

Ministry of Education of the Republic of Tajikistan

Guidelines for JiC Facilitators

“Join in Circuit in Tajikistan”



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Guidelines for JiC facilitators “Join in Circuit in Tajikistan”

Dushanbe, 2011, 80 pages.

Guidelines for facilitators contains recommendations for planning and implementing the effective work with young people, aimed at changing behavior in the context of HIV/AIDS through innovative models of prevention - the information interactive exhibition “Join in Circuit in Tajikistan.”

This manual was developed under the Regional Program “Health in Central Asia” implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (German International Cooperation (GIZ))

The material is intended for the organizers and facilitators of the information exhibition “Join in Circuit” and it also may be used during information campaigns among young people related to prevention of HIV/STIs/drug abuse.

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Contents

| | |
|---|----|
| Introduction..... | 5 |
| General information on the program..... | 6 |
| Contents..... | 7 |
| Technical description and instructions for installing JiC exhibition..... | 7 |
| JiC stations..... | 11 |
| Station “HIV/AIDS – Questions and Answers”..... | 11 |
| Station “HIV ways of transmission”..... | 17 |
| Station “Contraceptives”..... | 23 |
| Station “Body Language”..... | 27 |
| Station “Living with HIV”..... | 29 |
| Station “Responsible Decision”..... | 37 |
| Monitoring and Evaluation..... | 44 |
| Annexes..... | 47 |
| Glossary..... | 71 |
| Literature..... | 74 |
| Organizations working on HIV/AIDS..... | 75 |

Guidelines for facilitators

to work with the Informational interactive exhibition “Join in Circuit in Tajikistan”

Introduction

Prevention is a basement for all measures related to HIV/AIDS epidemic taken in the country. Other's countries practice of fighting HIV has already allowed accumulating the real information concerning effective approaches to prevention, and the related favorable conditions.

One of the main ways to reduce growth trends of HIV/AIDS is to change the risky behaviors among the population, mainly among young people. Indicators of knowledge and degree of risky behavior among sexually active population, in particular youth of 15-24, are the key indicators to show the successful integration of HIV/AIDS prevention programs at national level.

National surveys related to the information level and youth behavior practices in the Republic of Tajikistan, provided by the Strategic Survey Center in 2010, showed among 4000 respondents of 15-24 as follows:

1. Indicator 13 «Young people: knowledge on HIV prevention» according to the Guidelines for development of UNGASS key indicators on HIV/AIDS showed that in 2010 compared to 2008 the percentage of respondents providing correct answers to all five questions increased from 10% to 13,4%.
2. Indicator 15 «Sexual contacts in the age before 15» showed that the percentage of young men and women until the age 15-24 having sexual contacts before 15, increased based on the 2010 survey results compared with 2008, and reached 2% against 0,3% consequently. The increase in the indicator was provided mainly by the male population; including the young people of 15-19 – from 0,4% to 4,4% and in the group 20-24 – from 0,9% to 3,2%.
3. Attitude to people living with HIV (stigma and discrimination to PLHIV) reflects that 48% - are pro the fire from job, 47% - no communication with HIV infected classmates, co-students and colleagues at work.
4. Level of use of any drugs - 74,3% of respondents noted that spread of HIV infection is mainly related to the drug using. 56 people (1,4%) of 4 thousand respondents noted that they used drugs, of them 55 are men and 1 woman.

There are a number of principles which have to form the basement for the prevention policies and have to be crucial for the successful actions in HIV prevention in our country. The peer-to-peer-principle (engl. peer education, «peer educates a peer») is characterized that the prevention activity is provided by a representatives of the target group, which is subjected to prevention itself. The principle is based on the fact that a person better absorbs information from people of similar age, with the same educational and cultural level and social background. Besides, people who educate should have reliable information and be able to transmit it to others. People used to trust to those who are close to them by spirit, lead similar way of life, who have similar problems. Thus, the programs implemented using the peer-to-peer principle consider the characteristics of the target group itself.

One of such programs is the interactive exhibition “Join in Circuit” for the primary prevention of HIV infection and all aspects related to HIV among the young people. The program is cohesion of the information exhibition and educative games to form the behavioral skills to protect oneself and others.

The main idea of the program is to provide to the youth the important structural knowledge on the issues of HIV/AIDS prevention and change of attitude towards the responsible behavior to protect one's own health.

General information on the program

In early 1990-s the non-governmental organization «KomPass System Kommunikation» at the request of the Germany Federal institution on medical education (BZgA) developed a program Mitmach Parcours on the theme «HIV/AIDS, love and sexuality», which is the innovation combination of interactive game and the mobile information exhibition. MP or Join in Circuit is a modern and effective instrument on prevention of HIV and drug abuse among the youth.

Starting from 2003, GIZ presented JiC in over 20 countries adapting the instrument's methods to the cultural features of different countries. In the CIS the program was called "Join in Circuit" and Russian Federation (Chelyabinsk city) became the pilot area.

In Tajikistan the project is implemented since year 2010 by the German consultancy agency Health Focus GmbH acting on behalf of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (German International Cooperation (GIZ)) in the frames of the Regional Program "Health in Central Asia". The partners in the JiC implementation in Tajikistan are the Ministry of Education, Academy of Education, Republican Center for Healthy Lifestyle and the Republican Center on HIV/AIDS under the Ministry of Health of Tajikistan.

Since the beginning of the project all partner organizations came to one conclusion that the program successfully developed and implemented in one country cannot be a same success in another country as internal and external environments vary a lot. Thus, a goal was set: adapt the information exhibition Join in Circuit to the conditions of Tajikistan and develop a tajik model considering the people's mentality.

Methodic guidelines contains recommendations for planning and conducting an effective work with young people to provide behavioral change in terms of HIV epidemic using the innovative prevention patterns – the information interactive exhibition Join in Circuit.

The material is intended for organizers and facilitators of JiC and it can be used during information awareness campaigns among the youth on prevention of HIV/STIs/drug abuse.

The JiC goal – is to provide young people with knowledge and skills on the issues of HIV prevention and motivation of young people for next search of the relevant information.

Information exhibition "Join in Circuit" is based on **the peer-to-peer principle**, therefore trained young people facilitate the JiC stations.

Basic principles of peer communication for volunteers-facilitators:

- **Equal participation.** Everyone is equal in a group, there are no supervisors and subordinates. All have the right to express their views and vision of a problem.
- **Amiability to each other.** It is important to respect other's opinions. It may vary from the general viewpoint, but has the right to exist.
- **Ability to hear and listen to others.** To be heard one should learn to listen to others. Non-verbal communication has not less importance than words, this includes a smile, gesture, sight, or grimace sometimes can support or offend more than a word.
- **Respect of a personal dignity.** Even if relations in a group are not ideal, during protecting of one's own position in a discussion one should not become personal

- giving negative assessments to individual qualities of participants.
- **Voluntary participation.** All participants take part not by force but due to their right for information and for the reasonable choice.
- **Uniqueness of each person.** Whatever social, psychological, characterological, behavioral features of participants, it is important to find an individual approach to each of them.

Contents

The basic instrument of Join in Circuit is the linkage of the interactive game and the mobile information exhibition.

Join in Circuit in Tajikistan consists of 6 stations related to 6 topics:

Station “HIV/AIDS – questions and answers”

Goal: Expand participants’ knowledge on “HIV – basic knowledge”, “Risky behavior and STIs”, “Migration and HIV”, “Stigma and discrimination”, “Gender and HIV”, “HIV and drugs”.

Station “HIV ways of transmission”

Goal: Provide clear and official information of which life situations pose a risk to getting HIV infection, and which have no risk and cannot lead to infection. Participants have to learn to identify the risky situations themselves.

Station ‘Contraceptives’

Goal: Provide information on different methods of contraception, protection from STIs and HIV, and the introduction of different family planning methods.

Station “Body language”

Goal: Teach participants to the open discussion of closed themes, using non-verbal methods of communication.

Station “Living with HIV”

Goal: Motivate participants to contemplate on different aspects of HIV infection, and problems and conflicts, which a person living with HIV can face with. Provide a possibility to participants to express their attitudes to PLHIV and get rid of own prejudices and fears.

Station “Responsible decision”

Goal: Show to participants possible ways of transmission and spread of HIV, introduce risky behavior towards HIV infection and the need of personal responsibility for making decisions in risky situations.

Technical description and instructions for installing JiC exhibition

The composition of the mobile information exhibition “Join in Circuit in Tajikistan” includes: a bag with 4 banners/pipes and ropes to hang on walls, a toolbox for each station: a number of pictures, a puzzle, cards with 36 questions, a game “Wheel of Luck”, and also the additional materials: a double-sided scotch tape, scissors, clock, a whistle, questionnaires, information materials.

Exhibition ‘Join in Circuit’ is installed in the closed spacy premises with a total square not less 100 sq.m., and the height not less 3 m. Extra conditions: a premises should be well lit and ventilated, isolated, secured and empty. Possible options: a school sports hall, assembly hall, etc. During JiC event a pre- and post-testing of participants is provided.

Before running a mobile exhibition it is required to identify the location of each station watching the distance between each other (pic.1).

The toolbox is applied by facilitators during a JiC event.

Each station is facilitated by the trained facilitators selected on a volunteer basis, and who are supposed to have participated at the special training on HIV/AIDS and STIs issues and protection from unwanted pregnancy.

One JiC event with 6 stations is running for 2-2,5 hours (15-17 minutes per each station + move to another station + introduction and summary + pre- and post-testing). Increase in time for each station is required in some cases, which is to be identified by Coordinator and facilitators at the beginning of JiC event. Such cases may include a noisy group or a group having low level of information on HIV/AIDS or other issues considered by stations.

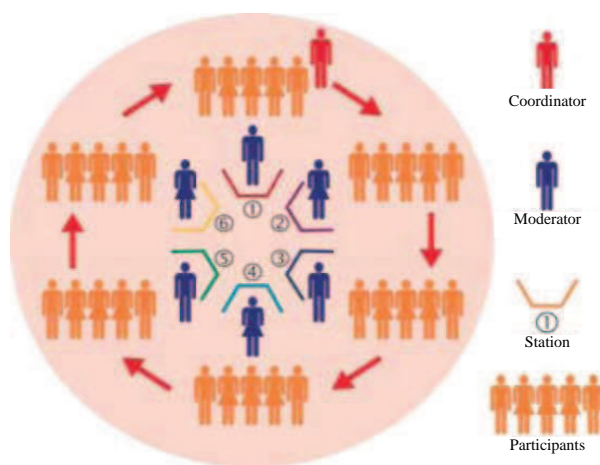
Before starting a JiC event a Team Coordinator/Assistant Coordinator welcomes the participants, briefly presents the project and divides them into 6 groups by 8-10 people. The single JiC event may involve at once from 48 to 60 (maximum) participants.

The age of participants is from 15 to 25.

The JiC event is accompanied with a social survey – a questionnaire for participants.

A separate table is placed at the entrance/exit with all information and education materials to ensure dissemination of materials among participants. Information materials can be acquired at the AIDS centers, RH and family medicine centers by Team coordinator and facilitators, and they also can use information from the Guidelines' annexes printed out as leaflets.

Finally all JiC materials are collected and dismantled station by station.



Pic.1 Schedule of JiC stations' location inside.

Join in Circuit in Tajikistan

Time: 2– 2,5 hours (1 JiC event)

| Time | Activity | Notes |
|------------------------|--|--|
| 20 min. | Installation of JiC event Pre-test (if available) | Pre-test before JiC event is conducted in parallel way to the preparation of the stations' location (hanging of banners, preparation of tables, etc.) |
| 10 min. | Introduction of participants. Distribution by groups | 6 groups in average by 8-10 people. If groups are nonhomogeneous (boys and girls), it is better to form them by gender aspect. |
| 15-17 min. per station | Station «HIV/AIDS: questions and answers» | |
| | Stations «HIV ways of transmission» | |
| | Stations «Contraceptives» | |
| | Stations «Body language» | |
| | Stations «Living with HIV» | |
| | Stations «Responsible decision» | |
| 20 min. | Post-test (if a pre-test was conducted) or feedback only Evaluation (evaluation factsheet of a facilitator/coordinator) Summary. Dismantling of JiC event | Evaluation of knowledge based on the material provided. Collection of feedback of participants Dismantling of JiC stations provide during post-test/ feedback |

Tasks of persons in preparation and running the JiC event

JiC team includes:

- Regional coordinator
- Field coordinators
- Facilitators

Tasks of Regional Coordinator/Tasks of the Coordination Team

- Coordination of JiC tasks at national level.
- Data collection and control of JiC implementation by different organizations involved in the country.
- Making decisions on further spread of JiC in the country (new geographical sites and/or new organizations).
- Monitoring of the assessment results
- Making decisions on next adaptation to different target groups in the country.
- Storage and archiving of documentation on PR campaigns (information on JiC in the media and TV, reports on press-conferences and official opening ceremonies)
- Development of the JiC Operational plan
- Money distribution
- Organization of training and re-training of facilitators.
- Support to Team Coordinator
- Represent the organization or a region at national meetings and other activities

Coordinator's Tasks

- Organization of each JIC event by a team
- Supervision of a facilitator's team
- Contacting with target groups
- Collection of all facilitators and their transportation
- Data collection on the JiC event
- Check the quality of the team work
- Evaluations – regular
- Preparation of reports and submission to Regional coordinator
- Be responsible for material used in JiC event.

Facilitator's tasks:

- Knowledge and skills for JiC running
- JiC running
- Report on JiC running
- Active participation in the M&E
- Participation in the evaluation conducted by a facilitator and during re-training

Stations of the interactive information exhibition “Join in Circuit in Tajikistan”

Station «HIV/AIDS – Questions and Answers»

Introduction:

The station is facilitated as a game that provides a chance to receive information in line with discussing unclear concepts and enforce the knowledge received.

Objective:

Provide brief and reliable information on the issues related to HIV/AIDS/STIs and drug abuse. Participants should learn how to assess individual risk of HIV infection.

Time: 15 minutes

Materials:

1. A game “Wheel of Luck” consisting of six double repeated main colors, each corresponding to a topic:
Red - «HIV – basic knowledge»,
Orange - «Risky behavior and STIs»,
Yellow - «Migration and HIV»,
Green - «Stigma and discrimination»,
Blue - «Gender and HIV»,
Violet - «HIV and drugs»
2. Colored cards with questions (5-6 questions corresponding to each 6 topics)
3. Card A4 with the name of the station.



