of it and the facilitator should hold the other end. Stretch it just enough to ensure that it doesn't sag.

Facilitator can tell participants "Our mind is like this rope. Usually there ought to be just enough tension to keep it tight. If there is excessive tension, the mind comes to a breaking point. On the other hand, if there is no tension at all, the awareness vanishes." Stretch the rope or let it sag while explaining.



Stress - Management

Further ask them, "What do you do when you feel extreme stressed up?" Some participants will give answers. As per the need, supplement the participant's answers with explanations, comments, etc. so that all the participants will understand. Summarize all the answers and point out that most commonly used methods include distancing oneself from the cause of stress or avoiding it, escaping from the situation than trying to face it, even suppressing the emotions and thoughts regarding the stress.

Sometimes these methods are useful. However the same causes of stress can recur and if you don't have skill or way to deal with it, the stress can increase.

"Each person deals with stress in one's own preferred way. Some engage their mind in some activities such as listening to music, reading, and going for a walk, doing some physical work, exercising etc. Several such methods can be used to get temporary relief from stress. Even if this relief is temporary, it is useful. Sometimes stress is caused unnecessarily. If some time is allowed to pass, the true extent of the stress can be understood. Also by engaging in some activity that one likes one's mind gets refreshed. One can deal with the stress with refreshed mind and recharged energy. Also sunshine, exercise, creative work can release some hormones in the body which can lead to happiness and reduce stress."

"However some people tend to be stressed out all the time. When faced with stressful situation, they don't try to resolve it immediately even when it is possible. They tightly hold on to the stressful situation. They keep replaying the stressful situation over and over again, just like a buffalo that

ruminates cud. It is like chewing a chewing gum. A chewing gum tastes sweet in the beginning, but once the sugar coating is gone, the rubbery part remains and people keep chewing it. Holding on to stressful situation tightly does not help in relieving it, but just like one gets used to keep on chewing the chewing gum mind gets used to keep on thinking of stressful situation. I call such stress as chewing gum stress. It is best to deal with the causes of stress with courage, to face it. If certain conditions are causing stress and one is unable to find a solution, what can be done? If possible, one must try to think of ways to lessen the stress. Beyond that, one must literally throw that subject into the trash. One can write down the subject on a piece of paper and burn that paper. Consider an example. It is natural to get angry when anybody is discriminated on account of HIV. However sometimes one is unable to express ones displeasure about it. The situation doesn't permit it. That causes stress. In such a case one can try something that our friends in 'So What' group have discovered. Say to yourself, 'It is not my problem or fault that you are behaving badly with me. I shall not allow myself to be blamed for other's follies. Yes, I have HIV, so what!'

"Stress is painful for everyone. However that doesn't mean one need not have any stress at all. Some amount of stress is useful. While appearing for an exam, while performing a role in a play in theatre, while giving a speech and addressing an audience there is some stress. It should not be excessive. When one would have studied well, would have rehearsed well the role or the speech, the tension and the stress will be minimal."



“Certain chemicals are released by our body to deal with this stress and fear. These chemicals improve our strength. Are you aware that under great pressures or stress people can do things which they may not be able to do under normal circumstances?”

“Also there can be a very positive impact or outcome of stress, even of intense grief. Stress can inspire creativity. Whenever an artist creates a new piece of art, s/he may have a lot of stress. That stress can inspire or can lead to enormous creativity by giving birth to a masterpiece. Creating a piece of art is not the exclusive domain of renowned artists but everybody can be an artist. Each one of us can create a new piece of art. Simple idea of creating a new piece of art can cause stress. Does it? Let us perform a simple experiment.”

Ask one of the participants to come forward. Ask him/her to draw a picture of the facilitator. Initially the participant refuses as s/he thinks that s/he is unable to do so. Everybody should encourage him/her. Ask the participants to encourage him/her. This effort usually succeeds. A reasonably good picture of the facilitator gets drawn. Congratulate him/her on completion of the drawing. Facilitator can point out that initially s/he felt stress on being called in front, but the stress vanished after having drawn a nice picture. Stress got converted to creativity. Ask the child how s/he is feeling after having drawn the picture. S/he is feeling better. Sometimes everybody has to encourage the participant a lot by assuring him/her that 'this is not a difficult task and that you will certainly be able to do it.' Other participants can encourage the participant by clapping or shouting slogans. That might

help reduce the stress or it might increase the stress as others' expectations can add to the existing stress. In any case, the picture should be drawn. This experiment meets success.

## **Session 2.5 – Our body (Time 1 hour 10 minutes)**

### **Objectives:**

- The participants will develop a scientific attitude about human body.
- The participants will learn about the human organ systems and their functions.



### **Material-**

1. A cotton bag filled with some commonly used articles such as a pen, a ball, a small box, a spectacle's case with a pair of spectacles in it, a handkerchief, a notebook, a lock, a bowl, a spoon etc.
2. Sets of picture cut-outs of the organs as given in the Annexes .

**Note:** Refer to 'Our Body' – Pictures 1 to 7. (Arrange this set in order. Information on how to prepare the set of picture cut-outs and how to use the 'pictorial information' is detailed in the note in the Appendix.

This session could begin by playing a small game. Place the cotton bag filled with commonly used articles in front of the participants and invite two of them forward. Ask each one of them to feel or palpate the bag from outside, and to guess what is there inside the bag. Enlist them. Then discuss

which articles could be guessed correctly, and which could not be guessed correctly etc. Usually participants say that s/he guessed it due to the shape and feeling the texture. Further ask questions like "suppose there would have been another article with similar shape, then how could you have guessed?' The questioning process should gradually lead to answers such as 'by touching the object, it felt like made of plastic, or like a hard metal', etc. There will be discussion even about incorrect guesses made. In general see to it that points such as- 'By touch, shape and texture can be judged. By holding it in the hand its weight can be estimated. By shaking the object it can be checked whether it makes any sound which too can give an idea about the object.'

"The objects which we are familiar with, could be identified just by touch by their shapes and textures or by their shaking sounds."

"Now please close your eyes and relax. Listen to what I say. We all are going to play the same game. But this time our body is the cotton bag. The way our two friends guessed the objects in the bag by touching it, we all will touch and feel our arms, legs, head, chest and abdomen and will try to guess what is inside. We may not even know the names of what all are there inside. But we will try to know, and understand how it feels different at different places. From that we will guess what is inside. Now let us try to understand what is inside our own body by touching and experiencing."

After a few minutes, ask them to open their eyes. Ask them what they noticed by touching their arms and legs. Usually they will say that they noticed the bones in the

arms and legs due to their hardness, the pulse due to its beating, something soft along with the hard bones, etc. If they are not able to notice and communicate these experiences, help them to feel it. "There are bones in our arms and legs. The soft material along with the bones is the muscles. The blood vessels run through the muscles which we cannot see and feel from outside. We see the blood coming out of the blood vessels only when we have a cut or a wound. But in some places we can feel the pulse of the blood vessel and some blood vessels are visible through the skin also."

"We are aware of the functions of the arms and legs. We are also familiar with how different parts of the body move. The bones are connected with the joints to enable movement. The movement is possible only at the joint and we cannot bend where there is no joint. Now find out where are the joints in your arms and legs and tell me."

The participants will point out many places of joints such as wrists, shoulders, elbows, fingers in the arms as well as ankles, knees, toes etc. in the legs.

"We have seen where the bones and the joints inside our arms and legs are. We can understand it just by touching and by moving our arms and legs. However we have no idea about physical attributes and functions of many of our body parts.

Which are these parts? They are our head, chest and abdomen. Touch and feel these parts and see whether you can understand what is there inside each one of them."

The participants may respond with expressions similar to 'stomach makes noises', 'head spins', 'heart palpitates', etc.

“Thus these three parts – head, chest and abdomen, and four limbs – two arms and two legs constitute our body.”



Our Body

“Now I am going to give each one of you a paper with the outline of a human body. Using pencils, sketch pens and crayons, draw a picture of what you think could be inside the human body.”



Body Mapping

Some children colour the pictures while some may not be able to do so. Collect everybody's pictures and scan through them, and appreciate the ones with sincere efforts. If possible, display all the pictures.

“Now let us proceed and discuss the three body parts – head, chest, and abdomen as we cannot really guess what is there inside



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each one of them by merely looking at them from outside. These three body parts will be referred to as boxes. These are three boxes within our body.”



Our Body 1



Our Body 2



Our Body 3

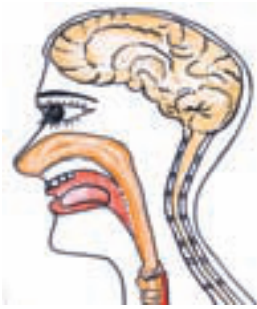
Put up the outlines of the three body parts – head - Our Body 1, chest - Our Body 2, and abdomen - Our Body 3, on the board. Continue talking while arranging the pictures on the board.

Point at the covered board and say “This is our colour TV. Now we are going to watch a show on it. This TV doesn't need electricity or any other resources. We can switch it on anywhere,



anytime. Now, what do you see on the TV screen?"

Usually, participants will say that they see a human being or a ghost. "Now we are going to open the three boxes in this human body. Which are these three boxes?" The participants will reply head, chest and abdomen. "Let us see what is inside this box which we call the head." Replace outline of the head with the picture of brain inside the head (Our Body 4), and ask them, "where do we keep jewellery or any precious objects?" Mostly response can be one of these –



Our Body 4

cupboard, locked cupboard, locker, safe, etc. By pointing at the brain say, "This organ in our body is also very precious. It is inside the safe box called head or skull. This box is closed from all sides and there is a fluid inside it, so jerks occurring during our daily routine will not harm the brain. In different parts of this brain there are different centres which are responsible for different functions such as speaking, listening, looking, thinking, etc. You see a strand coming down from the brain. It is called as the spinal cord. The spinal cord is a messenger as it delivers the messages from the brain to the body as well as from the body to the brain. Cord means a thin rope. It runs down through the spine up to our tail bone. Let us again look at the picture of our box, head. We can see two openings to this box. One is the nose for the air to enter and the other opening is the mouth for food and water to enter. Can we see anything else in this picture?" The participants may point out

the eyes or the tube, with the mesh of horizontal dark lines, seen running on either side of the spinal cord.

"The tube is actually a pipe made out of bones, running down the back. Do you know what is it used for? The way our precious jewellery, the brain, is kept in a safe box, the spinal cord too, needs to be kept safe. The bony pipe is a chain of beads made of bones; it is called the vertebral column which protects the spinal cord. The spinal cord runs through the chain of beads made from bones. These beads are called vertebrae."

Replace the outline of the chest by the picture showing the contents of the chest - windpipe, lungs and heart (Our Body 5), and ask them, "What can you see in the chest?" Usually, perhaps with some prompting, the answer will be lungs.

"That's right. There are two lungs. One is on the left and one on the right. There is a



Our Body 5

tube in the middle which bifurcates into two branches going to each of the two lungs. What tube is this? This tube is for air, and is called as the windpipe. These tubes can also be called as air tubes. Tell me, why there is a design, which looks like branches of a tree, only on one of the lungs?"

Wait and see if the participants come up with any guesses.

"In this picture, the vertical cross-section of one lung is shown so that we can see the contents of the lung. This is the inside

of both lungs. What can you see inside the lung? One branch of the windpipe has come into the lung, and it has further divided into several smaller branches. At the end of each small branch there are small air balloons. They appear to be red, don't they? Why do they appear to be red? Around these balloons there is a network of blood vessels. Blood continuously needs oxygen because it has to supply oxygen to all the organs in the body. That is why we breathe all the time. The air from our breath goes to the balloons and the blood vessels absorb the oxygen from those balloons. This process happens in both the lungs- in the left as well as in the right."

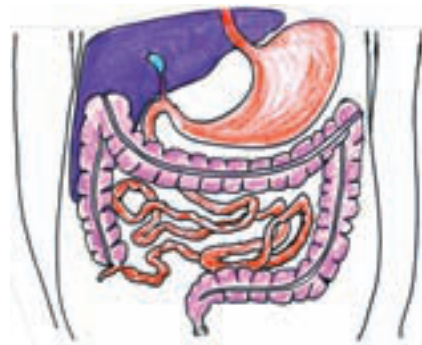
"In the middle of the two lungs we can see some leaf-shaped or almond-shaped object. What is it? It is the heart. It begins to beat even before we are born and it is continuously beating throughout our life. The blood containing oxygen comes to the heart. What is the function of the heart? It is a pump. This pump provides the constant flow of blood to the body."

"Is anything still remaining, from this picture, to be discussed?"

"A tube can be seen below the heart? What do you think it is? Two tubes started from the two openings from the top box. One is the windpipe the other one is the food pipe. The windpipe goes into the lungs. The food pipe runs behind the windpipe and the heart. Though in the picture it is looking so, it has not come out of the heart."

"Now in order to know where this food pipe goes, let us enter the third box- the abdomen."

Replace the outline of the stomach with the picture showing the contents of the abdomen (Our Body 6),—ensuring the



Our Body 6

alignment with the food pipe in the previous picture.

Explain the contents of abdomen by saying, "This food pipe continues into the stomach. The food that we eat first goes into the stomach. When food reaches the stomach, acid is released. This acid helps in digesting the food, It also helps to remove the undesired elements from the food. Then this partially digested food goes to the small intestine. The small intestine is a narrow but very long tube. Can anybody guess how long it is? Does anybody know? It is about 20 feet long." Ask a tall boy in the group, "What is your height? Suppose it may be 5 feet 8 inches. Let's round it off to 6 feet. So the small intestine is longer than the combined height of three 6 feet tall boys standing on top of each other. The food that we eat every day passes through it. A dark, yellowish-red part can be seen on the right of where the food enters the small intestine. What is it?" Point at the liver in the picture and say, "This is the liver. It is located inside our abdomen to the right, behind the ribs, and it is the chemistry laboratory in our body. From the food that we eat, the liver separates the substances that nourish the body from the ones that are harmful to the body. The liver secretes yellowish fluid called bile. Bile is

stored in a bag called gall bladder." Show the gall bladder in the picture.

"The digestion of food mainly takes place in the small intestine, and so also, the absorption of nutrients required by the body takes place in the small intestine. The partly undigested food from the small intestine then goes to the large intestine. The large intestine is much shorter in length as compared to the small intestine but it is much wider. There is a finger-like organ at the beginning of the large intestine. You must have heard its name. It is called as appendix. It is like a tail of the intestine. The function of the appendix in the human body is still unknown. However, in case of grass-eating animals, it helps in digestion. We can see the large intestine in three parts. First it goes from bottom upward in the right part of the abdomen. Then it goes horizontally towards left. Finally it goes down on left side towards the bottom to the anus, the place from where we pass out stools. In the large intestine, water and other substances that are required by the body are absorbed. Then the remaining portion is taken downward by intestinal movement, to be thrown outside the body." While giving explanation about the small intestine and the large intestine, refer to the respective parts in the picture.

There is a thin membrane that separates the chest cavity and the abdominal cavity. It is called as diaphragm. Diaphragm is a dome shaped muscular sheet. The food pipe passes through an opening in the diaphragm and goes to the stomach. When we inhale, the diaphragm is pushed down by contraction, expanding the chest cavity which allows the air to enter the lungs. When we exhale, the diaphragm is relaxed and

goes up compressing the lungs and air is pushed out."

"Each of us has two kidneys which are not shown in this picture. Kidneys filter our blood to remove waste products and excess fluids from our body."

"So far we considered organs which are common to both women and men. There is one organ which is present only in the bodies of women, and is called as uterus. Each one of us has lived for first nine months in the uterus - womb of our mothers. Therefore the uterus, our first home is a very special organ. We will learn more about the uterus later. There are some organs only in the man's body. We will also talk about them later during this workshop. None of these organs are shown in this picture."

Keep the picture of head, chest, and abdomen showing the organs inside displayed on the board.

"We have seen in the picture, the organs which are inside the three boxes of our body - head, chest and abdomen. Now you have to draw it."

Ask the participants to sit in their respective groups. To each group, give two large poster papers stuck to each other length-wise, and drawing and colouring material such as pencils, sketch pens, crayons, etc. Every group has to draw now a picture of human body showing the organs inside.

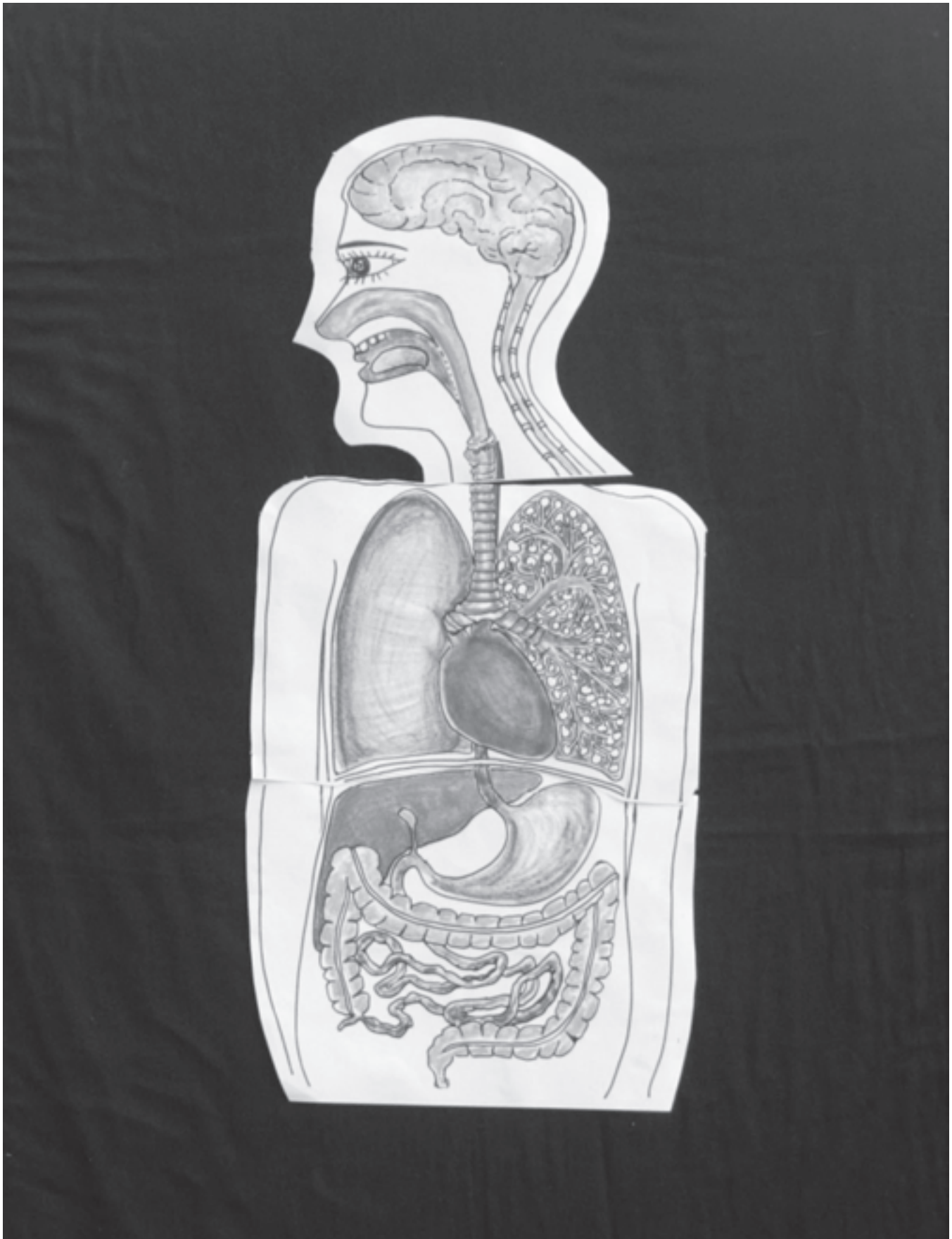
Give the following instructions:

- Make use of the stationery provided and draw a good picture.
- There are 30 minutes to draw this picture. Warning will be given after 20 minutes are over.
- Draw an outline by one of the participant lying down on the large sheet of poster paper and others drawing a line around his/ her body. That will be an outline of human body. Now you could draw the pictures of organs inside this outline.

After all the groups complete their drawings, display their drawings and give compliments for their work. Ask everyone to review all the pictures carefully. Encourage participants to discuss what is missing, what is drawn incorrectly in every picture. Many

amusing points about different pictures come up, and everybody talks and heartily laughs. While discussing each picture, one person from the group should note down what changes are required. As per the need, give 5-10 minutes for making necessary changes or corrections in their pictures. After all the groups finish, display all the pictures on the wall. Take proper care so as to avoid causing any damage to the property - walls, etc. while displaying the pictures on the wall.

This activity, where children themselves draw large pictures of human body, helps in deepening their understanding of the internal organs.



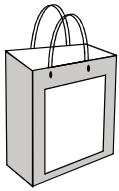


## Session 2.6 – Immunity (Time 30 minutes)

Human body is continually subject to threats of being attacked by physical agents such as sunrays as well as by harmful germs - microorganisms and viruses.

### Objectives:

- The participants will learn about the body's systems and mechanisms to prevent the harmful microorganisms and viruses, from entering the body.
- The participants will learn that the white blood cells (WBC) are one of the major constituent of the defence mechanism of our body. Further they will learn how WBCs fight germs.



Material- A board, the set of pictures (Immunity 1 -16)

Start by saying:

"Now we all know the organs in our body. We bathe every day to keep the body clean. What happens when you bathe?" Most common responses include - 'we feel good', 'body becomes clean', etc. "When we wash the dirt from our body we also remove the germs that come through the dirt. We wash clothes to remove the dirt and germs from them. Our clothes, footwear, sunglasses, etc. protect our body from harmful substances such as dust, smoke, dirt, etc. The microorganisms and viruses in dirt and dust particles in smoke can cause harm to our body and hence they are the enemies of our body. There are many more such enemies that can cause harm to our body. Do you know any enemies that harm our heart and lungs?"

If participants cannot answer, tell them that these enemies are chewing tobacco, and smoking cigarettes or *beedis*.

"Who is the enemy of our liver? It is alcohol. Alcohol damages the liver so that it cannot function as it is meant to function. Do you know the enemy of the stomach? It is over-spicy food. Lastly, what is the enemy of the small and large intestines? Unhealthy diet! The diet that consists of refined and processed foods such as white sugar, harmful chemicals from preservatives, artificial flavours etc. If you are eating overcooked and soft food all the time then your intestine do not get sufficient opportunity to absorb much of nutrients from it, which can make intestinal functions dull."



Immunity 1

Put up picture 'Immunity 1' on the board. Make sure that the participants can see the picture, else ask them to come closer.

"What does this picture show?" Some participants may reply. Give them a clue that this picture shows the possible ways for the germs to enter our body. Then by looking at the picture the participants will answer that the germs can enter our body through any of one or more of these - food, breath,



mosquitoes, ear-buds, wounds, smoke and dust. These germs are the enemies of our body. They invade/ enter our body and gobble up nutrients and energy and can produce toxins which cause symptoms of common infections, such as fevers, cold, cough, watering of eyes, etc. and it is called as sickness.”

Now move the picture Immunity 1 to the top of the board and put up picture of a fort, Immunity 2.



Immunity 3



Immunity 4



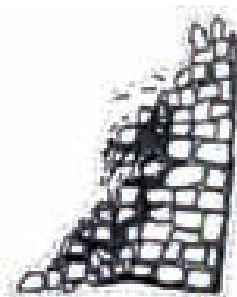
Immunity 2



Immunity 5A



Immunity 5B



Immunity 6

“What is this? It is a fort. What is it made up of?” Some naughty children may

answer that the fort is made of paper. Everybody may laugh at such answers. Allow that. Repeat the question and prompt to get the answer that it is made up of stones.

Point at the fort in the picture and continue, “So this fort is made up of stones. These are the watch towers, and this is the main entrance of the fort. What are these black spots on the entrance door?”

Certainly they will answer, “They are the iron nails hammered into the door.” By continuing on these lines explain how the stone watchtowers, the nails on the door and the huge door itself are for the protection of the fort.

“The main purpose of the fort is to protect the royal family – king, queen, and their support systems”

While putting up the pictures Immunity 3, and Immunity 4, on the board continue narration, “there is heat of the Sun, there are rains.” Further put up pictures Immunity 5A, and Immunity 5B on the board and add,

“These cannons are ready to attack the main entrance of the fort by firing cannonballs to break it open. All these factors weaken even the strongest of the forts.” Put up picture Immunity 6 on the board.

“Our body is strong and sturdy like this

fort. Usually it doesn't allow the enemy to attack and sometimes it defeats the enemy that has managed to attack. ”

Now put up picture Immunity 7 – girl holding a sword and a shield – on the board.



Immunity 7

“This is a picture of our immunity. Sometimes our immunity prevents the germs from invading our body, and sometimes it kills, defeats the germs which manage to invade or enter our body. Friends, can you think of how germs are prevented from entering our body or situations where germs have managed to enter our body but our immunity kills them?”

Nobody may have an answer.

“Let us look carefully at the next picture, and perhaps we may get some clues to find the answer to our question.” Now put up picture of a wrestler, 'Immunity 8'. The participants burst out laughing.

Point at the picture and explain that skin, hair, eyebrows, hair in the nostrils,



Immunity 8

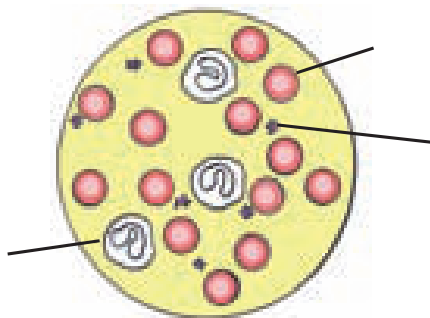
teeth, tonsils, the acid in the stomach, sweat, tears etc. are the devices of the body to protect itself from the invaders. Shield symbolizes the devices or the mechanisms that are used in preventing the germs from entering our body, and sword symbolizes devices or the mechanisms which kill the germs – the invaders. Now ask them which of these devices are shields and which of these devices are swords?” Now the participants will be able to give right answers.

“As we have seen earlier, our body is like a fort and has its army to protect it. Like in the battle when defence of guarding troops fail and some enemies manage to invade the fort, other troops fight and kill them. Similarly when Shield group of mechanisms in the body fail and germs enter the body, Sword group of mechanisms fight the germs and kill them. Now let us learn how the Sword group of mechanisms fight and kill the germs which have invaded a fort of human body.”

