



PEER EDUCATION PROGRAM TO REDUCE TUBERCULOSIS AND HIV RISKS IN TANZANIA PRISONS

POCKET GUIDE FOR PEER EDUCATORS

AUGUST 2017



AIDSFree, led in Tanzania by JSI Research & Training Institute, Inc., provided the technical assistance to create the *Peer Education Program to Reduce Tuberculosis and HIV Risks in Tanzania Prisons: Pocket Guide for Peer Educators*. The AIDSFree Project is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH.

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This document is made possible by the support of the American people through the U.S. President's Emergency Plan for AIDS Relief with the United States Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The contents of this document are the sole responsibility of JSI Research & Training Institute, Inc., and its partners and do not necessarily reflect the views of USAID or the United States Government. The AIDSFree Project is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH.

AIDSFree

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of PEPFAR by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level.

Recommended Citation

Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. 2017. *Peer Education Program to Reduce Tuberculosis and HIV Risks in Tanzania Prisons: Pocket Guide for Peer Educators: July 2017*. Arlington, VA: AIDSFree Project.

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Acknowledgments

We would like to thank the American people, who supported the design and publication of this booklet through funds from the U.S. President's Emergency Plan for AIDS Relief and the United States Agency for International Development.

The JSI/AIDSFree team also expresses its appreciation to the management of the Tanzania Prisons Services, especially Dr. Juma Malewa, the Commissioner General of Prisons in Tanzania, for authorizing and approving this booklet. Our gratitude also extends to Mr. Ali Abdallah, the Commissioner of Correctional Facilities in Zanzibar, who officiated the closing of the training of trainers workshop where the booklet was introduced.

We recognize the participation and contribution of representatives from the Ministry of Health, Community Development, Gender, Elderly and Children; other government and nongovernmental institutions; and the 54 prison

staff members. Special mention goes to: Dr. Wilson Rugamba, Chief Medical Officer of Tanzania Prisons; Dr. Richard Mwankina, Senior Superintendent of Prisons at Ukonga Prison; Dr. Juma A. Mwaibako, Superintendent of Prisons, Ruanda Prison Mbeya; Dr. Hilda Mmari, Assistant Superintendent at Prisons HQ; Dr. Abdilatif Mkingule, Inspector at the Tanzania Prisons Training Academy; and Dr. Dotto Pakacha, Inspector at Segerea Prison.

Special thanks to Dr. Beati Mboya, Chief of Party at AIDSFree/Tanzania; and to AIDSFree/Tanzania Technical Director Dr. Peter Maro for their leadership thorough the development of this publication. We especially recognize the contributions of Dr. John Gulaka, AIDSFree/JSI Liaison Officer, whose commitment at various stages of the development of this guideline ensured quality standards of contents in the booklet. Thanks also to our technical experts Mr. Ignatius Chiyaka and Ms. Zuki Mihyo, who

prepared both the original draft of this booklet and the final draft incorporating recommendations from prison leadership and staff who participated in the two training workshops.

Finally, we acknowledge PharmAccess, whose training manual, *Peer Education on HIV/AIDS for the Police Force, Prisons and Immigration in Tanzania* (March 2011), laid the foundation for this booklet's development.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral (drugs)
BCG	Bacillus Calmette–Guérin vaccine
CICT	client-initiated care and treatment
eMTCT	elimination of mother-to-child transmission of HIV
GBV	gender-based violence
HSHSP	Health Sector HIV and AIDS Strategic Plan
HIV	human immunodeficiency virus
HTS	HIV testing services
NCTP	National HIV/AIDS Care and Treatment Plan
NMSF	National Multi-Sectoral Strategic Framework
PITC	provider-initiated HIV testing and counseling
PTB	pulmonary tuberculosis

PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
RTI	reproductive tract infection
SOSPA	Sexual Offenses Special Provisions Act of 1998
STI	sexually transmitted infection
TB	tuberculosis
VCT	voluntary counseling and testing
VMMC	voluntary medical male circumcision

INTRODUCTION

The objectives of this program are to encourage behavior change among inmates and prison staff to reduce the risk of HIV and tuberculosis (TB) by educating them about the contributing factors and encouraging use of available health services. Inmate and prison staff peer educators will deliver lessons to ensure their peers have the knowledge, values, and skills necessary to address HIV and TB both in and out of the prison setting. This book is designed for use by inmate and prison staff peer educators and is tailored specifically for the prison setting. However, the lessons can be adjusted for use by other beneficiaries, including police.

How to Use This Guide

This guide provides peer educators with activities and information necessary to deliver training on HIV and TB to inmates and prison staff. Peer

educators will use interactive methods to engage their peers in discussions, games, role playing, and question and answer sessions. This training is designed for small groups of no more than 20 participants. Each group must complete all six (6) modules. The training delivery schedule can be adjusted as needed in light of routine prison activities and availability of prison staff to provide order and discipline for inmates.

This guide contains six modules. Each module contains a brief introduction along with key facts and information. The modules cover the following topics:

1. Basic Information about HIV and AIDS
2. Risk Behaviors for TB and HIV Transmission in Prison
3. TB and HIV Treatment, Care, and Support
4. Breaking the Silence on TB and HIV
5. Living Positively with TB and HIV

Getting Started

Before delivering any sessions or facilitating a group discussion, read and review this guide to become familiar and comfortable with the topics and information. This preparation will enable the peer educators to effectively guide the discussion and answer any questions that may arise.

Information provided in this quick reference guide aligns with the Tanzanian government goals to prevent HIV and TB transmission and prevent opportunistic infections among inmates and PLHIV, improving their overall health. This guide provides useful information at a glance.

A glossary of terms and definitions is given at the end on this guide for the educator to use when defining complicated terms.

MODULE 1. BASIC KNOWLEDGE OF TB AND HIV

Goal

To increase basic knowledge of TB and HIV to inmates and prison staff.

Learning Objectives

By the end of this module, participants will be able to:

- Explain the meaning of TB, HIV, and AIDS.
- Describe the signs and symptoms of TB, HIV, and AIDS.
- Explain how TB and HIV can be transmitted in general and in prisons.
- Explain how the diseases progress.
- Explain key facts of TB, HIV, and AIDS in Tanzania in general and in prisons specifically.
- Describe the links between TB and HIV and in a prison setting.

Session 1.1. Know about HIV and AIDS

1 hour

SESSION 1.1: ACTIVITIES

Understanding HIV and AIDS

HIV true/false

How HIV and STIs are transmitted

Relationship between HIV and gender

By the end of the session participants will be able to:

- Define HIV and AIDS
- Dispel HIV and AIDS myths
- Explain how HIV is transmitted
- Explain the four stages of AIDS symptoms.

Activity 1. Understanding HIV and AIDS

20 minutes

Step 1: Getting Started

- ➔ Introduce yourself by name and your experience in facilitation on TB and HIV issues (if any). Explain your role as a peer educator. Welcome participants to their first discussion on

TB and HIV. Ask them to introduce themselves. Briefly introduce the discussion topic and explain that this session can be very personal and emotional. There may be participants in the group who are HIV-positive or who have close friends or family members who are living with HIV and AIDS. Remind the group that it is okay to pass on a question and encourage them to share only the information that they feel comfortable sharing. If they do not feel comfortable talking about this in a large group, they have an option to share in smaller groups or pairs or not to share at all.

Step 2: Set Ground Rules

➔ Mention these important rules:

- **Confidentiality**—Respect each participant's personal information. Try to avoid sharing information outside of the group but if you do, only share general information without using a participant's name.
- **Respect**—Respect everyone in the group. This means not attacking others (verbally or physically) and being open and sensitive to

other points of view. Remember to use "I" statements. It is much more attractive to say, "Well, for me personally, I feel that" than to say, "No, you're wrong, the right thing is..."

- **Attentiveness**—Listen to what others are saying. You will not only learn something but also make others feel more comfortable.
- **Openness**—Encourage others to speak about their own experiences, not speak for others. Take risks. Be unafraid to speak openly without being aggressive, abusive or insensitive.

Step 3: Q&A—Basic Definitions

Q: What are HIV and AIDS?

A: HIV stands for human immunodeficiency virus. This virus attacks the body's immune system, which protects the body against illness.



Step 4: Background

Here is what *Averting HIV and AIDS: 2016 Report* (AVERT 2017) says about HIV and AIDS in Tanzania.

- 1.4 million people are living with HIV
- 4.7 percent HIV prevalence among adults
- 54,000 new infections in 2015
- 36,000 AIDS-related deaths reported in 2015
- 53% of HIV-positive adults on antiretroviral treatment.

AIDS Explained

AIDS stands for acquired immune deficiency syndrome. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to illnesses that a person without HIV probably would not get or would recover from easily. HIV attacks and destroys the infection-fighting CD4 cells of the immune system. Loss of CD4 cells makes it difficult for the body to fight infections and certain cancers. Without treatment, HIV can gradually destroy the immune system and advance to a disease called AIDS.

Stages of HIV and AIDS After the Initial Symptoms

- ➔ Tell participants that we can talk about stages of the disease that come after the initial symptoms: acute HIV infection, clinical latency, and AIDS.

Stage 1—Acute HIV Syndrome: Within 1–4 weeks after infection, the virus has begun to spread, and a person may experience a series of symptoms known as acute HIV syndrome. Symptoms with this phase can include fever, headache, painful limbs, sore throat, enlarged lymph nodes, fatigue, body rash, joint aches and pains, diarrhea, change in eating habits, and nausea. This stage is called “acute retroviral syndrome” or “acute primary HIV infection,” and these symptoms can occur because your body is reacting to the virus. It’s the body’s natural response to HIV. During this period large amounts of the virus are being produced. At this acute HIV infection stage, one is at high risk of transmitting HIV to their sexual or injection-drug-using partner(s) due to very high levels of HIV in

their blood stream. It is therefore very important to take measures to reduce your risk of transmitting the virus.

Box 1. What Are CD4 Cells?

Stage 2—Clinical Latency:

After the acute HIV infection stage, the disease moves into a stage called “clinical latency.” Latency means a period where a virus is living or developing in a person without producing symptoms. During the clinical latency stage, people who are infected with HIV experience no symptoms or only mild ones. This stage is sometimes called “asymptomatic HIV infection” or “chronic

CD4 cells are blood cells that play a major role in protecting the body from infection. The virus uses these CD4 cells (often called T-cells or T-helper cells) to multiply and spread throughout the body while destroying those CD4 cells. Eventually the immune response will begin to bring the amount of virus in the body down to a relatively stable level in your body. At this point new CD4 cells will begin to increase, but might not replace all the destroyed CD4 cells.

HIV infection.” Explain that during this stage, HIV still replicates at a very low level, but it is still active. If you are on ART, you may live with the clinical latency stage for decades, because treatment helps keep the amount of virus very low.

Stage 3—AIDS: The last stage of HIV infection occurs when the immune system has been badly damaged by the virus and the person is at greater risk or becomes vulnerable to serious or deadly infections or bacterial and fungal diseases that he or she otherwise would have been able to fight (called “opportunistic infections”). When the number of CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm³), you are considered to have progressed to AIDS. In someone with a healthy immune system, CD4 counts are 500–1,650 cells/mm³. You are also considered to have progressed to AIDS if you develop one or more opportunistic illnesses, regardless of your CD4 count. (See Box 1 on the previous page.)

Symptoms of AIDS

- Rapid weight loss
- Recurring fever or profuse night sweats
- Extreme and unexplained tiredness
- Prolonged swelling of the lymph glands in the armpits, groin, or neck
- Diarrhea that lasts for more than a week (chronic diarrhea)
- Sores of the mouth, anus, or genitals
- Persistent cough
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- Memory loss, depression, and other neurologic disorders
- Serious illnesses.

What Is the Difference between HIV and AIDS?

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is “a person living with HIV” or “HIV-positive.” AIDS is the final stage of HIV infection and not everyone who has HIV advances to this stage. After a person

has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to develop opportunistic infections. "AIDS" is a clinical definition associated with HIV-positive people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions.