Process:

1. Welcome the participants clarify goals and proceedings of the station.
2. Explain that they have: a game «Wheel of luck» and colored cards with questions which they have to answer.
3. «Wheel of luck» is placed on a table or on a floor.
4. Facilitator invites participants one by one to move an arrow of the Wheel of luck. A participant moving an arrow pulls out a card with a question from the topic according to the selected sector' color.
5. Facilitator reads a question to participants noted on a card and clarifies if the sense and contents of the question is clear.
6. Then a facilitator invites all participants to answer the question.
7. If participants do not know the answer or answer wrong, a facilitator answers the question himself/herself.
8. After the participants finally understand an answer to a question a facilitator invites another volunteer to repeat actions (moving an arrow, pulling out a card, question and answer, clarifications of a facilitator).

Questions at this station are divided by contents into main topics:

| No | Question | Answer |
|--|---|--|
| 1. Topic - HIV basic knowledge | | |
| 1. | What is HIV? | HIV – is the virus of human immunodeficiency. When a person is infected by HIV the virus starts deteriorating the immune system |
| 2. | What is AIDS? | AIDS – Syndrome of Acquired Immunodeficiency is a complex of diseases appearing due to the low immunity. |
| 3. | When and where was HIV/AIDS revealed first in the world and in Tajikistan? | First case of a strange disease, which was then named AIDS, was recorded in 1978. Official information on HIV/AIDS revealed in early 80-s. In 1982-1983 a French and American scholars Luk Montagne and Robert Gallo almost immediately revealed a virus causing immunodeficiency of a human. In Tajikistan first HIV cases were registered in 1991. |
| 4 | How is the treatment during HIV and AIDS called? | Treatment during HIV and AIDS is called antiretroviral therapy (ART), which blocks (hampers) the reproduction of HIV virus in blood and enhances immunity. |
| 5 | Is it possible to identify HIV by a human appearance? | NO, it is not possible. HIV has no certain external signs of a disease, therefore a person may not suspect his/her HIV infection. |
| 6 | Where and how can HIV infection be identified? | HIV tests are conducted in AIDS centers and reproductive health units. One of those is called express-test. A blood from a finger is taken for test and the result is ready in 15-20 minutes. HIV tests in Tajikistan are free, anonymous, voluntary and confidential. |
| 2. Topic: «Risky behavior and STIs» | | |
| 1. | What is STIs? | STIs are transferred in sexual way. These infections are widely spread and can lead to serious consequences for health if not cured in time. People having STIs are mostly vulnerable to HIV infection. Virus is easily transmitted into human body through ulcers, injuries and other damages of mucous membranes caused by STIs. |
| 2. | What sexually transmitted diseases do you know? | It is known about 20 infections transferred in sexual way including HIV/AIDS. These are diseases: syphilis, gonorrhea, trichomoniasis, chlamydia, candidosis, genital warts, hepatitis B, etc. |
| 3. | What kind of symptoms are there for STIs? | STIs symptoms are as follows: - mucous or purulent excreta from penis, vagina or anus; - feelings of burning or pain, including during urination; - injuries, blisters, warts on a penis, in vagina, in anus or in a mouth. |
| 4 | What do you need to do if feel STIs symptoms? | Do not postpone a visit to a doctor. Most STIs can be treated especially if they are revealed at early stage. |

| | | |
|-------------------------------------|---|---|
| 5. | Why STIs pose a high risk to HIV? | Sexually transmitted infections (STIs) increase a risk for HIV infection, as injuries and sores during STIs are the gateway for HIV infection. |
| 4. HIV and Migration | | |
| 1. | Who is a migrant? | A person who is out of his/her permanent place of residence |
| 2 | What kind of migrants do you know? | Migrants can be permanent (people who with support of governmental programs changed the country of residence) and temporary (students, in a mission, labor). Migrants can be also legal and illegal, internal and external. |
| 3 | Why migrants relate to HIV and STIs high risk group? | Because they are staying far from their homes, families and permanent sexual partners, use the services of sex workers, have unsafe sex, drugs or alcohol abuse in a group of people. |
| 4 | How migrants can protect themselves from HIV? | <ul style="list-style-type: none"> - have information on HIV/AIDS - do not use the services of sex workers; - have a permanent sexual partner; - use the means of protection (condoms); - have a regular testing for HIV, including after coming back from migration. |
| 6 | Are the wives of migrants vulnerable to HIV and why? | Yes, migrants' wives are also vulnerable to HIV as their husbands being in migration may have unsafe sexual contacts or contacts with unsterile instruments. |
| 4. Stigma and discrimination | | |
| 1 | What is stigma? | Stigma in a verbatim translation from Greek means an earmark or a stamp that is a negative attitude. This phenomenon is likewise a stereotype and differs from it by direction at a person's qualities (see the details in Annex). |
| 2 | What is discrimination? | Very often a stigma leads to discrimination that is a violation of human rights. Discrimination occurs when there are fictional differences between a person and other people which lead to unfair attitude to him/her. For instance, dismissal of a person from work for the reason of HIV positive status – this is discrimination. |
| 3 | Are the rights of PLHIV violated due to stigma and discrimination? | Due to stigma and discrimination related to HIV/AIDS the rights of PLHIV and their environment are often violated. Such kind of rights violation prevents from response actions and strengthens negative impacts of epidemic. |

| | | |
|--------------------------|--|--|
| 4 | Is there a law in Tajikistan related to HIV/AIDS? | Law of Tajikistan “On combating HIV and AIDS” #150 adopted on 28 December 2005 (see details in Annex) |
| 5 | What kind of support does the Government provide to children living with HIV? | <p>Article 15. Law of Tajikistan “On combating HIV and AIDS” # 150 adopted on 28 December 2005:</p> <ul style="list-style-type: none"> - Institutions for education, health and social security management develop and implement programs of social support to children orphaned or abandoned due to HIV infection. Children under 16 infected with HIV or AIDS a monthly allowances are provided; People infected for the reason of medical interventions a pension and the right of priority for housing in case of its absence is provided, or if necessary, improve housing conditions. |
| 6 | Why is there stigma and discrimination if having HIV/AIDS? | Myths on HIV/AIDS have established a viewpoint that this is “a disease of fallen dirty people”, “God’s punishment”, “a disease of drug users, sex workers and gays” |
| 5. Gender and HIV | | |
| 1 | Can a woman ask her husband to make test for HIV? | Yes she can. For this she should be informed herself on HIV/ AIDS and provide information to her husband. |
| 2 | How can wives of migrants protect themselves from HIV? | Wives of migrants should be informed of HIV and spread information among family members. |
| 3. | Does gender equality impact on HIV/AIDS prevention? | <p>Gender equality is when men and women have equal positions and conditions in a community to realize their own rights and possibilities in full. The basic principle of gender equality is the creation of equal conditions for women and men in community.</p> <p>As experience of developing countries shows gender equality leads community to stability and welfare. We cannot improve situation in any aspect of life including in HIV prevention without improving and making fair gender relations in a society.</p> |

| | | |
|-------------------------|---|--|
| 4. | Why women are more often can be infected with HIV than men? | <p>Women are more vulnerable to HIV and STIs due to biological factors:</p> <ul style="list-style-type: none"> - a woman's vagina has a large area of contact with sperm containing HIV; • the concentration of HIV in sperm is higher than in vaginal secretions women; • in sexual contact in the vaginal mucosa some microdamages may be formed, especially at young girls. Situations of violence or sexual contact by force could lead to considerable damage; • sex during menstruation, pregnancy and the postpartum period increase the risk of HIV infection. <p>Social, cultural, and economic vulnerabilities of women:</p> <ul style="list-style-type: none"> • Women often have limited access to education than men; • Lack of access to information and services; • Gender stereotypes, double standards regarding sexual relations and cultural practices that violate women's rights to information, the right to choose her husband, early marriage, etc. • sexual violence, trafficking and sexual exploitation; • women's economic dependence on men, and others. |
| 5. | What is "sex" and "gender"? | <p>"Sex" relates to biological and genetic characteristics, which distinguish men from women (male and female genitals, breasts, childbearing, sperm production, etc.), and "Gender" relates to social/cultural/economic roles of women and men in community.</p> |
| 7. HIV and drugs | | |
| 1. | What is drugs and drug abuse? | <p>Drugs are the psychoactive substances. There are legal and illegal drugs. Drug abuse is a disease stipulated by the addiction from drugs.</p> |
| 2 | What kind of consequences does the drug use lead to? | <p>Use of drugs causes different feelings depending on a dosage and the height, sex, and weight of a person. Creates problems with psychomotor functions that impacts on the ability of a person to control his/her actions.</p> <ul style="list-style-type: none"> - long use forms a strong psychological dependence and leads to the health problems; - long use can lead to violations with brain functions. |
| 3 | Can a man using drugs infect his/her sexual partner? How? | <p>One of the ways of HIV transmission is a sexual way. HIV positive person using drugs during unsafe sexual contacts may infect his/her partner with HIV and/or STIs.</p> |
| 4 | Can a man who uses drugs get HIV? | <p>Yes, HIV infection during intravenous use of drugs is possible through the use of other people's instruments (syringes and needles) and unsafe sexual contact.</p> |
| 5 | Please tell of the ways of prevention of HIV infection during using drugs? | <ol style="list-style-type: none"> 1. Never start using drugs. 2. Do not use syringes or needles used by other people. 3. Use condoms during sexual contacts 4. Have regular medical checkouts 5. Use information on HIV and AIDS |

Recommendations:

1. Provide a chance to participants to express their views. A discussion is not to be a long one. Answers should be brief.
2. While commenting the answers of participants a facilitator uses knowledge received at the workshop and during studying the Guidelines for JiC facilitators.

Summary

After finalizing the work at a station try to bring participants to a conclusion that to keep one's health and the health of the environment from such diseases as HIV/AIDS, STIs, drug addiction, each person needs information of these diseases. Information and knowledge of the ways of transfer and prevention methods of HIV, STIs, drug abuse will help to conserve one's own health.

Finalizing

Thank participants and clarify which station move to.

Station «HIV ways of transmission»

Introduction

The station is conducted in a playing form. There are 3 levels of risk of HIV infection transmission. Prior prepared pictures depict different situations related to HIV ways of transmission and correspond to different risks of HIV transfer.

Goal

Provide clear and official information related to:

- What are the ways of HIV transfer
- What types of biological liquids of the human body present the highest threat for HIV infection
- Which life situations pose a risk for getting HIV infection and which are safe and do not lead to infection.
- Participants should learn how to identify the risk situations individually and know ways of HIV prevention.

Time: 15 minutes

Methods: Individual and group work. Individual work will allow each participant using his/her own knowledge and/or experience, identify what cases are linked to the risk of HIV infection and the degree of risk. Group work promotes the overall discussion of a selected decision and provides an opportunity for participants to express their viewpoints connected to the decision.

Materials:

- Banner with three sectors identified by colors – red, yellow, green.
- 22 pictures depicting different situations, which have and/or do not have a risk of HIV transmission.
- scotch tape/sticky tape
- 2 schemes - «HIV ways of transmission» and «Physiological liquids of a human body through which HIV may transmit»

Process:

1. Welcome participants, clarify goals and the process of the station.
2. Clarify that here they have a banner with sectors of 3 colors – red, yellow, green and the pictures depicting different life situations. Some of the situations present high risk to HIV, others may have risk only during relative circumstances and third ones do not have any risk.

Red sector – pictures with situations of high risk of HIV transfer.

Yellow sector – pictures with situations, which may have risk in a relative circumstances (low level of transfer)

Green sector – pictures with situations, which do not have risk of HIV transfer.

3. Then stick all pictures on a banner in random using a scotch tape.
4. Clarify if all participants understand the situations on pictures. If required, please clarify the sense of situations/scenes depicted.

5. Then clarify that all participants should now discuss and assess how each situation can have threat/risk related to infection or transfer of HIV infection.
6. Participants distribute pictures according to color of a sector on a banner depending on the risk of HIV infection.
7. Together with participants learn the place of pictures. Give a chance to a group clarify why they place the pictures in this or that sector, why they made this or that choice.
8. Commenting each picture ask the participants if they agree with the place of pictures. If required please correct the responses of participants, give explanations and move the pictures to the proper sector or help participants do this themselves.
9. Facilitator if possible gives a chance to express views to all participants who are interested.

Finally the pictures should be placed the following way:

«Red sector» - high risk of HIV transmission:



- Joint use of injection drugs

Needles and any other piercing-cutting instrument are able to injure the skin surface and contact blood that causes a risk for HIV. Thus any such kind of instruments should be individual, disposable or undergone a special disinfection.



- Unsafe sexual intercourse

Unsafe sex is the most spread way of HIV infection. During the unsafe sexual intercourse a man and a woman change biological liquids (liquid from vagina and sperm, sometimes blood), which contain a large volume of virus that can lead to infection or HIV transmission. Prevention of HIV during sexual contacts can be presented as the abbreviation AFC that is A – abstinence from early and out-of-marriage sexual contacts, F – faithfulness of both partners to each other, C – condom use during sexual intercourse as means of protection from HIV and STIs.



- Transfer from HIV positive woman to a child.

Different infections (diseases), which may have an HIV positive woman, weaken a placenta and she can infect a child with HIV. To prevent HIV transfer from mother to a child pregnant women should be checked out and have treatment by a medical health provider, and delivery of such women are provided surgically calling a Cesarean section.



- Breastfeeding

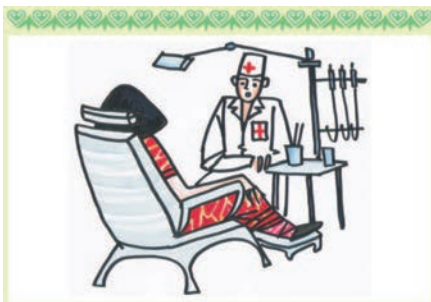
Breast milk infected with HIV contains enough scope of a virus to infect a child with HIV. Therefore during breastfeeding a chance of HIV transfer from a mother to a child is very high.

«Yellow sector» - low risk of HIV transfer:



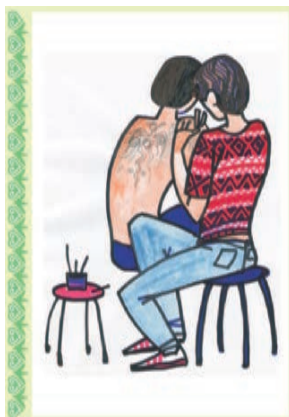
- Blood transfusion

Blood is one of the liquids of a human body causing a big threat for HIV infection and transmission. In Tajikistan to prevent infection through blood transfusion the blood is first checked for HIV presence.



- At dentist's

In modern stomatology the used instruments have mandatory disinfection and sterilization. But if there are some doubts in a sterility of reusable instruments one should ask a dentist if sterilization was provided.



-Tattoo

During making a tattoo a contact with blood occurs. As through the non-disinfected needle after blood contact an HIV transfer is possible the infection occurs in case if the tattoo salon did not provided disinfection of instruments. Thus when making a tattoo disposable needles are recommended.