Remove all other pictures from the board and place the picture of a red drop of blood at the centre of the board (Immunity 9) and ask them what it is. Most probable answer will be that it is a drop of blood. Put up the picture Immunity 10 on the board while appreciating the correct answer to encourage and proceed, "In order to see the components of blood, a blood sample is prepared to observe it under a microscope. Micro means something extremely small,



Immunity 9



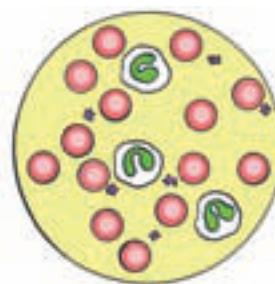
Immunity 10

which cannot be seen with the naked eye, and microscope is an instrument which magnifies the image of such very small objects so that human eye can see it. When blood is observed under a microscope, different components of blood can be seen as shown in this picture. Three different types of cells can be seen. You may know that all the parts of our body are made up of many different types of cells. Under a microscope the structural differences, such as shape among the different types of cells such as blood cells, skin cells, bone cells can be seen. Now we will learn about the three different types of blood cells – red blood cells, white blood cells and platelets. Can you repeat the names of the three types of blood cells?"

Point at the red blood cells, white blood cells and platelets in the picture and ask the participants to identify them.

The further discussion will be about white blood cells, but before that it would be preferable to explain that, "Red Blood Cells, called as RBCs have as their main component called Haemoglobin. Haemoglobin facilitates the transportation of oxygen from the lungs to tissues and carbon dioxide from tissues to the lungs. Platelets circulate in the blood and cause the formation of blood clots when required. Platelets release thread-like fibres to form these clots. White Blood Cells, called as WBCs, which are the main component of the immune system involved in defending the body against germs causing illnesses.

Point at a white blood cell and continue, "In this picture white blood cells are very small. So for our convenience let us look at the picture of WBC, which shows its larger image where more details can be seen." While talking, place the base of the arrow, Immunity 11, at Immunity 10, and



Immunity 11



Immunity 12

then place the picture of WBC, Immunity 12, at the tip of the arrow, and continue, "This is an enlarged view of WBC. Let us see how this WBC fights against germs."

“Suppose some germs have entered the body. White blood cells are circulating in blood throughout the body and when they come in the vicinity of these germs, what does this cell do? It moves closer to the germs.” Put up pictures Immunity 13, and Immunity 14 and continue, “It envelopes the germs.” Put up picture Immunity 15 “and swallows it”. Put up picture Immunity 16.

fight particular type of germs. There are certain nutrients which are useful in strengthening our immunity. Therefore we need to include those nutrients in our diet. We are particularly interested in the topic of immunity as it is very important part of why with HIV infection our immunity goes down. HIV kills WBCs, which weakens our immunity. It was mentioned that HIV kills



Immunity 13



Immunity 14



Immunity 15



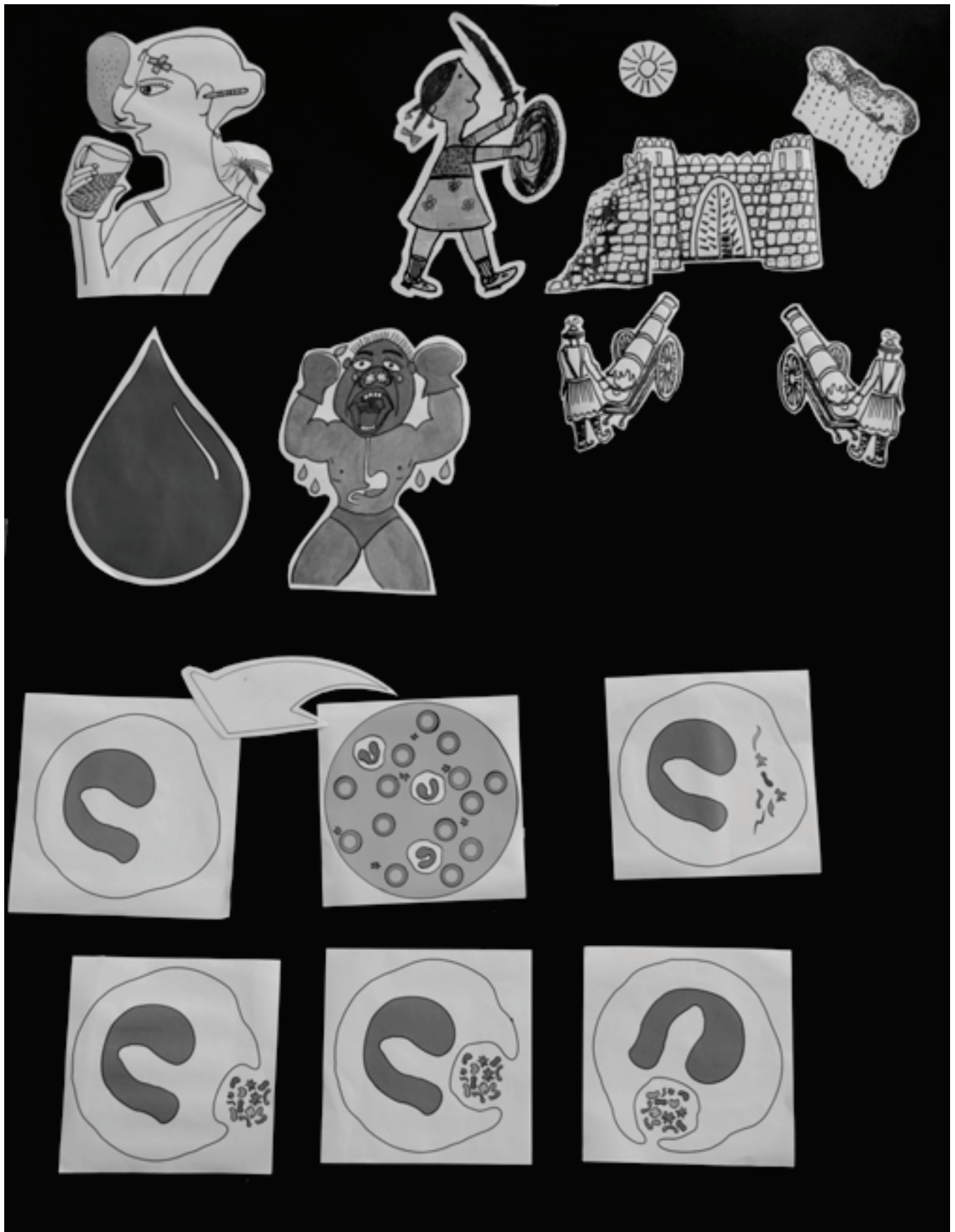
Immunity 16

“Thus these white blood cells are in fact at the core of our immunity. Now can you say which category do WBCs belong to – Sword or Shield?” Usually children will give the correct answer – Sword. “So now you know that we have this immunity. It protects us from germs. In case the germs enter our body, the white blood cells also secrete some chemicals in the blood that attract and kill the germs.”

“What can we do to strengthen our immunity? We should eat well, should exercise regularly, should maintain good hygiene, and should get vaccinated to train the white blood cells, our immune system to

white blood cells. However HIV does not kill all the white blood cells but only one particular type of white blood cells, called CD4 cells. CD4 cells, often called T-cells or T-helper cells. They play a major role in protecting our body from infection by sending signals to activate body's immune response when they detect “intruders,” like viruses or bacteria. As HIV is sitting in these cells itself they are unable to kill them. We are going to discuss it later in this workshop.”

First let us talk about food and diet. The healthy and balanced diet can help in improving, strengthening our immunity.

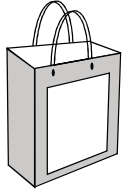




## Session 2.7 – Why food? (Time 1 hour)

### Objectives:

- The participants will learn about the role of nutrition in human body.
- The participants will learn about balanced healthy diet which has potential to boost our health and immunity.



**Material-** A board and pictures- Why Food 1 through 12

In order to understand what the participants already know about diet, ask, "We all eat. Why do we all eat? What do you think?" Common responses include, 'for survival', 'as we get hungry', 'as food is tasty', 'as we like to eat', etc.

"Now we will consider the scientific facts about our diet, our nutrition."



Why Food 1



Why Food 2

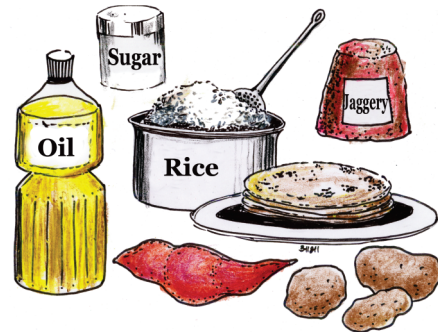


Why Food 3

On the board, put up the pictures Why Food 1 – 3, a lady filling water containers at the hand-pump, a man sweeping the floor, a girl playing. Continue further, "What is common in these three pictures? A woman is filling water, a man is sweeping, and girl is playing. All three of them are doing some activities for which they need strength and energy."

Now display the picture of food items, Why Food 4.

"When we eat the food items such as the ones shown in this picture, rice, chapatis, rotis, bhakarlis, sweet potatoes, potatoes, jaggery, sugar and oil; our body gets strength and energy. The nutrients in the food, provide nourishment to all the muscles in our body, the ones which are visible and



Why Food 4

are involved in the acts such as walking, playing, sweeping, or in general any physical work. Similarly, our food also nourishes muscles of our internal organs such as brain, heart, liver, intestines and kidneys which are working all the time, even while we are resting or sleeping. Good nourishment enables the organs to be healthy and to function well. Studying, listening, comprehending are also acts which require energy. Here only a few organs are mentioned. However there are many more organs in the body and food supplies nourishment to the entire body."

"One very important fact is that we all are HIV infected. We take medicines to control it but it cannot be cured completely. We need to be aware that some of our energy is consumed in fighting the HIV. Therefore we must eat nutritious food more so that we



won't experience fatigue or lack of energy. How much extra food do we need to consume for the extra energy required? We must eat one extra slice of bread or one extra bowl of rice. This is a special requirement for our group. We should always remember it."

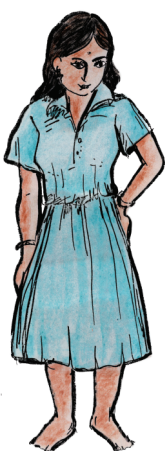
Arrange the pictures Why Food? 5- 7 – a little girl, a slightly grown-up girl, and an adolescent girl below previous pictures of working people. Point at the picture and explain, "From these pictures we can see that



Why Food 5



Why Food 6



Why Food 7

this little girl has slowly grown. Now let us consider what kind of diet is required for healthy growth and development."

Put up picture Why Food? 8 of food items - lentils, pulses, meat, fish and eggs on the board, and continue,

"The food items shown in this picture provide the nutrients required for the healthy growth and development of the body, and therefore these food items should be eaten for healthy growth. The nutrients that help the body to grow are called proteins. One full bowl of lentil, cooked to a thick consistency, should be a part of every meal. All types of lentils should be eaten. We can cook several



Sprouted

Why Food 8

types of lentils together."

"All children should eat a lot of locally available meat, fish and eggs, which will boost their growth. Eggs are the cheapest and the best. They contain proteins and many other essential nutrients. Growing children - boys and girls, should eat eggs regularly if possible. Some people are vegetarians. They get proteins and other essential nutrients from lentils. Soya beans contain high percentage of proteins. Children should be able to consume substantial amount of inexpensive lentils which are produced locally. Children usually like puffed or popped grams and roasted peanuts, so should be consumed by children in substantial quantities everyday as they are rich in proteins. The adults' bodies are fully developed and child's body is still growing. Hence child's nutritional requirements are much higher compared to that of an adult's. Therefore, better nourishing foods should be available to children in general, which also includes adolescents. Women lose some amount of blood during menses and childbirth. During pregnancy they have a baby growing in their body. Thus, women too need to consume nutrient rich foods."

The next picture is of the girl holding the sword and shield. Put up picture- Why Food? 9- on the board in the row below the earlier pictures. Continue further, "When we discussed immunity we have seen this girl. She is equipped with a shield and a sword, and she symbolizes immunity of our body. This girl, immunity, is fighting against viruses and germs that cause diseases. How will she



Why Food 9



Why Food 10

become strong enough to fight against these viruses and germs? She will be by eating these nutritious foods shown in this picture!"

Display the picture of basket with raw vegetables and fruits in it, (Why Food? 10). There are many other fruits than those shown in this picture. We have not shown all the fruits available. Locally available inexpensive fruits are equally important due to their nutritional value. There is no need to

buy expensive and exotic fruits." This point should be emphasized. "Inexpensive, sweet and sour tasty fruits such as Jujube fruits (*bora*), Conkerberry (*karavanda*), Java plum (*jambhool*), raw Mangoes, Tamarind, Indian Gooseberry (*awala*) should be necessarily eaten. Consumption of these fruits doesn't cause cough or cold. On the contrary it strengthens our immunity. However, vegetables and fruits must be washed thoroughly and then as far as possible should be eaten raw. "

"All the food items, which are generally discussed in our text books may not be readily available to us always. Even then, the food items locally available such as lentils, rice, chapatis, etc., cooked and raw vegetables such as leafy vegetables, onions, spring onions, tomatoes, carrots, cucumbers should be included in our daily meals. Depending on the affordability and availability eggs, fish and meat can be included in the diet."

Put up picture of a healthy girl (Why Food? 11) on the board and continue, "This



Why Food 11

girl looks very healthy! Not only girls, but also boys too should be healthy. Then why have we used only girl's pictures here? That is because in Indian society and in many other societies too girls are discriminated against. Girl's health is not the concern in Indian society but their looks is the concern. Girls are undernourished to ensure that they do not put on weight as it is considered that only a thin girl is beautiful. Often they are anaemic. They are unable to concentrate on their studies and are unable to pass their exams. Ultimately the girls drop out of schools and stay at home. They are not healthy enough when they get married and bear a child. These women frequently fall ill. Can we break this vicious cycle? How can we break it? All the girls and the boys will be as healthy as this girl in the picture if all will follow the diet as we have discussed. Take a

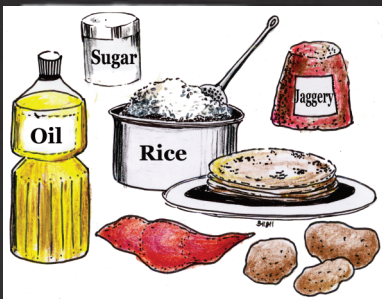
look at this last picture."

Put up picture (Why Food? 12) showing a board with words 'Strength', 'Growth', 'Development', 'Immunity' and 'Taste too' written on it. Place this picture on the board in such a way that it appears as if the healthy girl is holding the board.

"It is essential to eat healthy food to increase immunity but for us it is also necessary to take the ART tablets regularly as prescribed. Who has been prescribed two tablets? And who has been prescribed one tablet? Does anybody take any other tablets? Tablets for tuberculosis also need to be taken for many days. All these tablets help the body to kill germs. We should never get tired of taking them. Just as we eat daily, we must take the tablets that control the HIV, without fail."



Session for diet and nutrition

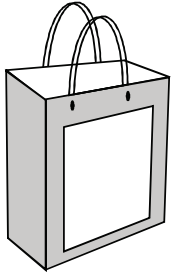




## Session 2.8 – HIV and ART (Time 1 hour)

### Objectives:

- The participants will learn what happens when HIV enters the body.
- The participants will know how ART controls HIV.



### Material:

A board, a set of pictures HIV Lifecycle 1-9, and 10 red strips with ART written on them

“Many questions which you have dropped in the 'Question Box' yesterday are about HIV and ART. This morning we touched upon the topic of HIV. Now we will discuss some more details regarding HIV and ART medicines. ART means Anti-Retroviral Treatment, which is the treatment used for HIV at present. As you all know that these medicines are taken orally and go through our digestive system and ultimately get absorbed in our body. Most of us are taking ART and we should know how ART controls the spread of HIV in our body. We should not be taking ART medicines just because somebody has asked us to take it. We should

take ART by understanding how ART actually works in controlling HIV in our body. We all are intelligent and think scientifically. Therefore we always want to understand how everything works, and it is even our right to know and understand.”

“In the session on immunity we have spoken about white blood cells. White blood cells are the soldier cells of the body. We know that WBCs capture germs and eat them up or they release chemicals to kill them. Now we are going to learn about one particular type of white blood cells. This type of WBC does not fight the intruders - microorganisms or viruses. However, when they detect intruders, they help other type of white blood cells, who are the fighter cells, by sending signals and activating them to fight. When you will hear the name of this type of white blood cells you will realize that you are already familiar with this type of WBCs. This type of WBCs is known as CD4 Cells.”

Put up picture of White Blood Cell, HIV Lifecycle 1, on the board and besides it put up picture of CD4 Cell, HIV Lifecycle 2, and start.



HIV Cycle 1



“These CD4 cells are the supervisor of the other white blood cells. They are the commandants. As in the army the soldiers fight as per the commands of the commandant, white blood cells fight under the commands of CD4 cells.”

“Every six months your CD4 count is tested. Don't you get it tested?”

Ask the participants whether they know their CD4 count. Mostly they will know their CD4 counts.

Remind them by saying, “You must have heard the doctors say that if the CD4 count is good, that means the immunity is good.”

Now point at CD4 picture and continue, “This is a CD4 cell. It has some antennae. They are called as CD4 receptors.”



HIV Cycle 2  
CD4

When HIV virus enters the body, it can't enter any other cells except CD4 cells. It seems as if HIV has the key to enter only these CD4 receptors, and HIV can actually enter CD4 cells. There is no real lock and key involved here. It is only a symbolism.”

Place the picture of the CD4 cell at the centre of the board, remove the picture of ordinary WBC and keep it aside. Place the



HIV Cycle 3



HIV Cycle 2

picture of HIV, HIV Lifecycle 3, on the top of CD4 cell, and explain, “HIV approaches CD4 cell in this manner and gets attached to it, and ultimately enters the CD4 cell. After HIV enters CD4, it modifies itself.” Put up pictures



HIV Cycle 4

HIV Lifecycle 4, HIV Lifecycle 5 on the board and continue, “On entering the CD4 cell, HIV enters its nucleus and replaces part of the



HIV Cycle 5

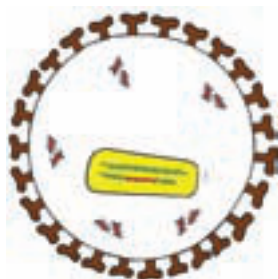
nucleus with its own modified part.” Now put up picture HIV Lifecycle 6 on the board, and continue, “The nucleus of CD4 cell produces parts for new cells that will be produced when it divides and along with it parts required for new HIV. The small parts produced by the



HIV Cycle 6

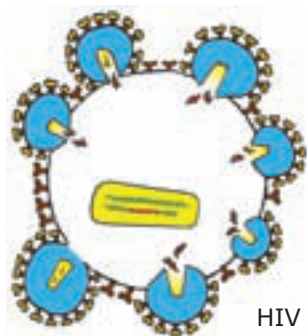


nucleus are assembled and new virus gets formed. Put up picture HIV Lifecycle 7 on the board. Pointing at the picture and explain, "Many such small viruses develop and come



HIV Cycle 7

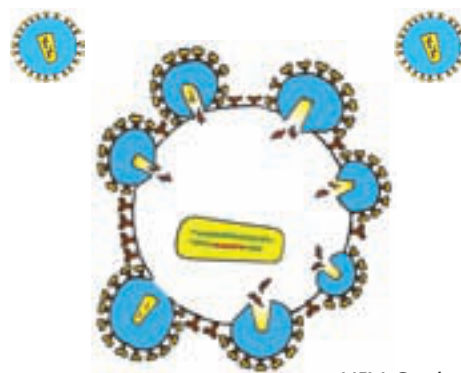
out by breaking the wall of CD4 cell." Put up picture HIV Lifecycle 8, and continue, "That causes the death of CD4 cell and many copies of new HIV are already out."



HIV Cycle 8

Now put up pictures HIV Lifecycle 3 and 9 on the board. "These newly born HIVs continue looking for the opportunity to enter other CD4 cells and create multiple copies of HIVs killing many more CD4 cells. Thus the CD4 count goes down for the individuals who are infected by HIV."

"Thus we may say HIV is a thief, who enters the CD4 cell's home, goes to the nucleus i.e. the kitchen, cooks its own food using the kitchen in the home and grows and then demolishes the home and exits. We don't want to let this continue happening. That is why we must take ART medicines."



HIV Cycle 9

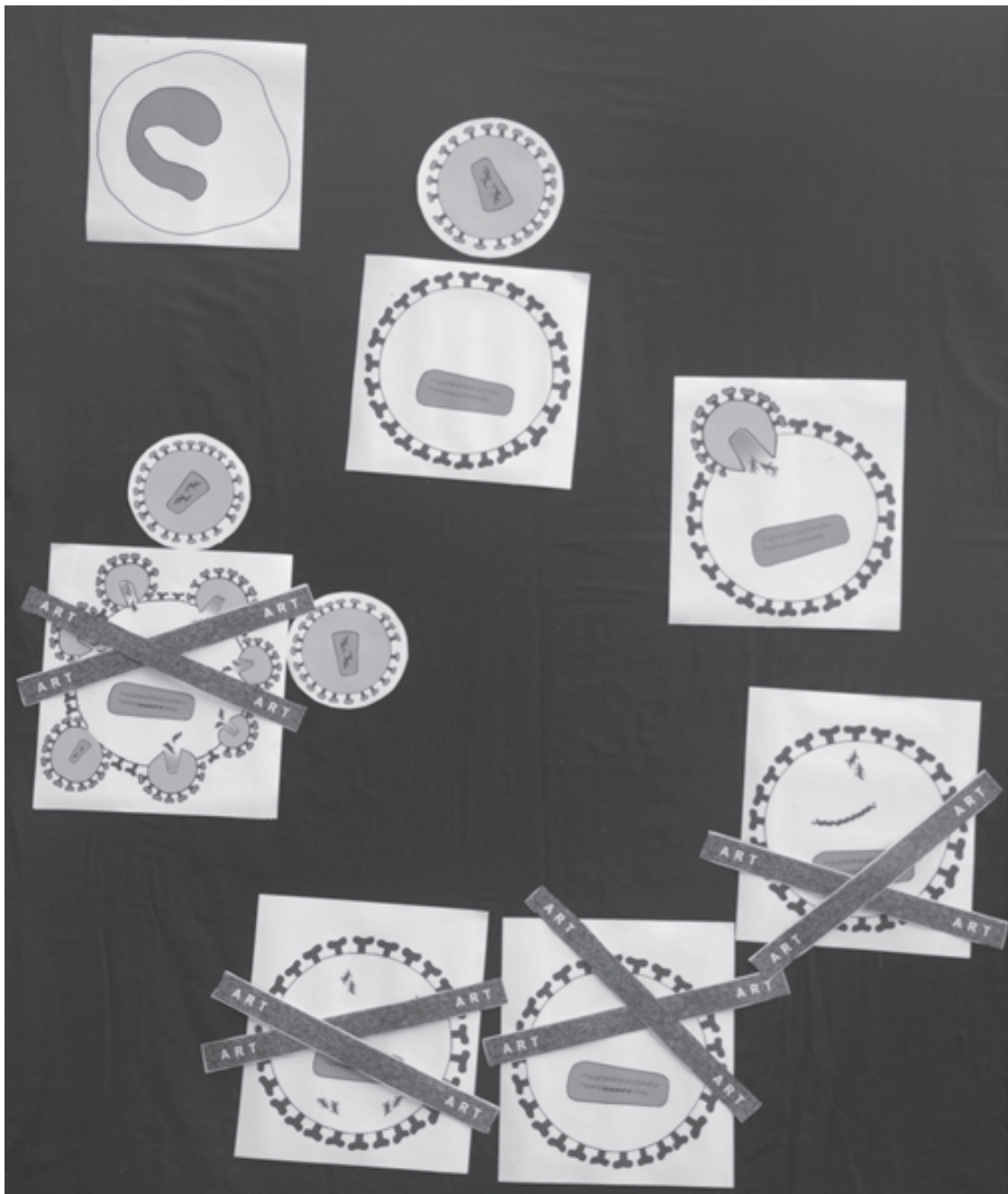
### What does ART do?

"ART medicines inhibit or slow down the different stages in the lifecycle of HIV. As a result, the rate at which HIV multiplies itself in the body slows down and it allows our immune system to stay healthy. There are some medicines that prevent HIV from entering the CD4 cells, and some other medicines inhibit HIV from making changes in it, and yet other medicines do not allow HIV to enter the CD4 nucleus while some other medicines do not allow new viruses to be created. HIV cannot grow or multiply itself rapidly due to all these medicines. Therefore in ART a combination of multiple drugs is always used. Sometimes they are combined in a single tablet, sometimes they need to be taken separately. However we must take these medicines as prescribed. We should never miss any doses. Keep in mind, if we miss doses the virus can learn to get around the medicine and our treatment can fail."

To give a visual representation of the inhibition of HIV, the red strips, with ART written on it, can be used to make the cross sign to indicate the inhibition of multiplication at every stage. It creates a good visual impact. The set of red strips, from the material provided, can be used.

**Closure of the day: {10 minutes}**

“Today we have learnt many new things. You must have been tired by now. Even then you are listening with full attention in this last session of the second day. I really appreciate you all for that. Tonight when you will be sleeping peacefully, your brain will be working. It will properly store everything that you learnt today, and may pose some new questions in your mind. Please remember to share all your questions when we will meet tomorrow morning. Good night! Sleep well. Do you think you would like to write what we learnt today in your diary before going to bed? I would request you to try it if you can and you would realise the benefit of it. It would then remain carved in to your memory.”



# 3

## Day Three

### **On the third day:**

- Participants will get correct and comprehensive information about HIV, Participants will learn about CD4 and Viral Load tests. They will learn how HIV is transmitted from mother to child and how this can be prevented.
- Participants will learn about how the mother's and father's bodies develop to be ready for preparing a baby, how foetus develops in the mother's womb for 40 weeks and then how the baby is born.
- Participants will understand that sexuality manifests in many different modes. Some of them are fair and healthy while some are not but could be unhealthy and coercive. Participants will understand the difference.

### **Session 3.1: Review of the previous day (Time 30 minutes)**

Facilitators should welcome everybody. Then the facilitator should ask the participants, What was the first thought entered their minds when they woke up this morning?

The participants give various answers. The facilitator should share first thought which came to his/ her mind after waking up in the morning. Encourage participants' responses with praise.

## Objectives

- Review the topics which were covered on the previous day.

For learning new topics, it is essential and useful to have thorough understanding of the topics learnt earlier.

Involve the participants while reviewing the previous day's topics. This review can be done as if news about the workshop is being broadcasted from a radio-station.