Activity 2. HIV True/False Exercise

20 minutes

Step 1: Activity

- ➔ Explain that we will be doing an activity to clarify misconceptions about HIV and AIDS. Tell participants that you will read the statement and if they believe the statement is "TRUE" to stand up; and if they believe the statement is "FALSE" to sit down. Make sure the instructions are understood. Read the statement more than once. Let participants respond. Ask participants to explain why they believe the statement is TRUE/FALSE and discuss with one another.

Answer Key

STATEMENT	TRUE/FALSE
1. You can become infected with HIV from mosquito bites	FALSE: It is proven that HIV cannot be transmitted this way.
2. Anal sex is one of the riskiest forms of sexual contact for HIV transmission.	TRUE: Anal sex carries a higher risk of HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus an entry point into the bloodstream.
3. People can be infected with HIV if they perform oral sex with a person infected with HIV.	TRUE: HIV is present in the semen of HIV-positive men. Therefore, HIV may be transmitted if semen enters the person's mouth. The risk of getting infected with HIV when performing oral sex increases if there are mouth ulcerations The risk of

STATEMENT	TRUE/FALSE
	<p>transmitting HIV is reduced by wearing a condom and ensuring that no semen enters a partner's mouth.</p> <p>It is biologically possible that HIV could be passed on by performing oral sex on a woman with HIV, but this is considered to be low risk.</p> <p>Using a barrier like a condom or dental dam during oral sex can further reduce the risk of transmitting HIV, other STIs, and hepatitis. A dental dam is a thin, square piece of latex or silicone that is placed over the vagina during oral sex.</p>
<p>4. When used correctly, condoms can protect men and women from becoming infected with HIV.</p>	<p>TRUE: Condoms provide protection against HIV, other STIs, and unwanted pregnancies. If used correctly and consistently, condoms are one of the most effective ways of preventing HIV.</p>

STATEMENT	TRUE/FALSE
5. Special medicines can cure HIV.	FALSE: Currently, there is no cure or vaccine for HIV infection. However, there are drugs that can slow down the production of the virus in a person living with HIV. There are also drugs that help prevent or cure certain opportunistic infections caused by HIV.
6. HIV is a disease that affects only sex workers and men who have sex with men.	FALSE: Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather the behavior he or she engages in.
7. If you stay with only one partner, you cannot become infected with HIV.	FALSE: Individuals who are faithful to their partner may still be at risk for HIV if their partner engages in sexual activity or sharing needles with other infected people.

STATEMENT	TRUE/FALSE
8. People with STIs (sexually transmitted infections) are at higher risk for acquiring HIV than people who do not have STIs if they have sexual intercourse with a person infected with HIV.	TRUE: STIs in the genital area provide HIV with an easy way to enter the bloodstream.
9. A man can be cured of HIV by having sex with a virgin.	FALSE: Virgins do not have any power to heal HIV-positive individuals. There is currently no cure for HIV.
10. You cannot contract HIV simply by living in the same house as someone who has the disease.	TRUE: Living in the same house with someone who is HIV-positive does not put those in contact with him or her at risk; HIV is not transmitted through casual contacts within a household.
11. You can always tell if a person has HIV	FALSE: Most people who acquire with HIV do not show

STATEMENT	TRUE/FALSE
by his or her appearance.	any signs of illness for years. However, the virus remains in their body and can be passed on to other people.
12. HIV can be transmitted from one HIV-positive person to another when they share needles while using drugs.	TRUE: Sharing needles when injecting drugs carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.
13. Men's and women's risks of acquiring HIV increases in the presence of STIs in settings where HIV rate is high.	TRUE: STIs in women are less noticed and often go undiagnosed. STIs in the genital area provide HIV with an easy way to enter the bloodstream. The stigma of STIs in women also presents a barrier that discourages them from accessing adequate treatment.

Activity 3. How HIV and STIs Are Transmitted

10 minutes

Step 1: Q&A—HIV Transmission

Q: How is HIV transmitted?

A: HIV infection does not happen as easily as getting measles or influenza. For example, viruses like measles and influenza are transmitted by air in confined spaces with infected people. HIV lives in bodily fluids such as blood; semen and pre-seminal fluid; vaginal and rectal fluids; anal mucous; and breast milk. HIV needs to get into the body of a person. As a consequence, the virus can be transmitted through the following:

- Unprotected sexual intercourse with an HIV-positive person
- Transfusion with blood or blood products with an HIV-positive person

- Using shared unsterile needles, syringes and cutting objects with an HIV-positive person
- From a mother who is HIV-positive to her baby during pregnancy, delivery, or breastfeeding.

Box 3. How STIs Increase Risk for Acquiring HIV

The presence of STI symptoms (discharge, ulcers, and sores) increases the risk of acquiring and transmitting HIV. This is because HIV-positive people with a comorbid STI have a higher concentration of HIV in the genital mucosa and/or because the entry of the virus is facilitated due to the presence of lesions in the mucosa.

Step 2: Explain

➔ Talk about STIs.

Step 3: Q&A—Myths

Q: How is HIV *not* transmitted?

A: Talk about the myths of HIV transmission—for example:

- Other body fluids like tears, saliva, sweat, vomit, and urine
- Personal contacts: dry kisses on the mouth in the absence of sores, hugging, holding hands, shaking hands
- Social contacts: during work; in school; in a public venue such as a restaurant or movie theater
- Air or water: sneezing, coughing, swimming pool/ponds
- Objects: pens, toilets, towels, sheets, soap, eating utensils, and clothes
- Insects: mosquito bites or other insects

Step 4: Q&A—Reducing Risk

Q: How can someone reduce their risk of HIV transmission?

A: The *UNAIDS Strategic Plan 2016–2021* (p.58) Result Area 4, on reduction of inequality in access to

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services and commodities, mandates national governments make tailored HIV combination prevention services accessible to key populations, including people who use drugs and inmates, in order to fast-track HIV eradication by protecting and promoting the rights of all people to access appropriate, high-quality HIV services without discrimination. Reducing young people and key populations' vulnerability to HIV and its impact in all epidemiological settings is essential to ending the HIV epidemic (2016).

If you're sexually active, there are several highly effective actions to take to reduce risk of getting HIV. Abstinence is one way to avoid getting or transmitting HIV. If you can't abstain, use a condom (male or female) every time you have vaginal, anal, or oral sex. When used consistently and correctly, male and female condoms are highly effective in preventing HIV. Different sexual activities also carry different levels of risk for HIV. Anal sex without a condom or forced sex are the riskiest types of sex for HIV transmission because they lead to tearing of vaginal and anal walls.

Other ways to decrease your risk for contracting HIV include:

- Avoid sharing needles, syringes, and other injecting equipment with anyone if you take drugs.
- Take HIV treatment if you are an expectant mother living with HIV to reduce the risk of passing HIV to your baby during pregnancy, childbirth and breastfeeding.
- Ensure that the blood product you are receiving has been tested for HIV.
- Wear protection (like gloves and goggles) and wash hands after contact with blood and other bodily fluids (specifically for health care professionals or caregivers).
- Take antiretroviral drugs for pre-exposure prophylaxis (if available) if you are at high risk of HIV infection.
- Undergo voluntary medical male circumcision.
- Reduce the number of people you have sex with. The more partners you have, the more likely you are to have a partner with HIV or another STI.

Step 5: Explain

➔ Explain “safe sex” in prisons.

Box 5. Safe Sex in Prisons

Discussions on safe sex will not be possible because prisons are places for inmates to stay according to their own sex. For this reason they cannot talk about safe sex to people of the same sex, but this education will help them when they have finished serving their sentences and go to their homes or communities

Activity 4. Relationship between HIV and Gender

10 minutes

Step 1: Explain

Gender is socially defined, referring more to the roles that men and women play in society. Gender may play a big role in impacting adherence. Together, sex and gender create unique experiences

for men and women living with HIV. Therefore, understanding gender norms and gender inequality is essential to reducing HIV risk among men and women, boys, and girls. Although there are similarities in HIV risk factors and behaviors across genders, differences exist and some individuals are far more affected than others.

Step 2: Q&A

Q: How might gender roles affect woman's ability to take medicine?

A: Women may face multiple challenges and barriers when it comes to their own health and wellbeing. Many live in domestic violence situations, experience social stigma and discrimination, lack economic security and health care, and are often the primary caregiver for the family. These challenges all play a tremendous role in their ability to go to the doctor, pick up medicines, take medicines, rest, and maintain a low level of stress.

Step 3: Close

Q: So what can be done about it?

A: Let us keep in mind that our sex, age, status in the community, etc., are all dynamics that would make each one of us have different risk levels, experiences, and access to services and opportunities.

Session 1.2. Understanding TB

110 minutes

SESSION 1.2: ACTIVITIES

Introduction to tuberculosis infection and disease

Pulmonary TB transmission (PTB)

The difference between latent TB and PTB

TB diagnosis

Facts and myths about PTB

TB in the prison setting

Linkage between HIV and TB

Objectives

By the end of the session, participants will be able to:

- Define the two types of TB
- Classify TB with regard to parts of the body affected
- Dispel TB myths
- Explain how TB is transmitted
- List signs and symptoms of TB
- Describe the difference between latent TB infection and TB disease
- Describe the links between TB and HIV infections.

Activity 1. Introduction to Tuberculosis Infection and Disease

10 minutes

Step 1: Explain—TB and HIV

HIV and TB are a deadly combination. Each disease makes the other disease progress much faster. HIV makes the body immune system weak and someone

who is HIV-positive and co-infected with TB becomes much more likely to get sick with TB disease than someone infected with TB who is HIV-negative.

Step 2: Explain—Tanzania and TB

The World Health Organization classifies Tanzania as a high-burden country for TB, and one of the highest TB and HIV burden countries. In 2013, 64,000 cases of TB were presented and 83 percent (53,120) of these were counseled and tested for HIV. Of this group, 39 percent (20,717) were found to be co-infected with HIV. In April 2016 there were approximately 295 PTB cases per 100,000 adults in Tanzania (International Organization for Migration in Tanzania 2016).

The Tanzanian government has prioritized the integration of TB services with HIV services to minimize the burden of these comorbidities. Therefore, people living with HIV who are on antiretroviral medication are better able to fight a TB

infection. Integrating these two services will also ensure greater access to TB and HIV treatment.

Step 3: Discuss

- What does the abbreviation “TB” stand for?
- What do you think causes TB?

Step 4: Explain—How and Why

TB stands for tuberculosis. TB is a disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attacks the lungs, but TB bacteria can attack any part of the body including the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease. If not treated properly, TB can be fatal.

Persons with medical conditions that weaken the immune system are also most at risk of TB.

Conditions that make people more susceptible to TB disease include the following:

- HIV infection
- Substance abuse

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- Silicosis/asbestosis: a lung disease caused by breathing in tiny bits of silica, a mineral that is part of sand, rock, and mineral ores such as quartz. Over time, exposure to silica particles causes scarring in the lungs, which can harm one's ability to breathe.
- Diabetes mellitus (Type 2): a chronic disease associated with abnormally high levels of the sugar (glucose) in the blood.
- Severe kidney disease
- Low body weight
- Cancer
- Medical treatments such as corticosteroids or organ transplants.

Activity 2. Pulmonary TB Transmission

20 minutes

Step 1: Explain— Pulmonary TB in Tanzania

The incidence of PTB in Tanzania was 295 per 100,000 people, according to the Minister of Health's 2014/2015 budget speech. Pulmonary TB is one of the most common opportunistic infections

among PLHIV. About 39 percent of TB patients in Tanzania are co-infected with HIV (World Health Organization 2012).

Box 7. How PTB is Transmitted

Breathing the air with very small aerosol droplets that are produced when someone with active PTB coughs, sneezes, spits, speaks, or sings.

Step 2: Brainstorming

- ➔ Split participants into groups of three or four people and have them discuss ways in which TB is transmitted for 5 minutes. Have groups report their outcomes.

Step 3: Explain—Transmission Risk

When a person breathes in PTB bacteria, the bacteria can settle in the lungs and begin to multiply. Pulmonary TB is infectious, meaning that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is not infectious. Explain further that there are two

types of TB: (1) pulmonary TB, which is infectious, and (2) extra-pulmonary TB, which is noninfectious.