- First medical aid

During first medical aid infection is possible in case of unsafe contact with blood of an injured man. To prevent HIV infection during providing medical aid it is required to have rubber gloves or any other available material which prevents contact with biological liquids.



- Manicure/Piercing/Shaving in a man's saloon

In theory infection is possible in case if in a manicure and piercing saloons and at barbers the instruments are not disinfected. All instruments in manicure saloons should be treated with disinfection means, and get sterilized. At barbers it is not possible to get infected through brush or scissors, though through the non-sterile razor in case of accidental cut it is possible (contact with a blood). Thus to prevent infection it is recommended to use disposable blades and razors.



- Surgery

During surgery interventions infection is possible if instruments are not disinfected. In modern surgery the instruments are mandatory disinfected and sterilized. If having doubts in terms of sterility of reusable instruments, one should ask a doctor if sterilization was provided.

«Green sector» - no risk of HIV transfer:



- Sleep in one bed/Common use of towels and toilet bowls/Co- living

People often are scared to get HIV infection during ordinary household contact. These fears are exaggerated. Scholars confirm that HIV cannot adapt to live in the environment and therefore household ways of HIV transmission is not possible. If there were no contact with blood, sperm, vaginal excreta and breast milk of HIV infected people, the transfer of HIV is excluded.



- Hugs and kisses

HIV virus in saliva and sweat is too small to be a risk for HIV infection. Thus through kisses and hugs HIV is not transferred. Possibility of small risk of HIV transmission during a French kiss is actual, if both partners have sores in a mouth or bleeding gums.



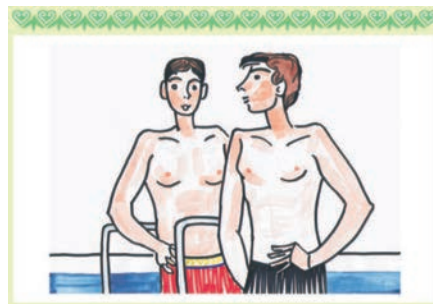
- Medical checkouts (blood test)

In a modern medicine the instruments for checkouts are disposable or are sterilized. Each health provider should follow universal precautions. If having doubts in terms of sterility of reusable instruments, one should ask a doctor if sterilization was provided.



- Care for a patient

If during care for HIV patient there was no contact with liquids containing large amount of virus (blood, sperm, vaginal secretions), than there is no risk of HIV transmission.



- Visiting bathhouse/a pool/sauna

HIV does not transmit during use of common bathhouse/bath, shower, pool, toilet, sauna. Ordinary treatment (chlorination) and water boiling kill HIV virus. But even if the virus was not killed water reduces its concentration to a level which excludes the probability of infection. Until currently no case of HIV transmission through the use of common bathhouse or a pool is recorded in the world.



- Study at school

HIV cannot transmit during coughing, sneezing and a talk that is through air. Evidence showed that HIV cannot adapt to live in the environment.



- Animals/insects' bites

HIV virus can live and reproduce only in liquids of a human body, therefore entering the body of animals and/or mosquitoes it dies due to the features of their anatomic and physiological structure of digestive system and the virus features as well. Thus the bites of animals and insects do not have risk of HIV infection and transfer.

8. Moderator places the schedule on a stand and summarizes the information received by the participants, focusing once again on the ways of HIV transfer and liquids transferring HIV infection:

| | |
|--|--|
| HIV ways of transmission <ul style="list-style-type: none"> • sexual way • blood to blood • from HIV positive woman to a child | Physiological liquid through which HIV is transmitted <ul style="list-style-type: none"> • blood • sperm • vaginal secretions • breast milk |
|--|--|

Recommendations

1. Meanwhile expressing viewpoints of participants the discussion should not be delayed.
2. Commenting the pictures from “Red sector” and “Yellow sector” a moderator should stop on those biological liquids which have the high risk of HIV infection and factors promoting to risk reduction.
3. Saying of the blood transfusion, it is required to inform that currently this way in Tajikistan is becoming risky (clarify the reasons) despite that such cases are very rare. In Tajikistan the blood safety is provided by the Order № 579 from 21.10.2005 «On the measures for further prevention of complications during blood and its components’ transfusion» (donor’s check-outs for 3 infections: HIV, Hepatitis C and syphilis).
4. Commenting the pictures from the Yellow sector moderator draws attention of participants for if they doubt in sterility of the instruments they are eligible in requiring from health providers and manicure or tattoo saloons to sterilize the instruments immediately in their presence.
5. Commenting the location of pictures in any sector a moderator uses the knowledge received at the training.

Summary

Finally after working at stations you should deliver the participants to one summary that each person should be responsible for his/her own health and safety. Information and knowledge on the ways of transfer and prevention of HIV infection will help them in acquiring the life skills.

Conclusion

Thank the participants and explain which station they move to.

Station «Contraceptives»

Introduction

Despite when young people are going to start sexual relations, they need to get familiar with the modern means of protection from unwanted pregnancy and sexually transmitted infections including HIV. Work at the station will allow participants get information of methods of contraception, and see visually the available means of contraception, and get knowledge of the contraceptives which provide a double protection from HIV, STIs and unwanted pregnancy.

Goal: participants should get familiar with different methods and means of contraception, protection from STIs and HIV.

Time: 15 minutes



Materials:

1. Banner with a picture of a young boy and a girl at the background of a heart.
2. Cards (as clouds) with different views and statements on different contraceptives, which are placed around a picture on a banner: photo

The best method
especially for adolescents

Reliable, available,
acceptable and hygienic.
No infections and side
effects

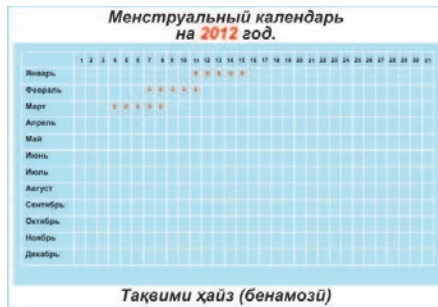
Take during 72 hours
only in extreme cases
(casual sexual contact or rape)

For women already
having deliveries, and
should be installed by health
provider only

It can protect if having
a regular menstruation cycle

Protects during 3
months but has many
side effects

Take every day,
prescribed by a health
provider only



1. Contraceptives (real):

- ✓ IUD,
- ✓ Depo Provera,
- ✓ Male and female condoms,
- ✓ Emergency contraception "Postinor" pills,
- ✓ Everyday hormonal pills "Regulon",
- ✓ calendar method – a calendar,
- ✓ Abstinence as a sheet of white paper A5.



2. Two stars showing a double protection method, a scotch tape to foster statements and means of contraception.

Process:

1. A central picture is placed on the banner and around it are the expressions of each type of contraception (as clouds).
2. Facilitator welcomes participants at the station, clarifies the goal and process of running a station
3. Facilitator asks participants: "If they know what is contraception?" and "What is a condom?"
4. Moderator suggests participants select one by one method of contraception from a bag and discuss its characteristics.

Questions for discussion:

- What contraceptive do you have in your hands?
 - Where can you buy it?
 - What do your peers know of it?
 - Do you need a recipe to buy it?
 - Do you need a doctor's prescription to buy it?
 - Is this method expensive?
 - Who can it match to mostly (men or woman)?
 - How can you use it?
 - Is it a reliable method?
5. During the discussion a facilitator gives an opportunity to each participant to express himself/herself. If they are wrong or do not comply with the method described, a facilitator himself provides a correct answer. When a discussion clarified all main aspects of any contraceptive the participants should place a contraceptive method discussed under the relevant statement on a banner, which describes main characteristics of a method.
 6. Finally the participants identify which methods can give double protection against HIV, STIs and unwanted pregnancy. Correct answer is: *a double protection from HIV, STIs and unwanted pregnancy provides a condom – male and female and the abstinence.*
 7. Methods of double protection participants have to mark with a Star. photo

Recommendations:

- If a group is shy or has a scarce information or fragment information on the methods, a facilitator provides and summarizes the information himself/herself.
- If time will remain till the end of a station and the discussion of some model situations may be included, for instance, "Your future partner may refuse to use a condom. But if you wish to protect yourself from HIV/STIs and unwanted pregnancy you should know how to convince him. What kind of cases will you provide?".
- Answers of a double protection should be marked by special symbols (a star)
- If a group wishes, the station may be facilitated in different by gender groups.
- Facilitator should know for sure the myths on condoms and be prepared to correct the knowledge of participants.
- Facilitator has to know the relevance of statements on contraception to the types of contraception.



- **Abstinence** – the best method, especially for adolescents described in the Holy Book "Koran".



- **Male condom** reliable, available, acceptable and hygienic. No infections and side effects.



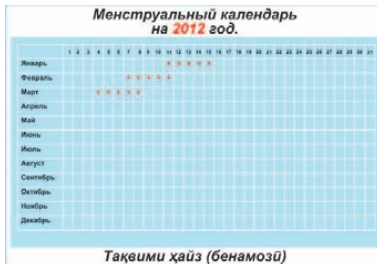
- **Female condom** - reliable, available, acceptable and hygienic. No infections and side effects.



- **Hormonal pills** – contains estrogen and progestogen, which stop ovulation. Before starting taking pills one should consult to a doctor. Pills have to be taken every day.



- **Urgent contraception/pills “Postinor”** - take during 72 hours only in extreme cases (casual sexual contact or rape).



- **Calendar method** – it may protect only during a regular menstruation cycle and requires pre training.



- **Intrauterine device (IUD)** – for women already having deliveries, and should be installed by health provider only in a medical facilities.



- **Depo Provera** – Progestogen injections make the cervix non-penetrative for spermatozooids and stops ovulation of many women. It protects during 3 months but has many side effects. It may be installed in the Reproductive Health Centers by a health provider.

Summary:

Finalizing the work at the station deliver participants to the conclusion that the confidence that you are a master of your own life, insistence, positive attitudes to oneself and loving people, ability to assess really the privileges and negative effects of contraception, ability to realize one's own rights, needs, values and priorities, encourage to make an optimal decision while preventing HIV, STIs and unwanted pregnancy.

Finalization

Thank participants and explain which station move to.

Station «Body language»

Introduction:

The station is used to help the young people to be more open talking of the sexuality issues. The station is running in a pantomimic game involving the participants themselves.

Goal:

- Develop communicative skills of schoolchildren that provide a possibility for adolescents to be more open talking of closed/secret themes.
- Expand knowledge on HIV/AIDS and drug abuse prevention issues
- Overcome of prejudices/complexes/taboos.
- Motivate adolescents in further information search

Time: 15 minutes

Materials:

1. Puzzle – a photo of a young couple, standing watching each other, smiling, cut for 9 parts (from one side - fragment of a central photo, from another – a word to show in a pantomime).



A card A4 format with a name of station.

Process:

1. Facilitator welcomes the participants, explains process of the station, introduces the goal and objectives of the station
2. In a bag there are puzzles where on a reverse side a word is written, which should be showed by volunteers as a pantomime, not uttering a word.
3. Facilitator invites 1-2 volunteers to take a part of the puzzle out of bag.
4. If volunteers need time to prepare, a facilitator identifies the time 1-2 minutes.
5. Volunteers showing a pantomime of a word (not uttering a word, just their gestures and body).
6. Participants have to guess and name a word showing in a pantomime.
7. The game continues until the participants guess which word volunteers try to show.
8. Volunteers showing pantomime then change each other.
9. The whole process will continue until all puzzle' parts are guessed by participants.
10. Then the participants are suggested to collect all parts of puzzle together.
11. Later the discussion of a picture collected from puzzles is going on.
12. Facilitator thanks everyone for participation.

List of closed themes written on a reverse side of puzzles:

1. Kiss
2. Caress
3. Love
4. Wish to get acquainted with a girl/boy
5. Harassment to a boy/girl
6. Pregnancy
7. I love you (confession)
8. Refusal (saying no)
9. Condom

Recommendations:

1. Station can be facilitated separately for boys and girls / in rural area
2. In urban schools it can be facilitated in a mixed group or separately.
3. If having spare time a facilitator may invite participants to give a feedback asking the participants what are their feelings, if they had difficulties with pantomimes, etc.
4. Parts of puzzles have to be guessed within the time set for the station. If participants could not guess all the words it is required to give them chance to collect all parts of puzzles together.

Summary

Note participants that there are various options to discuss closed topics, which allow receive a reliable information.

Finalization

Thank participants and explain which station move to.

Station «Living with HIV»

Introduction. The station is facilitated in a group work using the discussion. The pictures prepared in advance show the different spheres of life of a boy or a girl. Participants are asked to compose a story of a young boy or a girl, who have just found out they are HIV positive. Discussion in a group work will allow participants consider the HIV impacts on various spheres of life of a boy/girl, built tolerance and solidarity towards PLHIV and find possible strategies of actions after getting infection.

Goal

Provide clear and official information on:

- What rights and responsibilities PLHIV do have
- What is stigma and discrimination if having HIV
- What kind of negative impacts does the stigma and discrimination have
- What kind of prevention strategies with stigma and discrimination exist
- Participants have to know the importance and support of PLHIV
- How to overcome your fears in terms of HIV and PLHIV
- On the voluntary counseling and testing for HIV (VCT), psycho-social support and ARV.

Time: 15 minutes

Materials required for station:

- Banner where the pictures will be placed on
- Double-sided scotch tape
- 26 Pictures showing different spheres of life of a boy or a girl:

Process:

1. Facilitator welcomes participants, explains goals and process of running a station.
2. In the beginning a facilitator places 2 pictures of a boy and a girl on a banner and asks participants make a decision who they want to prepare a story of – a boy or a girl.



Boy/Girl

Questions for discussion:

- What is his/her name?
- How old is he/she?
- Where is he/she from: city or village?



3. Then participants create his/her image and analyze different spheres of his/her life with the help of pictures (family, relations, free time, sports, school/work, etc. (see below). Pictures are to be placed on a banner while creating a story.
4. After participants created a complete image of their hero, a facilitator informs that this person has just found out that he/she is HIV positive. Afterwards, participants need to follow and analyze again his/her spheres of life to identify what requires changes in his/her life due to HIV infection and what is to remain unchangeable.
5. A facilitator analyzes together with participants the image created. A facilitator gives a chance to a group why the life of PLHIV in definite spheres can change to various extent and/or remain unchanged as before HIV infection.
6. Besides, participants analyze what PLHIV have to care about, who can provide them understanding and support and why it is needed to these people. During discussion a facilitator has to add some new pictures related to support in the AIDS Center, at psychologist and in NGO.
7. A facilitator if possible provides a chance to each participant who is willing to express his/her view. Asking a group few leading questions, a facilitator tracks and corrects the course of discussions made by participants.
8. If required a facilitator corrects the answers, clarifies the disputable situations and answers the questions aroused.