### Session 3.2: Revision of HIV and ART (Time 1 hour 10 minutes)

On the previous day, participants would have learnt about HIV which is relatively a complex topic. Therefore this topic needs to be revised once again. The facilitator should revise topic of HIV by asking questions. The questions listed below can be used. The correct answers among the multiple choice questions are given in bold type. Facilitator will ask a question and the participants willing to answer will raise their hands. Then one of them will be asked to answer. In case of incorrect or incomplete answer, the next person will be given a chance to answer. Alternatively, two or more groups can be formed and a quiz can be conducted. A correct answer will earn 5 points, an incomplete answer will earn 1 or 2 or 3 points depending on its level of completeness and 2 points will be deducted for a wrong answer.

**Q.1.** What is HIV?

**Q.2.** What will happen if HIV enters in a snake's blood?

**Q.3.** How is HIV infection transmitted?

- a) **By using needles or surgical instruments that have been in contact with HIV infected blood.**

b) By mosquito bite.

**c) Through unprotected sexual intercourse.**

**d) By receiving HIV infected blood through blood transfusion.**

**e) From an HIV infected mother to her baby.**

**f) Sharing drug needles with HIV infected person.**

g) From an HIV infected person through air.

**Q.4.** How is HIV infection diagnosed?

**a) Generally by doing an antibody based blood test specifically for HIV.**

b) Only from the symptoms.

c) By looking at the person

**Q.5.** Which is the commonly used test for diagnosing HIV infection?

**a) Blood test**

b) Urine test

c) X-ray

d) Sputum test

**Note:** These days all the above-mentioned tests except X-ray are available to diagnose HIV. Blood test is the commonest though.

**Q.6.** What care must be taken while taking ART medicines?

**a) These medicines must be taken every day and lifelong.**

b) These medicines should be taken till the symptoms disappear and then they can be discontinued.

c) These medicines have to be taken for five years.

d) These medicines can be taken periodically.

**Q.7.** For an HIV infected person, which tests have to be taken periodically to know about the health status?

Expected answer is,

**CD4 cell count in the blood**

Put up a picture of CD4 cell, which was shown on the previous day, on the board and ask the participants which cell is it? Then ask what does this cell do?

While conversing with the participants, show the HIV life cycle once again. Remind them that HIV produces more replicas of itself inside CD4 and they come out of it by bursting it open and in the process killing CD4 cell. These new HIV virus gets attached to other CD4 cells and continue this cycle to produce even more viruses by killing more CD4 cells. This leads to an increase in the number of HIV virus and a decrease in the number of CD4 cells.

“The HIV virus produces more copies by destroying many more CD4 cells and hence decreases CD4 count.” Repeat this several times so that they will remember it. Also write it on the board.

“Have you all understood this well? Now tell me, which tests are performed respectively, to find out how much HIV is in the body and how many CD4 cells are there in the blood? Does anyone know?”

All the participants should be able to answer at least one question, 'how many CD4 cells are there in the blood?' The test to be performed is 'CD4 Count'. All the participants would have been taking this test periodically. Therefore they all generally should know the name of this test.

“To know how much HIV is in the body, the 'Viral Load' test is performed. The test results are given as the number of 'copies' of

HIV per millilitre of blood - for example 200 copies/ml.”

“When the virus increases, CD4 cells decrease. That means if the viral load increases the CD4 count decreases. When ART medicines are taken, the viral load decreases. When HIV decreases, less CD4 cells would die. That means when the viral load decreases, the CD4 count increases. If the viral load increases, it means the illness has increased. When the CD4 cells increase it means our health is fine. After taking ART medicines for six months, the viral load test result should show negligible viral load. That means HIV is not seen in the blood sample. It indicates that the ART medicines are working very well. However it does not mean that HIV has disappeared completely from the body, or HIV infection has been cured completely. Even if one is taking ART, some HIV hides itself in some safe places in the body (in the tissues). ART cannot reach there. If ART is stopped in between then HIV becomes active from these hiding sites and gets poured in the blood stream. Therefore ART needs to be continued lifelong.”

“However sometimes, even when ART medicines are taken regularly, the CD4 cell count is observed to be decreasing, which initially was observed to be increasing. The doctors suspect that ART medicines may no more be effectively killing HIV. In such situation, the doctors perform the viral load test before taking any decisions regarding further treatment. Normally, ART medicines, taken regularly as prescribed, are expected to decrease the viral load to undetectable level. But sometimes, we see that the viral load is above 5000 even while one is taking ART for more than six months, then the



interpretation of this result is that the HIV is not responding to ART. This is called treatment failure because the virus has developed resistance to the ART. Then doctors have to decide to change the medicines and prescribe second line medicines. In every such situation, why HIV did not respond to ART medicines, may not be understood completely. However if medicines are not taken regularly, the treatment will fail very rapidly. Hence we must take medicines regularly and on time, exactly as prescribed. The decisions to change medicines however need to be taken exclusively with the expert doctor's advice."

"It is quite natural to think, 'What can I do to get rid of my HIV infection?' Someone may think that if one large dose, containing one full month's medicines, is taken at once would the entire HIV virus get killed and the infection be cured completely. However, this does not happen. On the contrary body may find it extraordinarily difficult to tolerate such a large dose of medicines and can cause a lot of side-effects. Therefore, no one of us should ever think of attempting such unwise and silly act. We have to remember that presently there is no cure for HIV; not just in modern medicine but also in Ayurveda, Homeopathy, Herbal medicines and Naturopathy. Some spurious persons such as traditional healers may claim that they can completely cure HIV. Do not trust such claims. Such individuals are only looking for an opportunity to exploit those who are distressed."

### **HIV and Marriage**

"There is a question in the Question Box that many of you have asked, 'Should an HIV infected person marry? If yes, can this

person marry an uninfected person?"

Every person has a right to marry. Our fundamental human rights remain intact even if we are HIV infected. Whether to marry or not is strictly a personal decision. Now we know how to take good care of our health. If we take due care, we will live a good and long normal life. Thus, getting married, having children, etc. is all possible without any unhealthy consequences. It is also perfectly fine to marry a person who isn't HIV infected. However it is absolutely essential that your partner should be completely aware about your HIV infection, and you will have to take care for not infecting your partner."

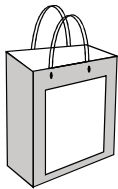
"A person who isn't HIV infected can refuse to marry HIV infected person for three reasons. Such a person may be primarily concerned about getting HIV infection, secondly could be worried about having a baby and the baby getting infected, and thirdly about the longevity of an infected person which he or she feels may be drastically affected due to HIV infection. But by taking ART medicines and keeping viral load at undetectable level it is quite possible to prevent the infections through sexual mode as well as through MTCT (Mother To Child Transmission). For additional protection one may use condoms. Similarly the infected person will also remain healthy if his/her viral load is low as possible. Thus we have concrete solutions to all the three concerns. We are going to discuss about prevention of transmission of HIV from mother to child soon."



**Session 3.3: Transmission of HIV from mother to Child and its prevention (Time 20 minutes)**

**Objectives:**

- The participants will understand how HIV is transmitted from the mother to the child and will know how it can be prevented.



Material- A board and the set of picture cut-outs From Mother to Child 1 – 11'.

“Each one of you at some point in time might have struggled on the 'why me' question. Perhaps this question might have caused continued stress to you. Any person in any difficult situation, usually confronts this question. The stress is higher in case some of your siblings are uninfected. Please raise your hands whose siblings are uninfected?”

What do you think could be the possible reason for some born to HIV infected mothers remain uninfected?

The participants give some answers such as, 'Only the first child contracts it', 'the middle child contracts it', 'the oldest child gets it', 'the youngest one gets it', etc. The facilitator clarifies this doubt by asking if they are eldest, middle or youngest and whether their siblings are older and/or younger than you. This way you will come to the conclusion that despite your order of being elder or younger you have gotten the infection.

Now put up pictures of four mothers and their babies, From Mother to Child 1, 2, 3, 4, on the board.

“Look at these pictures. All these women are HIV infected.” Point at the small HIV



PMTCT - 1



PMTCT - 2



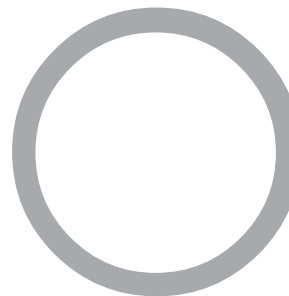
PMTCT - 3



PMTCT - 4

picture on each mother's picture, and continue, “All four mothers have HIV. But do all four babies have it too?” The participants

will look at the pictures and point at the picture of only one baby who has the small HIV picture on it. Now put up picture of the ring (From Mother to Child 5) around the picture of the HIV infected



PMTCT - 5

baby. “That is correct! Although all four mothers have HIV, only one child has contracted it. That means there is only about 25% chance of a child contracting HIV from the mother. Nowadays ART medicines are available. If a pregnant woman takes them regularly, it almost ensures that HIV will not be transmitted from mother to baby. Now let us consider what might have happened in the

past, when you were born." Now put up picture From Mother to Baby 6, on the board.

"When the baby is growing in the mother's womb, it receives nutrition from mother's blood. But mother's blood does not directly enter the baby's blood. Baby has her own blood. Only the nutrition in mother's blood is filtered out and is provided to the baby." Put up picture From Mother to Baby 7, on the board. Pointing at the



PMTCT - 6

picture, continue, "In this picture, this upper part of the tube or vessel, supplying nutrition from mother's blood to the foetus, the baby, is the filter. The blood passes through this filter and HIV gets filtered out also before nutrition is supplied to the foetus. This filter is called the placenta.



PMTCT - 7

You may have heard this word somewhere before. When we are filtering tea, if the filter or the strainer is damaged, some tea leaves might fall into the cup. Similarly if the placenta is damaged, there is some possibility of HIV not getting filtered out from mother's blood and hence can reach to the foetus. However this is only a rare occurrence."

Continue as you put up the picture, From Mother to Baby 8, on the board, "The second possible chance when the baby can contract HIV from the mother is while coming out of the mother's womb. When the baby comes

out of the mother's womb, there is mother's



PMTCT - 8

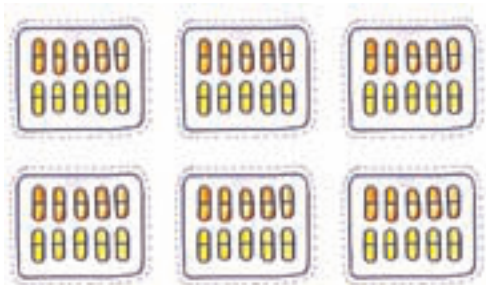
blood all around. The birth canal is quite narrow, baby's skin is very delicate and if it gets some bruises, the surrounding blood could enter baby's body through the bruises. The third possibility is when the mother breastfeeds the baby." Put up the picture of mother breast feeding a baby, From Mother to Baby 9, on the board and continue, "HIV can be present in the mother's breast milk in a very small quantity. The skin of the baby's inner walls of the stomach and intestines are very delicate.



PMTCT - 9

The acid is not being secreted in the stomach as yet and therefore HIV infection can be contracted through this route. However all the three possibilities taken together, still there is only a 25% chance for the baby contracting HIV from the mother. When you were born, ART medicines were not easily available. It is likely that the ART medicines were not given to your mother, or she might not be even aware that she had HIV. We have talked about viral load and we know that when ART medicines are taken regularly, the viral load is reduced to undetectable level. So if there is no HIV in the mother's

blood there should not be any reason for the baby for getting infected. " Put up picture, From Mother to Baby 10, on the board, and continue, "But still to be on the safer side the baby is also given ART medicines after birth but only for definite period. This reduces the



PMTCT - 10

chance of transmission of HIV even further. This is reduced to almost less than 1%." Put up pictures From Mother to Baby 11 and 12, on the board and continue.

"Thus you have got HIV infection probably during one of the three phases- pregnancy, birth and breast feeding. However the reason that you got HIV infection and any of your other siblings did not is merely by an accident. Now accidents are accidents. We know that accidents are not made to happen on purpose. Therefore, I would sincerely like



PMTCT - 11



PMTCT - 12

to urge you, not to blame your mother or parents, or hold them responsible for your infection. Your mother has not passed on the HIV virus to you knowingly. I can assure you that no mother in the world, in fact no good person will pass on any such infection to any other person deliberately. If she had known how to prevent it, she would have gone all the way to do whatever it takes to save you from the infection."

Now put up pictures From Mother to Baby 13 and 14, on the board and put up picture of a ring, From Mother to Baby 15, on the picture of a baby with HIV infection.

"There was a question in the Question Box, - 'Whether I will have a child? Will the child be HIV negative?' Now you tell me the answer to this question. Can a child be HIV negative? Of course, it will be!"



PMTCT - 13



PMTCT - 14

**If one of the spouses is HIV positive and the other one is HIV negative, how would it be possible to have a child without infecting the HIV negative spouse?**

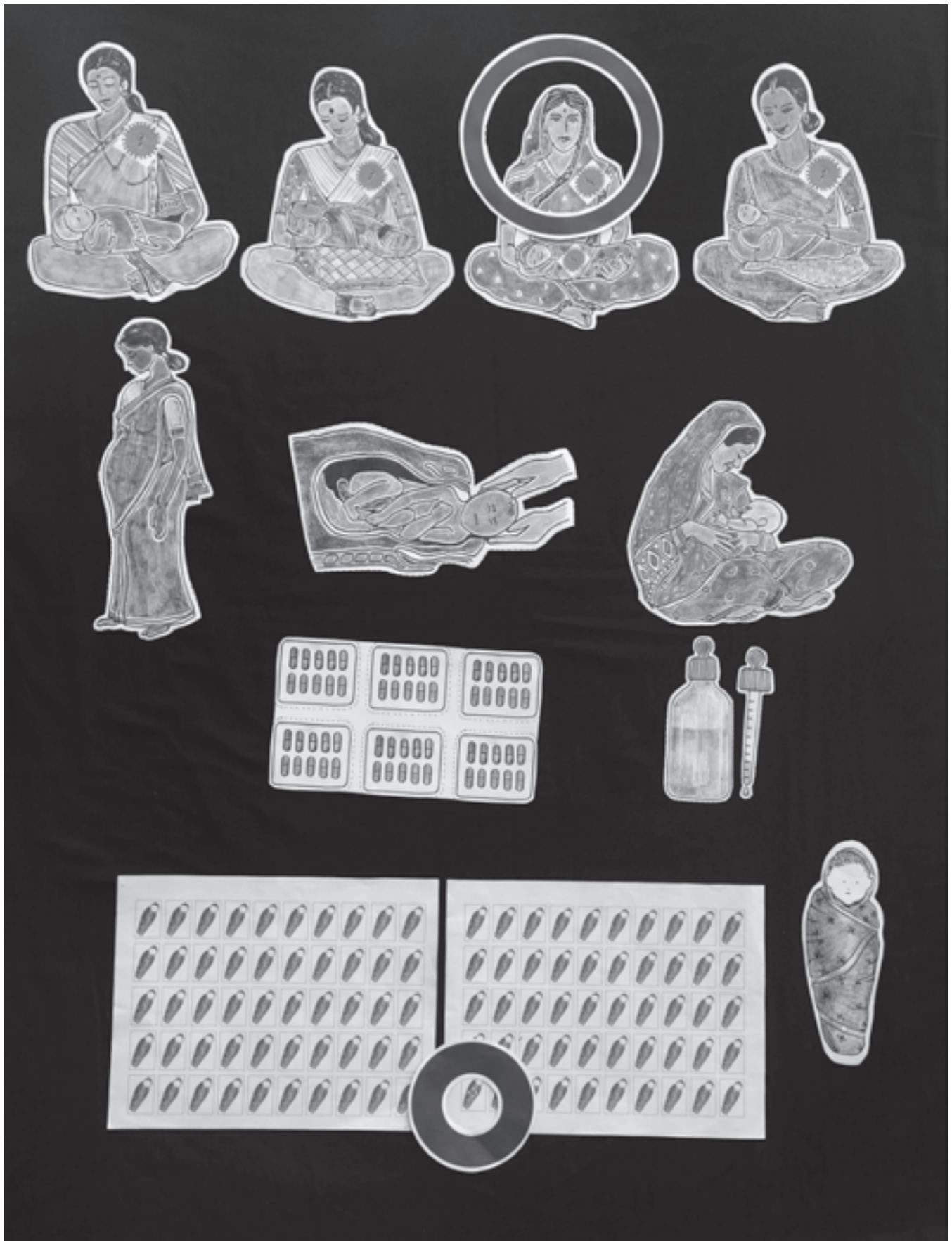
1. Suppose if the man is HIV positive and the woman is HIV negative, they want to have a baby. First we would do his viral load test. It has to be at undetectable level. If it is not then by tracing why it is so, by doing his resistance testing and changing his medicines if required it is pulled down to the undetectable level. After this they asked to do sex on the days when she is in her ovulation phase. She is then given ARV medicines as post exposure prophylaxis; these are ART medicines only but are used to reduce the possibility even more. Now since there is almost no HIV in his blood and therefore in his semen, there is hardly any possibility of the transmission. Additionally the pre/ post exposure prophylactic medicines will reduce all chances of her contracting the infection. But she can become pregnant and the child will be uninfected.

2. Take a case of where the woman is HIV infected and the man is uninfected. The ground rule is every HIV infected person has to take the ART and keep his viral load at undetectable level. Now either as mentioned in the previous case they can have sex specifically when she is ovulating or they can do artificial insemination technique for conception. Since the mother's viral load is zero, the child will not get infected, but still for getting ensuring rock solid assurance the child would be given ART for a specific time.

Some children might ask a query, Does it really happen that an HIV negative person would be willing to marry an HIV infected person?

: It happens often. In one such case, a boy and a girl who had fallen in love with each other, had come to see the doctor at Prayas. They told him their story. She liked him. He liked her too. Since he was aware that he is HIV positive, he didn't reciprocate her encouraging companionship appeal. One day, finally she proposed him to marry her. Initially he didn't give her any reply and left in silence. She called him and asked him to be honest with her to let her know if he didn't like her. She was upset and felt insulted as he had left without having said anything. Then he collected all the courage and told her that he is HIV infected. On hearing this, she was silent for a while. Then she mentioned that she had heard that these days there is a treatment available for HIV. He was obviously knowing about the availability of the treatment and further shared with her that he has been taking ART medicines. He also shared that ART can not completely cure HIV. She suggested that they both should visit some knowledgeable doctor together so as to get clarity about HIV and related aspects. So they came to Prayas. After talking to the doctor, she accepted him as her partner. She took the blood test and confirmed that she was HIV negative. Now they both are married and are happy.



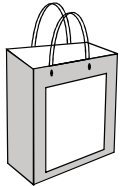




### Session 3.4: Childbirth (Time 30 minutes)

#### Objectives:

- The participants will understand how the baby emerges from the womb of mother.
- The participants will understand the process of birth.



Material- A couple of red coloured *dupattas* or the pieces of thin long cloth, a board, and set of pictures Childbirth.

“Now let us play a game. When we had talked about the organs in our body we had talked about uterus – a muscular pouch inside the mother's body where the baby grows. Now we will make uterus together. At the time of inauguration of this workshop we had prepared a structure, similarly we will create a uterus. The uterus has to a baby inside. (Facilitators may draw or put up a drawing of uterus on wall.) Here is a drawing of uterus, and let me tell you that the diagram is for the purpose of understanding, how the baby emerges from the mother's womb and may not be considered as an anatomically, or a scientifically validated diagram.”



Everyone should understand the structure of the uterus in the diagram and should begin from the top. As depicted in the picture, the participants will create a uterus. If there will be adequate number of participants, then the fallopian tubes also can be created. One participant can lie down in the upper part of uterus as a placenta. One end of a red cloth, or *dupatta* has to be tied to the waist of the placenta and the other end will be tied to the waist of the participant doing the baby. The baby will be placed in the uterus in foetal position. The baby's head should be towards vagina, the opening of the uterus. Now the baby is pushed out by the body of uterus, to demonstrate the pressing of the upper part, so, the baby will be pushed gradually. The children forming that part should slowly

move forward and should push the baby down. Continue doing this to let the baby come out through the uterus and through birth canal. When the baby comes out the placenta is also pushed out, along with the umbilical cord (the red dupatta). Now unfasten the cord (in true life situation the cord is tied and cut) and separate the baby from the placenta. Let one of the participants play doctor's and or nurse's role/s. They r will take the delivered baby into their arms, and all will celebrate the childbirth with applause, singing, dancing, and sharing sweets and goodies (depending upon what is permissible in the premises where the workshop is going on.

Usually this childbirth play is thoroughly enjoyed by everyone. It is a participatory game and children love the atmosphere. It very subtly removes the reluctance of the children to discuss such otherwise tabooed issues.

"We all are familiar with the concept of flashback, as we may have seen it in the movies. Flashback is a part of a story that first describes something that happened in the last. And then we go backwards that is towards the past. We have together experienced how the baby comes out of the mother's womb or in other words how the childbirth happens. Now, as a flashback, we will see since when has the baby been in the uterus? What baby does while in the uterus before it is born. Actually, these questions are relevant to all the babies including all of us as each one of us was born as a baby from our mother's womb the same way. And we all know that we have lived for initial nine months in the womb before coming out. Here are some photographs of the baby inside the womb."

The next session begins with seeing some photos of the babies in the womb.

### **Session 3.5: The Story of Nine Months (Time 15 minutes)**

#### **Objectives:**

- The participants will understand how a baby is conceived.
- The participants will understand how foetus develops in the mother's womb for nine months before it is born.



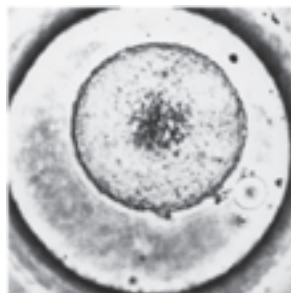
Material- A set of pictures, The Story of Nine Months 1 – 7.

Before showing the set of pictures begin by asking participants a question, "How big do you think you were when you were born?" Most of them must have seen a small infant. So they will indicate about the size at the time of the birth.

Proceed with the next question, "Now tell me how big do you think you were when you first came into existence in your mother's womb?"

Children with their imagination, will have a variety of guesses which may include 'as big as a tip of a finger', 'as small as a seed of a berry', 'size of a grain of sand', 'size of a date', etc.

Then explain that the size of the foetus at the beginning is of a poppy seed.

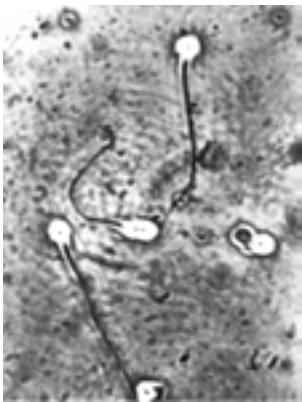


Show the photographs to the participants and ask them to have a look at them for some time.

" (Story of nine

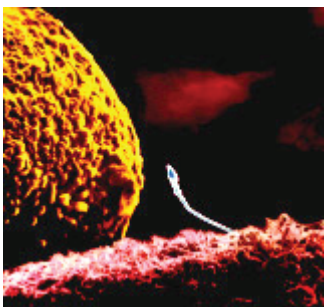
months 1) This is a photograph of an egg in the mother's womb. It is called an ovum. The ovum is only as big as a poppy seed. For our understanding we have an enlarged it seen under a microscope."

Now put up the photograph of Ovum on the board. "We can see a centre in this ovum. It has our mother's genetic qualities. These qualities are on structures called chromosomes. Now look at the picture of a father's egg, which is called a sperm."



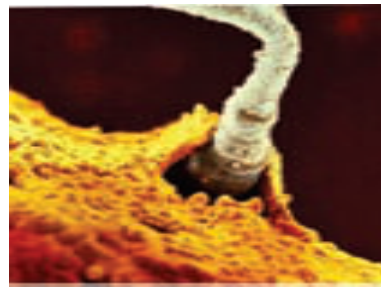
Put up a photograph of a sperm and continue, "The sperm looks very different from the ovum. A sperm is smaller, it has a tail. It swims from father's body to mother's body, and then from vagina to reach the ovum. Sperm can

swim with its tail, just like a fish. Just as the ovum has the mother's characteristics, the sperm has the father's characteristics. Here



we have a photograph of the sperm which has reached the ovum." Now display photograph of a sperm and an ovum together, The Story of Nine Months 3, on the

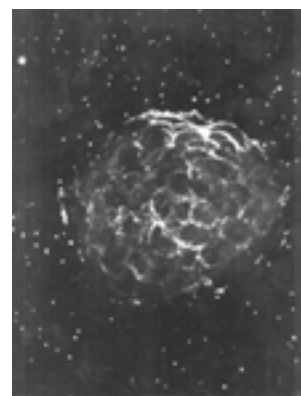
board. "A sperm is much smaller than an ovum. Here is a photograph showing how a



sperm enters an ovum." Put up a photograph of a sperm entering an ovum, The Story of Nine Months 4, on the board.

"The sperm enters the ovum. Now both the eggs, father's and mother's have united and the characteristics of the both, which are on their respective chromosomes get paired. This is the actual moment of our birth. Our first moment in our mother's womb begins here." At this point, it is likely that some child may ask why there is only one ovum but there are many sperms. It could be explained that, "For a sperm to be able to enter an ovum, a particular set of conditions are required which are difficult to attain. When a few million sperms attempt to enter the ovum, only one of them may succeed in attaining the suitable conditions so that it can actually integrate with the ovum to create a new human life."

"Initially we have seen that the two eggs – The two eggs ... i.e. an ovum and a sperm

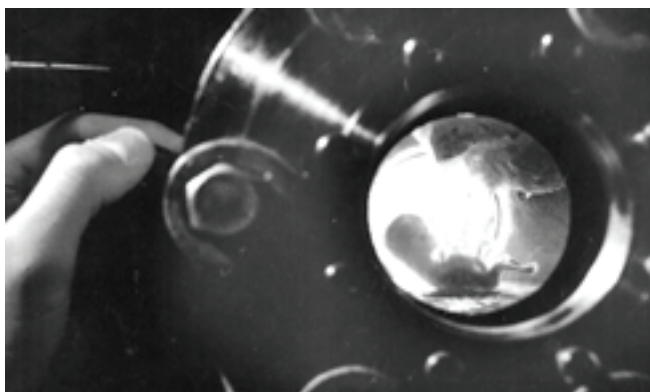


combine together to form one single cell. Then the cell splits into two, and then two cells split into four. Further the four cells split into eight and this process of splitting continues to multiply the cells. These multiplied cells are sticking

together as a cluster which we will see in the next photograph." Display photograph of cluster of cells, The Story of Nine Months 5, on the board.