Step 4: Q&A—Why PTB is Contagious

Q: Why is PTB contagious?

A: Pulmonary TB is contained in the lungs. It spreads when a person who has active PTB breathes out air that has the TB bacteria in it and then another person breathes in the bacteria from the air. A PTB-infected person releases even more bacteria when s/he does things like cough or laugh. Extra-pulmonary TB does not spread to others as it exists in other parts of the body, not the lungs. People with PTB are most likely to spread it to people they spend time with in close proximity every day, including family members, friends, colleagues, and fellow inmates.

Step 5: Follow Up

➔ Check whether participants have questions.

Step 6: Expand

There is another type of TB called bovine TB which is common in Tanzania. Bovine TB, or cattle TB, is capable of infecting most mammals, including humans. Bovine TB is caused by the bacterium *Mycobacterium bovis* (M. bovis) which is part of the *Mycobacterium tuberculosis* complex.

Step 7: Ask

What do you think are the signs and symptoms of TB?

➔ Review answers in the text box.

Box 9. TB Signs and Symptoms

- Feeling sick or weak
- Weight loss
- Evening fever and profuse night sweats.
- Coughing for more than three weeks
- Chest pain and coughing up blood

Activity 3. Latent TB Infection and TB Disease

10 minutes

Step 1: Summarize

TB bacteria can live in the body without making you sick. This is called “latent TB infection.” For most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection:

- Have no symptoms
- Don’t feel sick
- Can’t spread TB bacteria to others
- Usually have a positive TB skin test reaction or positive TB blood test
- May develop TB disease if they do not receive treatment for latent TB infection.

Step 2: Explain

Many people who have latent TB infection will not develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing the

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disease. But in other people, especially people who have a weak immune system due to HIV, the bacteria become active, multiply, and cause TB disease.

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active (multiplying in your body), this is called "TB disease." People with TB disease are sick. They may also be able to spread the bacteria to people they spend time with every day, especially the case for pulmonary TB. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria.

Other people may get sick years later when their immune system becomes weak for another reason.

Chances of developing TB disease are greater in people infected with HIV compared to those not infected with HIV. The risk of developing TB disease is much higher for people whose immune systems are weak especially those with HIV infection than for people with normal immune systems.

Activity 4. The Difference between Latent TB and PTB

10 minutes

Step 1: Q&A

Q: What is the difference between latent TB infection and PTB?

A: See the table below for answers.

A PERSON WITH LATENT TB INFECTION	A PERSON WITH PULMONARY TB
Has no symptoms	Symptoms may include: <ul style="list-style-type: none">• A bad cough that lasts 3 weeks or longer• Pain in the chest• Coughing up blood or sputum• Weakness or fatigue• Weight loss• No appetite• Chills• Fever

A PERSON WITH LATENT TB INFECTION	A PERSON WITH PULMONARY TB
	<ul style="list-style-type: none">• Sweating at night (profuse or drenching)
Does not feel sick	Usually feels sick
Cannot spread TB bacteria to others	May spread TB bacteria to others
Usually has a skin test or blood test result indicating TB infection	Usually has a skin test or blood test result indicating TB infection
Has a normal chest x-ray and a negative sputum smear	May have an abnormal chest x-ray, or positive sputum smear or culture
Needs treatment to prevent pulmonary TB	Needs treatment for pulmonary TB

Activity 5. TB Diagnosis

20 minutes

Step 1 Q&A—Risk

Q: Who should be tested for TB?

A: Those who are at higher risk for being infected with TB bacteria include:

- People who have spent time with someone who has TB disease (e.g., family members, inmates)
- People from a country where TB disease is common
- People who live or work in high-risk settings (for example: prisons, TB care facilities)
- Health care workers who care for patients at increased risk for TB disease
- Infants, children, and adolescents exposed to adults who are at increased risk for latent tuberculosis infection or TB disease

- HIV-positive individuals or AIDS patients.

Box 10. People at High Risk for Developing TB Disease

- HIV-positive pregnant women
- People living with HIV
- People who became infected with TB bacteria in the last two years
- People who were not treated correctly for TB in the past.
- Babies and young children
- People who inject drugs
- People who are sick with other diseases that weaken the immune system
- Elderly people

Q: Who do you think is at high risk for developing TB disease?

A: Explain that TB tests are generally not needed for people with a low risk of infection with TB bacteria.

Step 2: Q&A—Testing for TB

Q: How is TB diagnosed?

A: Explain the different types of tests for TB:

- TB skin test (Mantoux screening test)

- TB blood test
- Sputum (a mixture of saliva and mucus coughed up from the respiratory tract, typically as a result of infection or other disease and often examined microscopically to aid medical diagnosis).

Step 3: Explain

A health care provider should choose which TB test to use. Factors in selecting which test to use include the reason for testing, test availability, and cost. Generally, it is not recommended to test a person with both a TB skin test and a TB blood test.

Activity 6. Facts and Myths About PTB

15 minutes

Step 1: Explore

- ➔ Ask one or two participants to explain why they think the statement is true or false. Use the answer key on the following page, as it has details that you may want to share with participants where necessary.

Facts and Myths about Pulmonary TB

STATEMENT	ANSWER
Pulmonary TB occurs only in poor communities.	MYTH: Pulmonary TB can be contracted by anyone. However, certain people are at greater risk for contracting pulmonary TB than others. If a person knows what the risk factors are, it can reduce a person's chances of contracting pulmonary TB.
Pulmonary TB treatment usually last 6–8 months.	FACT: Treatment of pulmonary TB is usually 6–8 months and can be extended to 12 months <i>in special cases only</i> .
There is no difference between pulmonary TB disease and TB infection.	MYTH: A person infected with TB is not contagious because the germ is inactive or latent. The person does not know s/he is infected because no signs or symptoms are experienced.

STATEMENT	ANSWER
	A person with pulmonary TB is affected quite differently. The person with pulmonary TB is contagious and experiences signs and symptoms.
If someone with TB coughs near me, I will develop pulmonary TB.	MYTH: Pulmonary TB is not easily caught. You have to be in close contact with someone who has pulmonary TB for a long time (usually many hours or days, like in prison). You should be aware of symptoms of the disease so you can seek treatment as soon as possible.
Pulmonary TB is an infectious disease and can be spread through the air.	FACT: Pulmonary TB is a disease that is transmitted from person to person through the air during coughing, sneezing, laughing, singing, shouting,

STATEMENT	ANSWER
	and even talking. If an infectious person coughs or sneezes, the germs enter the air where they may be inhaled by those around them.
If a patient completes the treatment, he or she is usually cured.	FACT: If there are no interruptions to the treatment and it is taken how it is prescribed in the given time, you are usually cured from pulmonary TB. <i>Note:</i> Completing treatment means finishing the TB treatment course and being screened for TB by a medical practitioner to confirm the cure.

Activity 7. TB in the Prison Setting

10 minutes

Step 1: Explain

Preventing TB infection from spreading is one of the biggest challenges in prisons settings.

Step 2: Discuss

What are some of the challenges faced while dealing with TB infection in prisons?

Step 3: Explain

There are numerous challenges: personal, sociocultural, policy, and environmental, including the following:

- Insufficient infection control measures and minimal health services due to limited resources.
- Inmates often in isolated cells or the sick bay without being given a health check (TB patients are placed in isolation).
- Overcrowding, poor nutrition, and lack of proper ventilation.

- Limited number of health services staff.
- Limited resources to conduct medical examinations and buy medicines.
- Low adherence to treatment among inmates.
- High risk among inmates of developing TB-resistance (e.g., multidrug-resistant TB) due to lack of adherence, although daily observed therapy is administered.

Activity 8. Linkage Between HIV and TB

15 minutes

Step 1: Review

- ➔ Let participants know that we have talked about HIV, TB, and the impact of the HIV on the human body's immune system.

Step 2: Discuss

How does HIV affect a TB-infected person? Take a few comments.

Step 3: Explain

HIV fuels the progression of TB infection to TB disease because HIV weakens the immune system. If you are infected with HIV you have a greater chance of getting TB than an HIV-negative person. The TB bacteria are much more likely to become active and attack lungs and other parts of the body.

Step 4: Q&A

Q: What should someone do if they have HIV and PTB?

A: They must get treatment right away to keep from getting sicker. Each person should take their medicine exactly the way their doctor or health care worker tells them.

Step 5: Close

TB drugs are very strong. They can treat TB, even in people with HIV in some cases. Remember, TB drugs only work when taken according to health care worker instructions.

MODULE 2. LEVELS OF AND RISK FACTORS FOR HIV INFECTION IN PRISONS

Goal

To increase knowledge of risk factors for HIV in prison settings.

Learning Objectives

By the end of this module, participants will be able to:

- Identify and explain the different levels of risk factors that increase risk of HIV infection in prisons.
- Define gender and examine how gender norms relate to HIV.
- Explain the differences between taking HIV risks and facing HIV risks.
- Identify the level of HIV risk of various sexual behaviors.

Module 2: Levels of and Risk Factors for HIV Infection in Prison

- Identify gender roles imposed on men and women by society.
- Articulate the choices faced in relation to others.

Session 2.1. Levels of and Risk Factors for HIV Infection

2 hours, 15 minutes

SESSION 2.1: ACTIVITIES

Three levels of HIV risks

Gender and sex

Gender, sex, and HIV: taking risks, facing risks

Level of risk card game

Act like a man, act like a woman

Making a decision on what is appropriate and inappropriate

Activity 1. Three Levels of HIV Risks

10 minutes

Materials

- Flipchart or chalkboard

Step 1: Explain—Risk Levels

- ➔ Inform participants that there are three levels of HIV risk:
 - Individual level
 - Community level
 - Society level
- ➔ Explain more about HIV risk.
 - The levels are related to the factors that put people at risk for HIV infection.
- ➔ Describe HIV risk factors at the individual, community, and society levels, using the table on the next page.

Module 2: Levels of and Risk Factors for HIV Infection in Prison

INDIVIDUAL LEVEL	COMMUNITY LEVEL	SOCIETY LEVEL
<ul style="list-style-type: none">• Education (i.e., no or low level of education)• Attitudes (e.g., masculinity concepts among men that encourage risky behavior, femininity concepts among women that prevent negotiating safe sex)• Age (e.g., young inmates are sometimes at higher risk of physical, mental, and sexual abuse by older inmates)	<ul style="list-style-type: none">• Cultural norms and beliefs• Taboos	<ul style="list-style-type: none">• Social norms (e.g., roles and responsibilities of men and women)• Government policy• Politics/political stability• Resources (e.g., lack of delivery kits for pregnant inmates)

INDIVIDUAL LEVEL	COMMUNITY LEVEL	SOCIETY LEVEL
<ul style="list-style-type: none">• Unprotected sexual activities• Sharing sharp instruments (e.g., razor blades)• Lack of knowledge (e.g., lack of knowledge of how HIV is transmitted)• Drug or alcohol abuse		

Step 2: Explain—In Prisons

In Tanzania, studies indicate higher HIV prevalence (6.7%) within prisons than among the general adult population (5.1%) (Das and Horton 2016).

Tanzania has signed and ratified all key international (United Nations) and regional human rights legal and policy instruments on HIV prevention, which mandate voluntary HIV testing of prison inmates.

Step 3: Discuss

- ➔ In plenary, discuss what can be done to reduce these risk conditions in prisons.

Box 12. HIV Risk Conditions Within Prisons

- A confined environment and congestion that often results in stress, anxiety, tensions, and violence, including sexual violence.
- Some male prisoners may experience sexual violence and engage in unsafe sexual practices with other men in exchange for goods or services, which increase their risk of HIV.
- STIs, such as herpes, chlamydia, syphilis, or gonorrhea exist among inmates, increasing their risk for HIV.

(United Republic of Tanzania 2010)

Activity 2. Gender and Sex

20 minutes

Materials

- Flipchart and boards

Preparation

Step 1: Explain

Although inmates stay in the cells according to their sex, it is important for them to have information about gender inequality, gender-based violence (GBV), and sexual violence. Such knowledge may help inmates after serving their sentences by promoting positive gender norms and gender equality, as well as combating GBV.