Pictures for a boy



- In a field

Questions for discussion:

- Can he continue working in a field?
- Is it a risk for his environment?
- How does he feel himself?



- With friends

Questions for discussion:

- Can he continue communicating with his friends?
- Can he tell to one of his friends of his positive test result to get support and understanding?
- What may his friends answer if know about his disease?



- Labor migration (for a boy)

Questions for discussion:

- Can he leave for earnings for Russia or other country?
- What may happen if one learns that he has HIV at the airport or railway station?
- May he be deported from Russia?



- At school or University

Questions for discussion

- Can he continue studying at school/University?
- How do his friends react on the disease news?
- Now he has the risk for other people, isn't he?
- Do friends talk of him?
- How does he feel at school?
- He has to study in other special school, isn't he?



Professional education (for a boy - turner / welder / carpenter)

Questions for discussion:

- Does the college have to know of his disease?
- May he tell to his colleague of his disease?
- What is the reaction of his fellow student?
- Can he continue work by her profession? Does he need to change his profession?
- Can he find support at his college?
- How does he feel himself in a group of fellow students?



- Sports (gym hall/sambo)

Questions for discussion:

- Can he continue go in for sporting?
- Can he tell of his HIV status to a coach or other sportsmen?
- What kind of reaction may they have?
- Why can't he go for sports anymore?
- What types of sports are non-preferable for him?



Computer use

Questions for discussion:

- Is this his hobby or a main work?
- Can he continue using computer?
- Is the computer use harmful for his health?
- Where can he receive counseling related to his disease?



- Military service

Questions for discussion:

- What troops does he serve in?
- Can he continue serving at army?
- Should he tell anyone of his diagnosis?
- What may happen if his colleagues know of his HIV status?
- May be somebody knows of his diagnosis?



With a girlfriend

Questions for discussion:

- What are they talking about?
- May be he informs of the HIV test results?
- What is her reaction?
- Can their relations continue?



- With a group of support (in the NGO working on HIV/AIDS prevention)

Questions for discussion:

- What is a group of support?
- Where can one find a group of support?
- Who did tell him of a group of support?
- What are they talking about?
- May other members of a group of support be PLHIV?



- At psychologists

Questions to discuss:

- Where one can receive a counseling of psychologist?
- What kind of support does he wait from psychologist?
- Why did he decide to go to psychologist?
- What kind of questions can he discuss to psychologist?



- HIV test (AIDS Center)

Questions for discussion:

- Why did a boy decide to have test for HIV?
- Where one can have medical checkout?
- What does he feel at doctor's room?
- What does he has to do first after having test results?
- Who can he discuss to the results of test?
- Who else should have test for HIV?
- What kind of recommendations can a doctor provide to?



Pictures for a Girl

- Housework (for a girl)

Questions for discussion:

- Can she continue working at house?
- Can HIV transmit to other family members?



- With friends - girls

Questions for discussion:

- What are they talking of?
- May she inform of her HIV test results?
- What is their reaction?
- Can their friendship go on?
- Why is she talking to her diagnose with her friends?
- May be they offer her their help?



At school or in the University

Questions for discussion:

- Can she continue studying at school/University?
- How can her friends react to the information on her disease?
- Is she now dangerous for the environment?
- Do her friends discuss her?
- How does she feel at school?
- Does she have to study in a special school?



Professional education (for a girl – work at sewing machine/ embroidery)

Questions for discussion

- Does the college have to know of her diagnosis?
- If her fellow students know of her diagnosis, how would they react?
- How does she feel herself among her fellow students?
- Can she continue work by her profession? Does she need to change her profession?
- Can she find support at her workplace?



- In a community (old women aside)

Questions for discussion:

- How do you think what neighbors are talking of?
- May be they know of the girl's diagnosis?
- What kind of words/expressions may the neighbors say to a girl?
- Does her friend know of her diagnosis?
- How can a girl feel herself due to the negative attitudes of a community?



- With a group of support (in the NGO working on HIV/AIDS prevention)

Questions for discussion:

- What is a group of support?
- Where can one find a group of support?
- Who did tell her of a group of support?
- What did she come to a group of support for?
- What are they talking about?
- May other members of a group of support be PLHIV?



- At psychologists

Questions to discuss:

- Where one can receive a counseling of psychologist?
- What kind of support does she wait from psychologist?
- Why did she decide to go to psychologist?
- What kind of questions can she discuss to psychologist?



HIV test (AIDS Center)

Questions for discussion:

- Why did a girl decide to have test for HIV?
- Where one can have medical checkout?
- What does she feel at doctor's room?
- What does she has to do first after having test results?
- Who can she discuss to the results of test?
- Who else should have a test for HIV?
- What kind of recommendations can a doctor provide to her?

Common pictures to be used for both girl or a boy
- Wedding

Questions for discussion:

- Can he/she marry?
- Has he/she to say of the HIV status before wedding?
- Can they have sexual relations?
- Is there a risk of HIV transmission to each other?
- What may be the way of HIV transmit?
- What does he/she feel?
- Does he/she feel scared?
- Can he/she protect himself/herself from HIV after wedding?
- What should he/she can do when find out of HIV status?



- Talk to a wife / to a husband

Questions for discussion:

- What does he/she talk about?
- May be he/she talks of HIV?
- May be he/she wants to inform of the HIV positive status?
- Why did he/she decide talking to the status?
- What does he/she have to do after the talk?
- What does he/she expect from a talk?



- Pregnancy

Questions for discussion:

- Can she inform her husband of her diagnosis?
- What kind of reaction does he have?
- Why she told him of her diagnosis?
- What can he say to her?
- Should they possibly apart?
- Who else can she tell of her diagnosis to?
- Is he/she scared that a child can be infected too?
- They are discussing treatment recommended by a doctor?
- Does he suggest her make an abortion?



- Family

Questions for discussion:

- Can he/she tell of the diagnosis HIV to her family – children, wife/husband? How would they react?
- What kind of support can provide family members?
- Can he/she get a support?
- What kind of fears do family members have while discussing his/her status?
- Would the life in a family change after a talk?



Recommendations

- During discussion of views of participants there is no need to prolong the discussions, without stopping on the way which a main hero has got an HIV infection. Questions for HIV ways of transmission are to be considered separately at another station.
- If commenting various aspects of life of a hero, a facilitator has to highlight the concepts of stigma, discrimination, discuss negative impacts and method to fight against stigma and discrimination, provide information related to rights of PLHIV and social security, support from governmental and civil society organizations.

Summary

While completing the work at the station deliver participants to a clear conclusion that HIV diagnosis is not a sentence and the end of life. Each person not depending on his/her HIV status has all civil rights adopted by the Constitution of Tajikistan and the Law on HIV/AIDS from 2005.

Conclusion.

Thank the participants and explain which station move to.

Station «Responsible decision»

Introduction: The station's objective is training participants the skills of making of their own decisions with the overall respect of personal values by considering all possible options and the related consequences.

Goals:

- Create conditions for development of skills of saying “No”.
- Assist to understand which impact/consequences lead to risk behavior, for those who mostly subject to risk behavior.
- Allow participants to see and understand how fast and unnoticed can HIV infection may spread in the community.
- Participants should learn themselves to assess their personal risk of HIV infection
- Participants should think of that they are alone responsible for their own health, that each person despite the age can face these kind of conflicts.

Time: 15 minutes

Materials:

- Banner
- Four stories (20 pictures) depicting various situations. These situations have and/or do not have risk if HIV infection
- Double-sided scotch tape
- Scheme “Strategies for saying No”. photo

Strategy for saying “No”

It is frequently in our life that we have to refuse from something. Situations of refusal are often linked to the unpleasant emotions: a fear to offend somebody, strain relations, a feeling of guilt. But when we refuse confidently, calmly, it seems that our refusal is seen calmly, without causing negative emotions. While refusing it is important to stay polite but confident.

Below please find some ways to say ‘No” and stay calm.

1. Say what the problem is (that’s mean, or, that’s illegal, or that’s unfair etc.).
2. Say what the consequences are.
3. Suggest something to do instead.
4. If your friends insist on doing it anyway, leave. But leave the door open for them to change their minds and join you.

Sometimes you can make it easier on yourself by preparing in advance for a possible pressure situation. Here are some things you can do ahead of time.

- Think ahead and try to anticipate possible problems.
- Decide in advance what you intend to do.
- Think of some good ways to handle the situation if it arises, or some good ways to avoid the situation altogether.

Process:

1. Facilitator welcomes participants, introduces the goals and process of the station.
2. Explain that they have pictures depicting life situations. Among situations there is a high risk of HIV infection.
3. Place at random the pictures of any story on a banner.
4. Clarify if all participants understand the situations on pictures. Clarify the sense if required.
5. Ask participants to create an image of heroes (name, age, occupations, etc.), that is create stories. Participants have to place pictures on a banner according to the story created. Stories created by participants may completely differ from possible options to be discussed.
6. Then clarify that all participants should now assess the risk of each situation related to infection or transmission of HIV. Are the stories typical or possible for their age group?
7. Discuss together how they can avoid the risk for their health.
8. Ask the participants what skills for making a right decision they need in risk situations of getting infected with HIV and other STIs.

Options of stories to discuss**Story 1**

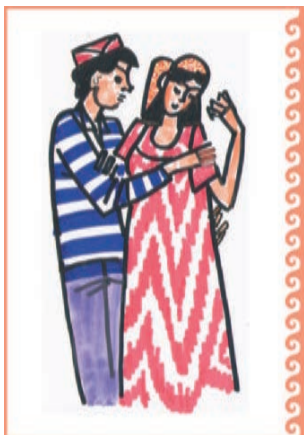
A beautiful girl with long hair is walking on a rural road, and meets an unfamiliar guy. She turns back to look at him.



She is working in a field. He suggests his help to her.



They are sitting next to each other and talking of something.



He expresses his feelings to her, hugging a little, and suggests intimate relations. She is confused with thoughts: she is scared to lose him but on the other side she is scared with the shame from other people. What to do???



They are discussing together possible options and even think of marrying each other.



They both make a decision of wedding.

Story 2.



Young people have fun at the disco party. Girls and guys are in joyous and fine mood.



The drunk guy is back home after the disco party. His mother is very upset.



In the morning the guy is thinking of his behaviour.



The guy is passing by a café/bar. A familiar guy welcomes him and suggests join him. Recalling the yesterday evening the guy refuses "No, thank you, my friend, I am going home".

Story 3.



A young boy is in a dark mood (wants to marry but has no money)



He is at the airport and is going to leave for Russia, for earnings.



He is working in a construction in Russia.



He is in a company with friends at disco party, girls/
alcohol drinks/dances



He is with a girl



He is standing with a test result – he is HIV +, he has thoughts
in his head:

- May this be a mistake?
- Who can he tell of my positive result to?
- Can he now have a wife and children?
- In which situation, when and where HIV infection could happen?
- Who else should have test for HIV together with him?
- Where one can have HIV treatment?

Story 4.

Girls are coming out from school and wait for transport on a bus stop.



An expensive car approaching them. Two young guys invite them to take a ride.



Girls agreed, guys invited them to a restaurant, they are having fun and drink alcohol.



Guys mix the girls' drinks with sleeping pills.

Questions for discussion:

- What risks of getting HIV infection do exist during communication with unfamiliar people?
- Why adolescents/adults start using alcohol, drugs?
- Do the use of psychoactive substances (PAS) help while addressing a problem?
- Where is the first use of PAS possible for young people?
- What are the consequences from using PAS (alcohol, energy drinks, etc.)
- What can help to our heroes in making a right decision in each story?

Recommendations

1. Station can be facilitated separately for boys and girls.
2. Stories 1 and 4 are most appropriate among rural youth
3. Story 2 can be provided according to the needs of a target group in such kind of information (during planning of JiC event).

Summary

While finalizing work at the station show a Scheme “Strategies of saying No” and deliver participants to a conclusion that each person is responsible himself for his decisions. Skills of saying No in risk situations of having HIV, STIs, drug abuse will promote conserving of one’s own health.

Finalization

Thank participants and explain which station move to.

Monitoring and evaluation of effectiveness

Monitoring is the permanent tracking of the course of works (programme/project or organization) to compare current activity with a plan. Systematic collection of information on activities (within monitoring) is a “scanning” of a situation is provided as a routine procedure. Its main task is timely detecting of deviations from plans set. A well set monitoring system helps the supervisor of project/program timely react on the abovementioned deviations.

Evaluation suggests more detailed (compared to monitoring) penetration into the essence of what is happening. Evaluation is directed on the analysis of results of activity and/or the effect and correlation of these results with definite criteria. Based on the results of evaluation one can judge on the effectiveness of a program, project or organization and the recommendations for future are formed. In the course of evaluation among others the monitoring data are used.

In the context of JiC activity it is required to combine monitoring of JiC running with the evaluation of its effectiveness. Monitoring has to be directed at the control of using the resources allocated for JiC event (financial, technical and human), and evaluation on the studying of JiC impact on the representations of visitors on the questions discussed, forming their intentions for the safe sexual behavior.

Monitoring is conducted to receive optimal information on the state of affairs. Thus, in each point planned it should address the concrete and limited questions:

- Does the work performed in time (meeting the deadlines)?
- How many percentage of the amount planned was spent for works?
- Do the actual resources used correspond to the money planned?
- Does the performed scope of quality of works correspond to the activities planned?

Monitoring system has to be built in the project since the beginning. For this it is required:

- Identify phases of receiving interim results which would then become key monitoring points.
- Identify the frequency and schedule for the collection of information taking into account the intensity of the activity to be evaluated.
- Appoint the responsible persons to receive the required information and agree with those who would use this information.
- Identify the mechanism of handling and analysis the information received.
- Plan how and who will handover the monitoring data to, and who and how will use them.

Monitoring will be conducted by the Project Coordinator using the system of regular collection of information related to a program implementation. This will allow integrate changes into project implementation, if required.

Impact assessment will be provided at the final project phase. This is a comprehensive assessment of the changes which were integrated by the project activities into the target group. In this case assessment will include individual interviews among JiC visitors and facilitators, as volunteer teams during JiC events. Besides, the final assessment will include challenges (project team and facilitators) per each project phase - SWOT-analysis.

Monitoring of JiC effectiveness

1. Quantity assessment

To collect data Coordinator uses the factsheet “Data on JiC event running” (see Annex). Coordinator has to fill in the questionnaire after each JiC event. These questionnaires should be saved by Coordinator. Data received are to be analyzed and used during reporting.

2. Quality assessment of JiC effectiveness

Pre and post written testing of JiC participants

Pre and post-testing of JiC participants is used as quality assessment of JiC effectiveness. Number of participants for testing has to be not less 10 and not above 20 people, and there is a need in watching gender aspects.