"This cluster is our initial body, which does not have any of the parts such as face, arms, legs. There is only this cluster of cells. Eventually some of these cells form the brain, the spinal cord – nervous system in general. Some other cells form the spine; other groups of cells form other organs such as lungs, intestines, kidneys, etc. This is how the baby begins to grow inside the mother's uterus."

Put up the photograph, the Story of Nine Months 6, on the board. "In this photograph, we can see the machine which makes the



foetus visible. This photograph with the machine is shown as it also shows a thumb of the person who is operating the machine. The foetus, is as big as a grown up person's thumb. However we can see its organs, such as head, arms, legs, chest, abdomen, etc. One end of the umbilical cord can be seen attached to the placenta which is sticking to the wall of the uterus. The foetus receives water, food – all the nutrients and oxygen through the placenta. Gradually over the

period of nine months the development and growth of the foetus is completed. Here is a photograph of a fully developed foetus," and put up the photographs, The Story of Nine



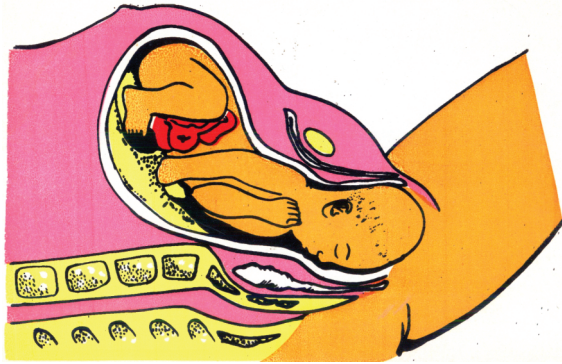
Months 7 and 8, on the board and continue; "Now the baby is ready to come out of the mother's womb. Usually after nine months (generally take

as 7 days past 9 months), the expecting mother starts getting pains, caused by the contraction of the muscles of the uterus. These are called labour pains. It is an indication that baby is slowly moving down. The muscles of uterus continue contracting and then relaxing and in turn cause the opening of the uterus, to expand."

Along with the baby the umbilical cord also comes out, and finally the placenta detaches from the wall of the uterus and is ultimately expelled out. Some bleeding can take place when the placenta is delivered. The baby needs to cry when it comes out of the womb.







### Session 3.6: How a mother's body gets prepared for having a child? (Time 20 minutes)

#### Objectives:

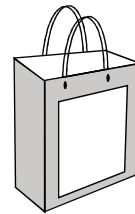
- The participants will learn biological facts about menstruation and will further understand the important role that menstruation plays in creating a new human life.
- With the clear understanding about the menstruation, the participants will overcome the associated misconceptions, and the sense of shame and impurity.

What exactly happens when baby cries? The baby takes its first breath. Till then the baby was in the mother's womb, and it was getting oxygen from her along with the nutrition. Now it has to get its oxygen directly from the air outside."

"Till the baby was in the mother's womb, it was getting its food and oxygen from the mother. Now the baby is outside the mother's body, so baby will have to get its food from outside, but it should be easily digestible for the young one the nature has made the provisions for the baby's nutrition.

"Yes, mother's milk. This is the first food that a baby gets. The initial milk is thick, sticky. This is called colostrum. It is very nutritious for the new born baby."

"First we understood how a baby is born. Further we looked at how and when we were born in the mother's womb, the process of our development and growth while in the mother's womb, and finally the process of childbirth. Now let us go back even further and consider how the fertilized ovum comes into existence? "



Material- A board and a set of pictures – Developments in the mother's body 1 - 5

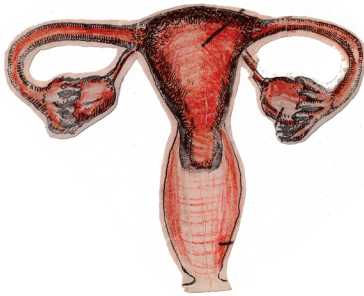
"Tell me, how do we prepare when we are expecting a houseguest to stay with us for some months?"

The participants will give a variety of answers including some like, 'we'll prepare the guests' favourite dishes', 'we'll stock up the groceries and the provisions', 'will keep a comfortable bed ready for the guest', etc.

"Similarly our mother's body too, gets prepared for creating a baby. These preparations begin in the mother's body about the time she turns 12-13 years of age."

Put up picture of uterus, Preparation in the mother's body 1, on the board. "This is the uterus, our first home. Let us look at its structure. Generally the size of an uterus is about the size of the woman's fist. A little girl will have a small uterus and when the girl grows, her uterus also grows. "



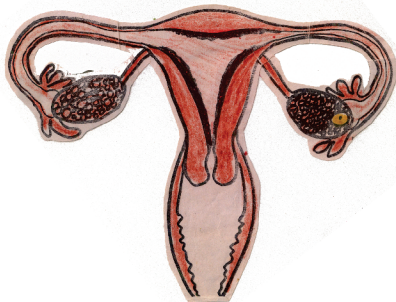


Mothers Uterus - 1

triangle is vagina, the birth canal. The uterus is where we were born as a foetus and then developed for 9 months."

"The triangular cavity of the uterus has a lining similar to the one some of our cloths like a coat or a jacket have. The lining of the uterus provides food, bed, safety and comfort to the foetus in the uterus. Now let us see how the uterus looks from inside."

Display picture, Preparation in mother's body 2, on the board. "Here we can see the red coloured lining inside the uterus. It is red because it has a lot of blood vessels lining it. These two tubes, one on each side are attached to the



Mothers Uterus - 2

uterus. They are called as the fallopian tubes. The free other end of the tube has small finger like structures. There is one ovary on each side of the uterus. Each ovary contains thousands of eggs or premature ova. The premature eggs are there since mother's birth. When our mother was a 12-13 years old , one day an egg from one of the ovary became mature and started coming out of the ovary. With the movement of the finger

"This is the cavity of the uterus which is a triangular area between these two tubes. What you see below the tapering end of this

like structures at the end of the fallopian tube this matured egg got pulled in the fallopian tube, and the egg's journey began inside the fallopian tube."

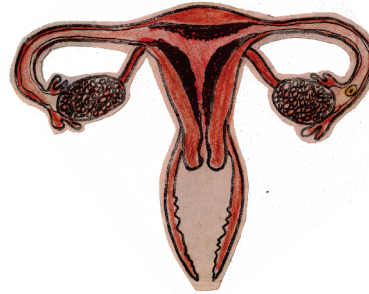
Display mother's body 3. "Here we can see that ovum has moved in the fallopian tube towards the uterus. With the successive contractions and relaxations of the fallopian tube the ovum moves towards the uterus, and finally reaches uterus in a few days' time. In this picture, the ovum is on its journey through the

fallopian tube. Can we notice any changes that have occurred in the lining of the uterus? Can anybody point out any changes? Observe carefully." The participants will note that the lining is thicker than at the earlier stage, and it looks more reddish. Appreciate the correct observations and explain, "All this sequence of events or the phenomena is caused due to the secretion of certain hormones in the mother's body."

Put up the picture Preparation in the mother's body 4, on the board. "Suppose the sperm enter through the vagina a sperm might reach the ovum to fertilize it."

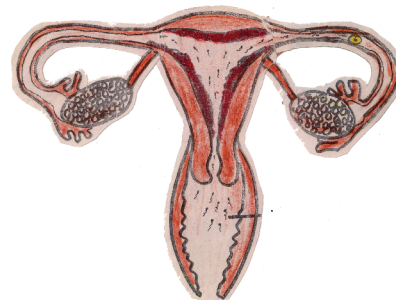
like structures at the end of the fallopian tube this matured egg got pulled in the fallopian tube, and the egg's journey began inside the fallopian tube."

Display mother's body 3. "Here we can see that ovum has moved in the fallopian tube towards the uterus. With the successive contractions and relaxations of the fallopian tube the ovum



Mothers Uterus - 3

m o v e s towards the uterus, and finally reaches uterus in a few days' time. In this picture, the ovum is on its journey through the fallopian tube. Can we notice any changes that have occurred in the lining of the uterus? Can anybody point out any changes? Observe carefully." The participants will note that the lining is thicker than at the earlier stage, and it looks more reddish. Appreciate the correct observations and explain, "All this sequence of events or the phenomena is caused due to the secretion of certain hormones in the mother's body."

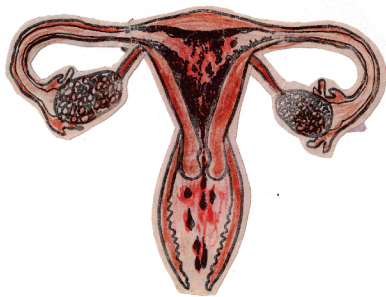


Mothers Uterus - 4

Put up the picture Preparation in the mother's body 4, on the board. "Suppose the sperm enter through the vagina a sperm might reach the ovum to fertilize it."

“When the first ovum gets matured and got released, our mother would have been only 12-13 years of age. She is not supposed to have come in sexual contact with any man.”

Put up the picture cut-outs mother's body 5, on the board.



Mothers Uterus - 5

“In this picture the ovum has arrived into the uterus but no sperm has reached it. So the lining of the uterus loosens and separates from the wall;

causing the blood vessels in the lining to rupture. The pieces of worn out lining and the blood comes out of the uterus to the vaginal canal. The period during which the menstrual discharge flows through the vagina is called as the menstruation. This is how, on the maturation of the first egg, our mother got her first menstruation. This process, of uterus getting ready for fertilization of an egg, then due to non-fertilization of the same causing the lining and the blood vessels there in to shed away, is repeated every month. It is called as the menstrual cycle. This phenomenon takes place due to the secretion of hormones in the mother's body. These hormones cause many other changes in mother's body. Around the time first menses occur, she may quickly grow in height, her body may shape up. Her breasts start increasing in size. This is the process of transformation of a little girl into a grown up woman.”

“This is how our mother's menstruation

started. Since then she would be getting the periods every month. Initially for a few years, periods may not come at regular interval of every month. Generally menstruation starts around the age of 12-13 years but in some cases it may start at the age of even little earlier, around 10 years or in some cases it may start little later by the age of 16-17 years. In case if the menstruation won't start by the age of 18, an expert doctor must be consulted. Mostly by the age of 18-20 years, the periods get regularised and continue up to the age of 45-50 years. After that the menstruation stops.”

### **Menstruation: Beliefs and Misconceptions**

“Now we will deviate somewhat from our main topic and will discuss about the social aspects and impacts of menstruation on women.

In the past, people did not have any scientific and objective knowledge about menstruation. Also, women were not considered equally important as men neither in the family nor in the society. As a result, woman's body too, was not given proper attention and generally was ignored. People did not know why do women menstruate, Therefore there were many misconceptions in the minds of people about menstruation.”

“Many people used to think that during menstruation the woman becomes impure. Even today, in the twenty-first century, this belief has not completely vanished. Formerly during periods, girls were not allowed to move freely in homes. They were isolated from others. They were not allowed to visit temples, to offer prayers, to enter the kitchen or even to cook.”

“Now that you have learnt basic facts about menstruation do you still think that the menstruation has any aspect associated with it that makes woman impure?”

Ask participants to discuss this topic amongst them. Especially encourage the girls to speak out.

“Menstruation is a very natural process related to human body, human reproductive system. How could it be impure or dirty? Why would the blood be dirty or impure? The blood which was there to nourish the foetus and for the development of the baby growing in the womb, how can it be impure and dirty? Even if there would be a God, he will not think that way. However in the olden days due to lack of knowledge about menstruation, people might have got confused or frightened and in turn might have developed these misconceptions or related superstitions. If anyone of us still has such misconceptions, we must get rid of them. We are living in the twenty first century, and are fully equipped with the objective, factual information established by science. We should share all this information with other boys and girls. We urge you to share it with as many people as you can.”

“Earlier we discussed about our mother's menstruation and also learnt that it is the preparation of her body for our birth. But sometimes a woman may not be able to conceive a baby. She is not able to have a baby. Nowadays there are a variety of treatments available to resolve the difficulties arising in having a baby. However in some rare cases any treatment may not be able to help a couple to conceive. In such a situation a baby can be adopted. It is not a woman's fault that she cannot bear a child. Therefore she should not be blamed for it.”

### **How to take care of oneself during periods?**

1. Bathe every day.
2. Change the sanitary pad or cloth as needed.
3. The cloth should be a clean cotton cloth.
4. Do not get stressed because of menstruation.
5. Follow your daily routine of activities such as studies, sports etc. during periods.
6. Take adequate rest.
7. In case of pain or cramps in abdominal region, legs - calves or feet apply heating pad, give a gentle massage. Take a painkiller if required.

### **Menstruation and HIV**

Many people have this concern that the blood from the menstrual flow of an infected girl will also contain the HIV. Therefore would this blood be harmful to others? Due to such doubts, some people are afraid of using the toilet or the bathroom used by an HIV infected woman. Some of you may even have been asked spiteful questions about it. Let us understand and address this situation using the facts established by science. HIV is present in the blood from the menses, but it is not harmful to others till HIV enters their body. In case if the blood with HIV will spill in the toilet or bathroom, HIV will die immediately after coming in contact with dry air or soaps. HIV is a fragile virus. It will get washed off with water. It cannot enter another person's body.

Another couple of pieces of common information you should know about HIV. Since HIV is very fragile in nature, it cannot

survive outside the human body. In fact it gets killed by dry air, sunlight, bleach, alcohol, hot water, soap, etc.

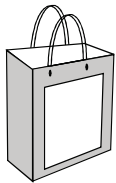
In some girls ART medicines can sometimes cause irregular or scanty periods. In any case, do not worry. Consult your doctor and share all your health related concerns.

### **Session 3.7: How our father's body gets prepared for having a child?**

**(Time 15 minutes)**

#### **Objectives:**

- The participants will understand the development of systems in the father's body for having a child.



Material- A board and the set of pictures, the father's body Cut-outs 1 – 3.

“We have learnt in some details about how our mother's body underwent changes when she was about 12-13 years old, and also about how her menstruation started. Our father's body also got changed when he was 14-15 years old, when he must have been attending school. At this age of about 14-15 years, in the father's body, or in general in the body of all boys of that age, a different set of hormones are secreted. As a result of the hormones the boy's body undergoes changes such as changing of voice due to growth of the voice box, moustache and beard starts growing, shoulders broaden and muscles begin to develop. In brief, a boy starts becoming an adult man. Along with these noticeable changes, the man's body also begins to produce sperms. He has two glands covered by sack behind the penis. They are called testes.”

Put up the picture cut outs of the father's body 1, on the board.

“Here we see the testicles one on each side.



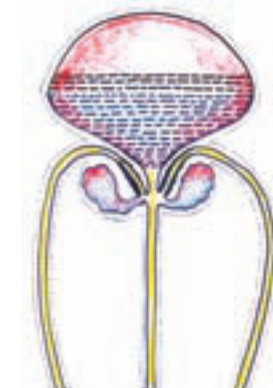
Perhaps one might be a little lower than the other which is perfectly normal.

Sperms get produced in the testicles from the age of about 13-14 years. This would

have happened with our father as well. We already have seen the picture of a sperm. The sperms are carried up towards the abdominal cavity through two tubes one each from the

right and the left testicle. These two tubes are connected to two seminal vesicles.”

Put up father's body cut outs 2, on the board.



“The seminal vesicles are two small pouches to store the sperms. The seminal vesicles also secrete a fluid which

contains rich nutrients such as sugar, salt and water etc. They provide energy for the sperms to survive. This fluid and the sperms are major constituents of semen. The semen is released from father's body through the penis. this water pot like thing seen in this picture is the urinary bladder. Urine is formed in the kidneys by filtering blood and it is collected in the urinary bladder. Urine is

also released out of the body from the penis. However there is a smart mechanism in the penis and associated system, which prevents the urine from coming out when the semen is being released and vice versa.

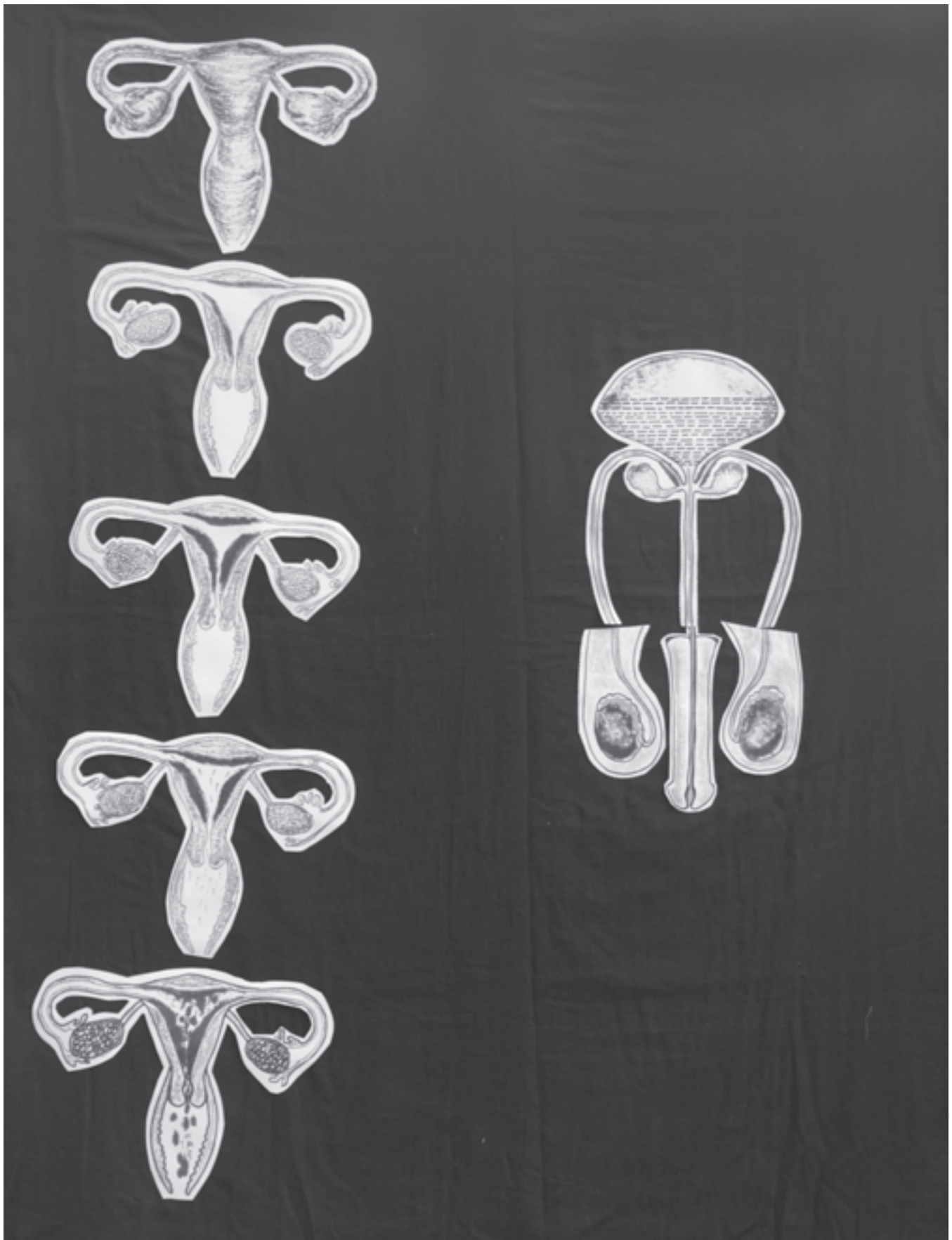
When sexual desire arouses in the man, a lot of blood flows towards the penis. The penis gets firmer. It is called erection. When one enters adolescence, sometimes semen involuntarily gets released from the penis while in the deep sleep or even while awake. Semen is a sticky and white fluid. A boy may feel embarrassed in such a situation. Hopefully boy's father or elder brother or someone should assure him that it is completely normal and that he has not done anything wrong. Over the period of time the body gains control and such involuntary ejaculations do not occur.

When the erect penis enters the vagina, it is called sexual intercourse. The semen is ejaculated from the penis. The woman's vagina often secretes a fluid. During sexual intercourse, due care must be taken to ensure that neither of the partners are hurt or harmed during sexual intercourse. Now we know that when the sperm and the ovum unite, a foetus or a baby is conceived. However married couples, or partners do not have sexual intercourse only to have babies but they also do it for pleasure. If there is mutual respect for each other's body and mind, only then both partners would get real

pleasure. When couples do not want to have a baby, or if they are concerned about contracting sexually transmitted infections (STIs), such as HIV, they must protect themselves by using condoms while having sexual intercourse. There are other methods also available for prevention of pregnancy.

Sexual intercourse should be pleasurable and enjoyed by both. However some men are obsessed only with their own pleasure. They do not think about the other person. Sometimes they use their sex drive almost like a weapon. They commit atrocities against women and girls. This is a criminal behaviour. There is a severe punishment for committing such crime. Sexuality is important in a man-woman relationship but we all must develop sensitivity towards all human beings. All of you are still quite young, and probably are yet to initiate sexual life with other person. That is why we are speaking with you so explicitly. There are not many places where children like you, can ask questions freely about sex, companionship, etc. Due to this, many young children can get frustrated or even feel guilty. Our workshop is an effort to empower young people like you by helping you to realise your right to lead a happy life, which cannot be denied to you by anyone. This is also to help you to develop confidence that you can do it.





### **Session 3.8: Skits about sexual expression (Time 45 minutes)**

#### **Objectives:**

- The participants will understand that sexuality is related more with the mind than with the body.
- They will learn to make distinction between the appropriate and inappropriate behaviours in body language.

Sexuality has a physical aspect to it but it has a much larger mental aspect attached to it. Generally children have many doubts about this subject. They always have many questions regarding how the inter-personal relationships should be in the context of sexuality. However this topic remains neglected due to lack of availability of appropriate forum where they could discuss these issues freely, without being misunderstood.

Therefore some skits can be presented which can provide the basis to initiate discussion with the participants. After presentation of every skit, initiate discussion by asking the participants about what did they see in the skit, what they thought about it, was what happened in the skit appropriate or inappropriate. Every script of a skit is followed by a list of important points to be made during the discussion.

Some themes for the skits are given here. The skits based on these themes can be presented.

The skits will be presented by volunteers of peer group.

“Now four skits will be performed here. We all should watch these performances attentively as we are going to discuss them later.”

2. A young boy, let us say his name is Sanket, is standing on a hill. He is painting a landscape on a canvas mounted on an easel. Just then his acquaintance, a girl called Kavita, comes there. She says, 'Hi Sanket! How nice to meet you here. You paint so well. Will you teach me?' While speaking, she rests her arm on Sanket's shoulder and looks at the painting. "Of course I'll teach you. If you want, I can teach you even now.' He is thrilled by her arrival. 'The painting is really so beautiful. I don't have time right now. But I'll come in the next week. I'll call you before coming. Okay?' She smiles and leaves. But Sanket is still mesmerised even though she has left. He is trying to hold on to her touch on his shoulder.

Tip for the performance: There is no need to have a real easel or canvas or brushes or paint. All of it should be mimed.

Discussion: The theme of this skit is the feeling of attraction, commonly known aspect of sexuality. Emphasize the point that it is very natural to feel attracted and that there is nothing wrong with it. Also feeling attracted does not imply the desire to have sex. Often the children remark that the girl in the skit was innocent but the boy had improper or indecent thoughts in his mind. Ask them why it is inappropriate for the boy to like the girl. In the context of sexuality, or any other relationship for that matter, cheating somebody or forcing something upon them could be

considered perverse or harmful thoughts. There is nothing wrong in 'liking' someone.

2. A boy and a girl, both are about 20 years old.

Location: Park.

The girl is speaking with the boy on the phone. 'Why have you not reached yet? I finished the class and have come here. OK! Come soon. I'm waiting at the usual spot.'

She is waiting restlessly for him. He arrives.

Girl: What is the matter Ravi? Why have you changed so much? You don't even talk to me nowadays.

Boy: It's not anything as you may be thinking. I am not able to complete my studies. I am feeling stressed. I haven't even had my lunch today. I am worried about how am I going to cover all portion for the exam in next four days?

Girl: Oh! Come on Ravi! You can't say this. You are so clever. Don't worry. You will be able to complete your studies. Why are you looking so sad as if you have just had a heart-break?

Boy: I'm too tired to take such jokes. I am fed up with the hostel food.

Girl: I thought as much. I have brought lunch for you. Why didn't you call me to tell this? I would have come earlier with the lunch box.

Boy: You care for me so much!

Girl: Now don't say such things. I do it for you. At least look at me and smile please!

She smiles and offers him a morsel.

Discussion: Sharing sorrow with dear one, caring for each other, striving to make each other happy is a manifestation of sexuality. We all identify this as love. The instinct for mutual sharing of happiness and sorrow is a manifestation of sexuality.

3. A young lady teacher is writing on the board with her back towards the students. The boys and girls in the class are whispering and are giggling. One boy in particular is making weird sounds to attract attention, is trying to create trouble for the teacher and is also making the other girls laugh. The girls are laughing. The teacher gets furious and asks him to leave the classroom.

Discussion: After this skit, the participants laugh a lot. Sometimes the performers get excited and try to make the participants laugh even more. Do not encourage this.

The behaviour of the boys in this skit is improper, wrong. Although trying to attract attention is a manifestation of sexuality, especially the one who was making weird sounds doesn't realise that he is creating trouble for others. More importantly, the time allotted for study was getting consumed by useless act of a student. This trait of trying to attract attention by any means is observed especially in the boys who feel ignored or neglected.

4. Some badly behaved boys are

standing on the roadside. While a girl is passing from there, the boys make comments on her which upset her. The frightened girl quickly moves away.

Discussion: Many boys stand along the road and pass comments that make girls feel insecure. Their intention is to make the girl fear about them. Other people having fear about you, does not signify your strength or power in anyway. However many people, especially men, think in this inappropriate manner, which is completely wrong.

Usually a long discussion takes place after this skit. The children participate in the discussion with deep interest.

### **Child sexual abuse:**

The facilitator should say, "Now two more skits will be presented. After the skits are performed, let us discuss if you are aware of the subject of these skits."

1. Location: Bus. An older man comes and sits next to a little girl. He tries to move even closer to her so that their bodies will touch. The little girl is scared and tries to move away. Aggressively he tries to hold her. The other people in the bus who are watching this, condemn the older man.
2. A girl finds her childhood diary while tidying up the house. She reads that her uncle had molested her when she was young. She reads it aloud. The important part is that she was unable to tell anybody when she was being molested. When she tried telling her mother, her mother scolded her saying, 'Why did you go near him and

Speak with him? Something is wrong with you only.'