Step 2: Q&A—Comparing Gender and Sex

Q: What does sex refer to?

A: Sex refers to the biological and physiological male and female characteristics that do not change without surgery. Examples of attributes of sex are:

- Anatomy: penis, vagina, breasts, testes
- Physiology: menstrual cycle, spermatogenesis
- Genetic makeup: XX and XY chromosomes

Q: What does gender refer to?

A: “Gender” refers to socially defined roles, rights, responsibilities, opportunities, privileges, limitations, expectations, entitlements, and obligations of an individual. Attributes of gender are:

- Varies among and within cultures
- Changes over time
- Roles and expectations assigned on the basis of sex, age, ethnicity, religion, and other cultural factors
- Apply to men, boys, women, and girls; not to women only.

Step 3: Explain—Gender Norms and HIV Risk

Some gender norms and gender inequalities make men, boys, women, and girls at different risks of HIV infection:

- Men and boys are affected by gender expectations that may encourage risk-taking behavior, discourage accessing health services, and narrowly define their roles as partners and

Module 2: Levels of and Risk Factors for HIV Infection in Prison

family members. On average, rates of HIV testing and treatment are lower among men than women. Across eastern and southern Africa, there is a growing difference in uptake of and benefit from services between men, boys, women, and girls. Men and boys access health care at much lower rates than women and girls.

- Fifty-four percent of all adult AIDS-related deaths occurred among males in the eastern and southern Africa regions (UNAIDS 2016 estimates). Health services do not reach many men in sub-Saharan Africa, and this plays a significant role in men's low demand for and uptake of HIV services in these regions. Men are less likely to initiate treatment, and more likely to have a lower CD4 when they start and to interrupt treatment and be lost to follow-up, therefore less likely to achieve viral load suppression (Sonke Gender Justice and MenEngage 2017).
- Gender inequality and intimate partner violence may prevent women and girls, particularly

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young women, from protecting themselves against HIV. In Tanzania, women are heavily burdened by HIV, with 690,000 women aged 15 and older living with HIV. According to the *2011–12 Tanzania HIV/AIDS and Malaria Indicator Survey* (TACAIDS et al. 2011), HIV prevalence among women was 6.2 percent, compared to 3.8 percent for men. Women aged 23–24 were twice as likely to be living with HIV as men of the same age. Women tend to become infected earlier, because they have older partners and get married earlier. They also experience great difficulty in negotiating safer sex because of gender inequality. In Tanzania 35 percent of women are said to have experienced intimate partner violence. A study from Tanzania showed that while women are expected to be loyal to their partner even if they are in an abusive relationship, men are encouraged to engage in unprotected extramarital sex.

Step 3: Activity

- ➔ Explain that we will now engage in a participatory activity to explore the terms gender and sex a bit more. Indicate the two signs that are several feet apart. One has “sex” written on it, and the other has “gender.” Read one statement at a time and ask participants to move to the sign they think the statement refers to, i.e., sex or gender. After everyone has moved, process by asking one person standing on one side of the room why they chose to stand there. Ask if others would like to add their reasons. Ask the other group why they chose to stand under the sign they did. After processing for some time, read the next statement.

STATEMENTS OF SEX OR GENDER	ANSWERS
Women give birth to children	Sex
Girls are polite and quiet	Gender
Boys are brave and strong	Gender
Women breastfeed children	Sex

STATEMENTS OF SEX OR GENDER	ANSWERS
Men are heads of their families	Gender
Men initiate sex with their partners	Gender
Men are smarter than women	Gender

Activity 3. Gender, Sex, and HIV: Taking Risks, Facing Risks

20 minutes

MATERIALS

- Flipchart or chalkboard

Step 1: Introduction

- ➔ Write the word “risk” on a flipchart or chalkboard. Write down their definitions on the flipchart/chalkboard. Come to a consensus on the meaning of the word risk (Box 8).

Box 14. What Is Risk?

Risk is the probability or threat of infection (HIV, TB, etc.), damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through preemptive action.

Step 2: Ask

- ➔ Ask participants to give examples of situations in which they, or a person they know, or other people take or face HIV risks.

Step 3: Discuss

- In relation to HIV, who *takes* more risks, men or women? Why?
- In relation to HIV, who *faces* more risks, men or women? Why?
- What are the positive and negative consequences of taking and facing these risks for men and for women?
- What other factors affect the risks of HIV that people take and that people face?
- How can these risks be reduced?

Step 4: Explain—Women’s Greater Risk

Females face more risks of contracting HIV than males because of sociocultural norms (gender) and biological (sex) factors.

Women's Gender- and Sex-Related Risk Factors for HIV Acquisition

Activity 4. Levels of Risk Card Game

25 minutes

Materials

- Index cards with the following words written on them, one idea on each card: abstinence, masturbation, vaginal sex/no condom, hugging a person who has HIV, kissing, dry sex/no condom, massage, circumcised man having sex with a woman, performing oral sex on a man with a condom, performing oral sex on a woman without a condom, infant breastfeeding from an HIV-positive mother, anal sex/no condom. Also write the levels on stock cards (i.e., higher risk, lower risk, medium risk, and no risk with respect to HIV transmission).

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SOCIOCULTURAL NORMS (GENDER)	BIOLOGICAL FACTORS (SEX)
<ul style="list-style-type: none">• Women often lack power and control in their sexual lives.• Women are not expected to discuss or make decisions about sexuality; this is seen as a man's job.• Women may feel as though they cannot ask for or insist on using a condom or any form of protection.• Women may feel as though they cannot refuse sex even when they know they risk becoming pregnant or infected with an STI or HIV.• Some women exchange sex for money, phones, food, or other forms of	<ul style="list-style-type: none">• A common sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted.• Men may be ridiculed and teased if they do not show that they will take advantage of any and all sexual opportunities.• Competition is encouraged for men to demonstrate who is bigger and better.• Being sexually daring is seen as a sign of manhood and condom use as a sign of vulnerability and weakness—not manly.

SOCIOCULTURAL NORMS (GENDER)	BIOLOGICAL FACTORS (SEX)
<p>status and protection.</p> <ul style="list-style-type: none">• Women may experience many forms of violence due to their lower social status, increasing the risk of HIV infection.• Women who tell their partners that they have STIs/HIV may experience physical, mental, or emotional abuse or divorce.• Women may give into their partner's sexual demands to avoid being yelled at, divorced, beaten, or killed.• Women are often expected to have sexual relations with or marry older men, who are more likely to be HIV-positive.	<ul style="list-style-type: none">• Condom use contradicts what is also seen as an important sign of manhood—having as many children as possible.• Women are more likely than men to get HIV from any single act of sex because semen remains in the vagina for a long time after sex, thus increasing the chance of infection. There is also more virus in sperm than in vaginal fluid. The inside of the vagina is thin and permeable, allowing HIV to pass through, and the membrane is more vulnerable than skin to cuts or tears that can

SOCIOCULTURAL NORMS (GENDER)	BIOLOGICAL FACTORS (SEX)
<ul style="list-style-type: none">• Men are encouraged to have sex as early as possible, without being taught about caring for themselves, thereby increasing their risk of HIV infection.• Men who are not circumcised have a higher chance of contracting HIV compared to those who are circumcised. The penis is less vulnerable since it is protected by skin when compared to the vagina, which has a larger area that can be exposed to HIV-infected semen. Having untreated STIs makes it more likely a person will get HIV.	<p>easily transmit HIV and other STIs.</p> <ul style="list-style-type: none">• Women are more likely to get HIV during vaginal sex than men as the semen can stay in the vagina for days after sex, while men are only exposed to HIV-infected fluids during sex.

SOCIOCULTURAL NORMS (GENDER)	BIOLOGICAL FACTORS (SEX)
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- Many men believe that condoms lead to a lack of pleasure or are a sign of infidelity and promiscuity.
-

Step 1: Tell

- ➔ Place the sexual behavior cards face down in a stack (see list below) and ask participants to pick a card and place it on the wall/floor under the appropriate category, "Higher Risk," "Lower Risk," "Medium Risk," and "No Risk" with respect to HIV transmission.
- Abstinence
- Masturbation
- Vaginal sex/no condom
- Hugging a person who has HIV
- Kissing
- Dry sex/no condom
- Massage
- A circumcised man having sex with a woman
- Performing oral sex on a man with a condom

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- Performing oral sex on a woman without a condom
 - Infant breastfeeding from an HIV-positive mother.
- ➔ After all of the cards are on the wall/floor, ask the participants to review where the cards have been placed. Then ask for volunteers to state whether they:
- Disagree with the placement of any of the cards
 - Do not understand the placement of any of the cards
 - Had difficulty placing any of the cards.

Step 2: Discuss

- ➔ Talk about the placement of the selected cards, particularly those that are not clear-cut in terms of risk, or cards that are clearly misplaced. Begin by asking the participants why they think the card was placed in a certain category. Consult the categories on the following page if you are unsure about where a certain behavior belongs.

Risk of HIV Transmission from Sexual Activities

NO RISK	LOWER RISK	MEDIUM RISK	HIGHER RISK
Abstinence	Vaginal sex	Infant	Vaginal
Masturbation	with a	breastfeeding	sex
Hugging a	condom	from an HIV-	without
person who	Performing	positive	a
has HIV	oral sex on an	woman	condom
Kissing	HIV-positive	Anal sex with	Anal sex
Fantasizing	man with a	a condom	without
Massage	condom	and lubricant	a
	Performing		condom
	oral sex on an		Dry sex
	HIV-positive		without
	woman		a
	Using		condom
	fingers/hands/		
	objects that		
	are cleaned		
	before being		
	shared		

Step 3: Ask

- ➔ Ask participants to look at the behaviors in the “Lower Risk” and “No Risk” categories. Emphasize the idea that some pleasurable sexual behaviors involve low or no risk.

Step 4: Close

- ➔ Conclude and emphasize that risk depends on the context of the behavior or other factors. These include gender norms, whether or not the partner is HIV-positive, whether or not the person is the “giver” or “receiver” of the sexual behavior, and the difficulty of knowing whether or not one’s partner is HIV-positive.

The level of risk for many of these behaviors will vary based on a range of factors. These include gender norms and inequalities, whether or not the partner is HIV-positive, whether or not the person is the “giver” or “receiver” of the sexual behavior, the sexual history and HIV status of each partner, and the proper use of condoms. For oral sex, the

presence of sores or bloody gums could increase the risk of HIV for the giver.

Activity 5. Act Like a Man, Act Like a Woman

40 minutes

Materials

- Flipchart or chalkboard

Step 1: Ask

- ➔ Ask participants whether they have ever been told to “act like a man” or “act like a woman.” Have them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?

Step 2: Tell

We are going to look more closely at these two phrases. By examining them, we can begin to see how society determines what it means to be a man or a woman.

Step 3: Explore—“Like a Man”

- ➔ In large letters, print on a piece of flipchart paper the phrase, “Act like a man.” Ask participants to share their ideas about what this means. Write these on the flipchart or chalk board.

“ACT LIKE A MAN”

- | | |
|------------------------|------------------------|
| • Be tough | • Do not back down |
| • Do not cry | • Be the boss |
| • Yell at people | • Earn money |
| • Show no emotions | • Have more than one |
| • Protect other people | girlfriend/spouse |
| (women and children) | • Travel to find work. |

Step 4: Discuss—“Like a Man”

- How does it make the participants feel to look at this list of social expectations?
- Can it be limiting for a man to be expected to behave in this manner? Why?
- Which emotions are men not allowed to express?

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- How can “acting like a man” affect a man’s relationship with his partner and children?
- How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
- Is it possible for men to challenge and change existing gender roles?

Step 5: Explore—“Like a Woman”

- ➔ Now in large letters, print on a piece of flipchart paper the phrase, “Act like a woman.” Have participants share their ideas about what this means. Write these on the flipchart or chalk board.