Results of testing show if the direct and indirect JiC goals were achieved and present information for next JiC improvement.

Final testing is the sequence of results remoted from the impact of JiC event itself in terms of time period – after JiC event at once, in 3 months, if technical, financial and human resources are available.

Questionnaire is a quite simple way of collecting information from a group of people appropriate in terms of time and efforts. JiC Coordinator is responsible for such kind of pre and post tests on a constant basis, if technical and human resources are available.

Methods of testing. Before JiC a Coordinator informs participants that in the beginning and in conclusion of JiC event a testing will be provided, clarifies goals and objectives of pre and post testing and invites 15-20 volunteers to take part in written questionnaire. Volunteers and a facilitator go to the opposite corner of premises. Participants are provided with printed questionnaires and pens (Questionnaire see in Annex). Facilitator clarifies that each participant has to fill in the questionnaire individually and if questions and/or challenges aroused a participant has to address a facilitator only. Participants are provided 10 minutes to fill in tests. After completing a facilitator collects all questionnaires. If there is chance facilitators have to look through the questionnaires to see the background knowledge of participants on the issue, and to understand which points are to be focused on. Facilitator has to note that in the end of JiC event the same questionnaire will be used to see the success of JiC event.

MONITORING AND EVALUATION OF HUMAN RESOURCES AND FACILITATION

Key actors of JiC event are facilitators. A Coordinator has to have information based on actual data for next improvement and strengthening of capacity of facilitators. For the effective methodology of JiC it is very important a constant monitoring, studying and reflection of the facilitation practice in getting JiC message to the target group. It is important after each JiC event strengthen the well ran moments and minimize the unwanted moments. This is the improvement of skills of facilitators in concrete spheres and thus they become really effective facilitators. To assess the skills of JiC facilitators a Coordinator uses a checklist for facilitators (see in Annex). Coordinator has to watch carefully for the work of facilitators at each station and fill in the checklist. Data are analyzed and after JiC event a feedback is provided in a Team of facilitators to discuss the strong and weak sides of JiC facilitation. All data are summarized in the reports (monthly, quarter, annual). The checklist should be at Coordinator and at facilitator (a copy).

Feedback. A feedback from participants is an important part of M&E. Feedback provides information related to the quality of the event, feelings and emotions of JiC participants and assesses if the event helped in increasing knowledge of a target group and in receiving recommendations for next JiC development.

Feedback has to be provided at the end of JiC event, both in written and verbal forms. To have a written feedback one can use a special questionnaire (see in Annex).

Method of collecting feedback. Tests are conducted in terms of time available as well as technical and human resources. It is conducted in focus groups collecting 15 to 20 people considering the gender balance. A Coordinator asks volunteers from participants and one facilitator to follow to the other corner of premises of the event. Afterwards, questionnaires are collected and stored at Coordinator's. Furthermore this information is analyzed and is used during reporting and to improve the quality of JiC event and its stations.

Organization and financial-technical resources for JiC

Organization of JiC event requires professional preparation. To help coordinator and facilitator some proposals for successful organization are presented in the Annex.

Annexes

Annex 1

JiC Events- Data

| | | | | | |
|--|------|-----------------------------------|------|--|--|
| 1) Date: | | 2) Institution: | | 3) Place | |
| 4) Number of Participants: | | 5) Male: Female: | | 6) Age of Participants: | |
| 7) Played Stations | | | | 8) Names of Facilitators: | |
| 9) Interaction of participants: | | | | 10) Participants' previous knowledge on RH issues: | |
| 11) Cooperation with local organizers was: | | | | 12) Comments: | |
| | good | regular | poor | | |
| Time | | | | | |
| Room | | | | | |
| Support for construction | | | | | |
| | | | | 13) Coordinator: | |

Annex 2

PRE-TEST - Checklist BEFORE participating in the “Join in Circuit”

The survey is anonymous and confidential; therefore you may not mention your name. All the information received during questionnaire will be used to assess the level of knowledge of young people on the issues of prevention of HIV/AIDS, drug abuse and safe behavior, and planning and conducting of next education activities for young people.

| | | | |
|--------------------|-------------|-------|------|
| Date | Date | Month | Year |
| School and class | No | | |
| Gender (underline) | Male Female | | |
| Region | | | |

1. Please read each statement and put a tick in the place of most appropriate for you answer option in each line.

| Questions and statements | Yes | No | Do not know |
|---|-----|----|-------------|
| Do you know what is HIV? | | | |
| Do you know what is AIDS? | | | |
| HIV may be transmitted during common use of kitchen utensils, towels | | | |
| HIV is transmitted through kisses and hugs | | | |
| HIV is transmitted through blood, sperm, vaginal excreta and breastfeeding | | | |
| A person may get HIV infection during mosquito biting | | | |
| A person having HIV infection may look like as a healthy person | | | |
| HIV positive woman should not give birth to her child | | | |
| People living with HIV should not marry other people | | | |
| Are women infected more often than men? | | | |
| I would have avoid my friend if find out that there is an AIDS sick person in his/her family | | | |
| Do you know where can you have test for HIV? | | | |
| Does the HIV/AIDS treatment available in Tajikistan? | | | |
| Person infected with HIV should study and work in the special places, separate from other people. | | | |
| Condom protects from HIV and STIs | | | |

Thank you for being sincere!

POST-TEST – Checklist AFTER participating in the “Join in Circuit”

The survey is anonymous and confidential; therefore you may not mention your name. All the information received during questionnaire will be used to assess the level of knowledge of young people on the issues of prevention of HIV/AIDS, drug abuse and safe behavior, and planning and conducting of next education activities for young people.

| | | | |
|--------------------|------|--------|------|
| Date | Date | Month | Year |
| School and class | No | | |
| Gender (underline) | Male | Female | |
| Region | | | |

I. Please read each statement and put a tick in the place of most appropriate for you answer option in each line.

| Questions and statements | Yes | No | Do not know |
|---|-----|----|-------------|
| Do you know what is HIV? | | | |
| Do you know what is AIDS? | | | |
| HIV may be transmitted during common use of kitchen utensils, towels | | | |
| HIV is transmitted through kisses and hugs | | | |
| HIV is transmitted through blood, sperm, vaginal excreta and breastfeeding | | | |
| A person may get HIV infection during mosquito biting | | | |
| A person having HIV infection may look like as a healthy person | | | |
| HIV positive woman should not give birth to her child | | | |
| People living with HIV should not marry other people | | | |
| Are women infected more often than men? | | | |
| I would have avoid my friend if find out that there is an AIDS sick person in his/her family | | | |
| Do you know where can you have test for HIV? | | | |
| Does the HIV/AIDS treatment available in Tajikistan? | | | |
| Person infected with HIV should study and work in the special places, separate from other people. | | | |
| Condom protects from HIV and STIs | | | |

Thank you for being sincere!

Annex 3

JiC Facilitator checklist (for Coordinator)

Location: _____ b) Date: _____
 c) Target Group: _____ d) Number of Participants: _____
 e) Coordinator: _____ f) Facilitator: _____
 g) Station: _____
 i. Language _____

| | Навыки фасилитации | оценка от 1 до 10 балла | |
|----|---|-------------------------|-----------|
| | | Личная оценка | Замечания |
| 1 | Facilitators give a warm welcome and farewell to participants at each station. | | |
| 2 | Clear instructions for interacting at the station are provided. | | |
| 3 | Probing and bouncing back questions are appropriately used. | | |
| 4 | Interaction and discussion among participants take place. | | |
| 5 | Pictures and materials are correctly used. The presentation of the stations follows step-by-step. | | |
| 6 | Facilitator has good time management. | | |
| 7 | Practice of active listening | | |
| 8 | Group behavior management | | |
| | Factual knowledge | | |
| 9 | Facilitator gives correct factual information. | | |
| 10 | The main messages of the station are clearly delivered and underlined by facilitator. | | |
| | Approach to target group | | |
| 11 | Sexual and gender sensitive and correct words and language are used. | | |
| 12 | Facilitators are able to talk openly about SRH issues. | | |
| 13 | Facilitators are respectful of participants and their opinions. | | |

Decisions taken by a facilitator to improve his/her work, after discussing questionnaire in a group/with coordinator

(1) _____
 (2) _____
 (3) _____

Date: _____

Signature

Facilitator _____

Coordinator _____

Annex 4

JIC Participant Feed-back

| | | | | | | |
|---|---|---------|--------------|---|---|---|
| 1. Age: | 2. School/Profession: | 3. Sex: | 4. Location: | | | |
| 5. Can you describe in <u>three words</u> your impressions about Join-in Circuit? | | | | | | |
| 6. What were the <u>two key learning</u> for you from Join-in Circuit? | | | | | | |
| 7. What did you like most? | | | | | | |
| 8. What didn't you like? | | | | | | |
| 9. Were the pictures helpful? | | | | | | |
| 10. On which subjects would you like to get more information? | | | | | | |
| 11. | Which of these statements is right for you? Mark the ones which correspond to your impressions. | | | | | |
| | The circuit was very informative to me. | | | | | |
| | I didn't like the way of presentation. | | | | | |
| | I was already very well informed about all the treated topics. | | | | | |
| | I was surprised how many things I still didn't know about sexual life. | | | | | |
| | All information I received confused me. | | | | | |
| | I would like to inform my friends about these some of these topics. | | | | | |
| | (others) ... | | | | | |
| 12. | How do you like our stations? (1 means "not at all" and 5 means "very much"). | 1 | 2 | 3 | 4 | 5 |
| | | | | | | |
| a. | Ways of HIV/AIDS transmission | | | | | |
| b. | Living with HIV | | | | | |
| c. | Contraceptives | | | | | |
| d. | HIV/Aids Questions and Answers | | | | | |
| e. | Body Language | | | | | |
| f. | Responsible decisions | | | | | |
| 13. Do you have some comments, critics or proposals? | | | | | | |

Organization and financial and technical resources of JiC event

Before JiC event

| Activity | Description | Responsible person |
|---|---|-------------------------------|
| Contacts with partner organizations | <p>Contacts established with the partner organizations are crucial for having good results. Organizations-partners may do a lot for improvement of cooperation. For successful cooperation a Team of facilitators has to:</p> <ul style="list-style-type: none"> • Provide to the organization information related to contents, goals, objectives and methods of JiC; • Provide information on the RH programs, which implemented by different organizations; • Contact persons responsible for health issues in organizations; • Plan time for JiC event according to the needs of target group; • Find spacious premises to run JiC event; • Selection and organization of a target group; • Provide presence of one or more representative(s) of a hosting institution (a teacher, doctor) during JiC event and provide its evaluation; • Involvement of the staff of a hosting institution in installation and dismantling of JiC stations; • Find feedback of the latest JiC event in the same institution; | Coordinators |
| Selection of stations | Selection of material and facilitators for different stations has to be provided according to specific needs and interests of target groups. Identify in advance the existing knowledge of participants of the issues to be considered and their participation in such kind of information and education events. | Coordinators |
| Organization of premises for JiC event | Six banners of JiC stations have to be placed on a distance from each other so that participants cannot distract to other groups. Premises should be light, have enough natural or artificial lighting so that participants could see the visual aids and easily read the texts. Premises should be spacious to hold 60-70 people and provide them possibility to move easily from one station to another. | Coordinators |
| Pre- and post-test | <p>Before and after JiC event it is important to have pre and post testing of participants to identify the start level of knowledge and final level after passing all JiC stations. Pre and post-test will allow check the results after running JiC event.</p> <p>Pre and post-test can be conducted in focus groups among 15-20 people, if time and financial, human resources are available.</p> | Coordinators and facilitators |

| | | |
|--|--|--------------|
| Toolbox of materials for stations | A facilitator is the one who uses a JiC toolbox. He/she is responsible for safety and availability of all JiC materials: banners, visual aids, tests, pens, handouts, and evaluation factsheets. In case of breakage or lack of any materials, inform your Coordinator. Lack of materials can have negative consequences and reflect on the effective JiC running. | Facilitators |
| Flexibility | If a facilitator has the station he/she likes, he/she has to be ready to run any other station. JiC in future will be more flexible and a work of facilitators will be more interesting. | Facilitators |
| Work with media | Inform media of JiC events. Try to attract media and community to JiC. | Coordinators |

b. Implementation

| Activity | Description | Responsible person |
|--|--|-------------------------------|
| Coordination | A good coordination is very important between facilitators. Try to work at stations within the time provided and do not allow participants distract on other groups or activities. | Facilitators |
| Change of time | Depending on the number of participants and their background knowledge a group of facilitators and Coordinator can decide to change time frames for each station. For instance if number of participants is big or their knowledge of reproductive health issues are scarce, you may require two minutes more at each station. In this case the decision is to be made by Coordinator and other group members in advance. | Coordinators and facilitators |
| Contact with auditoria | Welcome friendly JiC participants, introduce the JiC team. Clarify them the goal of JiC event, its rules and procedures. Divide facilitators to 6 groups with the help of facilitators. Give instructions to participants before the start. Speak loud and clear and make sure that participants understand you. | Coordinators |
| Welcome guests | Guests are people, who are interested in JiC, but they are not involved in any group of participants, this can staff of a school (teachers, director, school doctor/nurse, etc.), journalists, community members, etc. Do not allow them interrupt the process but let them pass through stations, clarifying the method and contents of each station and let them observe for the activity. | Coordinators |
| Coordination by changing stations | Good coordination among facilitators is very important. Coordinator has to inform (give a sign) to facilitators before 2 minutes of completion of work at a station. Then facilitators have to finalize the discussion, summarize and underline the basic moments. | Coordinators |

| | | |
|-----------------------------|---|--------------|
| Interaction | <p>The most important part in any of JiC stations is interaction. Please do not avoid it and do not reduce it to minimum! Please give participants enough time to involve them into process and stimulate them to interaction.</p> <p>Try to find out what participants know already, what they think and what fear they have. Support their discoveries but let them know that they are discovers themselves. If you see that it is at standstill do not preach them as usual!</p> | Facilitators |
| Message | You have to clearly realize what is the real message of a station that you represent. Make a summary and underline this for each group of participants | Facilitators |
| Open issues | <p>Questions from participants are the most important component of JiC event. If you feel not sure in some questions please address to a Coordinator. It is frequently a facilitator has such kind of difficulties but they feel shy to talk of them with colleagues.</p> <p>We believe in a team work and JiC is the product of this philosophy. Do not feel shy to discuss questions with other facilitators, it is easier together to come to solution.</p> | Facilitators |
| Address to auditoria | <p>Address to auditoria has to be loud and clear. Make sure that participants understand you:</p> <ul style="list-style-type: none"> ○ Rules and procedures of JiC event ○ Direction from station to station ○ Specific instructions and messages of each station. <p>Do not loose patience if at the beginning participants will confuse something and distract to all visual aids. Try to involve them and hold their attention with different activities and help them to follow to the next station.</p> | Facilitators |

B. After JiC event

| | | |
|---|---|-------------------------------|
| Contact with partner organizations | Try to get feedback on each JiC event | Coordinators |
| Data collection | Conduct data collection at once completing the factsheet "Comments from Coordinator" | Coordinators and Facilitators |
| Post-test | Give participants to fill in the post-test to check the results of JiC for a target group. Post-test should be refreshed in 3 months. | Coordinators and Facilitators |
| Comments on JiC event | All team members comment the JiC event, what was good and what was not. Analyze the characteristics of participants, challenges you met with and your success as well. | Coordinators and Facilitators |
| Saying good-buy | If points were provided, count them and provide an award to a winner. If gifts are available please award them now. Provide also information materials. Say good-buy to participants. | Coordinators and Facilitators |

Annex 6.