Ensure that the following points are mentioned in the discussion after these skits are presented –

- Such incidents happen repeatedly.
- If something like this happens in your presence or to you, you must take the following three steps - first say 'No!', then move away from the place and then tell this to a person you trust.
- If something like this happens with any child, either a boy or a girl, the most essential thing is to support the child and assure him/ her that you trust him/ her. Emphasize that it is not the child's fault. This will help prevent long-lasting adverse effects on the mind of the child.
- Child sexual abuse is a criminal offence, which includes things done even without touching the child, such as making lewd gestures from a distance, showing porn films and many other more serious things. This crime attracts very harsh punishment based on the severity of the crime. The minimum punishment is of rigorous imprisonment for three years.

### **Closure of the day: (Time 20 minutes)**

(At the end of the day, remember the participants to speak about next morning's review.)



# 4

## Day Four

### **On the fourth day:**

- The participants will acquire new skills which will enhance their ability and confidence to deal with the discrimination in daily life, tactically and with positive attitude, and also without getting hurt .
- The participants will develop the ability to think independently about friendships, marriage, and relationships.
- The participant will learn to express and further to articulate their opinions, views, and thoughts.
- In the context of relationship, the participants will develop clarity regarding the concepts such as appropriate – inappropriate, desirable – undesirable, etc. which will help them in effective decision making.

### **Session 4.1: Welcome (Time 30 minutes)**

One of the facilitators or the volunteers from a peer group should welcome everybody.

### **Review of the previous day**

- The review of what was discussed on the previous day (the third day) can be done



as if one of the participants is narrating to his/ her friend on the phone, about what happened at the workshop on the third day. Encourage the participants to contribute substantially to the review process.

- After completing the general review, one of the facilitators should review it from the evaluation perspective. This could be done as follows:

“We have been together since last three days. Now we know each other quite well. In this workshop we all have been exploring and learning together about many different topics. Now, each one of you should try to recollect all the sessions, from the day one, that we have had in this workshop so far. You can close your eyes if you wish. You have three minutes to recollect and your time starts now.”

After three minutes instruct them, “Now you will be given one more minute to write down the name of the session that you liked the most. Write it on the paper given to you.”

Then ask them to share the name of the session they liked the most. Further ask some of them to share the reason, why they liked a particular session, in one sentence. Also the participants can be asked to describe their most favourite session using only one word. At least a few children should share their favourite session.

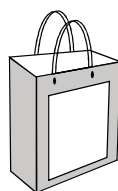
#### **Session 4.2: Discrimination (Time 90 Minutes)**

- The participants will learn to understand the root cause of discrimination by thinking beyond themselves.
- The participants will understand how

an individual or a group of individuals can suffer when they are discriminated against.

- The participants will learn to understand the possible reasons due to which HIV infected people are discriminated against.

- The participants will learn how to face discrimination with courage. Further they will learn how to tackle such situations creatively and with positive attitude which will in turn also help other people to change their perceptions about HIV and HIV infected people.



Material- Two stories on the theme of discrimination, a board and chinks.

Address the participants as, “Almost every HIV infected person is likely to have experienced discrimination. How much we suffer or how we deal with the situation largely depends on how we view the situation where we are discriminated against.”

Read out the two stories based on the theme of discrimination given in the Appendix. Then ask them if anyone of them have faced any situation similar to this. Generally, the participants open up on this topic and if one or two participants share their experiences, others get encouraged to share about their experiences as well. Let some open discussion take place on this subject.

Ask, in the first story, who they feel has been discriminated against in the story. Typical answer will be a one word answer, ‘Sameer’. Confirm that everyone agrees to this answer. Rarely someone may even answer ‘Sameer

and Meena .’ Write down these names and ask what the reason was, they feel, for which each one of them was discriminated against. In case of Sameer, the reason consistently specified is his HIV infection. Further discuss that Sameer comes from a poor family and he is also not very good at studies. Due to these reasons Meena considers him inferior as compared to others in the family. She perpetually delegate him many tasks and also does not treat him with respect.

As the discussion reaches this point, ask ‘Why would Meena Vahinee be behaving like this?’ Participants will give many different answers including, ‘She is wicked’, ‘she may

not be knowing anything about HIV’, etc. After listening to the participant’s responses, point out that, “Meena does not know much about HIV, and she may be worried that because of Sameer, she and her young daughter also may acquire HIV infection. Another important point to be considered is that she herself is a victim of injustice, isn’t she? She has got unfair treatment as, she was suddenly made to accommodate an unfamiliar boy at her house and she was not even informed why he had come to stay with her family. Ultimately she had to find out the reason why had he come. Has she not being discriminated against by Sameer’s aunt? Now let us note all these points. These points



are discussed particularly to understand how we need to consider any situation from many different perspectives.

Now let us read another story, story of a girl called Savita.”

After reading Savita’s story, again ask who all have been the victims of injustice or discrimination? Now the participants will think and will answer, ‘Savita’, ‘Savita’s mother’, ‘her father’s new wife’. Then discuss in detail the injustice caused with each of these persons. This discussion should also include who is responsible for this injustice. The purpose of these discussion is to reinforce that one needs to think about a situation from many different perspectives. This may not provide any specific remedy.

At times facilitator may have to ask the participants to stop the discussion on the stories and remind them that they are not discussing to find the solutions to Sameer and Savita’s problems, but they are to develop their own capability to deal with discrimination or injustice that they themselves face or may face.

Urge to them to share a situation or incident where they had to face discrimination or injustice. In case if no one comes forward voluntarily to share, tell them that it is unlikely that there will be even one person among them who would not have faced any discrimination or any injustice. Each and every one of them would have experienced some kind of discrimination or injustice on some occasion. Now that they all are here, at an appropriate place with a group of people, who they can easily empathize with, they should not miss the opportunity to share

their experiences freely. After some persuasion, participants come forward and start sharing their experiences. If required, initially one of the facilitators or a volunteer from a peer group can share their experience. Let 5-6 participants share their experiences. While listening to their experiences, make four columns on the board viz. Incident, Impact, Reason, Solution. Then ask the participant what was the impact of this incident on them and write it down under the column ‘Impact’. Typically impact can be described in one single word such as disappointment, sadness, anger, quarrel, etc. Further ask why the incident may have occurred. The participants may give reasons such as lack of information, ignorance, conservative mindset, fear of contracting the infection (out of ignorance), etc. Initially the participants may not be able to answer in this manner. However with some help from the facilitators to the first couple of participants to share their experience, they understand how to answer.

After completing the participants’ sharing, continue dialogue with them by pointing out, “The reasons such as lack of information, ignorance, conservative mindset, fear of contracting the infection (out of ignorance), etc. made others to discriminate us or causing injustice to us. However we can see all the reasons point at other people, their short comings or faults. Therefore, if other people are behaving badly with us because of their own faults, we should not allow ourselves to get affected by their behaviour. If anybody who doesn’t know much about HIV, behaves badly with you because you have HIV, makes no sense at all. So you

must tell yourself, 'This is not my fault. The person discriminating against me is at fault.' Remember this sentence, it is a magical sentence. There is a story book that we have published, titled 'Pal-o-mine '. It has a story titled 'The Magical Sentence' If you want to read it, you can get it on our website. The magical sentence which can give us some solace after discriminated by anyone is 'I am being discriminated, so it is not my fault. The fault lies with the one who discriminates. I need not feel guilty for being discriminated. "

"This sentence is called as magical because, it teaches not to get disturbed even when we experience discrimination. Even when people treat us with injustice. However it takes time and efforts to understand the real meaning of the magical sentence. When we are exposed to unjust behaviour, one tends to think 'why do people behave wrongly with me.' It is in most of the cases people's ignorance about HIV. If people's ignorance is the root cause of their wrong behaviour towards us, then what should we do to change this? We must dispel their ignorance!"

Write 'Dispel ignorance' in the 'Solution' column on the board, and ask them, "How can we dispel people's ignorance about HIV?" They may reply, 'By providing information about HIV.', 'By educating them', etc. Continue discussion further and ask, "How can we educate them or provide them with the information regarding HIV?" There can be suggestions such as, 'People can be given information booklets, brochures or some lectures or workshops by the experts can be organized to educate people about HIV.' One more option can be suggested to the participants that they should try to

understand the problem that people may have with them, from the people's perspective.

Tell them, "In case if none of these approaches will be useful while dealing with an individual, reassure yourself - 'It is not my fault. The person behaving badly is at fault. I will not allow it to bother me anymore. The matter is over."

"Generally it is not easy to reassure oneself in this way but when there is a support from friends, family then it is relatively easy to do it." If there are any volunteers from peer group such as 'So What', participating in the workshop, request them to share their own experiences about how they dealt with such situations.

If possible, a role-playing activity can be taken up where participants can act out the role of a person who discriminates.

"Remember the story of Sameer and Meena was discriminating against him. Now let us consider this story from Meena's point of view." Ask one of the girls to play the role of Meena and one of the facilitators to play a role of Sameer.

Meena says, "I am not an unkind person. Suddenly one day a boy came to stay with us, and he was taking some medicines regularly, and I was not even told anything about it. Our financial situation is quite good so accommodating one more person is not difficult for us. I got concerned thinking that today one boy has been brought home to stay. Who knows someone else also may be brought again. My responsibility has substantially increased. Also I was worried and was left with no other option. My real concern was why the facts were hidden from



me and why I was not told everything frankly?”

In response Sameer should say, “What Meena felt is reasonable. Sameer’s aunt’s intention to help Sameer was good but she certainly should not have hidden any of these facts from Meena .”

As per the need of the situation, someone may have to objectively assess every person’s behaviour involved in an incident. One of the facilitators should demonstrate how it can be done using some example like the one we just considered. Quite often the participants do a good job of thoughtfully assessing the behaviour of different characters and decide what is appropriate and what is not.

These role-playing activities or the skits work very effective. It is not the real incident. Therefore if something goes wrong, it can be played again with improvisation. This opportunity to replay the incident by revising the individual roles helps participants to understand how to behave in such incidents in real life. Many more individuals can participate in these revisions and everyone enjoys it thoroughly and also learns a lot. Participants get a great satisfaction at the end.

### **Session 4.3: Friendship, Marriage, and Choice of a Partner: Key Issues**

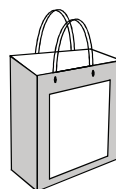
**(Time 180 minutes)**

#### **Objectives:**

- The participants will learn how to deal with the challenges with respect to intimate relations, which may arise while living with HIV infection and by

developing deeper understanding of the subject.

- The participants will learn what the important aspects in a relationship are.
- The participants will learn how to prepare oneself mentally for dealing with the difficult situation.



Material:- Stories – Anand, Anita, Kanchan, Mitali, Rupesh-Samata

(The stories are given in the annexure.)

Ask all the participants to sit in their respective groups. Give each group, one story and a set of questions about that story. Instruct all the groups that they have to read their story in their group and discuss it so as to answer the set of questions provided with the story. Within the group they can decide whether they will read it by taking turns or one person will read it out and the others will listen, etc. After reading the story they will discuss it amongst themselves and will find the answers to all the questions together. Every group will be given 20 minutes to complete this exercise. After that every group will come forward and will make a presentation on their story.

It will take about 25-30 minutes for all the groups to complete their exercise of reading the story, and the discussion there after.

The essential points for discussion about each story are listed below the story. Facilitators can take liberty to modify or change the questions. However, it is important to have detailed, complete discussion with regard to aspects including



actual challenges, difficulties in dealing with the situations, moral and practical viewpoints in the context of the given story.

It is to be brought out in the discussion that, while assessing the worth of a relationship, particularly the one with a partner, minimum of three criteria should be considered – one there should not be any deception or cheating, secondly there should not be any force or coercion, and thirdly there should be spontaneous acceptance of responsibility for the consequences. All these points may not get explicitly discussed by the participants. Therefore the facilitators are required to be specifically prepared to bring them out in the discussion. At times participants do discuss and make statements quite close to some very important points but they may not be able to take it to its intended logical end. Note down such attempts by the participants and make it a point to complement them, appreciate their efforts and take that discussion forward to its logical conclusion.

Facilitators are required to prepare thoroughly and need to put in a lot more efforts to make the discussion happen, particularly when the workshop is organized for the institution based children. Mostly the institutionalized children are not exposed to discussions and hence it is very difficult for them to participate in the discussions. They need a lot of encouragement to open up.

Each group will come forward to make a presentation on their story. When a group comes forward ask everyone to welcome and cheer them with applause. Request other participants to ask any questions which they may have. The stories are specially

composed and written so that it will provide the basis for the discussion on wide range of topics. Some of these topics will be raised by the participants during the discussion. First few questions can be asked by the facilitators, which will motivate the participants to ask questions.

Usually the participants are enthusiastic to ask a lot of questions but if they won't, then the facilitator should ask some questions to motivate the participants to ask questions. All the questions should be answered by the group who gives the presentation. However their answers can be supplemented by others or the facilitators as may be required. Make it a point to give compliments to every group for their presentation with applause. Our experience is that the discussion gathers momentum only after some questions are being asked by the facilitators.

The stories are given in the appendix which should be photocopied and should be given to different groups. The stories to be used for the home based children are Anand, Anita, Kanchan, Mitalee, and Rupesh-Samata. The stories to be used for institution based children are Anand 2, Anita 2, Kanchan 2, Mitalee, and Rupesh-Samata.

For facilitators: Discussions on the stories...

The facilitators should read all the stories in advance. Some of these stories are for the home based children and some are for the institution based children. Two different versions of the stories Anand and Kanchan are given, one for home based children and the other for the institutionalised children. All other stories can be used for both the categories of children.

Make sure that every participant is allocated to one group. Every group will be assigned one particular story which they have to read and discuss amongst themselves. As far as possible, one facilitator should be delegated the responsibility for the discussions on one story in a group. Facilitators should ensure that all the children participate in the discussion. Each group should discuss, in the given story, what possibly can happen, what should happen, what should be done to make it happen, etc. The group should discuss many different possible directions that the story could develop into. Based on this discussion, each group should make a presentation about their story. A set of questions on every story are provided to facilitate the presentation. It is strongly recommended that the presentation on the stories should be done in the order of stories of - Anand, Anita, Kanchan, Mitalee, and finally Rupesh – Samata.

Important points in the stories:

**Anand:**

The central theme in this story is Anand's frustration caused due to his HIV infection. Although it is not explicitly revealed in the story, whether Anand knows all the essential facts about HIV, it appears that he may be having some misunderstanding or he may have developed fear because of the discrimination which he may have experienced in the past. As per the story, he has learnt that he has HIV when he was 16 years old. Whether the person would have been adequately sensitive to Anand, when he

told Anand about his HIV infection? In case if he were not sensitive, that might have affected Anand psychologically. He does not seem to mind having to take the medicines, however he looks troubled with the mere fact that he has the HIV infection, which is perfectly natural.

Anand should, either on his own or with the help of a counsellor, overcome his frustration and depression. It is too early to think about whether to marry Reshma or anyone else. When a friend who is a girl talks to a boy, falling in love with her and then marrying her, is it the only possible outcome? There is no reason to think in this manner.

Also, nowadays HIV infected persons can certainly get married. It is easily possible to ensure that your partner will not get HIV infection and so also to have children. It is even possible that your child will not get HIV infection. Hence, Anand does not need to worry about getting married, which will not be happening for another 6-7 years at least. Also he need not avoid his friends who are girls and need not get dejected.

Many a time mind gets habituated to be drowned in unhappiness. In such a situation a wise friend or Anand himself has to help, to pull oneself out of this habit.

You may remember the session on Stress Management conducted on the second day of our workshop. You may also remember the new term that was used 'chewing gum worry'! If Anand is chewing on his worry, as his friend, you must talk to him and help him to stop worrying.

Someone from the participants may raise the topic of sharing with the partner about one's

HIV infection. Postpone the discussion on this topic till after Kanchan's story.

**Anita:**

This story is primarily about sharing the reality of Anita's HIV infection with her dear friend Avinash who she is considering to be her would be partner. When Anita will confess her love for Avinash, she must also tell him that she is HIV infected. Instead if she chooses to wait until he gets deeply involved in her so that he will be willing to sacrifice even his life for her, which will be a case of deceiving a dear friend as well as oneself. Sometimes, when in difficult situation, people think of taking wrong path. Even though we have got into difficult situation due to unfortunate circumstances, it is not appropriate to pass on our burden to someone else and to further throw a tantrum saying, 'Don't I have a right to be happy?' Considering this superficially, we may think that Anita is opportunist, but it may not be true. Anita had such a negative thought which she shared with her dear friend Komal. If she would have had an intention to cheat, she would not have shared it with Komal. She herself realizes that her approach involves some kind of deception, and she is feeling guilty about it. It is not possible in case of any one that s/he would never have had bad thoughts. Thoughts will continue appearing, unless they are analysed carefully, Anita won't be able to figure out which ones are appropriate and which are not. Komal has done what any true or ideal friend would do. She has expressed her frank opinion so as to prevent her friend from committing a mistake out of desperation.

In case if Anita would deceive someone, due to the guilt, she will not be able to relish her otherwise good life.

Add the following points in the discussion:

What will happen if Avinash would turn down Anita's proposal, on knowing that she has HIV infection?'

In case, if Avinash asks for some time to acquire the necessary knowledge and to think, so that he can make a learned decision, what should Anita do?

Should Anita request Avinash to keep knowledge about her HIV infection a secret?

**Kanchan:**

The central themes of Anita and Kanchan's stories are the same – sharing the status about the HIV infection. In Anita's story it is a matter of love relationship whereas in Kanchan's story it is a matter of family pressure.

Many boys and girls like Kanchan have to conduct their lives as per the wishes of their parents and families. Parents and families may have their own reasons to impose their decisions on their children, but they forget that their child is the one who is getting married and that the child has to bear the consequences of whatever decisions, and not they.

Kanchan succumbed to her mother's/ uncle's pressure and that was her first mistake. It was a mistake, and not a crime. She could not firmly tell her mother/ uncle. Such things happen often, and children should be alert and should not allow themselves to get pressurized unnecessarily.

Consider this as a rule that one must disclose

such an important thing to ones prospective partner. Kanchan ought to have told her mother, "Consider this. I have to live with this person. Suppose I won't tell him about having HIV, either to respect your wish or to make sure that he will marry me, and even if he will never come to know about it, I will be living with a perpetual fear that he may come to know about it someday and the guilt of having cheated him will not allow me to have any peace in my life. That is why we must disclose it to him.'

During the discussion on this story, the participants often suggest that Kanchan should call the boy and should meet him to tell the facts. The facilitator can suggest by saying, "Why don't you call him up as if you are Kanchan?", and another spontaneous play begins. Whenever needed, the facilitator or a volunteer from peer group such as 'So What', can play the role of Kanchan's prospective partner. He should also question Kanchan "Why did you not tell me before?" Instruct other participants to help Kanchan. Other participants can contribute by playing different roles such as Kanchan's brother or Kanchan's prospective partner's sister, etc.

Usually this play ends with prospective partner agreeing to marry Kanchan either by honouring Kanchan's humble honesty or at times by knowing more about HIV. During the course of discussion, the facilitator should say, "Sometimes the prospective husband may not agree to marry Kanchan and that should be fine. However, he should honour Kanchan's honesty and should at least maintain the secrecy about Kanchan's HIV infection."

### **Mitali:**

This story has been designed to provide the basis for a discussion on what criteria should be used to choose a partner, and generally how a partner is selected. The young boys and girls decisions are quite often influenced by their peers. Generally a young individual is quite capable of making an appropriate decision; however that young person will find it difficult to take such a decision in absence of the approval of the peer group.

It is very important that partners should be honest, there is no force or any compulsion of any kind in a relationship, there should be mutual affection, understanding, and sensitivity in a relationship. Money, material wealth, smart looks do not contribute much to a relationship. Education is important but even more important is wisdom, courage and sensitivity.

Generally most of these points come up in the discussion. If needed, raise the missing points. Are these points important for Soniya and Aasmaan to consider? The facilitator should raise the remaining points by saying that our discussion won't end even if Mitali's issue gets resolved.

The most important question is whether one would like to consider an HIV positive individual as a partner or not. We have identified and adequately discussed the criteria to assess a healthy, sustainable relationship and it does not have any thing to do with HIV infection status, whether positive or negative. Also it was not found to be necessary as one of the criteria. In spite of that, unfortunately HIV infection status is considered as one of the criteria, when either

or both of the prospective partners would not be aware about the following two facts about HIV:

1. Use of condoms during sexual intercourse prevents the partner from contracting HIV infection.

2) The advancement in the medicines and medical facilities has made it possible for HIV infected people to have a baby who will not have HIV infection.

Using a condom every time during the sexual intercourse can be practised easily. Particularly to put in this extra effort is not difficult as one is doing it for ones beloved partner. The use of condom during the sexual intercourse drastically reduces the possibility of contracting HIV from the partner. Additionally the HIV infected person has to take ART medicines for own good health. These medicines bring down the quantity of HIV in the blood to negligible or undetectable levels. Combined effect of regular use of condoms and regularly taking ART medicines reduce the chance of transmitting HIV through sexual intercourse to the other partner to almost zero.

Today, due to the availability of modern medicines and medical facilities, even if the girl would be HIV positive, it can be ensured with confidence that the baby will not be HIV infected. That is why it not at all necessary that an HIV infected person must marry another HIV infected person only. Also, a HIV positive person is neither inferior nor superior to the HIV negative person. Therefore if an HIV positive person would reject another person because the other person is HIV positive, won't it imply

discrimination against oneself? It will surely be.

There is no logic in thinking that, 'All my life I have lived as an HIV positive person in poverty, in an institution. Therefore now I wish to have a rich and HIV negative person as my partner.'

Many children participating in these workshops often reveal a strong desire to marry a HIV negative person. Therefore, it will be useful to discuss this point.

### **Samata and Rupesh:**

This story, too is about a suitable or an appropriate life partner, but has a different set of considerations. This story is expected to trigger the detailed discussions, in the context of the partner, on diverse topics such as caste, financial status, education, gender equality, etc. Also the other topics regarding career, boys as well as girls taking responsibility to earn their living and developing confidence to lead their lives independently; should get discussed.

In a way this story attempts to throw light on another important common observation, which is, in real life situations wisdom, ability to think are equally or even more useful than formal education.

In spite of all the discussion, a thought may arise in our mind, that it is not necessary to expect that Samata will marry Rupesh. Perhaps she may take some time either after informing him or without informing him.

In comparison to Rupesh, Samata is in a far better position with regard to caste, education and financial status. In spite of which she acknowledges Rupesh's sensitive



intellect, which is really admirable. We must appreciate Samata, regardless of whether she marries Rupesh or not.

**Closure of the day:**

At the end of the fourth day, have a leisurely discussion with the participants. Enquire about how they found the four days of the workshop. Further inform them that the next day that is on the fifth day all the participants will be responsible to conduct the review of

all the four days. The four groups will take responsibility for one day each, and the fifth group of participants will get distributed to the first four groups. Each group can choose their own method to present the review. In this review, the participants contribute very creatively. The facilitator and the volunteers from peer group such as 'So What', can help them in the preparations for their presentation of the review.

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# 5

## Day Five

### **On the fifth day:**

- A review of the things learnt in the past five days will be taken.
- The various aspects of relationships, especially the relationship with the life partner, will become clear.
- The participants will get a direction to understand what they can do to live a positive life as an HIV infected person.
- They will learn about important things such as condoms.
- The participants will give a thought to the things they learnt in the five-day workshop and how to use these lessons in the future. Also, they will find a new determination.
- The participants' future journey will start on a strong footing since they are equipped with new knowledge and a new perspective.

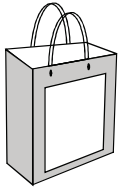
### **Welcome:**

Everybody should be welcomed on the last day of the workshop.

## Session 5.1: Review of the past four days

### Objectives:

- The facilitators will evaluate the effectiveness of the workshop based on whether the participants are feeling hopeful and strong to live their lives.
- The participants should revise the things learnt in the past four days.



Material- Whatever is required for the method of taking the review.

All the participants of the workshop will together present the review of the last four days. They can use various ideas for it. The four days will be distributed among them. If there are more than four groups, then the remaining groups will be distributed in the four groups.

The facilitators should appreciate and praise the review of each day.

“This is your space. Do not fear. Even if you make mistakes nobody will criticise you. But if you make a good presentation, you will have happy memories of it.” Say this first and then ask each group to make their presentation.

All points might not be covered in the review. Only those things are presented that have impacted the children the most or that are easy to present. In the presentation if the children give incorrect information about anything e.g. ART medicines, politely correct them while praising them after the presentation.

## Session 5.2: Masturbation, Pornographic material, Nocturnal Emissions:

### Objectives:

- To remove misconceptions about masturbation, pornographic material, nocturnal emissions etc.

“Some questions from the Question Box have not been answered yet. In this workshop we attempt to understand every subject freely, without feeling embarrassment. These questions are like that. Now we know each other very well. We no longer feel shy. Some of you may have heard of the words ‘nocturnal emissions’ or ‘masturbation’ or ‘obscene or pornographic material’ and some of you might not know them.

Masturbation is an imitation of the act of sexual intercourse. While masturbating, the body can derive the same pleasure as in sexual intercourse without the other person. The body is not harmed in the process of masturbation. It is not insulting to anybody since it does not involve another person. Men and women can both masturbate taking due care of their body, mind and privacy. There is nothing wrong in it.” Tell this in extremely clear words. If the participants have any questions, allow them to ask right away or ask them to drop the questions in the Question Box.

“Masturbation is a stress-relieving activity. The mind and body feel happy on masturbating. You might have seen 5/6 year old children also like to touch their penis or lie face-down on a mattress and rub their penis against the mattress. They are at an age where they have no understanding of

such things are to be done in private. They have to be told that 'This is a private thing. When we grow up we bathe ourselves. We shut the bathroom door while bathing. Just like that, if you want to do this, you should do it in private.' Children who have some stress are more likely to do it. So it is necessary to check if the child is stressed."

Most adolescents and adults masturbate knowingly. There is nothing wrong in it. No harm is caused to the body. In the olden days children were fed misconceptions such as 'celibacy is life and losing semen is like death'. There isn't an iota of truth in it. You only have to ensure that you do not harm your body or mind and you can ensure this yourself.

Nowadays obscene pornographic material is widely viewed everywhere. There are video clips and films and children might be aware about it. Many people think 'What can go wrong by watching these films?' To an extent, that is true. But there is another side to it. It is this –

"Misconceptions about sexuality are formed by watching such material. In such material, the relationships depicted are not based on love and respect, but on objectifying a woman's body, force, power and inequality. As a result, you develop an unhealthy image of sexuality. It could affect your relationships too. Pornographic literature creates misconceptions about the shape of the body. It could lead to unnecessary inferiority complex in the minds of teenagers and young adults who do not have complete information."