“ACT LIKE A WOMAN”

- | | |
|-------------------------------|--------------------|
| • Be passive | • Be quiet |
| • Be the caretaker | • Be the homemaker |
| • Act sexy, but not too sexy | • Be faithful |
| • Be smart, but not too smart | • Be submissive. |

Step 6: Discuss—“Like a Woman”

- How does it make the participants feel to look at this list of social expectations?
- Can it be limiting for a woman to be expected to behave in this manner? Why?
- How can “acting like a woman” affect a woman’s relationship with her partner and children?
- How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
- Can women actually live outside the box?
- Is it possible for women to challenge and change existing gender roles?

Step 7: Close

- ➔ Close the activity by summarizing some of the discussion and sharing any final thoughts. A final statement could be as follows:

This activity is a good way to understand the idea of gender norms. But remember that these gender norms may also be affected by class, culture, ethnic, and other differences.

Messages That Men Get About “Acting Like a Man”

- Be tough and do not cry
- Be the bread-earner
- Stay in control and do not back down
- Have sex when you want it
- Women are something to have—property

These messages and gender rules about “acting like a man” have the following (detrimental) effects on perceptions of men and masculinity:

- Men are valued more than women.
- Men are afraid to be vulnerable and to show their feelings.
- Men need constant proof that they are real men.
- Men use sex to prove that they are real men.
- Men use violence to prove that they are real men.

Messages That Men Get About “Acting Like a Woman”

- Be passive and quiet
- Be the caretaker and homemaker

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- Act sexy, but not too sexy
- Be smart, but not too smart
- Follow men's lead
- Keep your man—provide him with sexual pleasure
- Don't complain

Detrimental effects on perceptions of women and femininity resulting from messages and gender roles:

- Women often lack self-confidence.
- Women are valued first as mothers and not as people.
- Women depend on their partners.
- Women have less control than men over their sexual lives.
- Women are highly vulnerable to HIV and AIDS and to violence.

Disadvantageous gender norms increase the risk of STIs and HIV and unwanted pregnancy and create serious obstacles to a woman's social, economic, and political development.

Activity 6. Making a Decision on What is Appropriate and Inappropriate

30 minutes

Step 1: Explain

We will explore the process of making informed and appropriate decisions in order to protect ourselves from HIV.

- ➔ Explain that participants will be given a list of different situations and they are to indicate verbally or on a sheet of paper whether the action taken was "appropriate" or "inappropriate."

Step 2: Define

Define the terms "appropriate" and "inappropriate."

APPROPRIATE	INAPPROPRIATE
"Appropriate" refers to an action or response that is suitable, correct, or fitting in the context of HIV prevention and gender norms and equality discussed in the previous activities.	"Inappropriate" refers to an action or response that is not suitable, correct, or fitting in the context of HIV prevention and gender norms and equality discussed in the previous activities.

Step 3: Read

- ➔ Go over the first scenario on the following page and have participants decide whether the situation described is appropriate or inappropriate and why.

Step 4: Discuss

- Opening a frank discussion about sex can be difficult but is important.

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- People in position of power should not misuse or abuse their position to force others to act against their will.
 - Individuals should respect the rights of others to choose if they want to have sex and to practice safe sex by using male or female condoms.
- ➔ Group participants into pairs and give them a situation to discuss and decide whether it is appropriate or inappropriate. Give them 10 minutes to do so and debrief each situation.

Behavior Scenarios

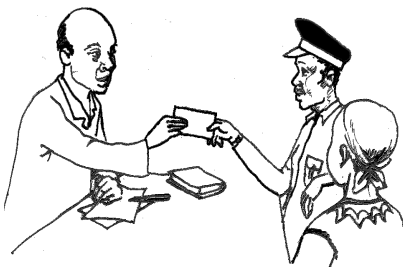
Situation 1: Visit to the Doctor

A prison officer is told by a doctor that s/he has tuberculosis, which is a common opportunistic infection for those living with HIV. The doctor suggests that both the prison staff and his/her sexual partner get counseling and testing for HIV. The prison officer tells his/her partner that his/her chronic coughing is caused by a bad cold and will go away eventually.

- ✘ **Inappropriate:** The prison officer has a responsibility to tell his/her partner the truth about his/her encounter with the doctor and give his/her partner the chance to protect herself/himself and deal with potentially being HIV-positive.

Situation 2: STI Embarrassment

An inmate recently released from prison meets a local girl/boy and begins having sexual relations with



her/him. One day while bathing s/he noticed a red sore on his/her genitals. S/he is too embarrassed to talk to his/her sexual partner but takes him/her to a clinic to get a check-up and tells the doctor about the sore.

- ✘ **Inappropriate:** It is critical to inform your sexual partners of any kind of STI (HIV or otherwise) that you are aware of so s/he can be tested. This is not for their health only, but also for the health of the community because the sooner the diseases are treated, the sooner they can be addressed and reduce the chance of infection of others.

Situation 3: No Free Gifts

A prison officer has been wooing a girl who sells oranges and eggs in the market. He bought her a snack every time he saw her, as well as several small gifts. He very much wanted to have sex with her. One evening they kissed and he fondled her breasts. His desire was burning for more but she said she wasn't ready. He pushed her to the ground, pinned her arms down and forced himself inside her.

- ✘ **Inappropriate:** The prison officer might have felt the girl "owed" him sex by taking the food and gifts but he did not have the right to rape

her. Rape increases the risk of HIV infection because the rapist rarely uses a condom and the violent act of rape leads to tearing of the vaginal or anal walls.

Situation 4: Misuse of Position

One day, the chief instructor at the prison training college asked one of his female students to stay behind after class and told her that he wanted to discuss her academic development. After class the girl remained behind and the instructor poured praise about her beauty. That act of praise offended the girl very much, but she did not say anything since he was her instructor. When the instructor saw that the girl was not happy, he told her to be very careful, since the results of her academic development were in his hands, and he asked the girl to go to his house that evening, which she did as she was frightened about not passing her examinations.

- ❌ **Inappropriate:** The instructor/teacher was not entitled to use his rank or his position to intimidate the young girl. Although the girl went to the instructor's house, it was under threat

that her academic credentials would be harmed if she did not do what the teacher told her to do.

Situation 5: Irresponsible Behavior

A prison officer was transferred to a district prison where he thought he should go without his wife and children to avoid creating inconveniences for them in terms of schooling and family. The officer lived alone at his new settlement. One day, while at a bar, he met a woman and initiated a sexual relationship with her that continued for several more times. Even though the officer was married and knew that the woman also had another sexual partner, he did not see it as a problem. The woman insisted on using condoms, but the officer did not see the importance of a condom, and the woman stopped insisting over time.

- ❌ **Inappropriate:** Although the two people were open about having multiple sexual partners they behaved irresponsibly by having unprotected sex, which not only put themselves at risk but also put their other partners at risk for HIV infection, who may have been unaware that

their partners were having sex with others, and unprotected sex at that.

Situation 6: The Unwanted Fear

An inmate by the name of Victor was transferred to one cell because of his young age compared to others who seemed to be craftier and were also fond of teasing each other. Victor was cool and very shy and in most cases preferred to be alone. For that behavior his fellow inmates teased him calling him a woman, etc. One day his fellow inmates surrounded him, pushed him, and pulled down his trousers to confirm if he was real a man or not. One of them held him firm and threatened him.

- ❌ **Inappropriate:** Although it was a male inmate, oppression or abuse can occur within prisons due to different power dynamics. Peer educators should discuss with inmates what should be done in such a situation and the procedures to be followed in reporting such incidents.

MODULE 3. TB AND HIV TREATMENT, CARE, AND SUPPORT

Goal

To acquire basic information on prevention, treatment, care, and support of TB and HIV.

Learning Objectives

By the end of this module, participants will be able to:

- Explain the importance of knowing your TB and HIV status.
- Define the terms VCT and PITC.
- Describe the importance of HIV testing services.
- Discuss antiretroviral medicines and where to get care and support.
- Demonstrate how to use male and female condoms.
- Highlight availability of other treatments for related health problems including, STIs,

reproductive tract infections (RTIs), and opportunistic infections.

- Define the terms “prevention of mother-to-child transmission of HIV” (PMTCT) and “elimination of mother-to-child transmission of HIV” (eMTCT).
- Provide basic information on managing HIV-positive mothers and children.

Session 3.1. HIV Testing Services

1 hour 25 minutes

SESSION 3.1: ACTIVITIES

Defining terms

Introduction to HIV testing

VCT and PITC

VCT true/false

HIV testing in general

HIV testing in prison

Use of male and female condoms

Objectives

By the end of the session participants will be able to:

- Explain VCT and PITC acronyms
- Explain the importance of knowing HIV status
- Discuss the importance of HIV testing services
- Demonstrate how to use female and male condoms

Activity 1. Defining Important Terms

30 minutes

WHO changed their terminology in July 2015 from “HIV counseling and testing” to “HIV testing services,” and countries are following suit as they update their own guidance. The term HIV testing services (HTS) is used to embrace the full range of services that should be provided together with HIV testing: counseling (pre-test information and post-test counseling); linkage to appropriate HIV prevention, treatment, and care services and other clinical and support services; and coordination with

laboratory services to support quality assurance and the delivery of correct results.

Step 1: Explore

- ➔ Let participants know that they will spend about 30 minutes or less looking at some of the key terms that they will be using in this session and for a long time after the course.

Option 1

- ➔ Using a prepared flipchart with all the acronyms or abbreviations, divide the group into two teams. Tell participants that they will play a game of acronyms or abbreviations. Inform them that these acronyms are written on the flipchart which you will open when the game begins. Mention that each group will choose a representative who will choose an acronym and tell the group what it means. When he/she got it right the group gets 2 points (+2) but when he/she gets it wrong the group loses 2 points (–2). Tell them that they will take turns until all acronyms are completed.

Option 2

- ➔ Invite participants to pair up and take a piece of paper. Inform them that you will say an abbreviation for them to write it in full as a pair. To debrief, pair participants up so they can mark each other as you confirm the answers as given in the acronyms list at the beginning of this document.

Step 2: Congratulate

- ➔ Applaud the pair(s) that got the most correct answers.

Activity 2. Introduction to HIV Testing

20 minutes

Step 1: Explain

In this session we will look at or talk about the various points of diagnosis, care, treatment, and support services, including CITC (client-initiated testing and counseling), PITC, and PMTCT.

Step 2: State

The new global 90–90–90 targets call for 90 percent of all people with HIV to be diagnosed, 90 percent of people with HIV diagnosed to receive ART, and 90 percent of those on ART to have a suppressed viral load by 2020. The first 90 (diagnosis of HIV), is essential to the second 90 (initiation of ART among people with HIV), and the ultimate outcome of the third 90 (viral load suppression among people on ART), which improves client outcomes and prevents HIV transmission. While it is important to get more people tested and successfully referred to treatment

and care services, it is vital that the pace of scale-up does not compromise quality.

Step 3: Group Exercise

- ➔ This exercise covers the advantages and disadvantages of knowing your HIV status. Before starting the exercise, ask participants if they think it is necessary to know their HIV status. Put participants into groups of 4 to discuss and list the advantages and disadvantages of knowing one's HIV status. Give participants 10 minutes to do so.

ADVANTAGES	DESCRIPTION
Live longer	Antiretroviral drugs help maintain the health of people living with HIV, and to a large extent help to prolong the lives by 5 to 20 years. It is also possible to extend the period of time an infected inmate lives through lifestyle changes and the treatment of opportunistic infections. For example, avoiding putting oneself at further risk,

ADVANTAGES	DESCRIPTION
	reducing alcohol consumption, and eating well can help extend life.
Ends worry about status	Getting an HIV test ends worry about whether or not you are infected. Those who are worried about their past behavior can get a new lease of life by finding out their status.
Fresh start for prevention	Finding out if you are HIV-negative provides you with a clean slate on which safer sex practices can be built. Remember that three-quarters of people tested are not infected.
Plan the rest of your life	For young couples, getting tested together before marriage allows them to know that they can have children who are not infected if they continue to avoid infection themselves. Those who find out they are HIV-positive can then plan the rest of their lives. It could be many years into the future before

ADVANTAGES	DESCRIPTION
	they become ill and eventually die. In the meantime, they can protect their partners from getting infected and prevent mother-to-child transmission of HIV. They can also plan for the future security of their families by preparing a will and making financial plans.