Skills, which a facilitator should have:

Be self-confident

Be inventive and mobile

Be emotional

Be enthusiastic and interested in a goal set

Be attentive

Able to provide information in a concise and correct way

Able to listen to and accept somebody's opinion

Able to make arguments

Able to provide information in an original way

Able to ask a suggestive questions

Able to find way out from a disputable situation correctly

Able to communicate with participants at peer level

After each theoretical information block ask participants if they have any questions and if yes, answer these questions.

Demonstrate openness, amiability, competence

Speak loud and clear on the language understandable to a group

Adhere to time limits

Have a sense of humor

Provide examples from a real life

Avoid assessments

Do not impose to a group a personal opinion

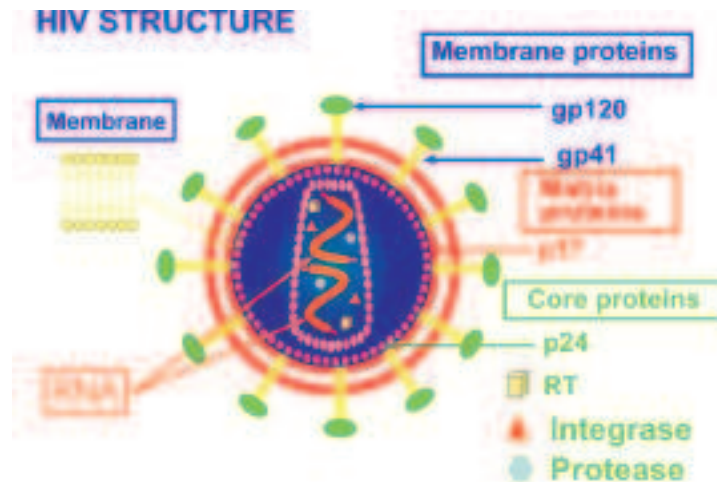
Do not deviate from a theme for discussion and watch the participants not doing this.

Do not afraid of a failure

Annex 7

Information on HIV and AIDS, STIs, contraception, harm of drugs

What is HIV?



V – virus

I – immunodeficiency

H – human

As a rule during few years (in average from 5 to 10 years) after infection a person feels healthy. However HIV is gradually destroys the immune system of a human and then the AIDS phase starts developing.

What is AIDS?

S – syndrome, a group of features or symptoms

A – acquired, that is having no relation to heredity

I – immune

D – deficiency means that immune system has lost its ability to resist the infections.

At AIDS phase a person acquires different infections, which during a healthy immune system do not cause any diseases. These diseases are called opportunistic.

What is immunity?

Immunity is the ability of a human body to resist infection.

Immune system – a system of a human body protecting from alien substances, such as bacteria and viruses.

How HIV affects the human body

HIV invading a human body affects his immune system. If the body fights the disease, it is called “immune response”. It is governed by the human immune system. This is an extremely complex system, which includes blood cells. There are the following blood components: red blood cells (erythrocytes), white blood cells (lymphocytes and leukocytes), platelets and plasma. White blood cells (leukocytes and lymphocytes) are the primary defenders, and it is their HIV infects.

What kind of white blood cells are affected by HIV?

HIV focuses only on one type of white blood cells, called “cells CD4» or “T-helper cells.”

The role of cell helpers is to protect the body from disease. They send the army of “CD8 killer cells” in blood. CD4 cells give instructions to these “killer cells”, what they need to hit. Without CD4 cells “killer cells” CD8 cannot fight, and the body’s immune response becomes less and less effective.

How HIV replicates in the cell?

HIV uses CD4 cells as “factories” to produce such copies of itself (you can observe how this is happening on the slides on the life cycle). In this way, HIV can produce billions of new copies of itself in the body, which affects cells CD4. In response, the body is fighting, and produces more cells CD4, «cells - killers” and antibodies.

HIV ways of transmission

There only 3 ways of HIV transmission:

1. Through the blood:

- During the blood transfusion of the unverified donor blood
- During use of unsterile syringes and needles for drugs. In Tajikistan the most number (75%) of HIV positive are the injection drug users
- During unsterile instruments for manipulations.

2. Sexual way of transmission:

- During unsafe sexual contact (vaginal, anal, oral).

3. From a mother to a child HIV can transmit:

- During pregnancy;
- During births;
- During breastfeeding.

Risk of child birth with HIV depends on the stage of HIV infection of a mother, inflammatory diseases, pregnancy period and timely antiretroviral treatment.

Liquids through which HIV is transmitted:

Only four liquids of a human body contain HIV in a scope enough for infection.

- Blood
- Sperm
- Vaginal excreta
- Breast milk

HIV is not transmitted:

- By air through coughing and sneezing;
- Through meals;
- Through water;
- In a swimming pool;
- Through handshaking;
- Through kiss;
- Through kitchen utensils;
- Through bedding;
- Through clothes and shoes;
- Through washing in bathrooms;
- Through common toilets;
- Through bites of insects.

In Tajikistan social reasons of HIV infection are as follows:

- Scarce access to information: few prevention programs for schoolchildren,
- Media use a bullying information,
- Many young people do not have skills for health protection.
- Young people do not frequently have money to buy means of protection from HIV and STIs.
- Limited access to medical services for young people.

HIV test

The diagnosis of HIV infection - is a complex and important process. It should be noted that the survey should always be voluntary with informed consent and counseling before the test and post-test.

HIV for a long time (up to 10 years and older) may not show itself. A person with HIV looks and feels healthy, but can infect others without even knowing it.

The diagnosis of HIV infection is made only on the basis of laboratory blood test for antibodies to HIV. But if you do a test for HIV antibodies after infection or during the first 3 months, it will be negative, since a small amount of antibodies to HIV cannot be determined by test. This period is called a «window period» and lasts an average 3 months. Therefore it is necessary to pass a retest within 3 months after risk contact. HIV can be tested (including anonymous and free) in AIDS centers.

Antibodies - are specific proteins that are produced in the body in response to the introduction of the virus. And since the analysis reveals not the virus itself, but antibodies to it, medical checkouts should be conducted when the body will produce enough of them, that is enough to test the system could detect them.

HIV testing is accompanied with counseling, both before the test and after obtaining results. To make the test, a blood sample or other body fluids is usually taken. However, psychologically to go and do an HIV test for many people can be a difficult step. However, no matter what result shows the test, testing, ultimately, allows quickly learn the HIV status. Testing and counseling for HIV in Tajikistan is free, anonymous, voluntary and confidential.

HIV test results

A negative result indicates that the blood of a person is not detected antibodies to HIV. Such a result is obtained if:

- a person has no HIV;
- a person has HIV, but have not yet developed antibodies in sufficient quantity (the «window period”).

To exclude the fact of infection (especially if a dangerous situation occurred) a person should be retested for HIV after 3 and 6 months.

Positive result for HIV suggests that the human body has antibodies to HIV. This means that a person has HIV infection.

Why you need to get tested for HIV?

- Know your HIV status.
- Get rid of disturbing thoughts and expectations.
- If the test is negative, then get information about the risks and how to be protected from HIV, to change behavior to more safe.
- If the test is positive, then get the emotional support, the information about living with HIV, treatment and contacts.

HIV treatment

Despite the fact that the whole world is working to develop vaccines and drugs against HIV, the problem is not solved yet. Currently, there is a specific treatment of HIV and AIDS and it is called an ARV therapy (antiretroviral therapy). It is known over 20 different drugs to treat HIV infection, but they are not a cure, but only suspend the disease. Taking these drugs allow people with HIV to stay healthy at a good level for a long time and to live active and full lives. Taking these drugs during pregnancy can significantly reduce the risk of HIV transmission from mother to child. HIV treatment is free in Tajikistan since 2006 in AIDS centers.

Risk behavior for getting HIV infection

Risk and vulnerability are not the same thing. The risk of infection is determined by the individual human behavior, including use of means of protection.

Risk of HIV infection depends on the type of sexual contact (anal, vaginal, oral), the number of HIV in a human body, the presence of other sexually transmitted infections, and other surrounding circumstances. Risk is a universal concept. Anyone can become infected.

Vulnerability to HIV means an increased likelihood to enter into dangerous contact with HIV infection and / or increased risks particularly become affected by the severe consequences of HIV infection.

High-risk behaviors are habits and behavioral patterns that increase the probability of falling into a dangerous situation.

Risk factors for HIV infection is a situation or conditions that may contribute to HIV infection. They contribute to the persistence of certain types of behavior/ lifestyle, leading to an increased probability (risk) of HIV infection.

Individual risk factors are risk situations that arise as a result of certain attitudes, behavior and actions of a person.

Teenagers tend to take risks, try their strength, try their abilities, determine the boundaries of the permissible. Therefore, teenagers get into dangerous situations, underestimating the actual risk.

The causes of risky behavior among adolescents are likely to be:

- curiosity and experimentation - the desire to receive new impressions, sensations and pleasures, the desire to take risks;
- youth hypersexuality, rapid puberty, hormonal explosion combined with the lack of life skills and responsible behavior.
- inadequate self-esteem (underestimated: see themselves as not very interesting, intelligent, attractive, and inflated: consider themselves smarter, luckier);
- a desire to be accepted by a group of peers and the desire to facilitate communication with them;
- dependence on the opinions of friends and acquaintances, an imitation of life friends;
- imitation of adult behavior;
- inability to cope with stress, frustration, stress;
- inability to resist the pressure to say "no";
- lack of experience, etc.

In fact, many teenagers consider an open alcohol and tobacco abuse as a sign of adulthood. Some teenagers start using drugs. The spread of STIs and HIV infection among adolescents is due to frequent change of sexual partners, casual sex and the unwillingness to use condoms. Most teens underestimate the danger and consequences of sexually transmitted infections.

Risk factors for HIV infection among adolescents and young adults:

- refusal to use condoms during sexual intercourse,
- having multiple partners at the same time,
- frequent change of sexual partners,
- anal sex,
- sexual contact during menstruation,
- sex in alcohol and drug intoxication;
- risky practice of intravenous drug use: the use of contaminated syringes, needles, utensils for drug preparation, solutions, etc.

Factors of vulnerability to HIV among young people:

- lack of knowledge and skills (lack of effective programs for prevention education);
- limited access to medical care, which is friendly and confidential;
- financial dependence on adults;
- underestimation of personal risk of infection;
- the practice of risky behaviors (drug use, early sexual activity, failure to use condoms, etc.);
- sexual harassment, violence and exploitation by adults;
- stigmatization of certain groups of youth, including street children, refugees and migrants.

Women are more vulnerable to HIV and sexually transmitted infections by biological factors:

- the woman's vagina has a large area of contact with sperm containing HIV;
- the concentration of HIV in sperm is higher than in vaginal secretions of women;
- during a sexual contact microdamages may be formed in the vaginal mucosa, especially in young girls. Situations of violence or sexual harassment could lead to considerable damage;
- sex during menstruation, pregnancy and the postpartum period increases the risk of HIV infection.

Social, cultural, and economic vulnerabilities of women:

- women often have limited access to education than men;
- lack of access to information and services;
- gender stereotypes, double standards regarding sexual relations and cultural practices that violate women's rights to information, the right to choose her husband, early marriage, etc.
- sexual violence, trafficking and sexual exploitation;
- women's economic dependence on men, and others.

As numerous surveys show, many respondents believe that the risk of getting HIV infection has only members of certain groups, such as sex workers, injecting drug users, men who have sex with men. There is a significant difference between the risk assessment of infection for all and for oneself personally. It is recognized that the risk for everyone is great, but personal risk is inconsequential. Such a distorted view of the real risk leads to a denial of necessary protective measures.

Background and historical events about HIV and AIDS

- Currently, the entire scientific community converges on the belief that HIV is a descendant of simian immunodeficiency virus (SIV). The virus transmitted to a human from our humanoid relative - the chimpanzee.
- 1979-1981: Unusual immune disorders in men who have sex with men in New York and Los Angeles (Kaposi's sarcoma and Pneumocystis pneumonia).
- 1982: The CDC has entered in the register of the AIDS disease.
- 1984: Françoise Barray-Sinoussi and Luc Montagnier discovered HIV.
- 1991: For the first time in Tajikistan cases of HIV were registered and the same year the National Center for HIV and AIDS in Dushanbe (Republican AIDS Center) was formed.
- 1997: In Tajikistan, the government adopted the first "National Program for Prevention and Control of HIV / AIDS and sexually transmitted diseases."
- 2000: The second "National Program for Prevention and Control of STDs in Tajikistan for the period up to 2007" was adopted.
- 2005: The current law of the Republic of Tajikistan "On combatting the human immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome" was adopted.
- 2006: With the support of the Global Fund to fight HIV / AIDS, Tuberculosis and Malaria, supplies of ARV drugs were carried in the Republic of Tajikistan and the Republican AIDS began providing free antiretroviral drugs to people living with HIV (PLHIV). Guidelines "Pre-and post-HIV test" was prepared.
- 2007: The "Programme on HIV/AIDS in the Republic of Tajikistan for the period 2007-2010" was adopted.
- In 2010, a new program to fight HIV and AIDS in the Republic of Tajikistan for the period 2011-2015 was adopted.

HIV/AIDS situation in the world and in Tajikistan

HIV/AIDS epidemics is a global-wide problem and it is spreading all over the world taking away millions lives of people.

According to UNAIDS surveys a number of PLHIV in the world in 2009 is as follows:

- **Total** — 33,3mln.
- **Adults** — 30,8 mln.
- **Women** – 15,9 mln.
- **Children under 15** — 2,5 mln.

People first infected with HIV in the world in 2009:

- **Total** — 2,6 mln.
- **Adults** — 2,2 mln.
- **Children under 15** — 370,000 mln.

Deaths cases from AIDS in 2009:

- **Total** — 1,8 mln.
- **Adults** — 1,5 mln.
- **Children under 15** — 260,000 mln.