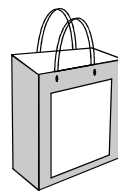
"We have spoken earlier about nocturnal

emissions. On the third day of the workshop we learnt how our father's body was prepared for our birth. During that session we spoke on this subject. Nocturnal emission means involuntary ejaculation of semen. Sometimes, when a male body changes from being a little boy to being a man, a dream-like sensation occurs and semen is ejaculated involuntarily. It is sticky and white. For a boy in the growing stages, it is a little embarrassing. They feel that something is wrong with them and they try to hide it from others. Actually there is nothing wrong with the boy. This happens to all males."

### **Session 5.3: Condoms**

#### **Objectives:**

- Using condoms is the only way to prevent the partner from contracting HIV. Hence, both boys and girls ought to be educated about condoms.



Material- A male condom and, if possible, a female condom (The information about condoms is given in the booklet titled 'Everything you want to know about HIV')

"You know now that, like everybody else, you too have a right to conduct sexual activity, have partners, marry and have children if you so wish. You are also aware about and willing to take your own and your partner's responsibility."

"Your partner shouldn't contract HIV from you. Even if s/he is already HIV infected, the virus in your body could be of a different type or they might be used to the medicines you take and hence may not respond to the

medicines later. You should protect your partner from contracting this different type of HIV virus. That is why you must use condoms while having sexual intercourse.”

(It is important to convey the importance of condoms to the participants. Depending on the age and maturity of the participants, if needed, inform them how to use condoms, important things to remember and other methods of contraception. (If the participants are older than 18/19 years, while speaking about contraceptives, tell them about tablets, Copper-T, vasectomy and female sterilisation. Older participants ask questions about birth control too.) Tell them why it is important to use condoms each time they have sexual intercourse. (Make it a point to explain to them why they must use condoms each time they have sexual intercourse even though they might be using other contraceptives or they might have had surgery.) Give them a demonstration of how to unfold the condom and what care must be taken. Perhaps you can ask everyone to hold it in their hands too. Tell them to always remember that condoms and ART are the two essential things to take care of themselves and the other person.)

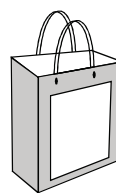
“Nowadays a female condom is also available in the market. Since it yet not widespread, it is extremely expensive i.e. for Rs. 80 – 100.”

### **Session 5.4: The Rainbow of Relationships**

#### **Objectives:**

- To understand the different aspects of relationships
- To think of what needs to be done to

build a beautiful relationship with other people, especially your partner



Material- Chart paper and coloured sketch pens or Black board and chalk or white board and different coloured markers.

“My dear friends, I would like to ask you a question. What things should be considered important for a good relationship with another person, especially your partner? What things ought to be there? You might have some thoughts in your minds based on the discussions we have had so far. Let us make a list of all those things. You tell me and I shall write it on the board / chart paper.”

(The facilitator should write down the points mentioned by the participants on the chart paper with coloured sketch pens or on the white board with different coloured markers. Write them in such a manner that they can be presented like a rainbow as shown in the adjoining picture.)

(Initially points such as ‘confidence’, ‘love’, ‘security’, ‘care’ will be mentioned. These points have come up during the discussions on the stories and they are fresh in the participants’ minds. Sometimes, using examples such as ‘Is this situation acceptable? If not, what point needs to be written here?’ the facilitator can draw out the points from the children. Some points need to be articulated. For that the facilitator will have to make a note of the points from the participants’ responses. For example, if the participants say ‘The partner should be honoured’, the facilitator could ask ‘Shall we call it respect? If you agree, may I write it on the board?’ and then write it down. ‘The



partner should be valued, you should tell the truth to the partner, you must not deceive the partner, the partner and you should be one, we should have fun together' are some of the things that the participants say. From this, the facilitator can deduce the points respect, trust (reliability), freedom, equality, truth, unity and happiness. Confidence and trust (reliability) are two different things. They have a shade of difference in their meanings. Confidence is what one feels in one's mind about another person. Trust or reliability is feeling assured that the other person is telling the truth. That is why both these points must be mentioned. Tolerance and compromise are also mentioned by the participants. Ask them to give examples. Ask them if only women should be tolerant. Also speak about who should compromise and on

what issues. It is not right to compromise with deceit or force.

After all points are written on the board, the facilitator should draw a rainbow in a circular manner by including all the points. While drawing the picture, ask the participants what it is. The participants guess it correctly. After that, ask them, 'Who likes to draw?' Then ask that boy or girl to come forward. Ask him/her 'I have drawn a rainbow but do you know how and when does a rainbow form?' Then suggest to him/her to add sunshine, rain, clouds etc. to the picture. Ask other participants if they want to add anything to the picture. Encourage them by saying 'Since it is raining, what else can we add? Can anybody draw a peacock?' The participants enthusiastically come forward and draw many pictures on the board.)

(Sometimes while mentioning the important points, that point that 'the partner should be good looking' is also mentioned. It is very good if anybody brings it up. It becomes easier to talk about it. The facilitator can say that 'The concept of beauty is different for each person. Beauty cannot be defined. All the participants in this workshop are beautiful. Each person looks beautiful when s/he is doing something s/he likes.' The facilitator could also give the example of a good singer. All colours are beautiful in their own way. They are different from each other. There beauty lies in their being different. Similarly each person looks different from the other. That is why s/he looks beautiful. If all girls looked like Aishwarya Rai and all boys looked like Salman Khan, there would be no fun in life. All the people around us look so different. They bring beauty to our lives.



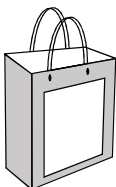
They say, 'Beauty lies in the eyes of the beholder'. Make sure that you mention this saying.)

"All of us have together made this list. Tell me, which colour can be excluded from relationships?" The participants will think for a while. Mostly the participants will reply that no colour can be excluded. "All these points are essential in all our relationships, especially in the closest relationships. Let us remember this. We must keep these points in mind from the time we start building a relationship and choose a person to be our partner. We must expect the same things from ourselves as the things that we expect from our partner, because if we aren't truthful with our partner, how can we expect our partner to be truthful with us? What does society i.e. boys and girls expect from the partner? How different is our list of expectations? None of us spoke about wealth or anything else. None of those things are essential for a good relationship. But a rainbow is essential for a good relationship."

### Session 5.5: Positive Living:

#### Objectives:

- To develop a beautiful, positive and able perspective for living with HIV.
- To develop the belief that we are all united



Material- A board covered with cloth and Pictures 1 - 13 from paper cut-outs of 'Positive Living'

"Today is the last day of the workshop. I am going to tell you a story about what we will take back in our minds while leaving this workshop. I am going to put up some

pictures one by one. I would like you to pay attention so that you will see what is forming."

"I am putting up this picture. What is it? A wheel."

"This wheel represents the body. (Put up Picture 1 – Wheel – from paper cut-outs of 'Positive Living') Look at it. What does it need to roll properly? Look at its spokes. One spoke represents nourishment. That means food. It should be strong. We have learnt that

food of three colours should be eaten. (Revise a little.) Since your body is constantly fighting with HIV, you must eat at least 10% more than other children.



The second spoke represents check-ups. You know the periodicity of the CD4 test. You must get it done regularly. (Ask a few questions and get some information about it from the participants.) Can anybody tell the importance of the CD4 test again? (The participants are expected to answer.) Another spoke represents exercise. You must exercise a little every day to keep our muscles and joints fit. There is no need to join a gymnasium. Any physical exercise about twenty to thirty minutes every day will do. Pranayam and yoga are beneficial to our body. Avoid addictions. That is why one spoke represents abstinence. Tobacco, gutkha, beedi, cigarette, misri, alcohol are all our enemies. You are well aware of the damage that these addictions cause. Also,

they reduce our immunity. That is why it is best to stay away from addictions.”

“You must inculcate good habits e.g. cleanliness. You already know many of them like bathing, washing hands before and after eating, keeping your hair clean, keeping your clothes clean etc. What more can I say? Can anybody among you give me more examples of good habits?”

(Allow some discussion to take place.)

“Now look at this second wheel. It represents the mind. (Put up Picture 2 – Wheel – from paper cut-outs of ‘Positive Living’) Look at its spokes. One spoke represents happiness. I agree that you cannot be happy all the time



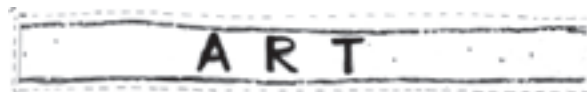
but it is our right to get happiness. Another spoke represents hope. Hope is the desire to do something good. Hope is the strength of the mind. How can this strength

increase? Firstly, your confidence increases when you have correct, scientific information. Be it HIV or ART or Food or CD4, if you have the appropriate information, the mental strength increases.”

“We must dream. Otherwise how will you give thought to things such as what will you do when you grow up, how will you live, how will your partner be, how should our society be etc. How will you know what you want, what is your direction? We have many such dreams. We must protect them.”

“Just like our spine which holds our back upright, this triangle made of metal tubes is the spine of the bicycle. Wheels, seat and

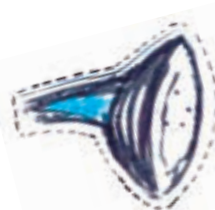
handle are all attached to it. The tube connected to the front wheel represents ART.



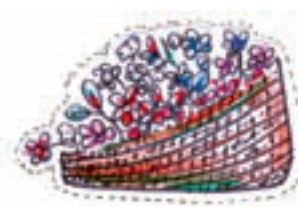
We know this subject very well. (Put up Picture 3 from paper cut-outs of ‘Positive Living’) The handle is on this tube. It gives direction to the bicycle. (Put up Picture 4 from paper cut-outs of ‘Positive Living’)



There are brakes too which help to reduce the speed of our bicycle. They too are on the handle. This tube has a light just below the handle. (Put up Picture 5 from paper cut-outs of ‘Positive Living’) You should be able to see the road in the dark. There could be potholes or stones on the road.



Below the light you can see a basket. It is the flower basket. It represents happiness. (Put up Picture 6 from paper cut-outs of ‘Positive Living’) what is the third tube, situated at the front of the triangle made of? (Put up Picture 7 from

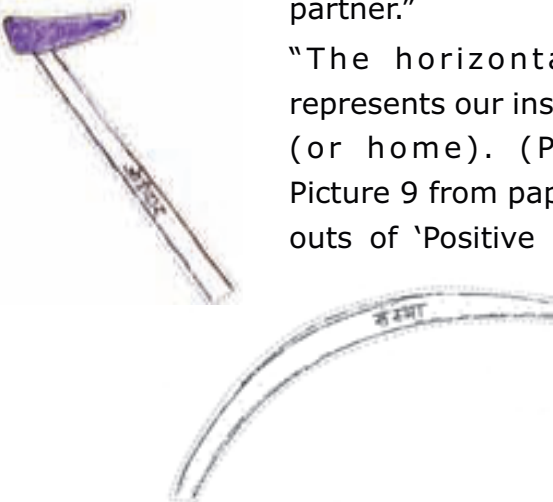




paper cut-outs of 'Positive Living') Friends! Those who care for us, support us, those whom we trust! You ought to have a group of friends. You can have fun with them but also, they can be with you in your difficult times."

"The back seat represents the partner. (Put up Picture 8 from paper cut-outs of 'Positive Living') You must have a good, trustworthy partner."

"The horizontal bar represents our institution (or home). (Put up Picture 9 from paper cut-outs of 'Positive Living')



The institution where you live, where you grew up, where there are people who care for you. Doctors come there if needed and examine you or you go to the clinic and take medicines. All of them support you."

"This is your bicycle. Now attach the chain and pedal and complete it.



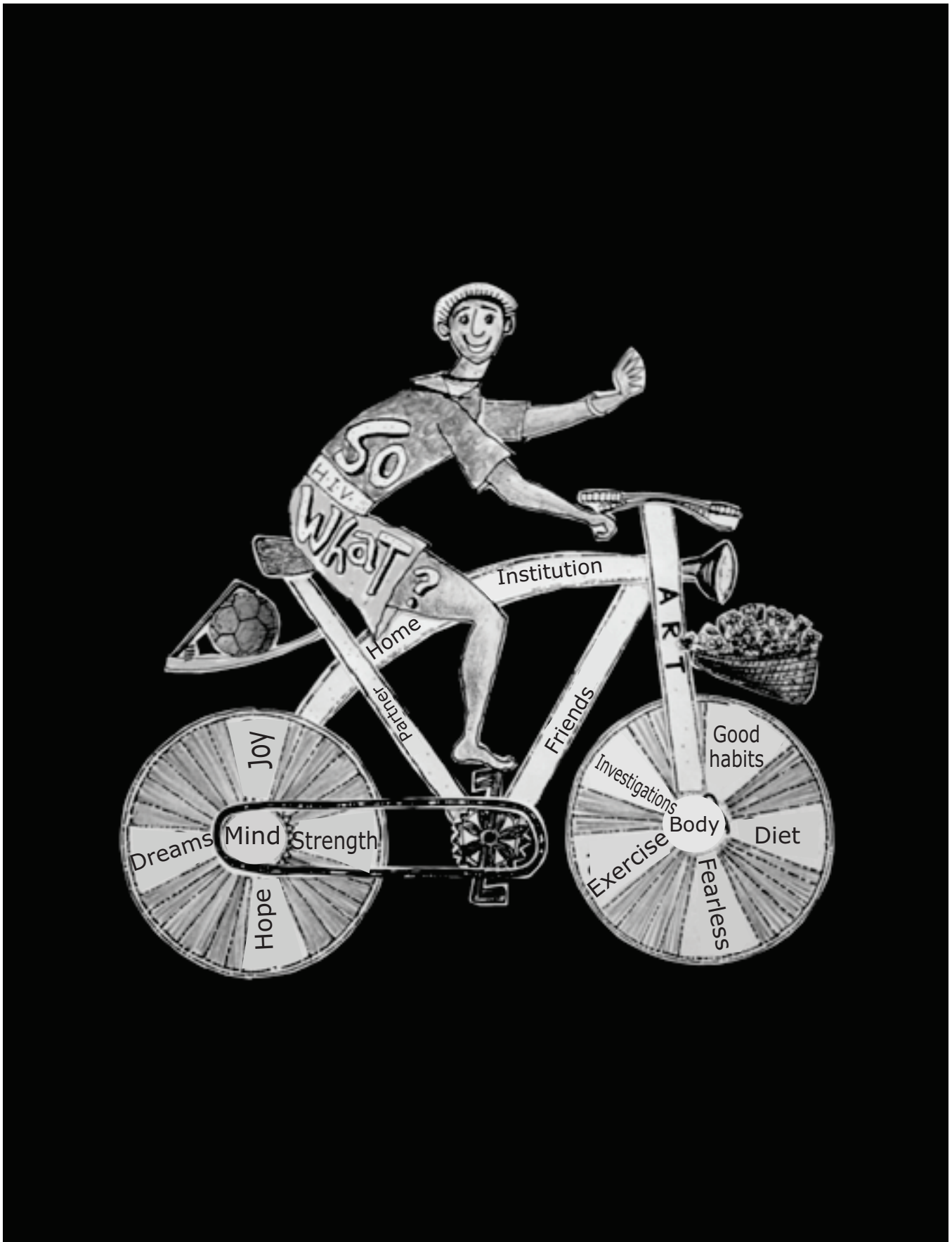
and pedal and complete it. Now let us see who is sitting on the seat of this bicycle. (Put up Picture 10 from paper cut-outs of 'Positive Living'. On it, first put up a boy's face (Put



up Picture 11 from paper cut-outs of 'Positive Living') and then replace it with a girl's face (Put up Picture 12 from paper cut-outs of 'Positive Living'))"

"Who cares if you have HIV? The girl is wearing the 'So what' T-shirt. She has a football on the carrier. There are flowers in the basket at front. This is the sign of happiness in life. We can see this happiness reflected on the boy's and the girl's face. (Put up Picture 13 from paper cut-outs of 'Positive Living')

"Shouldn't everybody's bicycle be like this?"





### **Session 5.6 Naming the Workshop:**

The name reflects what the participants got from this workshop. The participants also like the idea that they are contributing creatively to this workshop.

The facilitator should say “We want to name our workshop. Each one should think how you thought the workshop was and suggest a name. After that we will democratically decide upon a name.”

(Ask each participant to suggest one name. Write all names on the black board. When somebody mentions a name, some children indicate that they too had thought of the same. Accept that too. After all names are written, check which name has how many votes by show of hands. Each name will receive at least one vote. The one who has suggested this name will vote for it. Each person can vote for all the names. The number of votes will be counted. The name with the maximum votes will be the name of

the workshop. The participants like it that this is a democratic process that fetches results based on votes.)

‘So What?’ film

If a projector and screen are available, the screening of the film ‘So What?’ can be done. (The film is quite small. After the first screening ask the participants if they want to watch the film one more time. If they do, screen it again.) While watching the film the second time, the participants start singing along the song. It is perfectly fine if everybody sings the song along with the film. If the participants are singing, the facilitator should sing along too.

At the end of the workshop:

The facilitators are bound to have the questionnaires that the groups had filled up before the workshop began. On the back of those questionnaires, the facilitators have to write down the ten post-workshop questions. Most questions are common. At the



beginning of the workshop, the facilitators discussed with the groups and asked questions. Use the same method now and write down the participants' answers. This will help the facilitators to evaluate the difference in the participants' understanding. Detailed information is given in the note titled 'Evaluation' in the Appendix.

**Session 5.7 What did I feel about this Workshop:**

Everybody including the participants, facilitators and the volunteers of 'So What?' should tell what they feel about this workshop. The participants should be

encouraged to tell what they liked, what they didn't like, what they got etc. The facilitators should, however only offer constructive feedback. They should not complain. While giving the feedback some participants are eager to speak. In that case, allow them to speak first. It is not necessary that everybody should speak. But all facilitators must speak. The facilitators should share such incidents that will encourage the participants.

Closure: At the end of the workshop everybody should stand in a circle and sing a song.



<b>I</b>	Letter to parents about GUWHATTA Workshop	▀
<b>N</b>	Format for Parent's/ Guardian's Consent Letter	▀
<b>D</b>	Format for organisation's consent letter	▀
<b>E</b>	Energizers	▀
<b>X</b>	Everything you want to know about HIV	▀
	What are the challenges of the HIV epidemic that we continue to face even today?	▀
	How are the picture cutouts used?	▀
	Stories	▀

## **GUWHATTA Workshop**

Draft of letter to parents or guardians for asking consent for children attending

To,

Parent/ Guardian of (name of child/ ward)

Subject:

Dear Ms./ Mr. (name)

Your child Ms./ Mr. is an adolescent. The children in adolescence undergo rapid changes - physical and psychological in nature, which potentially can give rise to many confusions, questions in their minds. Most of the children in adolescence, go through this experience and are often confronted with variety of challenges, and due to inhibition or lack of knowledge, may not be able to seek appropriate timely help. You are aware that your child's situation is even more challenging.

We have organized a workshop for the children in adolescence, with the intention to have an open dialogue in a free environment, where they can feel encouraged to share their challenges and can ask all the questions that they are confronted with. All the participants in this workshop will be in their adolescence and HIV infected. It is expected that all the participants are disclosed about the infection before they come for the workshop.

It is a full four/five days, residential workshop. All the participants, facilitators, volunteers will be staying at the venue of the workshop. Workshop will begin on the morning of xxxday, DDMMYY and will conclude on the evening of xxxday, DDMMYY.

This workshop has been organized by { organizing agency } Approximately 25-30 children from the age group of 14 – 22 years will be participating in this workshop. All the arrangements for stay and food will be done by { name of the organisation }

All the participants of the workshop will get familiar with each other and they will learn many things about each other including about their HIV infection, though you may be generally maintaining secrecy about your child/ ward's HIV infection. However this will not cause any disadvantage but it is likely to only benefit your child/ ward and you. All the participants can share and interact with each other developing a network. This potentially can lead to developing their own support group. In case if you need any further information or if you have any other queries regarding the workshop, please contact any of the persons mentioned below.

1. name Contact number

2. name Contact number

Sincerely,

## Draft for Parent's/ Guardian's Consent Letter

To,

Name of the organization

I/ We, name, address, am / are the parent(s)/ guardian(s) of the child: Ms./ Mr. name, address, age.

I We have received and understood all the information about the workshop that your organization has planned during the period DD/MM/YYYY - DD/MM/YYYY for the children in adolescence.

I give our consent for this child to attend this workshop. I/ We would like to enrol/ register my child/ ward Ms./ Mr. name , for this workshop.

Sincerely,

For Parents

Name

Contact details

address, phone number

Name of the Authorised Person

Name of the Institution

address, phone number



**To Whom it may concern,**

I/ We, name, address am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

name, address, age

I/ We have got and understood all the information about the workshop that your organization has planned during the period DD/MM/YYYY - DD/MM/YYYY for the children in adolescence. I / We give our consent for this child to attend this workshop.

Sincerely,

For Parents

Name

address, phone number

For Guardians/ Institution

Name of the Authorised Person

Name of the Institution

address, phone number

## Energizers

All the energizer given here are learnt from different sources. We are thankful to them.

Energizers as the name suggests are basically to energize participants. Though the workshop is intriguing when sometimes you feel a lull in the actions of the participants, you may think of doing an energizer.

You may get lists of energizers on internet. Following are the suggestions which one should observe while conducting an energizer.

- 1) Give clear instructions.
- 2) It can often be useful to practice beforehand.
- 3) Ensure that you are speaking clearly and at a volume that all participants can hear.
- 4) It is often useful to give a demonstration. You could prep one or two participants beforehand to help with a demonstration.
- 5) Give instructions one at a time, adding detail progressively, rather than giving a complex set of instructions all at once.
- 6) Be flexible and responsive. Utilize 'mistakes' as opportunities to explain.
- 7) Encourage laughter. If you are asking the group to do something that is 'silly' it can be helpful to be 'silly' yourself first.
- 8) Adapt the tool for the group you are working with is often more effective than simply using a tool that someone else has designed for use in another context.

9) Be thoughtful about the length. Tune in with the group and stop the exercise when you think the group is energized.

10) Be thoughtful about accessibility and culture. Adolescents are a group with tremendous amount of energy within them. So any physical activity such as jumping (up and up) and in and out could be used as an energizer.

Laughter or even shouting loudly as the facilitator's hand goes up and down can also be used as a short energizer.

### **Name-game**

On the first day of the workshop an introduction activity is given. Where every person would have a surname from some natural object. Now, if the participants have come from different places and do not know each other beforehand then this energizer helps them to remember the names. This could be used along with the introduction also or could be played after the introduction. One person starts by introducing themselves "I'm ....." The person on their right then introduces the person who went first and then themselves, " she is ..... and I'm .....". Then the third person introduces person one and two and then themselves. E.g. "This is ....., this is ..... and I'm .....". This way the next persons would introduce all previous persons and then themselves. Here the name would be along with the object from nature also.

### **Do as I do**

The participants stand in circle. One person or the facilitator stands at the center of the circle. He walks to a participant doing some action. Then the participant should give his place to the person came to her and walk to the center of the circle doing the same action as the person one was doing. From the center she walks to any participant of her choice doing some different action which the next person is supposed to repeat. continue this till all the participants get an opportunity to walk to the center and from the center. The last person will go to the facilitator to bring the facilitator at the center of the circle. In adolescent's group while walking to other participant they try to make it difficult and challenging for the next one to repeat.

### **Big Wind Blows**

There are just enough seats in the circle for everyone but you. You are the big wind, and whoever you blow on has to move. Instead of blowing, you call out, "The big wind blows on

everyone who..." and then add your own description; for example, "on everyone who wears black socks," or "everyone who has two ears." Everyone who fits the description must get up and change seats; in the general commotion, you try to get a seat also. Whoever is left standing there, gets to be the Big Wind next time. If the Big Wind calls "hurricane" then everyone has to change seats.

### **"Have you ever"?**

Form a circle of chairs (one for each person) and then take one away. One person stands in the middle and calls a question beginning with "Have you ever .....", for example "Have you ever eaten watermelon". Everyone who has eaten watermelon then jumps up and moves to a place vacated by someone else who has moved. The last person who is left without a seat remains in middle to call out something else beginning with "Have you ever.....?"

# Everything you want to know about HIV

## **Introduction:**

Looking at the history of human health, we find that several epidemics have had an impact on our health. However, we rarely see the level of curiosity, publicity – and fear – that HIV has garnered.

Since 1981 this disease was known to lower human immunity; in 1983 the causative germ was discovered. In 1986, this germ was identified as a virus and named as HIV: Human Immuno-deficiency Virus.

No patient, however, was recorded in India. Considering travel, exports and other exchanges happening between countries during the previous fifty years, it was obvious that this epidemic would certainly come to India. The first case of HIV in India was diagnosed in 1986. Once it came to India, it was expected to spread rapidly and play havoc. Others presumed that HIV would never become a public health issue in India, because it mainly spreads through unsafe sexual behaviour. And in our conservative Indian culture, this was not expected to occur.

Not only did this epidemic come to India as expected, it also became a critical threat to the Indian health system. The percentage of HIV-infected people in Indian society, which is called 'prevalence', remained low in India as compared with many African countries. Since India is the second-most populated country in the world, by sheer numbers, India ranks third in the global index of number of HIV patients, despite the low HIV

prevalence. Several glaring health issues in India got escalated due to HIV. For example, the success achieved in controlling tuberculosis almost got wiped out by HIV.

When the situation became evident, the Government of India, organisations and Indian pharmaceutical companies also started working to control the epidemic. The efforts were enhanced by global research. Thanks to these measures, new infections have decreased and free ART (Anti-Retroviral Treatment) is accessible to almost all diagnosed patients across our country.

Since the beginning of this epidemic, it was observed that the people in sex-work were the most affected by HIV. This is obvious considering that the modes of transmission of the virus include unsafe sexual behaviour. The women in sex-work were the first known victims of this virus. They passed on the virus to their customers and their customers passed it on further. Whether through commercial sex workers or married partners, when HIV reached women, the possibility arose of the epidemic reaching new-born children.

## **ARV medicines to control infection:**

Since the HIV virus belongs to the Retro-Virus category, the medicines are called ARV (Anti-Retro-Viral) medicines and the treatment is named ART (Anti-Retroviral Therapy). In 1987, the first ARV medicines were discovered but giving one or two medicines did not prove to be effective. In 1997, scholars observed that if multiple, ie,

minimum three, medicines are administered together, the growth of the virus in the body gets obliterated.

Initially, not many options were available in ART medicines. They were extremely expensive and had severe side-effects. Many efforts were made at the national and international levels to discover new medicines with fewer side-effects and also to make the medicines available at low prices to developing and poor countries.