Step 4: Reassure

- ➔ Thank the participants for their participation and explain that once we understand the facts about HIV we will be able to slow down HIV transmission and live longer, healthier lives.

We can then also protect ourselves and others from HIV infection by minimizing risk factors that we faced in prisons and upon release. As a peer educator, you can assure that if National HIV guidelines are followed by inmates and prison staff we can lower many risks of HIV infection in prisons and support HIV testing.

Activity 3. Defining Voluntary Counseling and Testing and Provider-Initiated HIV Testing and Counseling

20 minutes

Step 1: Inquire

- ➔ Ask participants what they think the difference is between VCT and PITC.

Step 2: Explain

VOLUNTARY COUNSELING AND TESTING	PROVIDER-INITIATED HIV TESTING AND COUNSELING
Individual chooses to seek testing.	Individual is seeking medical care, and testing is recommended and performed by a medical practitioner as part of the consultation.
Anonymous or confidential services may be offered.	Services provided are confidential and documented in the medical record to ensure continuity of care.

VOLUNTARY COUNSELING AND TESTING	PROVIDER-INITIATED HIV TESTING AND COUNSELING
Primary focus is on preventing HIV acquisition through risk assessment, risk reduction, and testing.	Primary focus is on identifying HIV-positive people and linking them with prevention, care, and treatment services.
Written consent or thumb print for illiterate clients is required.	Verbal consent is required and should be documented in the patient record.
The first user of the test result is the client, who uses the information to make personal life decisions.	The first user of the test result is the health care worker, who makes a correct diagnosis and provides appropriate treatment.

Step 3: Q&A

Q: What are the benefits of PITC?

A: Explain the following:

- PITC enables medical practitioners to treat their clients appropriately by identifying those who need treatment and/or wellness programs early.
- It helps health care providers improve the quality of medical care rendered to their clients and reduce morbidity and mortality.
- It assists in reducing stigma in communities such as prisons by making HIV testing a norm.

Step: 4: Emphasize

➔ Reiterate that no matter which method of testing is used, the five C's should be adhered to. Ask participants what the "five C's" are. If they don't know, use the table on the following page to explain.

FIVE "CS"	DESCRIPTIONS
Counseling	<p>Counseling is a dialogue between a trained HIV counselor and a client that seeks to reduce HIV acquisition and transmission through:</p> <p><i>Information.</i> Client receives information regarding HIV transmission and prevention and the meaning of HIV test results. Individuals who test HIV-negative should receive brief health information about their test results.</p>

HIV prevention counseling.

Client receives help to identify the specific risk behaviors for acquiring or transmitting HIV and commit to steps to reduce this risk. Research to date has not demonstrated that a lengthy counseling session is needed or is beneficial. Further, lengthy post-test counseling for people testing negative may divert counseling resources that are needed by those who test HIV-positive, those whose results are inconclusive, and those who are in a serodiscordant relationship.

Consent

The provider of the test has provided enough information for you to make an informed decision about whether you want the test or not, as well as the right to decline testing. The information

should cover what the test entails, the possible results, and the possible consequences. Mandatory testing is never appropriate.

Confidentiality	What you and the counselor discuss is kept between the two of you. The counselor cannot tell or share with someone else what you discussed or what your result is.
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Correction	All people who receive a positive HIV diagnosis should be retested to verify their diagnosis before initiation of HIV care or treatment.
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Connection	Providing HTS where there is no access to care, or poor linkage to care, including ART, has limited benefit for those with HIV.
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Activity 4. VCT True/False Exercise

15 minutes

Step 1: Activity

- ➔ Tell participants that you are going to read a statement. You would like them to stand up if the statement is TRUE, or sit down if they think the statement is FALSE. Tell them that you will ask them why they selected their answer.

STATEMENT	ANSWER (TRUE/FALSE)
Anonymous testing means that you are given a number and no one knows your name when you are tested.	TRUE: To ease the fears and reduce stigma some testing services do not require those being tested to give their names. Their blood sample is identified with a number only. HIV testing services must be confidential, meaning that what the HTS provider and the client discuss will not be disclosed to anyone else without the express consent of the person being tested. Confidentiality should be respected, but it should not be allowed to reinforce secrecy, stigma, or shame.

STATEMENT	ANSWER (TRUE/FALSE)
If found HIV-positive through mandatory testing, a person is automatically fired from their job.	FALSE: Voluntary testing is valuable and HIV-positive individuals should not be fired from their jobs. However, some uniformed services require testing before assignment to other countries. A person found to be HIV-positive is usually allowed to stay in the service but not allowed to travel out of the country.
The “window period” is the time during which HIV antibodies may not show up in the blood of an infected person.	TRUE: It takes between three to six months for HIV antibodies to show up in the blood. The routine advice to everyone with a negative test result is to retest after a “three-month window period” is not appropriate. Retesting is needed only for HIV-negative individuals who report recent (in the last three months) or ongoing risk of exposure. For most people who test HIV-negative additional retesting to rule out being in the window period

STATEMENT	ANSWER (TRUE/FALSE)
	is unnecessary and may waste resources.
Those found to be negative after an HIV test do not need to avoid risk-taking behavior in the future.	FALSE: A person may engage in risky sexual relations and not get infected. But that doesn't mean that they couldn't become infected in their very next unprotected sexual activity.
Everyone should be tested.	TRUE: HIV testing is the gateway to HIV prevention, treatment, care, and other support services. People's knowledge of their HIV status through HTS is crucial to the success of the HIV response. HIV testing coverage among children is low. Approaches are needed to increase early infant diagnosis and timely referral of infants diagnosed as HIV-positive to treatment and care. Additional approaches are

STATEMENT	ANSWER (TRUE/FALSE)
	<p>needed to increase uptake of HTS among men, including the provision of HTS in settings that are more appropriate and acceptable to men, and to devise ways to encourage testing of male partners in high prevalence settings and of couples and male partners of women with HIV in all settings. Access for key populations, such as inmates, should also be prioritized.</p>
<p>If a person is found to be HIV-positive that person should tell his or her result to all sexual partners.</p>	<p>TRUE: Although disclosure to sexual partners, supportive family members, and health workers is often beneficial, this must be done only by or with the consent of the person being tested. Counseling to HIV-positive clients should discuss possible disclosure of the result and the risks and benefits of disclosure, particularly among couples and partners. Offer couples counseling</p>

STATEMENT	ANSWER (TRUE/FALSE)
	to support mutual disclosure. Couples and partners should be offered voluntary HIV testing and counseling with support for mutual disclosure. Counselors should assess the risk of intimate partner violence and discuss possible steps to ensure the physical safety of clients, particularly women, who are diagnosed HIV-positive.
The first person in a couple to find out s/he is positive is the one who brought the virus into the family.	FALSE: The time when a person learns s/he is infected has no relation to when s/he became infected. After a positive HIV test, you should encourage and offer HIV testing for sexual partners, children, and other family members of the client. This can be done individually, through couples testing, index testing, or partner notification with consent.

Activity 5. HIV Testing—in General and in Prisons

30 minutes

Step 1: Explain—HIV Testing

- Getting an HIV test is the most important and only way to know whether you have HIV. In case you have HIV, it is very important it is diagnosed. This will give you the best chance of getting the treatment and care you need to stay healthy. When you go for an HIV test, you will have an opportunity to speak with a trained person, so you can ask any questions you might have. The person doing the test will give you information on how the test works and how you will get the results.
- Depending on the type of test, you will have a small sample of blood taken from your arm, or a drop of blood from your finger. Some tests are performed using fluid from around the gums.

- There are different kinds of HIV tests. Some HIV tests detect the presence of the actual virus in the blood (antigen test) and other tests detect antibodies used to fight HIV (antibody test).
- If the test says you are HIV-positive, it means you have HIV. If the test says you are HIV-negative, this means you do not have HIV. With some tests, you will need to take a follow-up test if you have a positive result.

Step 2: Q&A—The Window Period

Q: What is the window period?

A: The time period from infection with HIV until the body produces enough HIV antibodies to be detected by an HIV antibody test is called the *window period*. Most people develop HIV antibodies within three months after they are infected with HIV. But the window period can vary depending on the HIV test used. In general, anyone who has a negative result on an HIV antibody test within three months of a possible exposure to HIV should have the test repeated in three months.

Step 3: Q&A—HIV Testing

Q: What is an antigen test?

A: HIV antigen tests detect HIV antigen (a part of the virus) in the blood. An antigen test can detect HIV before sufficient HIV antibodies are produced to be detected by an antibody test.

Q: How long does it take to get HIV test results?

A: Rapid HIV antibody test results can be produced within 15–30 minutes. However, it may take several days or weeks, depending on the type of test used. In Tanzania, a positive screening HIV test must always be confirmed by a confirmatory test.

Q: Where can people outside of prisons go to get tested?

A: Health care providers can give you an HIV test. HIV testing is also available at many hospitals, medical clinics, community health centers, VCT sites, and AIDS service organizations.

Step 4: Q&A—Testing in Prison

Q: How are HIV tests obtained while in prison?

A: HIV tests are obtained from prison health facilities, including mobile VCT clinics that visit the prison facilities. However, compulsory testing of prisoners for HIV is unethical and ineffective, and should be voluntary with adequate pre- and post-test counseling. Test results should be communicated to prisoners by health personnel who should ensure medical confidentiality.

Step 5: Q&A—After Diagnosis

Q: What should you do if you test HIV-positive? If you test negative?

A: See below for the answer.

...IF YOU TEST HIV NEGATIVE	...IF YOU TEST HIV POSITIVE
Abstaining from penetrative sexual intercourse is the best way to stay HIV-free.	First, the clinic will conduct a blood test to determine your CD4 cell count. Your blood sample will be sent to a

Staying HIV-free requires being completely faithful to one partner, which means that you and your partner should be tested for HIV at least three months apart; if you do decide to have penetrative sexual (vaginal, oral, and anal) intercourse, that you appropriately use male or female condoms.

laboratory to measure how many CD4 cells are in a single milliliter of blood. This will help you know how healthy your immune system is. It is recommended that HIV-positive people check their CD4 count every 6 months. You may also need a viral load test when you start treatment and sometimes later to check the suppression of viruses by the ARVs (efficacy). When ready and safe to do so, it is important to disclose to your partner that you are HIV-positive.

Activity 6. Use of Male and Female Condoms to Prevent HIV Transmission

30 minutes

Step 1: Explain

- ➔ Explain that this is an opportunity for the to learn or share information on how to

appropriately use male and female condoms as an HIV prevention method.

Box 16. Common Problems When Using a Condom

- Trying to roll the condom down when it is "inside-out."
- The condom is not rolled down all the way.
- The condom is placed crookedly on the model.
- The user is too rough when opening the package or uses their teeth to open it.
- The air in the tip is not squeezed out.
- Never use petroleum jelly as lubricant when using condoms.

Talking about condoms in prison facilities may be very difficult. However, it is important to mention that condoms will not be distributed in prisons. It is not allowed by Tanzania law. It is therefore important to get this information on condoms as it will benefit them after they have finished their sentence or after release from the prison, e.g., remandees.

- ➔ Explain that condoms provide excellent protection from HIV if used correctly and consistently. Although condoms are prohibited in prisons, inmates are availed of condoms on release/discharge.

Step 2: Ask

By a show of hands, how many people have used a condom before? Who can explain the steps of using male condom from beginning to end?

Step 3: Demonstrate

HOW TO USE A MALE CONDOM



Tear the condom packet by following the marked area at the side of the packet. When opening the condom packet, avoid the use of fingernails or teeth.

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Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. Place the condom at the penis when it is still erect. Hold the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen).



After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot sealing in the semen or sperm.

Dispose of the used condom in a safe place. Just like a female condom, you should never flush a male condom. It can clog your toilet and it

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is not biodegradable (decomposable). Wrap it in some tissue and throw it in the bin or pit latrine can.

Step 4: List

- ➔ Discuss the most common difficulties encountered when using a condom. Ask the participants to suggest possible solutions to these problems.