The situation in Tajikistan. The demographic situation. Concerning the population Tajikistan is one of the youngest countries, since 70% of the population is young people that is persons under the age of 30, in relation to the population the average age is 24.7 years (annual statistics for 2008, Tajikistan and the statistics of the state youth policy). In relation to sexes 49.8% of young people are young girls who have a direct relation to the development of demographic features.

Most (93%) of Tajikistan is mountainous, and more than half the population live in rural areas. Accordingly, 70.4% of young people are rural youth. Therefore, the health problems cover mainly this category of young people as possibilities to obtain the necessary health services for them are quite limited.

Materials for the station Living with HIV

Stigma and discrimination of PLHIV

None of the disease before the appearance of HIV infection was accompanied by such severe stigma and discrimination. Stigma and discrimination against people living with HIV are a major obstacle to effective prevention.

Stigma – literally is a «label», «brand», «spot» is an extremely powerful social label that completely changes the attitude of people towards others and themselves, causing attitude to a person as a bearer of undesirable quality. Stigma is rooted in antiquity: in the Ancient Greece slaves and criminals were branded. Stigma discredits the person in the eyes of others. Stigma has a great influence on self-awareness.

Stigmatization is a process of devaluation of a personality. In most cases associated with HIV and AIDS, stigma builds upon the prevailing negative perceptions and strengthens them. There is a stereotype that people living with HIV are drug addicts, sex - workers and they deserve what happened to them.

Discrimination from the Latin word is “difference”, “denial or impairment of rights”, “belittling the role,” “denial of equal rights.” **Discrimination** is a violation of human rights and the limitation of the capacity due to the fact that he/she has certain characteristics, condition, behavior or beliefs.

Stigma and discrimination associated with HIV and AIDS, as well as silencing of a problem hinder the implementation of prevention programs. As a result, many countries are beginning to recognize the problem of HIV infection only when it assumes the character of a national catastrophe.

Discrimination can lead to the fact that people have less access to education, health, housing and employment than other members of the community. Stigma and discrimination associated with HIV are major barriers to preventing further infections, providing adequate care, support and treatment and alleviating impact. Incorrect and distorted information about how HIV is transmitted builds on fear and leads to prejudice and discrimination, for example, when people infected with HIV are denied in jobs, are not taken into schools, kindergartens, hospitals, thus violating the human right to work, access to medical services and medicines, to education, to dignity and respect. The result is that the negative effect of the epidemic is increasing.

The Declaration of Commitment adopted by the General Assembly Special Session on HIV / AIDS in June 2001, the fore is to reach a global consensus on the importance of tackling stigma and discrimination due to HIV: “Throughout the world, shame and stigma associated with epidemic have silenced the open discussion of its causes and appropriate response measures. In this regard, in many countries, policy and decision makers, deny the fact that the problem exists, and that urgent action is needed.”

In the context of HIV the discrimination is caused primarily by the following reasons:

- fear of getting HIV infection from household contact;
- prejudices about low morale for those living with HIV;
- racism, homophobia, belonging to social class;
- gender discrimination, especially women;
- imperfection of the legislation

Law of the Republic of Tajikistan on December 28, 2005 № 150 “On Countering Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome» № 150 from 28.12.2005 consolidated the rights and responsibilities of people living with HIV. This law “prohibits discrimination based on HIV status. It is illegal to commit any public act to incite hatred and contempt to a person or group of persons on the basis of actual or perceived HIV status. “ In 2008, the review of the Law on combating HIV/AIDS in Tajikistan was made, and the article about the deportation of foreign nationals on the basis of HIV-positive status was excluded from the new version of the Law.

Psycho-active substances (PAS)

Psychoactive substances are chemicals that when ingested, are capable of altering the mental state of a person, acting on the brain. These substances help to reduce pain, relieve insomnia, anxiety, fear, depression, acquire a peace of mind. Therefore, some of them are used in medicine as drugs. However, a healthy person using psychoactive substances may have euphoria, a significant rise of mood with a feeling of complete contentment, prosperity and self-esteem.

A number of chemicals may contribute to a change of consciousness with the emergence of bright fantastic views. Psychoactive substances that have a high potential to cause addiction, are attributed to drugs and included in the list of narcotic substances. They are either prohibited for production and use (heroin, cocaine, etc.), or their use is strictly controlled by the state (morphine, promedol, codeine, etc.).

Drug abuse is a heavy and hard curable disease, which occurs as a result of drug abuse, and is characterized by a certain set of symptoms and syndromes, mental and physical dependence on drugs, reducing the moral and aesthetic level, antisocial behavior, and several other pathological manifestations.

Substance abuse is the state of morbid addiction, arises in the use of toxic substances that can cause euphoria, but not legally classified as a drug.

Dependence means addiction to something. Dependence can be psychological, physical. **Psychological dependence** - is formed by a pathological desire, expressed by an irresistible desire to receive PAS to change one's own state.

Physical dependence is an emerging as a result of regular use of PAS a functional reorganization of the entire life of a human body, which leads to the development of physical and mental disorders while stopping PAS abuse. The combination of these disorders is referred to as “withdrawal syndrome” or abstinent syndrome – a so called “breaking”, which is facilitated or stopped by the introduction of new or similar to the action PAS.

Tolerance is the state of adaptation (addiction) to drugs. Increased tolerance may be due to an increase in dose or increase the frequency of using PAS.

Euphoria - the perceived status, experience of joy, without the clear reason, a feeling of ease and emancipation.

PAS effect on a human body PAS abuse prevention

All drugs have the ability for some time while cause positive emotions (feeling of joy and happiness, bliss, ecstasy, spiritual and physical comfort), or eliminate negative emotions (anxiety to forget, depression, guilt, boredom, inferiority). One is saying of a dependent behavior when a person is forced to repeat over and over again the same behaviors, waiting for some satisfaction.

Addictive (dependent) behavior does not appear suddenly, but is a continuous process of formation and development of dependence. This is best seen on the example of drug addiction. It begins with an introduction to a drug that improves psychological and physical condition. Receiving of positive emotions leads to repeated meetings with the object of a future drug addiction, which gradually become more frequent and become regular. This leads to a relationship with this drug as a great value, which is all the more possessed by thoughts, memories, fantasies, with a decrease in the critical attitude to the possible negative consequences. A person begins to justify and defend his/her affection, showing distrust of information about the dangers of abuse of a substance. This inevitably leads to the fact that the drug becomes the goal of existence, and its use - a way of life. The old values and interests lose their meaning. The desire for the drug is so strong that people can overcome any obstacles. However, he/she does not want to admit the addiction, making it difficult to assisting him/her and complicates relations with others, growing signs of social maladjustment.

One can create a coherent chain of addictive behavior:

1. first test (experimenting) - occasional use - regular use (abuse)
1. psychological dependence
2. physical dependence
3. this kind of behavior is pronounced self-destructive nature, since inevitably destroys the body and personality. Drug addiction cannot be the result of any factor: it is generated by a lot of psychological factors and social order.

Internal factors: they are related to personal qualities and show personal resources, as well as problematic aspects of a person as a whole.

- low self-esteem;
- a passive attitude to life;
- hyperactivity, aggression;
- a sense of social insecurity;
- lack of new interests and unwillingness to learn new skills;
- personal insecurity;
- inability or low ability to make decisions;
- lack of life problem-solving skills;
- an inability to understand own feelings and emotions;
- inability to say "NO";
- problems in communication skills;

External factors are related to social, cultural, physical and family environment, which has an impact on human behavior. Under the influence of these factors the following mechanisms of addiction are produced.

Mechanisms of addiction

Social:

- a widespread substance abuse in the locality
- lack of emotional contact in the family
- dysfunctional family (alcoholism or drug addiction of parents, low-level property, incomplete family)
- advocacy in the media the trends of the youth subculture associated with the consumption of drugs and toxicants, club culture, some styles of music (rave, “acid trends” jungle, etc.), a veiled propaganda for legalization of drugs, carried out by individual media
- Inadequate youth policy, the lack of a real program of leisure activities, employment of minors.

Biological: a family history of mental health/drug diseases.

Traditional: cultural consumption of psychoactive substances in an area, including vegetation of drugs

Individual and psychological:

- imitation of older adolescents or authoritative peers
- attempt to neutralize the negative emotional experiences
- striving to meet the significant adolescent peer group
- abnormal personality traits (adventurism, irritability, excessive or low self-esteem, excessive conformity, the instability of character)
- «protest” response (“for spite”), directed against elders (parents, teachers)
- self-destructive behavior
- curiosity
- submission to pressure and threats.

Myths and facts on drugs

| Myths | Facts |
|--|--|
| This will not touch me or my family! | <p>Drugs, getting into a human body, are not interested in his/her ancestry, income, salary, they simply cripple his/her life. Drugs are used by people from wealthy families as well, with a good education, businessmen, show business stars, sportsmen ... And not from poverty, ignorance or social inferiority!</p> <p>Now drugs are available everywhere, so EVERYONE is hanging over the threat. Say No or Yes? This depends on a person himself!</p> |
| <p>One time is not terrible</p> <p>Everything in life has to be tried</p> | <p>Often the first dose is offered free of charge, as a probe. Drug dealers are well aware that often even a single dose is enough to draw people into using drugs.</p> <p>Often people say so, who are interested in the fact that newcomers have decided to “try” drugs! A person thinks that drugs are one of the doors, which is interesting to open. In fact, the door slammed shut behind him/her. And he/she will be trapped in a small closet</p> |
| | |
| <p>Drugs help to address life challenges</p> <p>Drugs help people be free</p> <p>A person can leave this bad habit in any moment</p> | <p>People who use drugs will tell you about conflicts with parents and friends ... The fact that they had to leave school and work ... the constant search for money for drugs. The problems with health. Why do those who use drugs are called “dependent”? Why do so many of them dream of starting a new life without drugs, but often this dream cannot come true.</p> <p>Many people claim like this. However, in practice, without specialists it is not possible to deal with drug addiction.</p> |
| | |
| | |

What is a “sex” and “gender”?

Sex is a biological belonging of a person, i.e., what distinguishes a man from a woman in physiological terms, this is something with which a person is born.

Gender is a social sex that takes into account not only biological difference between men and women, but the whole complex of social and cultural characteristics of the sexual division of society.

Gender is a set of defined attributes and characteristics of male and female behavior, lifestyle, way of thinking, norms, preferences, aspirations, etc. Gender - a product of socialization, i.e., that is absorbed in the process of human development in society. Gender - this is how we think, what we feel, what we believe what we can and cannot do because of the established society, male and female roles. It defines the opportunities offered by life, the roles people can play and the types of relationships that can be, that is, social norms.

A sex does not change, it is constant, and the gender varies from culture to culture, and depends on the religious, ethnic, economic, geographical and temporal characteristics of each society.

Gender roles are the behavior patterns of men and women based on traditional expectations associated with their gender. This is a combination of social and cultural norms that society requires people to perform according to their biological sex. And in every society, socio-cultural norms vary from culture to culture, from civilization to civilization.

Gender relations are relations between men and women in society, that define the roles, responsibilities, and, as a rule, these relations are based on power.

Gender roles and expectations are often the factors that impede the realization of equal rights, have a negative impact on women and the impact on the socio-economic development of society and the state as a whole. Society cannot develop harmoniously, if half the population (women) does not participate in the political, economic and social life.

But if the social roles of men and women are not predetermined by nature and are subject to change, you can modify them in making a more equitable distribution of resources and income, empowerment, exercise and rest. Everyone should have the right to freely choose their roles and their responsibilities in family and society, regardless of affiliation to biological sex.

Gender equality - this is when men and women have equal status and equal treatment in society to exercise their rights and opportunities to the fullest. The fundamental principle of gender equality is to create equal conditions for women and men in the society.

As the experience of developed countries, gender equality lead society to prosperity and stability. We cannot improve the situation in any sphere of society, not improving, not making fair the gender relations in the society.

Migration and HIV

Labor migration, or movement of people within their own countries or across borders in search of work, is a growing phenomenon and increasingly important aspect of global, regional and national economies.

Migrant workers receive benefits because in another region or another country there are more opportunities to find work. Benefits are received by a country where migrant workers leave from, as well by host countries. The first due to the fact that migrant workers send much of their earnings to home, that is, to his/her native country, and the latter, since migrant workers make a significant contribution to the economy and society where they live.

At the same time, international migrant workers face a particularly high risk of HIV infection. Various social, cultural, economic and political factors influence the risk of HIV infection among international migrant workers. These factors include: living away from spouses and family members in unfamiliar social and cultural conditions, language barriers, poverty, inadequate living conditions and exploitation in the workplace, including sexual violence. All these factors can lead to isolation and stress. As a result, migrant workers may be exposed to risky behavior: a casual and / or unprotected sex, use the services of sex workers, which increases the risk of contracting STIs and HIV. Limited access to information, services and tools to prevent HIV infection increase the risk. Because HIV infection occurs for a long time without symptoms, people often are not even aware of their infection, and therefore do not seek medical care. Returning to the family of a man can transmit HIV and other STIs to his wife, and she, in turn, to children during pregnancy, childbirth and breastfeeding.

Women involved in labor migration, may find themselves in situations where they are particularly vulnerable to HIV, such as sexual abuse by the employer or to provide sexual services for money or other remuneration.

Women sometimes find themselves in a difficult position when left at home while their husbands go off to other countries in search of work. For livelihood woman sometimes has to provide sexual services in exchange for food or money, which increases their vulnerability to HIV.

According to sociological research on gender and HIV/AIDS in Tajikistan, commissioned by UNIFEM, 38% of women surveyed reported that their husbands went to work outside the country, 58% see her husband once a year, about 10% - once a several years.

Labor migration is widespread in Tajikistan. In recent years, the number of female migrants has increased. Both men and women have sex in the migration. More often these are contacts with the inconstant, and sometimes with commercial sex partners. Most people are infected with HIV during unprotected sex. Low condom use and a relatively high percentage of the presence of STI symptoms suggest widespread practices of risky sexual behavior among migrants. Moreover, during DEN (special epidemiological study) among pregnant women, pregnant women with HIV in 33.3% of the cases referred to the sexual partners – migrant workers.

Annex 8

CONTRACEPTION (from Lat. contra - against, receptio - acceptance, reception) – these are means of protection from unwanted pregnancy.

Methods of contraception:

1. Abstinence - the delayed onset of sexual activity *Advantages*: no cash outlay, there is no possibility of infection, the efficiency is 100%.

2. Barrier methods

Condom - prevents the penetration of sperm into the woman's body when used regularly with all the rules.

Advantages: quick effect, protects against HIV and STIs.

Disadvantages: requires mastering the mechanism of use, requires the use during each sexual intercourse, the need to purchase and storage, can cause psychological problems.