Eventually, when Indian pharmaceutical companies began to make the medicines, the costs came down drastically. In April 2004 the Government of India started free ART centres. Initially, the ART centres were started in government hospitals at district places. Now at many taluka places also ART link centres are working. Initially the medicines had severe side-effects as compared to the ones now available.

The pattern of administering ART medicines to a patient was also complex. All over the world a lot of thought has been given to when the ART medicines should be started. Initially, the trend was to delay the commencement of this medication, so that you delay the side-effects also till the patient does not have symptoms, since it was presumed then that AIDS is a fatal disease and ART medicines would help prolong life for some years. However later, the thought that 'it is possible to live life to its fullest' was propagated and experts were inclined to start ART medicines earlier.

Nowadays people have understood that it is easily possible for HIV patients to live a normal lifespan with ART medicines. So now

it is believed to be a good idea to start ART soon after the diagnosis. The Indian Government's ART system underwent several changes based on suggestions made by the World Health Organisation and its own expert committees. We now foresee that in the next couple of years administering ART immediately after the diagnosis of the infection might be started at all ART centres in India.

HIV is no longer considered a life-threatening disease. On the contrary, it is now considered a chronic manageable medical disease that needs lifelong treatment. So from the management point of view, it has become almost like diabetes or high blood pressure.

#### **Prevention of HIV transmission:**

Previously prevention of HIV transmission was dependant solely on the modes of transmission, for example abstinence or even terminating pregnancy if a pregnant woman is found to be HIV infected. If a person is taking ART regularly, the HIV in her/his body remains at very low level and is hardly transmitted to his/her sexual partner, or even to her child. Since 1994, research results started coming in regarding ways of preventing mother-to-child transmission of HIV. Now it is more or less certain that if a mother is taking all ART medicines regularly, HIV will not get passed on to the child she bears. In India now every pregnant woman, booked at a public or private facility, is tested for HIV. If she is diagnosed as HIV-infected, the ART medicines are started which she has to continue lifelong. This way the HIV in the woman is controlled and is not transmitted to her baby during pregnancy, delivery and also during breast feeding.



If a person is caught up in any high-risk behaviour – such as unsafe sex with HIV-infected person or sharing of injection needles or needle-stick injury where exchange of HIV-infected blood might happen – then ART is given to the person as early as possible; but not later than 72 hours. This reduces the possibility of contracting the infection. This is known as post-exposure prophylaxis.

When, for any reason, high-risk behaviour is not avoidable, the ART medicines could be administered to the un-infected persons to prevent them from contracting HIV. This is called pre exposure prophylaxis .

#### **Lessons learnt from the HIV epidemic:**

As we look at this positive side of the picture, we must also evaluate what we learnt from it and what more we can do. We could now say: though we are yet to control the epidemic completely, we have gained a good control over it. But we should not be complacent in any way.

HIV was and still is a social issue. The stigma associated with HIV still exists. People have been discriminating against HIV-infected persons. Thus people do not take HIV tests, even when needed. Misconceptions about the disease are so widespread that, even in the twenty-first century, some doctors are reluctant to treat HIV-infected patients. On the other hand, self-proclaimed quacks claim cure for HIV by taking undue advantage of the fear about the disease in the society.

We should understand that medicines are, after all, a result of using science and technology. Medicines cannot change human behaviour. Mere technology has never been

able to offer a complete solution to any social issue.

HIV is the first social concern of its kind that has been brought under control within thirty-odd years from the time it first came to be known. This suggests a model that can help us in the resolution of numerous medical issues that the world in general and our country in particular might come across in the time to come. Perhaps by analysing the journey we might discover a way to solve the problems in a better manner and more humanely.

At the Prayas Health Group, we have been tracking the HIV epidemic since its beginning. We have learnt that while handling health issues properly, emotional support and honouring basic human rights should not be undermined.

## **What we need to know about HIV...**

### **How did it begin?**

While discussing HIV, many people often wonder, if HIV spreads from person to person, who was the first person to contract it and how did s/he contract HIV? Let us start with the same question.

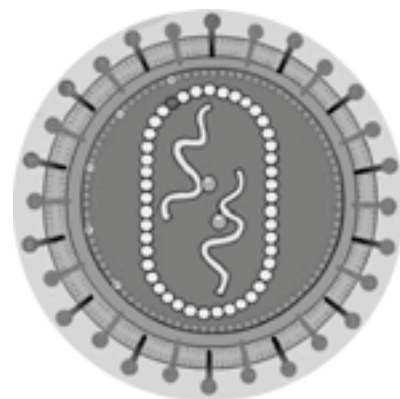
To be honest, nobody knows the exact answer to this question because when it happened, medical science was not aware of this virus or the illnesses that it causes. Scientists too wondered how this disease may first have started. Since there were no definite answers, some theories were put forth. One of the theories is: a similar (but not the same) virus present in some monkeys got mutated and became HIV. Somehow it got transmitted to a human being and then further to others.

The spread might have begun sometime between 1930 and 1950. But till 1981 nobody noticed its presence. In 1981 in Los Angeles, five young men, otherwise quite healthy, were almost around the same time, diagnosed with a very serious and rare type of pneumonia. In the same period, a group of young men from New York and California were diagnosed with Kaposi's sarcoma – a rare type of cancer. These diseases are seen otherwise in only those who have extremely low immunity for some reason such as in old age. All these patients were young men. None of them had any apparent reason for having severely decreased immunity. On investigating further it was found that almost all of these men had homosexual relationships.

When scientists notice something wrong,

they start searching for the reason. The same happened here. First the medical scientists and later society came to know about the new disease caused by a virus. The virus causing reduction in a specific type of White blood cells (WBC) in humans was named as Human immunodeficiency virus. When these WBCs are reduced, body cannot fight with different disease causing organisms. The process of reducing enough number of such WBCs takes around seven to ten years. After this period the infected person starts getting several infections.

In the next ten years the scientists saw many cases of pneumonia and Kaposi's sarcoma and as suspected all these patients were homosexuals too. So they concluded the disease as a disease of homosexual men causing reduction in immunity. Later the disease was also observed in people who had received blood transfusions. The first cases were men but then some women and their babies were also reported to have the same disease. This way, till 1983 the modes of spreading of the disease were also discovered.



## **What does HIV mean?**

HIV is the acronym of Human Immuno-deficiency Virus. It means a virus that lowers immunity (ability to prevent diseases) in humans.

HIV spreads only in humans. Virus is a micro-organism. It cannot stay without host. It needs to find a shelter. HIV finds this shelter in a kind of white blood cells. White blood cells are primarily responsible to fight off diseases that affect the human body. The type of white blood cells falling prey to HIV are called CD4 cells. The HIV can find a shelter only in CD4 cells. Once HIV enters CD4, it uses the multiplication or reproduction system of the CD4 to multiply itself. As a result the host CD4 cell dies, and many HIV come out breaking the host CD4 and start finding new CD4 cells each. Therefore the number of CD4 cells in the body reduces and the immunity also decreases.

When immunity reduces, the human being becomes more susceptible to other germs. The virus other germs (e.g. viruses, fungi and bacteria) may come through food, water, air, touch, mosquito bite etc. The person falls prey to those illnesses. The probability of certain cancers also is higher than otherwise in such persons. When immunity of person is reduced and many such illnesses affect the body, the collective disease is called as AIDS. AIDS also is also an acronym; it means Acquired Immuno-Deficiency Syndrome. As we know, it is not a hereditary disease; so, it comes from outside the body, it is acquired.

It is due to Immuno-Deficiency, i.e. lowering of immunity. Syndrome means group of symptoms observed in such patients due to the various diseases inflicting the person.

**'Immunodeficiency' is a part of names of both HIV and AIDS. Let us understand what it means.**

In our environment, in the dust, water and food, there are several types of microorganisms. Some of them constantly attack the human body but we don't always fall ill. Our body prevents these organisms from entering using many barriers (such as skin, saliva, etc). Even if they gain entry, the white blood cells kill them and protect our body. There are various types of white blood cells. These cells do different works in the process of protecting body from different germs. The CD4 cells identify the germs and give signal to fighter cells.

HIV lowers the number of CD4 cells. CD4 cell do not directly fight with the germs. But their role is crucial. If the number of CD4 cells is lowered, fighter cells do not get signal to fight, and so the germs are not killed. This is called deficiency in the immunity. Immunity means body's ability to fight against disease making germs. And so in medical language it is called immunodeficiency. The implication of this situation is obvious. The person is likely to acquire multiple illnesses commonly found in that geographical area. In India, for example, diseases such as tuberculosis, malaria, typhoid, chicken pox are rampant. So, when immunity is decreased diseases could catch the person.

## How does HIV spread?

We now know that HIV needs CD4 cells to stay and grow. So when HIV enters a human body it catches CD4 cells. CD4 cells could be found in blood and sexual fluids. Actually in an infected person HIV could be detected in almost all body-fluids; but maximum number is observed in the blood, and also in semen and vaginal secretions. In all other fluids such as urine, tears, saliva, sweat, though HIV could be detected, it cannot be transmitted to other body. For transmission of the virus from one person has to enter the blood stream of other person, HIV has to reach up to CD4 cells. Blood, semen or vaginal secretions of an HIV infected person are only capable of transmitting the infection.

A small exception is breast milk. If an HIV infected mother is breast feeding and if her blood contains HIV then there is a little chance of HIV getting transmitted to the breastfed infant.

**HIV can be contracted only if blood or sexual secretions are exchanged between two persons.**

When could such an exchange happen?

- (1) HIV can be contracted if a person is given a transfusion of HIV infected blood.** (HIV can also be contracted during transplantation of organs such as liver, kidney or in sperm donation.)
- (2) HIV can be contracted if HIV infected blood may be in very small quantity that is present inside the hollow part of injection needle used for administering**

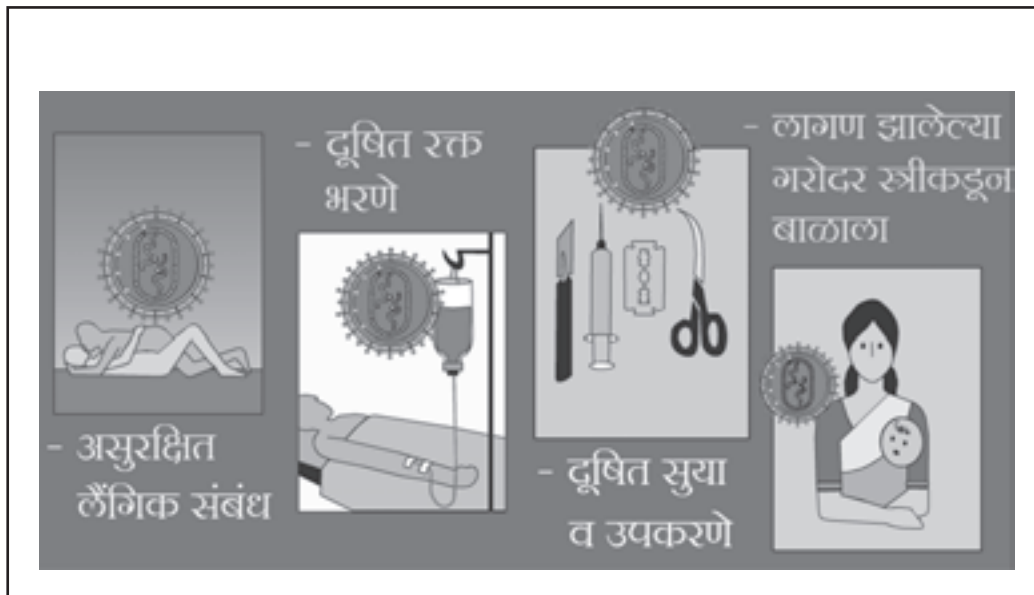
**injections or if such contaminated needles are shared in intravenous drug use.**

- (3) HIV can be contracted through unsafe sexual intercourse with an HIV infected person.**
- (4) If an HIV infected woman is pregnant, there is some possibility that the baby could contract HIV.** In such case the HIV can be contracted when the baby is in the womb or during childbirth or through breast feeding as mentioned above.

Now let us discuss in detail how HIV is transmitted by each of these four ways.

**How can HIV be contracted through blood?**

- 1) Many times in certain illnesses or in surgeries or in accidents, people suffer from blood loss. They need to be given blood transfusions. If they are accidentally given blood contaminated with HIV, they could contract HIV. Of course, now the donor's blood is mandatorily tested for HIV before it is used for transfusion at all authorised blood banks. Therefore now there is hardly any chance of a person contracting HIV through blood transfusion.
- 2) In hospitals or medical clinics, while using needles for injection are expected to be sterilised by specific procedure. If needles used for an HIV infected person are reused on some uninfected person without the cleaning then it could transmit the



infection by pouring whatever small quantity HIV infected blood remained in the hollow inside of the needle to the other person. There is greater awareness about this fact now. Hence nowadays the use-and-throw or disposable needles and syringes are mostly used.

- 3) Those who involve in intravenous drug addiction take the dope along with the peers. Many times they share the same syringe and needles without sterilising it in between. If any one of the group is HIV infected then the infection could be transmitted to others. This is technically same as mentioned in the earlier point, but here there are two additional enabling factors. The probability of someone in the group being HIV infected is more, as high risk behaviours are more common in people in drug addiction. And secondly as it is essentially an

intravenous injection the virus can directly enter the blood stream.

- 4) Also, while getting body piercings or tattoos or during small surgeries (for example circumcision) that are sometimes done by non-doctors (especially in villages). The needles, syringes or other instruments could be reused without sterilisation. In such cases HIV may get transmitted.

#### **How do HIV infected sexual secretions enter the body?**

If a person has sex without using a barrier protection such as condom with an HIV infected person, then HIV can enter the body. This happens in heterosexual as well as in homosexual relationships.

HIV doesn't spread through unprotected sexual intercourse between persons who aren't HIV infected.



## **Who is more likely to contract HIV through sexual intercourse?**

- 1) Those who have multiple sexual partners have the highest risk of contracting HIV.

Our society's view point regarding sexual relationships is sometimes very narrow and conservative. Speaking about sex is a taboo even in the twenty-first century in India. Even today many people consider sexual relations between homosexuals as a perversion. In Indian legal system, homosexual marriages are still not considered permitted. Hence most such interactions are carried out clandestinely. Naturally, it doesn't become possible for a person to take due precautions for safer sex. The proportion of people who have multiple sexual partners is quite high in our society. This is evident from the large number of sexually transmitted diseases, legal or illegal abortions in unmarried girls and the rapid spread of HIV in India.

- 2) If a person has sex with only one partner but the partner has multiple sexual relations then there is the risk of contracting HIV. For example... even if a person has sexual relations with a sex worker, the person is at risk of contracting HIV because the sex worker is having sex with many clients. Secondly, if a man has multiple sexual relations, and his spouse is very strictly monogamous, still she is at risk of contracting HIV.

- 3) Even if both sexual partners are faithful and committed to each other and one has been previously infected by any other mode of transmission, then also the other is at risk of contracting HIV.

### **For HIV to spread, it is necessary that the infected sexual secretions will have to enter in the uninfected person's body.**

This can happen only in penetrative sex. During penetrative sex the sexual secretions enter the body which might cause the HIV infection.

Among the risks in sexual transmission, the highest risk is in anal sex followed by vaginal sex and lastly oral sex. Anal sex is more common in male homosexual relationships. But it is not very uncommon in heterosexual relations too. Since the anal canal is narrower, the internal lining of it is delicate the risk is more. The anal canal and the penile mucosa also could suffer small injuries or bruises during sex which also increases the possibility of the transmission.

If the genitals have ulcers due to any other sexually transmitted disease, the risk of contracting HIV increases by about 10 to 20 folds. An HIV infected person's semen or vaginal discharge might contain HIV. If the HIV infected person has ulcers on the genitals and they are bleeding or oozing pus, then the presence of HIV in these secretions is considerably greater. That increases the possibility of transmitting the virus during sexual intercourse. Also, if the partner's genitals have abrasions, it facilitates the entry of the virus in the body. Around any wound or ulcer there are number of white

blood cells due to body's natural response to infections. This increases the likelihood of the transmission.

The wounds or ulcers on genitals are mostly caused due to sexually transmitted diseases. These diseases are more common in persons who have sexual relations with unknown partners or multiple partners. These are important contributing factors in the spread of HIV also.

### **Misconceptions regarding Sexually Transmitted Diseases**

Diseases which spread through sexual intercourse are called Sexually Transmitted Diseases. They were previously called as Venereal Diseases (Diseases of Venus: Venus is believed as the goddess of love). Earlier it was a taboo to speak about these diseases due to the stigma and misconceptions about them. In fact no disease should be shrouded in secrecy. That affects the possibility of getting timely and appropriate treatment.

Syphilis, Gonorrhoea, Chancroid, Granuloma inguinale, Lymphogranuloma venereum, Herpes, Warts, Trichomoniasis, lesions caused by the Amoeba-Shigella bacteria, Hepatitis B, infections caused in the urethra due to Mycoplasma and Ureaplasma bacteria are all included in the category of Sexually Transmitted Diseases (STD). The diseases like scabies, pediculosis could also be transmitted through intimate sexual contact and therefore could be included in the list.

There are many misconceptions in our society about STDs. Some people wrongly believe that using public toilets or

masturbating are the causative factors of these diseases and STDs could be cured by having sexual intercourse with a virgin. Such misconceptions lead to inhuman misbehaviours such as rapes and thus transmission of these diseases to small girls. These misconceptions ought to be cleared.

### **What is the possibility of HIV getting transmitted from an HIV infected pregnant woman to her baby:**

Till there was no prevention of mother to child transmission strategy available, the possibility of transmission from mother to child was one out of four i.e. 25%. But now with the help of ART medicines, the possibility has come down to almost 0 %.

When there were no ART available or accessible to many pregnant women how come the possibility was 25% and not 100% considering the fact that a foetus stays in mother's womb and grows on mother's blood for nine months?

During pregnancy, though the foetus grows on mother's blood, the mother's blood doesn't normally mix up with the foetal-blood. There is a kind of filter like structure called placenta; which prevents many other organisms and also HIV to reach the foetus. However, due to any infection or any other illness if the mother's blood mixes with the baby's blood, then baby may contract HIV.

During delivery the baby may come in direct contact with the mother's blood. Therefore during childbirth, while coming out of the narrow birth canal there is little more possibility of baby contracting the infection.

If mother is HIV infected, her breastmilk may contain little quantity of HIV. Since there is no secretion of acid in stomach during infancy, the virus can reach up to intestines without getting killed. So some amount of risk of the baby getting infected through the breast milk was there. But now there is hardly any risk of the mother to child HIV transmission if the mother is taking ART regularly, because then there is no HIV in the mother's blood. The only probable problem in this plan is if a pregnant mother's HIV infection goes undetected and or for any reason if she is not taking ART regularly then only there remains some chance of the infection. To avoid this, every pregnant woman should undergo HIV test and then do the needful accordingly.

### **Why is it considered that women are more likely to contract HIV than men?**

Initially HIV was observed only in men but now the number of new infections in women and men are nearly the same. Of these, maximum women are between the ages of 14 and 20 years. It is true that women are more likely than men to contract HIV. There are several reasons to it.

**1) Anatomical:** We all have a kind of pink and delicate skin at various places on our body, for example inner side of chicks and lips or vagina or upper part of a penis. It is called mucous membrane. The mucous membrane is very delicate, it can get bruised easily. So the possibility of passing of infection through it is always more. In case of penis, apart from the upper part the rest of the penis is covered by regular skin. And for a woman, the entire vaginal canal is of mucous membrane. The shape of a vagina is like a

cup. After a sexual intercourse, semen may stay for a while inside the vaginal canal. A vagina cannot be cleaned as one cannot see it totally. It cannot be easily wiped or washed away. But a penis can be cleaned rather easily after a sexual intercourse.

**2) Pathological :** If a women has small ulcers on the mucous membrane of vagina, she remains unaware about since she can hardly see them, and usually they do not pain. If any ulcerated skin gets exposed to HIV infected sexual fluid then the possibility of contracting infection increases. On the other hand if there are ulcers on male genitals, then they are visible and so the possibility of the person either taking treatment or at least avoiding sex is higher.

There is a third and most important reason.

**3) Sociological :** In the patriarchal system of Indian society, the woman's position is generally considered secondary. A woman doesn't have much freedom in deciding her sexual partner or insisting on safe sex. Women have to face coercive sexual intercourse even inside a wedlock. Even in the 21st century women have less control over her sexual life and it is very difficult for her to refuse an unwanted sexual intercourse.

Till the time women do not have the power to choose their sexual partners and refuse unwanted sexual intercourse, women will continue to be the 'weaker sex'. This topic has come forth as a part of the discussion regarding the HIV epidemic.

It is observed that despite knowing that their sexual partner has multiple sexual relations women are unable to insist her companion to the use of condom. Women are many a time financially dependent on their husbands; a financially weak person is more likely to fall prey to sexual abuse.

**In our society it is not possible even for men to have easy access to information and services of preventive care and complete treatment of sexually transmitted diseases. There are so many superstitions, ignorance and misconceptions about sexually transmitted diseases.**

The readers may find it interesting to note that in every sexual transmission of HIV there is at the least a man involved. It could be two men or a man and a woman. So, men should take due care that their sexual partners and the women in their family get sufficient healthcare as well as get diagnosis and treatment of other sexually transmitted

diseases. Be it through sexual transmission or through intravenous drug use, men have always been the greater contributors in the spread of HIV. So it is all the more necessary for men to behave responsibly if the transmission of HIV is to be controlled.

### **How can the spread of HIV be prevented?**

If the HIV is prevented to enter a human body one can avoid getting HIV infected. The transmission of HIV though various modes should be prevented. Awareness in the society regarding prevention of HIV transmission could be raised by doctors, healthcare professionals, teachers, politicians and through different media such as television, radio, newspapers etc. The media should sensitively disseminate scientific information regarding prevention of HIV.



## How can the spread of HIV through sexual intercourse be prevented?

Sexual intercourse is the most common way HIV spreads. 80-85% of all HIV infections taken place are through sexual intercourse. Out of this, about 50% is observed in youth under the age of 25 years. Hence it is necessary to ensure that appropriate sexuality education is imparted to youth, especially adolescents.

Having sexual intercourse with unknown persons or with persons who could have multiple sexual partners should be avoided. Several people have pre-marital or extra-marital heterosexual and homosexual sexual relations. Use of a barrier method, i.e. a condom is safe way out even when the high risk sexual exposure is unavoidable. The risk of not only HIV but other sexually transmitted diseases can also be greatly minimised by the use of condoms. Hence if any of the sexual partners is likely to be HIV infected, **men must use condoms. Women should insist upon it.**

If the genitals have scars due to other sexually transmitted diseases, or if there is pus or some secretions oozing from the genitals, immediate treatment should be done. In such situations, patient's sexual partner also must undergo complete treatment simultaneously. Once the disease is completely treated, medication should be discontinued. This could be ascertained through consulting an expert doctor. Sexual intercourse should be avoided or condoms should be used till both partners are completely cured. For such illnesses,

medicines given by others or previously used medicines shouldn't be used without asking your doctor.

### When using a condom:

- Use a new one each time
- Use a lubricated condom
- Don't use oil, Vaseline or grease for additional lubrication as they might cause the condom to tear
- Store condoms in a cool and dry place
- Don't keep it exposed to direct sunlight
- Don't use old condoms.
- Check the expiry date always before opening a pack.



### If one or both partners are HIV infected then it is extremely important to use condoms during sexual intercourse...

...even when other contraceptives are being used

...even when family planning operation has been performed on the partners



### **How can the spread of HIV through blood be prevented?**

We already know that HIV can be contracted through transfusion of HIV infected blood. However contracting HIV in that manner is almost prevented now because very stringent blood tests to screen for HIV are conducted on the blood before it is transfused. This is done at authorised blood banks. Hence one must always take blood from authorised blood banks. Avoid professional blood donors. Patient's relatives or friends should volunteer to donate blood. Persons who could be at risk of recent acquisition of HIV (e.g. having unprotected sexual intercourse, injecting substance use, unsafe tattoos, etc.) should not donate blood for at least six months after the incident.

Before taking any injection, sterilisation of the syringe and needle is mandatory. Also, before doing circumcision, before cutting the umbilical cord, before getting ear/nose piercings or tattoos, it must be ensured that all the equipment are adequately sterilised.

**If one is addicted to injecting drugs, one must take care to use sterilised needles.**

### **How can the spread of HIV from mother to baby be prevented?**

The proper ART medication can almost completely eliminate the possibility of mother to child transmission of HIV.

If a pregnant woman is diagnosed to be HIV positive, treatment can be started immediately. If she is already taking medicines, she can continue them through her pregnancy and afterwards. In India, till 2014 an ARV medicine called Nevirapine was used to prevent the mother to child infection

of HIV. Since giving Nevirapine protocol (Single dose during delivery) was easy to administer, it was a preferred protocol in public sector hospitals. But, giving complete ART and continuing even after delivery is a better treatment for the mother and child duo.

Not every child born to an HIV infected woman contracts HIV. If the woman is not taking medicines, the possibility of the child contracting HIV is about 20% - 25%. However, if the right medication is administered, the possibility of the baby contracting HIV can be almost completely eliminated.

### **Does HIV spread through any other manner than those stated earlier?**

In our day to day life, there is no possibility of exchange of HIV infected sexual secretions or blood. HIV doesn't spread by staying together, eating together, sharing clothes or bed-sheets or plates or cups, swimming together, kissing, using public toilets, etc. HIV cannot be contracted through mosquito bites or bites by animals e.g. dogs or cats.

HIV doesn't spread through tears, saliva or sweat. Even if urine or vomitus contains blood in little quantities, HIV cannot be contracted through them.



**What about mosquitoes?**

Many people have doubts about mosquitoes. If HIV can be contracted by using needles having HIV infected blood on them, then why not mosquitoes, who are, in a sense, flying needles?

If a mosquito bites an HIV infected person first and then bites another person, will that person contract HIV?

That is a common question.

In case of diseases spreading through mosquito bites, some phases in the lifecycle

of those germs (e.g. malarial parasite) are in the mosquito’s body. This does not happen in Human immunodeficiency virus. If HIV is sucked into the mosquito’s body, it can’t stay alive. The mosquito’s trunk has a very tiny amount of blood on it. When a mosquito bites another person, that blood cannot go inside through the skin. Hence it is not possible to contract HIV through mosquito bite.

Diseases that are caused by mosquito bites are usually observed in children and old people (who are more likely to be stationary). In HIV epidemic however, it is observed that only the sexual partner contracts HIV, if at all.