How to Use a Female Condom



Open the condom packet. Tear one of the notches at the end and avoid using scissors or a knife. You don't want to damage the condom. Hold the upper side of the condom at the same time pressing the inner ring, while the open part is hanging.

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You'll notice that there are two different rings in the female condom, as opposed to the one on a male condom. The outer ring, which is open, goes outside of the condom. The inner ring goes inside and helps hold the condom up during intercourse. Squeeze the inner, closed ring. Once the ring looks long and narrow, it's ready to be placed inside the vagina.



Find a comfortable position and insert the inner, squeezed ring into your vagina. Like the first time inserting a tampon or having sex, it may take you a couple tries before you're comfortable shoving it up there. A little lubrication might make things go smoother. You can use an index finger to push it up and make sure it isn't twisted. The

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outer ring should remain outside of the vagina. You are ready to go! When you're ready, make sure you guide your partner into the condom. Make sure he isn't coming in on the side or accidentally missing it in any way.

Clean up. When you're finished, twist the outer ring a couple times to seal it, then pull it out gently. Just like with male condoms, you should never flush a female condom. It can clog your toilet and it isn't biodegradable (decomposable). Wrap it in some tissue and throw it in the bin or pit latrine can.

Session 3.2. TB and HIV Treatment, Care, and Support

40 minutes

SESSION 3.2: ACTIVITIES

Treatment of HIV and opportunistic infections

Treatment for a patient with HIV

Objective

By the end of the session, participants will be able to:

- Highlight availability of other treatments for related health problems, including STIs, RTIs, and opportunistic infections.

Activity 1: Treatment of HIV and Opportunistic Infections

40 minutes

Step 1: Explain

- ➔ Tell participants that they will now discuss treatment of the infections we discussed like HIV, TB, other STIs, and RTIs.

Step 2: Q&A—Infections

Q: How do we prevent an STI?

- ➔ Take a few comments.

A: The best approach to preventing an STI is to avoid exposure. At this first level of prevention, the

likelihood of being exposed to an STI can be reduced by:

- Delaying sexual activity (for adolescents)
- Decreasing the number of sex partners
- Using condoms correctly and consistently
- Prompt recognition and effective treatment of STIs.

Q: What does RTI stand for?

A: It stands for reproductive tract infections. RTIs are infections of the genital tract. They affect both women and men. Some RTIs



(such as syphilis and gonorrhea) are sexually transmitted but many are not (such as yeast infections). The best way to address an STI is to seek treatment immediately.

Step 3: Q&A—HIV Treatment

Q: How is HIV treated?

A: HIV is treated using antiretroviral therapy (ART).

➔ You may not have enough time to go through all of the following questions. Go over the summary of ART on the next page.

Q: What is antiretroviral therapy (ART)?

A: ART is the use of medicines to treat HIV infection. People on ART take a combination of medicines (called an HIV regimen) every day. There are different combinations of medicines. ART is recommended for everyone infected with HIV. ART cannot cure HIV, but it helps people with HIV live longer, healthier lives. ART also reduces the risk of transmitting HIV to another person. In Tanzania, for adults and adolescents, the first line (initial) drug regimen is one of the following combinations of three drugs: (1) (tenofovir (TDF) + lamivudine (3TC) + efavirenz (EFV); (2) zidovudine (AZT) + lamivudine

(3TC) + lopinavir/ritonavir (LPV/r); or (3) abacavir (ABC) + lamivudine (3TC) + nevirapine (NVP).

MORE ABOUT ART

- ART is the use of HIV medicines to treat HIV infection. It is recommended for everyone who is HIV-positive and helps people with HIV live longer, healthier lives.
- People with HIV should begin ART as per the *Tanzania National Guidelines for Management of HIV and AIDS*. In PLHIV with the following conditions, it's especially important to start ART right away in cases of pregnancy.
- Newly revised international guidelines recommend ART as soon as HIV is diagnosed ("test and treat") because early treatment will decrease the risk of HIV and non-HIV-related health problems among people living with HIV and AIDS and will reduce viral load to undetectable levels and therefore reduce the risk of HIV transmission.

- Certain HIV-related illnesses and coinfections like oral thrush, herpes simplex, shingles, wasting syndromes, cervical cancer, and TB.
 - Tanzania implemented a “test and treat” policy in October 2016.
 - Effective ART depends on medication adherence—taking HIV medicines every day and exactly as prescribed. Before starting ART, it’s important to address any issues that can make adherence difficult.
-

Q: How does ART work?

A: HIV attacks and destroys the infection-fighting CD4 cells of the immune system. With fewer CD4 cells, it is harder for the body to fight off infections and certain kinds of cancers. ART prevents HIV from multiplying (making copies of itself), which reduces the amount of HIV in the body though it does not remove all HIV from the body. Having less HIV in the body gives the immune system a chance to recover and produce more CD4 cells. Even though

there is still some HIV in the body, the immune system is strong enough to fight off infections and diseases called opportunistic infections such as tuberculosis, pneumonia, and cervical cancer.

Opportunistic infections are infections that occur more frequently and are more severe in individuals with weakened immune systems, like people living with HIV. By reducing the amount of HIV in the body, HIV medicines also reduce the risk of transmitting HIV to another person.

Q: When is it time to start taking ART?

A: PLHIV who are eligible should start ART as soon as possible. Health care providers will work with patients to see who is eligible according to national standards. Health care providers should provide ART adherence counseling and obtain patient's informed consent to start ART. In people with the following conditions, it's especially important to start ART right away: pregnancy and certain HIV-related illnesses and coinfections like oral thrush, herpes simplex, wasting syndrome, or cervical cancer.

Module 3: TB and HIV Treatment, Care, and Support

According to the *Tanzania National Guidelines for Management of HIV and AIDS Edition 5* (Tanzania Ministry of Health and Social Welfare [MOHSW] 2015) ART should be initiated in all individuals with TB and HIV coinfection, regardless of WHO clinical stage or CD4 cell count. TB treatment should be started first, followed by ART as soon possible, within the first two weeks of starting TB treatment. HIV-positive individuals with no signs or symptoms suggestive of active TB are eligible for isoniazid preventive therapy. All efforts should be made to deal with opportunistic infections. Emphasis should be placed on early detection, treatment, and referral, where necessary.

New international guidelines recommend initiating ART in all patients as soon as HIV infection is confirmed ("test and treat"). Governments can enact the new guidelines depending on their level of readiness (supply of ARV drugs, laboratory capabilities, human resources, financial, and so on).

Q: What are the advantages of ART?

A: Advantages of ART include the following:

- People with HIV who take ART can live longer than those who do not take ART.
- People on ART have fewer HIV-related diseases than those who do not take ART.
- Because people who take ART as prescribed have better health, they have fewer visits to the hospital and other health-related expenses.
- With better health, people on ART have more time to accomplish their life's goals and vision.
- With better health, people on ART are able to take better care of their families.
- With better health, people on ART can continue to earn a living.
- Because people on ART have less HIV in their bodies, they are less likely to transmit HIV to other people.

Step 4: Q&A—Living with Antiretroviral Therapy

Q: What is the main cause of drug resistance and treatment failure?

A: Poor adherence to an HIV treatment regimen increases the risk of drug resistance and treatment failure. Taking ART every day as prescribed, which is referred to as “adherence,” is very important for the medicines to work. Some people stop taking ART as prescribed because they have side effects, or because they feel strong and healthy and think they do not need the ART anymore. Over time, though, without ART, HIV builds up in the body again and people start to get sick. In addition, there is a possibility that the same antiretroviral therapy medicines will not help an individual again when they are ready to resume treatment because the HIV in their body has developed resistance to those medicines. They may be able to take another kind of ART medication, but it could be more difficult to access and/or have more side effects than the original ART medication. Sexual transmission of a

drug-resistant strain of HIV is also possible. Resistance is an important reason why HIV treatment can fail.

Q: What is the lifespan of an HIV-positive person on ART?

A: Most people who take ART as prescribed live a normal life and get sick at the same rate as people who do not have HIV.

Q: What are the challenges of ART?

A: Potential risks of ART include side effects (any effect of a drug, chemical, or other medicine that is in addition to its intended effect, specifically an effect that is harmful or unpleasant) caused by antiretroviral drugs or other medicine the person living with HIV is taking. The nature of the side effect can depend on the part of the body the drug is intended to treat or the way in which the body processes the drug.

- Antiretroviral therapy is a long-term treatment—one must take the pills every day as

prescribed by a health care provider. Poor adherence—not taking ART daily and exactly as prescribed—increases the risk of drug resistance and treatment failure.

- Most antiretroviral drugs are taken once a day, with or without food. Some are taken twice a day or should be taken with food.
- Some types of antiretroviral medicines may have effects if they are taken together with other types of pills or during pregnancy. It is important to talk to a health care provider about other pills being taken and let her/him know if you are pregnant.
- Antiretroviral therapy may create other problems. Some problems may be solved after some weeks of use, some problems require medical advice or health experts.
- If ART drugs are not taken every day as prescribed, the medicines will not function as well and one could get sick. People for whom the ART medicines really are not working have

to change to another set of ART medicines, but their choices for ART in future will be reduced.

- If treatment is taken for another health condition or contraception (family planning), it is important to inform your doctor. Some antiretroviral drugs (e.g., efavirenz, nevirapine) interact with some forms of hormonal contraception.
- Using recreational drugs (e.g., cocaine, cannabis, ecstasy, etc.) also can cause ART to stop working properly.

Q: What are some common side effects of ART?

A: Side effects from ART can vary depending on the medicine and the person taking the medicine.

People taking the same ART can have very different side effects. Common side effects include:

- Headache or occasional dizziness, which may not be serious
- Swelling of the mouth and tongue or liver damage, which can be life-threatening
- Rash all over the body

- Numbness of the feet
- Kidney problems (in case of tenofovir)
- Strange dreams (in the case of efavirenz).

Session 3.3. Prevention of Mother-to-Child Transmission of HIV

30 minutes

SESSION 3.3: ACTIVITIES

- ☐ Introduction to PMTCT and eMTCT

Objectives

By the end of the session participants will be able to:

- Define the terms prevention of mother-to-child transmission of HIV (PMTCT) and elimination of mother-to-child transmission of HIV (eMTCT).
- Provide basic information on managing HIV-positive mothers and children.

Activity 1: Introduction to PMTCT

30 minutes

Step 1: Start

- ➔ Ask participants what they know about PMTCT and eMTCT.

Step 2: Explain—Basics

- ➔ Explain that PMTCT stands for prevention of mother-to-child transmission of HIV and eMTCT stands for elimination of mother-to-child transmission of HIV.

Step 3: Q&A—Mother-to-Child Transmission of HIV

Q: What is mother-to-child transmission (MTCT) of HIV?

A: MTCT, also referred to as perinatal transmission, is the spread of HIV from an HIV-positive woman to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast

milk). MTCT is the most common way that infants become infected with HIV.

Q: Can MTCT of HIV be prevented?

A: Yes.

Q: When is the risk of MTCT of HIV low?

A: The risk of MTCT is low when:

- Women living with HIV receive HIV medication during pregnancy and childbirth and, in certain situations, have a scheduled cesarean delivery (sometimes called a C-section).
- Babies born to women living with HIV receive ART for six weeks after birth with exclusive breastfeeding for the first six months and progressive weaning.

Step 4: Explain—Approach

The Tanzania Ministry of Health and Social Welfare has adopted a comprehensive approach to prevent HIV infection in infants and young children to realize the eMTCT. The approach includes:

- Primary prevention of HIV to women of childbearing age and their partners
- Prevention of unintended pregnancies in women living with HIV
- Prevention of HIV transmission from HIV-positive women to their infants
- Provision of treatment, care, and support to HIV-positive women, their infants, and their families.

Step 5: Q&A—Men and PMTCT

Q: What are the benefits of engaging men in PMTCT?

A: Evidence shows that when male partners are supportive of women's health care:

- Uptake of HIV prevention and treatment services for women and children is increased.
- Health outcomes are better.



- ART adherence improves.
- There is increased testing and treatment among men.
- The stigma is reduced.