Diaphragm - prevents the penetration of sperm into the uterus when used regularly with all the rules. Diaphragm is a shallow dome-shaped rubber cup with a flexible rim. It is set on the cervix immediately before intercourse.

Advantages: quick effect, can be used immediately before intercourse.

Disadvantages: as a condom. Requires proper care and storage. Does not protect against STIs, HIV and other infections.

3. Hormonal methods

Pills - prevent ovulation (the maturation of eggs) with regular use.

Advantages: regulates menstrual cycle, invisible when in use.

Disadvantages: need to take on a daily basis at the same time. Do not protect against STIs, HIV and other infections. Require sustained considerable expenses.

Injections, implants, vaginal ring, patch - hormonal means preventing ovulation (the maturation of eggs).

Advantages: have a duration period of action when there is no need to remember every day.

Disadvantages: does not protect against STIs, HIV and other infections. Injections and implants are not recommended for young women having no births. Have different side effects. They are not prescribed to minors.

4. Intrauterine devices (IUD) - prevent the attachment of a fertilized egg to the uterus.

Advantages: have a duration period of action, does not violate the woman's hormonal cycle.

Disadvantages: does not protect against STIs, HIV and other infections. Sometimes it can increase menstrual bleeding, painful menstruation, and individual intolerance. Does not apply to minors.

5. Chemical contraception (spermicides) - chemicals that restrict the mobility of sperm. Spermicides are inserted into the vagina before sexual intercourse.

Advantages: Spermicides used in conjunction with barrier methods of contraception to increase their effectiveness. Spermicides reduce the risk of several sexually transmitted infections (not HIV and hepatitis!). You should carefully read the instructions.

Disadvantages: does not protect against HIV, hepatitis and other infections. The individual intolerance, allergic reaction.

Myths of contraceptives

Myth №1: Condoms are not effective.

The most frequent failure while using the condoms is its irregular and wrong use. Studies also showed that only 30-60% of men confirming that they use condoms said they use them during each sexual contact. Besides, even those who use a condom each time, while using make mistakes.

Myth № 2: Condoms often tear

- Quality condoms are made of sound latex and go through specific lab tests. Thus it is required to buy condoms only in the places where storage conditions are observed (chill and dark place, far from warm and direct solar rays).
- Oil based lubricants deteriorate latex and reduce the effect while using a condom.
- A condom effect use is reducing if it is damaged during opening a package, for instance by nails, jewelry (a ring) and if open it with teeth or scissors.
- Air in the end of a condom also may lead to its breakage during a sexual contact.

Myth №3: A condom is not a barrier for HIV.

Some people believe that latex condoms have pores (holes) which can pass a virus. Lab tests showed that quality latex condoms serve a barrier for microorganisms including HIV.

Myth №4: Training on condoms' effect use may provoke a sexual activity.

Studies of the experts from the World Health Organization showed that sexual education and training related to condom use did not have any impact on starting a sexual activity and moreover, led to postponement of the decision to start sexual life at a later date. As a result of such a type of public education a level of condom use has increased among those who already lead a sexual life.

Myth №5: Use of condom is the same that taking a shower in a raincoat.

Modern condoms are made of quality latex, are thin enough and provide a reliable protection from STIs and unwanted pregnancy. Lack of fear of infection and unwanted pregnancy is a good argument for a condom.

Myth №6: Condoms are a protection method for men only or "Who wears buy himself!"

This is a widely spread view is not absolutely reasonable. Not less 35% of consumers' of condoms are women.

Myth №7: "Use of condoms is shameful and embarrassing. Besides, it may offend a partner". This belief aroused from lack of a sexual education, is losing its former popularity.

Use of a condom is an additional care of a partner's health, his/her safety. It is hardly that a normal person can be offended by care of himself/herself. Besides, the process of a condom use can become an interesting element of love game and additional sexual affection.

Myth №8: "Use of a condom is better with creams, oils, or intimate gels"

It is absolutely inappropriate! Besides, that all creams, oils and others in contact with sensitive body parts and tissues of any of partners can cause itching, burning, or allergic reaction, they can have a devastating effect on the latex or the lubricant itself. As an additional lubricant for condom can be water-based lubricants. They do not destroy the latex, thus do not affect the quality of condoms, and contribute to the continued effectiveness of using condoms during sexual intercourse. Lubricants, as well as condoms can be purchased at a pharmacy.

GLOSSARY

ARV treatment - antiretroviral therapy, used for HIV / AIDS. Aimed at blocking HIV replication.

Antibody - a protein compound that the body produces in response to antigen in order to destroy or neutralize bacteria, viruses, poisons or other foreign substances. This reaction called the reaction “antigen-antibody” is the basis of the immune response.

Antigen - a substance, usually organic, stimulating immune response. The immune system recognizes it as a foreign substance and produces antibodies to fight it.

Secure / safe sex - sexual intercourse using a condom, in which there is no risk of infecting with HIV and other STIs.

Biological liquids - a term used to refer to all common liquids of the body. It includes the blood, lymph, urine, saliva, sperm, vaginal and spinal fluids, breast milk, sweat, and others.

Household contact - contact that occurs in everyday life (a touch, use of kitchen utensils, staying close to someone and so on).

Verbal communication - communication using oral or written language.

HIV - human immunodeficiency virus that later causes development of AIDS.

HIV-positive people - people who have blood antibodies to HIV, that is, their HIV test is positive.

Vaginal secretions - a semi-liquid substance, a natural vaginal lubrication, which increases with the sexual arousal.

Gender - a social sex, which is a set of defined attributes and characteristics of male and female behavior, lifestyle, way of thinking, norms, preferences, aspirations, etc. In contrast to biological sex, which is given to a person by birth, gender is constructed in a particular social context at a certain historical period and, therefore, varies in time and space.

Gender roles - behavior patterns of men and women based on traditional expectations associated with their sex; set of generally accepted terms of culture, norms and rules of behavior that are prescribed to people in a specific socio-cultural situation.

Gender stereotypes - formed in the society ideas (beliefs) about how really should men and women behave.

IOM - information and education materials

Immune system - a set of organs, tissues and cells, ensuring the development of the immune response. The central organs of the immune system are bone marrow and thymus, to peripheral - spleen, lymph nodes and other lymphoid tissue accumulations. The immune system recognizes foreign substances, neutralizes them and “remembers” its response to play it later in a collision with a similarly alien agent.

Immunodeficiency - a state of a body, which provides enough protection from pathogenic microorganisms.

Intimacy - a deep personal significance, intimacy.

Infectious disease - a disease caused by pathogenic microbes, viruses, protozoa pathogens or parasites, transmitted from an infected person to a healthy one.

Contraception - a method of birth control

Confidentiality - maintaining the secrecy, keeping of private information.

STIs - sexually transmitted infections

PLHIV - people living with HIV

Lymph nodes - organs of the immune system that are located throughout the body and involved in its defense against pathogens.

Latex - the substance of which condoms are produced, non-penetrative for STIs, including HIV.

White blood cells - the “white blood cells”, which play an important role in the struggle of the organism with infectious diseases.

JiC – Join in Circuit

Migrant - this term applies to individuals and family members moving to another country or region to improve their material and social conditions and search for better prospects for themselves or their families.

Migration - the process of population movement across an international border or within the country.

Nonverbal communication - communication that does not use speech, but a means of outgoing data are facial expressions, gestures, body movements, etc.

Drug user - a person who uses drugs

Drug abuse - (from the Greek – numbness, passionate desire, madness) - a disease that arises from the use of narcotic drugs and psychotropic substances, characterized by a compulsive use of a drug, the tendency to increase doses consumed, the formation of withdrawal symptoms, psychological and physical dependence.

Drugs - generic name of drugs, able to cause drug addiction.

Drug and toxic substances – all chemical compounds of plant and synthetic origin, directly affecting the mental state of a person, also called psychoactive. Opportunistic infections - diseases of a person with a weakened immune system, due to opportunistic pathogens, which are generally not pathogenic for the common man. Many of these microorganisms exist in a latent form in almost all humans, but can cause disease only in those cases where the immune system is seriously weakened.

Responsibility (responsible behavior) - the ability of personality to control its activities in accordance with the corresponding rules and regulations accepted in society and the moral law, a sense of duty.

High-risk behaviors - habits and stereotypes of human behavior, enhancing his/her chances of being subjected to risk of HIV infection. Such behavior includes unprotected sex, use of unsterile needles and syringes for injections, the introduction of contaminated drug.

Condom - a product of latex tightly fits over the penis in a state of agitation immediately before intercourse. With proper use is an effective means of protection against sexually transmitted infections, including HIV and unwanted pregnancy.

Republican AIDS Center - National Centre for Disease Prevention and Control of AIDS

Reproductivity - the ability to reproduce. This is a state of complete physical, mental and social well-being in all matters relating to reproductive system, its functions and processes.

Reproductive health - a state of complete physical, mental and social well-being and not merely absence of disease or injury related to reproductive (genital) system and its work.

Reproductive rights - the right to protection of reproductive health and free decisions in relation to birth of a child or a refusal of a child's birth in marriage or out of marriage, and rights for medical, social support, information and counseling in this area.

Risk behavior - the behavior with the "risk factors" such as smoking, alcohol, drugs, and others. The habits and behavioral patterns that increase the chances of being subjected to risk of infection. This behavior included unprotected sex and common sharing of needles and syringes.

SW - sex worker

Sexuality - a term summarizing the characteristics of sexual desire, sexual activity, sexual response, sexual preference, etc.

Symptom - a sign of a morbid state of the body.

Syndrome - a combination of signs (symptoms), a painful state of the body, characteristic for a particular disease.

AIDS - acquired immunodeficiency syndrome.

Media – mass media

Test for antibodies to HIV - analysis, defining not the virus or disease, and the presence of antibodies, produced in response to HIV.

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Useful links:

1. **www.aids.ru** A large Russian web-site regularly updating information on HIV/AIDS. AIDS: we should learn how to live. How to avoid the infection. If you have HIV, Questions and answers. Discussion. Popular information on medical, social and legal, psychological aspects of the epidemics.
2. **www.infoshare.ru** Web-site of Russian CBO «AIDS info». It is fully devoted to the issues of HIV/AIDS and human rights in health system. It contains the last statistic data, a library where everyone can choose and order the most interesting materials, database of Russian and international organizations, dealing with HIV, and the legislation on human rights in health system and the surveys' results.
3. **www.aidsprint.ru** Here one can find different information materials issued by Russian organizations (posters, booklets, stickers).
4. **www.hiv-aids.ru** Web-site of the magazine "Shagi" ("steps") for PLHIV.
5. **www.medlux.ru** Web-site of the corporation "Medicine for you". It contains information on legislation on HIV/AIDS, materials of media publications, list of medical literature.
6. **www.msfholru.org** Web-site of the Fund "AIDS: East-West". It contains information related to main projects and campaigns. (English web-site)
7. **www.aidsrussia.org** Web-site of the Canada-Russian AIDS Project. In line with the project information, it contains a regularly updated news on HIV/AIDS.
8. **www.ncc.tj** National Coordination Committee of the Republic of Tajikistan.

Organizations working on HIV/AIDS

| № | Organization/address | Telephone | E-mail/web-site |
|---|---|--|---|
| Centers for prevention and combating of AIDS | | | |
| 1 | Dushanbe, Dehoti str. 48, Republican AIDS Center | (+992 37) 234-22-24 234-34-42 | aids_tj@mail.ru aidscenter.tj@gmail.com www.aids.tj |
| 2 | Dushanbe, Navoi. str., 4a, Dushanbe city AIDS Center | (+992 37) 236-26-32 235-63-89 | gc_aids@mail.ru |
| 3 | Khujand city | (+992 34) 225-25-15 225-63-27 | aids-sogd@mail.ru |
| 4 | Kulob city, Borbad str., 40 | (+992 33) 222-23-10 | - |
| 5 | Khorog city, S.Abdurahmonova str., 44 | (+992 35) 222-64-81 | - |
| 6 | Kurgan-Tube, Aini str., 90 | (+992 32) 222-42-32 | - |
| 7 | Vahdat city, Tugdona str., 39 | (+992 31) 392-70-39 | - |
| 8 | Tursunzade city, K.Marx str., 134 | (+992 31) 302-80-83, 302-80-96 | - |
| 9 | Gisar city, B.Shodiev 19 | (+992 31) 392-59-48 | - |
| 10 | Rudaki area, Chorgulteppa jamoat, Yangiobod village | (+992 31) 8714-8-94 | - |
| 11 | Shahrinav area, Somoni str., 121 | (+992 31) 553-14-66 (+992 918) 69-48-30 | - |
| 12 | Rasht area, S.Burhonov str., 9 | (+992 918) 70-80-16 | - |
| 13 | Penjikent city, Rudaki str., 157 | (+992) 5-31-11 | - |
| 14 | Isfara city, General B.Mahkamov str., 5 | (+992) 2-30-63 | - |
| 15 | Istaravshan city, Gagarin str., 76 | - | - |
| 16 | Shaartuz area, Ziyodaliev str, 2a | (+992 32) 402-16-24 | - |
| 17 | Rumi area, Pushkin str., 2 | (+992 907) 96-80-40 | - |
| 18 | Dangara area, Kirov str., Central regional hospital | (+992 918) 99-99-53 | - |
| 19 | Farhar area, Langariev str., 50, Central regional hospital | (+992 918) 53-50-16 | - |

| | | | |
|--------------------------------------|---|-------------------------------------|--------------------------------------|
| 20 | Rushan area, GBAO, Shodmonov str., 5 | (+992 35) 532-17-70 | - |
| 21 | Darvaz area, S.Nosirov str., Central regional hospital | (+992 93) 587-10-82 | - |
| 22 | Murgab area, Central regional hospital | (+992 35) 542-15-20 | - |
| 23 | Shugnan area, Navobod city, Central regional hospital | (+992 35) 529 62-94 | |
| 23 | Ishkashim area, Central regional hospital | (+992 35) 532-11-94 | - |
| Community-based organizations | | | |
| 24 | CBO "Center for mental health and HIV/AIDS", Dushanbe, N.Mahsum str. (Somon) 70 | (+992 37) 48 701 12 02 | www.mhaidcenter.tj |
| 25 | CBO "RAN", Dushanbe | - | m.hidirov@mail.ru rantj@yandex.ru |
| 26 | CBO "SPIN", Dushanbe | - | spinplus.admin@gmail.com |
| 27 | CBO «Gamhori», Kurgan-Tube | (+992 32) 30-6-45, 33-8-18, 33-8-68 | - |
| 28 | National youth resource center on HIV/AIDS prevention and drug abuse among youth/ Committee on youth affairs, sports and tourism under the Government of Tajikistan | (+992) 93-506-96-98 | - |

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NOTES

NOTES

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