While conducting studies about the HIV epidemic, it was observed that, in several African countries where there is an abundance of mosquito borne diseases, the healthcare workers, doctors, teachers, professionals and researchers who went there, contracted malaria and filariasis but those who did not have any risk behaviour for HIV infection, did not contract HIV.

**HIV cannot be contracted through the following:**



## **What happens after HIV enters a person's body?**

When HIV enters human body, it grows inside a specific type of white blood cells called CD4 cells. HIV uses the CD4 cell's replication system for its own replication. When young viruses are ready the cell is ruptured and many HIV come out to find new CD4 cells each. In the process, the number of CD4 cells gradually decreases. As mentioned earlier the function of CD4 cells is to signal other white blood cells to fight with germs. Thus, if the CD4 cells are reduced in number, the person becomes vulnerable to the illnesses. However CD4 cells in our body take many years to reach the level of reduction. During these years, the person is unaware that HIV is increasing by millions every day. Looking at that person one cannot make out the CD4 level. This period is called the symptom-free period. During this period, the blood and sexual secretions (semen and vaginal fluid) of this person contain HIV and there is the possibility that it could be transmitted to others. Since this person is unaware of the HIV infection, doesn't realise to take the preventive measures to prevent the spread.

## **How are blood tests for detection of HIV conducted?**

Approximately 2-3 ml. blood is needed for HIV testing. Using ELISA technique a rapid kit is used to test the blood for HIV. The test costs approximately Rs. 100 – 250. In Government hospitals, it is done for free.

For a confirmed diagnosis, a blood test is done thrice using different kits. Another test

called 'Western Blot' can be conducted too. However it is very expensive. It costs approximately Rs. 1,200 – 2,000. Also, as far as diagnosis is concerned, the results using three rapid kits are equally accurate as the Western Blot test.

### **About this test (ELISA / Western Blot):**

HIV can be diagnosed in the blood by the test 8-12 weeks after the virus enters a human body. Human body creates antibodies in response to any infection. The presence of the specific antibodies in the blood indicates HIV infection. For the antibodies to be formed up to detectable level a period of 8-12 weeks is needed. This period is called the '**window period**'. In this period, HIV is present in the person's body but is not detected by Rapid test or even Western blot test.

The techniques of these tests have now improved significantly. Improved kits are being available. With such more sensitive tests the presence of antibodies could be detected in much lesser time. The improved test kits are not available everywhere in India till this book has been published, but soon they would be available and used to detect HIV in 6 weeks.

### **How will anybody ever think that one might be infected by HIV?**

There are no early signs or symptoms specific for HIV. Also there is a long period between infection and sickness. During this symptom-free period nobody will suspect HIV infection. As we have seen, there are very specific ways in which HIV can be contracted – unprotected sexual intercourse or being injected with a needle that has HIV infected blood or transfusion of contaminated blood. If some such incident has happened, one should alertly get the appropriate tests done. If no such incident has happened, there is no need to worry. As we now have many good medicines that can ensure almost normal life span if treatment is started as soon as possible and is taken regularly.

### **What symptoms are observed when immunity is lowered by HIV?**

When the immunity is lowered below a certain level, several symptoms are observed. Most often these symptoms are of those illnesses that are commonly observed in that region and community. In India tuberculosis is quite common. Almost 60-70% of the population carry the tuberculosis bacteria in their body, especially in lungs. When the immunity is lowered, these bacteria become active and the person starts getting symptoms of tuberculosis. Similarly in everybody who has ever suffered from chicken pox in the past, the chicken pox virus stays in the body in a dormant state for rest of the person's life. When immunity goes down, this virus becomes active, and the

person gets herpes zoster. However, a person who isn't HIV infected could also have tuberculosis or herpes zoster. Hence it cannot be claimed with certainty that the person is HIV infected if one has tuberculosis or herpes zoster. For a confirmed diagnosis blood tests for HIV have to be done.

With appropriate medical advice and medication, these symptoms can be controlled or prevented. But unless ART- the specific treatment for HIV is started, the immunity may not recover and the person will keep getting sicker. S/he may contract several illnesses of the brain, lungs or other organs in the body. Some cancers are also seen more commonly in HIV infected persons. In children also similar symptoms are observed in children who have contracted the HIV infection. When a child suffers from many such illnesses, his/her growth is stunted. The illness progresses more rapidly in children than adults. Hence it is necessary to test the babies of HIV infected mothers and start ART medicines to control HIV as early as possible.

### **What treatment is administered on being diagnosed HIV positive?**

The treatment given to HIV positive persons can be divided in three parts:

- 1. Treatment of illnesses caused due to lowered immunity:** In India the number of patients of tuberculosis is rising as rapidly as patients of HIV. Hence it is important to diagnose tuberculosis early and treat it properly. Tuberculosis control programs must be actively implemented. All persons with HIV should be regularly screened for TB,

and all TB patients with TB screened for HIV as well.

**2. Preventive medication:** Certain illnesses caused due to lowered immunity can be prevented by using certain medication and vaccines.

**3. ART medicines that control HIV** are easily available now. ART is proved as an effective treatment. ART is available at Government hospitals.

**However they have to be taken life-long.**

**Immense research is being carried out to discover medicines that will cure HIV. It is likely that in near future they will become available. Till that time ART medicines are the best available option.**

#### **About the Anti-HIV vaccine:**

Inventing a vaccine against HIV is a difficult task as this virus keeps changing its form constantly. So prevention of HIV through the ways described above is the best way to protect oneself from it.

No branch of medicine e.g. Ayurved, Homeopathy, Yunani etc. has a cure for HIV. Thus it is extremely dangerous to trust the advertisements or word of mouth publicity that such claims get.

**Do not fall prey to such claims.**

#### **1. Who should get tested for HIV?**

HIV spreads only in specific ways. If a person thinks that s/he might have been infected, s/he must get a blood test for HIV done. For example:

- If s/he has received a blood transfusion
- If s/he has had unprotected sexual intercourse with a person who is or might be HIV positive.
- If symptoms of sexually transmitted diseases are observed
- If s/he takes injectable intoxicating substances
- If his/her sexual partner is HIV infected or has sexually transmitted diseases
- All pregnant women
- Children of HIV infected mothers
- If s/he is falling ill often and these illnesses aren't getting cured by usual treatment e.g. herpes, tuberculosis, jaundice etc.
- Also if there are symptoms such as weight-loss, prolonged fever, persistent diarrhoea for more than a month.

#### **2. How much is the likelihood for a person to contract HIV?**

The likelihood to contract HIV depends upon the person's behaviour. A person who has unprotected sexual intercourse with multiple sexual partners is more likely to contract HIV. A person who has multiple sexual partners finds it difficult to take preventive care in every instance is also at risk. If one of the multiple sexual partners is HIV infected, it is likely to spread infection to others. A person using infected needles while injecting oneself with intoxicating substances is also at risk.



**3. Can an HIV infected person look healthy?**

Yes. For 5-10 years after becoming infected with HIV, even while not taking ART a person can look healthy. If this person starts taking ART regularly, can remain healthy and hence will look healthy too.

**4. Can a virtuous person contract HIV?**

Yes. HIV virus cannot discern between virtuous or sinful, young or old, rich or poor, atheist or believer, man or woman, educated or uneducated and also religions or countries.

**5. If I wash my genitals properly after sexual intercourse, can I avoid contracting HIV?**

Cleaning the genitals (penis or vagina) after sexual intercourse is not a way to prevent contracting HIV. However it is advisable to clean the genitals from the viewpoint of hygiene.

**6. Should the man and woman both get HIV tests done before getting married?**

It is always better to get HIV tests done before marriage. We all believe that marital relations should be based on trust. If a person is HIV infected but has no symptoms and is not aware about it then for the safety of the spouse it is advisable to get tested before marriage. This information helps the non-infected partner to prepare for the issues it brings around. It is best if both partners mutually decide and get the tests

done and decide whether or not to get married. This does not at all mean that an infected person should not marry with an uninfected person. We suggest that it has to be an informed decision.

In the last few years, it is observed that couples where one of them is HIV infected are also getting married. If a person knows about his or her infection should disclose it to the partner before getting married. Hiding such thing from the partner is unjust and deceitful. It is also a crime as per law.

**7. At the workplace can an employer make HIV tests compulsory for all employees?**

No. It is not right to make it mandatory to an employee to take the HIV test. HIV infected person does not put colleagues at risk. So it is a right of a person to take a test or not.

**8. What should I do if I find out that a person I know is HIV infected?**

Firstly, do not get upset. In a day to day life there is no possibility of acquiring HIV infection from such a person except through the previously discussed possible modes of transmission. Secondly, do not alter your behaviour with this person. Be nice to this person as you were before you found out. There is no need to let this person know that you have found out about his/her HIV status unless it is absolutely essential. Thirdly the right to tell others rests with that person, not you. So we should not go ahead and disclose it to anyone not even the person's spouse. It

is the responsibility of the person to inform his/her sexual partner.

**8. What are the rights and responsibilities of an HIV infected person?**

There are no separate special rights or responsibilities for an HIV infected person. The constitutional rights conferred on everybody else apply to HIV infected persons too. Right to marry, to bear children, to security, to privacy, to freedom of movement, to housing, to healthcare, to education etc. are the same as everybody else. Being aware one is HIV infected and not informing the sexual partner or before marriage is criminal. Taking care that HIV is not transmitted to others is a responsibility.

**9. To control the epidemic, will mandatory HIV testing be a good strategy?**

No. It is not necessary to compel anybody to take the HIV test. It has to be an informed and voluntary decision.

**10. How should one care for an HIV infected person?**

This illness can be easily controlled by taking appropriate medical advice and medication.

A patient suffering from lowered immunity should be given due care. Otherwise no special care is required. Their diet should include high caloric food items.

If basic hygiene is maintained while caring for an HIV infected person, others are not at risk of contracting HIV. Touching



clothes soiled by the patient's motions or blood or cleaning and dressing his/her wounds has very little risk of contracting HIV. One should use gloves for your safety if there is possibility of coming in contact with body fluids. Use bleaching powder to clean the clothes or floor.

Use simple rubber gloves while cleaning wounds to avoid contact with blood or other secretions. Even if your hands come in direct contact with blood or other secretions, do not worry; wash them thoroughly with soap and water.

**Looking at HIV as a social issue...**

Since the epidemic has begun it has been considered as a social problem much more than a mere health issue. In the beginning it was presumed as a disease of homosexuals as well as of women in prostitution. This was a prominent reason seen for discriminating

against the HIV patients. However eventually it did not remain limited to them but was seen across the world beyond the borders of countries, religions, genders, professions and sexual orientations. Stigma and discrimination is a co-existent phenomenon seen with this disease. The stigmatisation has been there ever since the disease was considered fatal and research to understand the modes of transmission were being done to date when not just normal life expectancy but transmission free exposures are also assured.

If you are HIV positive, then you must take ART regularly and as per the prescribed dose. Some people default when they start feeling better. Some avoid going to ART clinic, as they fear that others might come to know about their HIV status by seeing them at ART centre.

There are instances that HIV infected children's names being excluded from property rights. They might get cheated. Often they have to face censure from society. The HIV epidemic gives rise to several social issues.

People who stay away from their homes for a long period for work (e.g. truck drivers, seasonal farm labourers) or due to poverty (child labourers in restaurants) or people who move to the city due to displacement or unemployment, people living on footpaths or railway platforms are more likely to indulge in risk-prone sexual behaviour due to the insecurity that their condition gives rise to. The free market economy encourages the sex trade. Often the tourism industry is largely based on the sex trade. Earning big money without much effort, a liking for

violence, forced sex is on the rise. In these conditions, the situation of women and children is becoming more and more difficult. In our society appropriate sexuality education is rarely given even in good schools. Many questions that confront children growing up remain unanswered and there is nobody who can solve those queries.

In society, the concept of being 'a man' is firmly rooted in the idea of having multiple sexual partners. The basic human need is to have a companion that loves you, that shares your happiness and is around in misery. Among two persons involved in such affectionate relationships, the feeling of caring for each other is strong. Increasing means of communication, the various media giving sexual messages, displacement of humans that happens under the pretext of progress, decaying large cities have all contributed in making HIV a serious healthcare issue.

Although presently the HIV epidemic has come well under control, if we are complacent right now, we might have to repent later. We must make utmost efforts to prevent HIV transmission. However if a person is HIV infected, s/he need not think that there is nothing left to live for. S/he should take medicines regularly; take tests regularly to monitor the progress, to maintain the number of HIV in the blood as low as possible and live life with enthusiasm. With proper medication an HIV infected person can live almost a normal life span. It is just another disease similar to high blood pressure or diabetes. There too one has to take medicines regularly throughout life. HIV is no longer to be feared.

## **What are the challenges of the HIV epidemic that we continue to face even today?**

- It has been over thirty years since the HIV epidemic first appeared in India. The number of people getting newly infected by HIV has greatly reduced. Yet the number of people living with HIV is still in millions. If somebody is aware that s/he is HIV infected, the likelihood of this person infecting others is greatly reduced, both due to behaviour change as well as due to the fact that a person on regular treatment can hardly transmit infection to others. However a large proportion of people who are infected still do not know about it. These are the people who are mainly the reason for new infections.
- The efforts done so far to raise awareness about HIV should continue. 50% of newly infected persons are youth. Special efforts must be made to raise awareness in this age-group.
- In India, HIV is mostly transmitted through heterosexual relations and is much under control now. However, the proportion hasn't reduced in homosexual relations or in persons who are in injectable drug use. Volunteers can't reach these high risk groups easily. Hence the awareness levels are still very low.
- One of the big challenges that still remain is early diagnosis of HIV infected persons. Even today, it is observed that diagnosis happens only after immunity goes too low and the person becomes sick.
- Today there are around 2 million people in India who take ART medicines or who might need to take ART medicines in the future. Our healthcare system has the responsibility of providing them ART medicines and to arrange for necessary tests for life. It is a challenge to be able to provide medicines to all HIV infected persons.
- Once the HIV infected person starts taking ART medicines, s/he must continue to take them extremely regularly. If the medicines are not taken regularly, the likelihood of HIV remaining under control reduces greatly. Also the possibility of developing resistance to the medicines being taken is high. In such cases medicines of the next stage have to be administered. These medicines are more expensive. They are not available at all ART centres.
- It is necessary that each pregnant woman gets tested for HIV.
- In order to prevent stunted growth of HIV infected children, they must be given ART medicines since childhood. For that, early diagnosis of infants is necessary.
- The biggest challenge faced by the volunteers and HIV patients is to deal with the discrimination in society.
- Another challenge is to build courage among people living with HIV to face HIV fearlessly.

## How are the picture cut-outs used?

It is very helpful to understand and remember any information if it is given using pictures along with words. This technique is inspired from the 'ChitraKathi' which is an Indian traditional form of story-telling. In our workshops we have widely used it and have found a very effective technique. It does need some advance preparation. However, the simplicity and the usage of easily available material make it possible for anybody to learn this technique. Nowadays, pictures downloaded from the Internet are used to make Powerpoint presentations. Instead, hanging a cloth to a board or door using clips and pasting picture cut-outs on it could be a unique method in this age of technology. In many parts of the world even today, there is no electricity or battery operated projectors easily available. The pictorial information session can be conducted anywhere. You need a just a board to put up the pictures, but even if it isn't available, there are other things you can use. A cardboard, a vertically arranged table-top or even a wall can serve the purpose. A board is covered by a dark coloured plane linen cloth. We are appending the appropriately shaped pictures that we use. Cut along the edge of the picture and attach velvet paper pieces on its reverse side. Attach the velvet paper pieces at the edge of the pictures so that the picture sticks well on cloth and can also be easily removed. There are

instructions in each session about when to use which picture and where to place it on the cloth.

You need to prepare the picture cut-outs for the sessions beforehand. You should be sure of the order of the pictures. Which is given in this module. Make a stack of the pictures in such a way that, during the presentation you will pick them up in the correct order.

While making such a stack keep it in such a way that audience should see the picture only after you display it. That helps maintain their curiosity. So, in the stack the reverse side of the pictures should be facing up. So the pictures could not be seen when the audience sees the stack. Starting from first picture to last, go on keeping the cut outs. So the first one will be at the bottom of the stack and the last will come at the top. Now lift the whole stack and turn it upside down. Now hold the entire stack in your hands and turn it upside down. So that the first picture comes at the top and the last picture goes to the bottom. The whole stack is now reverse side facing up. Now your stack is ready. Keep this stack just on a table near your board.

It is very effective when the picture reveals itself bit by bit accompanied by the story or information instead of being displayed all at once.



# Story : Anand

Anand is an 18 years old boy. About two years ago he came to know that he is HIV positive. He has been taking ART medicines ever since he was very young but he did not know why.

Since Anand knew he had HIV, he has changed a lot. Now he cries about taking medicines every day. Since his childhood he never whined about taking medicines. Not only regarding the medication, Anand feels depressed ever since he learnt about his infection.

'Anand' means happiness or being cheerful in Marathi. Earlier Anand used to be happy and cheerful as the name suggests. He was an enthusiastic youth. Along with his studies he was also interested in music. He could sing very well. So he was appreciated and admired by others during his school days,

and he also had many friends – boys and girls. However, he has become a loner ever since he learnt about his HIV infection. Now he avoids talking to friends in general, particularly the girls. Even when he come across any of the girls he knows, he refuses to even acknowledge an acquaintance.

Usually Anand used to take a bus to go to his accountancy class. However, on one day the buses were not running due to some strike, and so he borrowed his cousin's motorcycle. The Class got over rather late. Outside the class, he saw a girl from his class Reshma, she was in his class since they were in school. Reshma was looking for an auto rickshaw. There was no vacant rickshaw passing by so Reshma was restlessly looking around to find one.

Some how Anand thought for a minute and approached her and asked her if she wanted him to offer a lift to her home on his motorcycle. That day they talked to each other and so Reshma started being friendly with Anand. She would smile at him or talk to him in a friendly way, or would wave at him from distance. In such situations too Anand would try to avoid her.

His own behaviour makes him annoyed with himself. He can't help thinking that if he would talk

to girls, it will lead to developing friendship and then further it could lead to falling in love which may result in getting married. However he has HIV and therefore any girl like Reshma will never marry him. When there is no possibility that any girl would marry him then why to even talk to a girl in the first place? But at the same time Anand started liking Reshma and has desire to talk to her. She too, tries to talk to him but he continues avoiding her and hence gets even more unhappy.

### **Questions:**

1. Do you think that what happens in this story, actually can happen in real life?
2. What possibly can happen next in the given story?
3. Suppose you would be in the place of Anand, then what would you like to happen?
4. In case if it is not likely to happen as a natural consequence, what does Anand have to do for it to happen?

# Story : Anita

Komal and Anita are very close friends. Since the early childhood, they have studied in the same class. Everything they do together and therefore they know everything about each other.

Anita learnt about that she is HIV positive while she was in grade seven. Friendship with Komal gave Anita support and strength to bear the shock of knowing about her HIV infection. As a result of very caring psychological and emotional support provided by Komal, Anita does not think of HIV, except for taking her medicines.

Now both of them have been studying at the college. They both are studying different subjects and yet they are together as much as possible. Anita is in love with Avinash, who is a final year student in their college. Anita considers that Avinash also likes her. He is her friend, and she has made up her mind to express her feelings to him. Since Komal is her best friend, she

shared this with her. And asked if she should take an initiative and propose him for marriage.'

Komal's response was unexpected to her.

Komal asked, 'Do you think he will accept your proposal?'

Anita was very annoyed with the Komal's question.

'Why should he not accept me? I can clearly see that he likes me. What shortcomings do I have because of which you have a doubt if he would accept me?'

'You do not have any shortcomings. You have many merits to your account and in my view you are just the best. Please do not misunderstand me. But you are HIV positive. Have you talked to Avinash about your infection?'

Komal hesitated for a second or two and then said in one breath.

Anita was already confronted with this question but was not able to find any obvious solution to it. She was not willing to disclose about

her HIV infection immediately, after expressing her love to Avinash for the first time. ' If I would tell him about HIV up front, he would obviously reject me. However if I will postpone to share this with him till our relationship goes further, it may become difficult for him to withdraw and reject me. Sometime in the future when he would say that he could do anything for me, even his life, then I will share about my HIV infection with him.'

While on one side thinking like this, she was restless on the other as she was feeling this is deceiving him in some way.

On Komal's direct question Anita

answered, 'I'll tell him sometime later but not right away.'

Komal did not agree to Anita's view. Komal made it very clear to Anita that she will never be able to approve that the person with who one is in love and is looking forward to be one's life partner and yet one hides such an important fact from him.

Anita was agitated.

'I am not willingly doing any injustice to anyone, but do I not have any right to fall in love and to marry a person of my choice? Is it that because I have HIV infection, I do not have any right to be happy in life for anything?'

### **Questions:**

1. Do you think that what happened in the story, can actually happen?
2. What do you think can possibly happen in the scenario given in the story?
3. If you would be in a situation as that of Anita, what would you like to happen next?
4. How can Anita make it happen?

# Story : Kanchan

One day Kanchan had gone to the park alone. She was sitting under a tree and was thinking deeply about something. A lot of houseguests had gathered at home, and therefore she could not be herself in the house. Kanchan's wedding is a just two week away, and she is confronted with many questions and doubts. She should have been quite excited about her marriage but actually she is full of fear.

Kanchan's mother is HIV positive and that's why Kanchan too is HIV positive and this critical information has not been shared with her would be. Ever since this proposal came. Kanchan persuaded her mother to let the boy know that his would be wife was HIV infected. However, mother is completely against the idea of disclosing their HIV

status. Her fear was no boy would agree to marry after knowing this. She threatened Kanchan that if she did so, her mother would kill herself.

The boy, the prospective husband liked Kanchan and she too had liked the boy and hence Kanchan had initially agreed to get married to him, but now she is feeling guilty about it. She felt, she should have rejected the marriage proposal itself. But now the things have gone ahead.

Her mother suggested her that secretly she should continue taking the medicines. She should come to her mother's place on the day of going to ART centre. If at all at some point in time the husband would come to know about her HIV status, she should pretend that she was completely unaware of the it.

Kanchan finds herself in a



helpless situation. As the wedding day is approaching, Kanchan is getting increasingly worried. At times she thinks of running somewhere far away but then she remembers how her mother alone has brought her up after her father's death. At the same time she cannot help thinking about how wrong the deceiving her husband is as it is putting the man at risk of acquiring the infection. She wanted to confide in the

prospective husband and tell him the facts or maybe she should tell him something completely different such as that she is in love with someone else and further requesting him to call off this wedding.

This option was also not stress-free. " Now if I tell him, he is likely to call off the wedding and would tell people why. This could malign my character in the community.'

### **Questions:**

1. Do you think that the situation of Kanchan, described in the story, can actually take place in real life for any girl or any boy?
2. What do you think can possibly happen in the situation described in the story?
3. Suppose you would be in a situation as that of Kanchan, or if you would be her sister or brother, then what would you like to happen next?
4. In order for it to happen, who all need to put in efforts?

# Story : Mitalee

Mitalee, Sonia, and Asma were close friends. They met each other at a residential institution working for HIV infected children. All the three girls were staying there since their childhood. They became friends of each other.

All three were good at studies and of helping nature. Meetali and Asma lost their respective parents when they were of 3 or 4 years. Soniya's parents are alive but the family was very poor. Now all the three laddies are grown up young ladies of 19-20 years.

They used to stay together and discuss many topics. In last six months their favourite topic had been how will they find a life partner? What will be their expectations from a life partner?

"One thing is certain. I want a boy who is HIV negative, and very rich." Meetali once declared.

Sonia and Asma concurred with her.

"Yes, the boy should be HIV

negative. We have suffered a lot due to this infection. I lost my parents due to this HIV. We have HIV in our blood, at least our partner should be free of it. Asma said.

Anil was not staying now in the same institution, but used to stay there for some years before, and visits it often. Anil likes Mitalee and has expressed his feelings before her before some days. Anil is also HIV infected. He comes from a humble background. But Anil is intelligent, responsible, and more importantly he is very honest. Not looking at his credits Mitalee brushed him off. Mitalee does not like him because he does not have attractive features or impressive style. And most importantly he is HIV positive and he comes from a poor family. Mitalee is supposed to be a beautiful girl. Considering all this Mitalee's friends firmly believe that Anil is not a match for Mitalee.

Anil works in an organization. He is

very sensitive and is always ready to help others. Once near the Mitalee's hostel, one car knocked a person down and was speeding away. Anil happened to be there and he went running and stopped the car, risking his own life. Crowds had gathered but nobody came forward to help the injured victim. Anil took the injured person to the hospital in the same car. Mitalee was watching all this. Initially she was just an on looker but after seeing Anil's efforts to help the needy person, she too joined Anil to help the injured.

After this incident, Mitalee's approach towards Anil changed a

little. Institution where Mitalee grew up, usually the girls when they turn 18 years, the institution gets them married. Since Mitalee was good at studies and wanted to study further, one of the trustees of the institution, helped her to get an admission at the hostel and to get a scholarship, which enabled her to study. She did not have anybody except Asma and Soniya to advise her. According to them Mitalee's husband has to be smart, handsome and also should be wealthy.

Mitalee is wondering whether she should consider Anil's proposal to be his life partner?

### **Questions:**

1. Do you think that the situation described in the story, can actually happen?
2. What do you think can possibly follow in the situation described in the story?
3. Suppose you are in a situation as that of Mitalee, or as that of her friends or as that of her well wisher, then how would you like the situation to progress further?
4. For the situation to develop as above, who all need to put in which efforts?

## Prayas Publications

1. "Aai Hotana": An illustrated book about care to be taken during pregnancy and childbirth
2. "Tarisuddha Aai Hotana": A book written by a mother about how it is easily possible for an HIV infected mother to protect her child from contracting HIV from her.
3. "Doctor kaka kade gelyavar": An illustrated book for children about taking medicines regularly, tests, diet etc.
4. "Kalala Tenvha...": A book written by members of the 'So What' group about how they found out that they were HIV infected and what they felt.
5. "HIV, AIDS": A book about some questions that Doctors have to face and their answers.
6. "Sangopan": A book that gives all information about raising an HIV infected baby.
7. "Goshti Tuzya Mazya": A book of inspiring stories of HIV infected women.
8. "Dostichya Adhik Goshti": A book of stories of how adolescents faced life issues with help from their friends.
9. "Ka ani Kasa?": A book of answers to the questions about life that HIV infected youth face.
10. "Nigrani": A book about care to be taken of an HIV infected baby and resolution of doubts.
11. "Phhokni": A book outlining the training given to healthcare volunteers of 'Anganwadi' and 'Asha' about how to prevent the baby contracting HIV from the mother.

For more information

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