Step 6: Q&A—Goal

Q: What is the aim of PMTCT in Tanzania?

A: The aim of PMTCT in Tanzania is to avert the transmission of HIV from women to their children and to provide treatment for all HIV-positive pregnant women and their HIV-exposed children attending reproductive and child health and PMTCT services in the prison health facilities. This can be achieved through provision of HTS to pregnant women and subsequent provision to HIV-positive women of interventions to prevent vertical transmission of HIV to their infants.

Step 7: Summarize

Eliminating MTCT in Tanzania will require:

- Continued efforts to prevent new infections among women, and improved access to family planning services among women living with HIV.
- Improved access to antenatal care and skilled attendants at delivery for all women, regardless of wealth, status, and place of residence.
- Accelerated expansion of high-quality PMTCT services to all antenatal care and delivery sites and strengthened retention in care through community and health facility linkages.
- Improved quality and continuity of timely care for the mother and the child.
- Male involvement in PMTCT is a potential entry point for testing male partners for HIV.

MODULE 4. BREAKING THE SILENCE ON TB AND HIV

Goal

To increase peer communication knowledge and skills on reporting issues of abuse related to TB and HIV among inmates.

Learning Objectives

By the end of the training, inmates and prison staff will be able to:

- Describe and identify types of abuse in prisons.
- Talk about sexual or physical abuse more openly.
- Explain the meaning and rationale for peer communication.
- Identify traditional and effective ways of peer communication among inmates and prison staff.
- Describe the reporting channels and seeking services among inmates.
- Identify key challenges and ways to address them.

Session 4.1. Identifying Types of Abuse in Prisons

2 hours, 5 minutes

SESSION 4.1: ACTIVITIES

Types of abuse in prisons

Talking about sexual and physical abuse

How to break the code of silence

Activity 1. Types of Abuse in Prisons

20 minutes

Materials

- Chalkboard or flipcharts

Preparation

- If possible, involve the prison counsel in this discussion.

Step 1: Describe

Inmates may experience physical and sexual abuse and other types of violence and mistreatment from fellow inmates and prison staff without being able to

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report the abuse for fear of retaliation. Inmates may also be subjected to unkind treatment, mocking, vulgar language, and malicious lies by fellow inmates. Prison staff may use verbal abuse as a means of frightening or demoralizing inmates to make them more compliant with the prison rules and regulations.

Step 2: Discuss

- ➔ Explain that this discussion will shed some light on these issues and both inmates and prison staff can address the issues.

Incidences of abuse are mainly caused by situational and environmental factors such as overcrowding/congestion; inadequate supervision; access to self-made crude weapons; and power dynamics which can create opportunities for the different types of abuse. The consequences of physical and sexual abuse could include physical injuries, sickness, self-harm, and mental illness such as depression or anxiety. These factors can be addressed and prevented by increasing consistent

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supervision and rounds in the cells by prison staff and peer education program and sensitization. Inconsistent supervision by prison officers creates opportunities for inmates to engage in violence and mistreatment of others. It is difficult to track abuse or mistreatment among inmates, which has resulted in little and less accurate data especially on sexual abuse among inmates. This situation is exacerbated by the code of silence and lack of, or limited, mechanisms to track and record such abuse in the prison cells. Installing monitoring cameras and sensor buttons in the cells could help to track abuses and violent behavior among inmates.

Step 3: Brainstorming

- ➔ Pair up the participants for brainstorming and ask them to discuss and write down what types of abuse—physical, emotional, and sexual—that take place in prisons. Give them about 10 minutes.

Step 4: Feedback

- ➔ Ask participants to share the types of abuses they came up with.

Step 5: Review

- ➔ Explain the terms below and on the following page.

Key Terms to Know

Violence: WHO defines violence as an “intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation” (Krug et al. 2002). The words “intentional use” are an important element that distinguishes violence from unintended injuries and harm.

Power: Refers to using any kind of pressure to oppress or obtain favors from a weaker person in exchange for benefits or promises. Power inequality between persons can be exploited by using physical

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force or making threats. Forms of power can be real or perceived. Forms of power can be having a position of authority, ability to make decisions, or possession of food, money, or weapons.

Consent: Making an informed choice to do something freely and voluntarily. There is no consent when agreement is obtained through use of threat, force, or other forms of coercion, abduction, fraud, deception, or misrepresentation. Threatening or withholding or promising to provide benefits in order to obtain agreement of a person is an abuse of power. All acts of violence and sexual abuse occur without informed consent. Even if someone says yes during one of these acts, it is not consent if it was said under duress—that is, the perpetrator uses some kind of force or enticement to get the victim to say yes.

Physical violence: The intentional use of physical force with the potential to cause death, disability, injury, or other harm. Acts of physical violence include scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping,

punching, burning, and use of a weapon, restraints, or one's body size or strength against another person.

Sexual violence: Refers to the use of force to compel a person to engage in a sexual act against her/his will, attempted or completed acts without her/his permission or understanding, or abusive sexual contact. Acts of sexual violence include sexual harassment, rape, attempted rape, marital rape, exploitation, child sexual abuse/incest, non-penetrative sexual acts, forced prostitution, child prostitution, and sexual trafficking. Sexual abuse and violence are associated with risky behavior. Risk of HIV transmission increases during sexual violence because it is a violent or forced act that can include tearing of skin or membranes and transmission of fluids.

Step 6: Ask

- ➔ Ask participants to brainstorm some methods to talk about abuse in general.

Step 7: Reflect

- ➔ Ask participants why it is difficult to talk about abuse in prison settings and write them on a flipchart or chalkboard.

This code of silence could be one reason why it is difficult to talk about abuse in prisons.

Activity 2. Talking About Sexual and Physical Abuse—Breaking the Code of Silence

45 minutes

Step 1: Describe

Tanzania prison administration is committed to inmate safety. However, as in many prison facilities in the world (Dennehy and Nantel 2006), Tanzanian prisons face many challenges with misconduct, abuse, and violence which the prison management continually tries to address. As discussed in the previous activity, inmates can experience sexual, physical, and other forms of violence in prisons at the hands of other inmates or prison staff.

The attitudes of inmates not to report incidences of sexual violence or physical violence due to fear or

any other reason is referred as a “code of silence,” which, if left unchallenged, may result in increased incidences of sexual, physical, and other violence within prisons. Not challenging the code of silence perpetuates and reinforces violent behaviors that increase risk of TB, HIV, and STIs, thereby harming inmates and prison staff (Dennehy and Nantel 2006, p. 177).

Step 2: Q&A—the Code of Silence

Q: What is the “code of silence?”

➔ Let participants give you their comments before explaining it to them.

A: The code of silence (Martin 2002) is the unwillingness of prison inmates, staff, or management to talk openly about incidences of an illegal, unethical, or questionable nature, such as sexual abuse. The code of silence is a made up of unspoken rules.

Most inmates maintain the code of silence because of fear of retaliation and that others may not protect them for having broken the code. They would rather risk discipline than violate the code of silence within

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the prison. But this silence is wrong as it protects the wrongdoers, especially because the objective of prisons is to provide safe and secure environments for persons under correctional supervision and the staff who supervise them.

The presence of unethical behavior, abuse of power, and cover-ups may result in the prisons being dangerous places to live and work by allowing groups of people to enforce the rules as they see fit without being accountable. This results in anger, frustrations, and sometimes depression and mental illness.

Step 3: Explain

In order to address the unhealthy environment caused by sexual and other types of violence, the code of silence should be addressed by ensuring that inmates understand the difference between loyalty to each other and loyalty to corrections as a whole. While loyalty to the group is important in fostering solidarity, enhancing safety, and building trust, loyalty to the objectives of prisons to create

safe, secure, and rehabilitative environments is more important.

Step 4: Summarize

- ➔ End by saying that it is important for inmates to break the code of silence by talking about prison violence, including sexual violence.

The Government of Tanzania has several instruments, programs, and projects that prohibit sexual abuse and violence. They include the Sexual Offenses Special Provisions Act of 1998 (SOSPA), which criminalizes various forms of GBV, including rape, sexual assault and harassment, prostitution, female genital cutting, and sex trafficking.

Step 5: Close

- ➔ Give a handout (where available). If not, read the following to the participants:

Tanzania Sexual Offenses Special Provisions Act

In 1998, the Tanzanian parliament passed SOSPA (United Republic of Tanzania 1998) to safeguard

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“the dignity and integrity of women and children,” which introduced new offenses such as sexual harassment, sexual abuse, and trafficking in persons.

SOSPA is the main national legal instrument that provides sanctions to combat GBV and other forms of sexual abuse. It mandates harsh punishment and the right of victims of violence to compensation.

SOSPA criminalizes rape and provides for severe punishment to the perpetrators of rape.

SOSPA has been incorporated into the Tanzania Penal Code. The Penal Code Cap 16, Revised Edition, provides for the following:

- Section 130, cap 16, states that it is an offense for a male person to *rape* a girl or a woman. A male person commits the offense of rape if he has sexual intercourse with a girl or woman who is not his wife, or being his wife who is separated from him; or without her consenting to it at the time of the sexual intercourse; or with her consent when the consent has been obtained by the use of force, threats, or

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intimidation, or by putting her in fear of death or injury.

- Any person who *attempts to rape* commits the offense of attempted rape and, except for the cases specified in Subsection 3, is liable upon conviction to imprisonment for life, and in any case shall be liable to imprisonment for not less than 30 years with or without corporal punishment.
- Any person who, with intent to cause sexual annoyance to any person utters any word or sound, makes any gesture, or exhibits any word or object intending that such a word or sound shall be heard, or the gesture or object shall be seen by another person commits an offense of *sexual assault*. Upon conviction, this is punishable by imprisonment for a term not exceeding five years, a fine not exceeding 300,000 shillings, or both the fine and imprisonment.
- Any person who, for sexual gratification, performs any act by the use of their genitals or

abuse any other part of the human body or any instrument on any orifice or part of the body of any other person, being an act which does not amount to rape under Section 130, commits the offense of grave sexual abuse.

Activity 3. How to Break the Code of Silence

1 hour

Materials

- Chalkboard or flipchart

Preparation

- Read and understand this section

Step 1: Discuss

- ➔ Open by saying that in many ways a prison is like a small town.

In this town the inmates are the citizens. And, like your town and mine, the citizens of the prison must be kept safe and secure. This is done by providing housing that meets public health standards, medical and mental health care that meets national

standards, food that meets basic nutritional requirements, and other support to facilitate successful reentry into their communities.

However, just like small towns, prisons cannot be managed effectively while there is a code of silence. We need to break the code of silence because it undermines the mission for which prisons stand for: “Providing correctional services by creating a friendly and stable living and working environment for the inmates and supervising prison staff” (Smith and Yarussi 2007).

Step 2: Explain

Violence of any type, especially sexual violence, is the most serious form of violation of human rights in a correctional setting. Sexual violence among inmates and or between prison staff is also an issue of safety and security by:

- Jeopardizing safety, security and health of inmates and staff
- Increasing risk of acquiring and transmitting HIV, STIs, and related infections

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- Reducing trust and morale among prison inmates and staff
- Reducing respect among and between inmates and staff
- Threatening safety and security of the prison facilities
- Harming family relationships
- Creating negative public views about prisons
- Perpetuating the cycle of violence inside and outside of prisons.

Step 3: Q&A—When the Code of Silence is Broken

Q: When would we say the code of silence is broken?

➔ Take a few comments.

A: Inmates are assured of confidentiality when they report cases of sexual violence so that they are spared embarrassment or retaliation from the perpetrators. In the absence of monitoring cameras, complainants should be allowed to show physical evidence in cases of sexual or physical abuse.

Technology can be helpful in breaking the code of silence because inmates and staff know that cameras are monitoring and recording their actions and behaviors.

Step 4: Details

Communication styles very much affect the way inmates break the code of silence. For example, male and female inmates may differ in their behavior and communication style, even if they have not experienced violence in the prison setting. However, it is important that inmates know that if they have been sexually abused, assaulted, or harassed by inmates or staff, they have the right to report the offense safely, confidentially, and anonymously. The inmate may disclose as much or as little information as s/he chooses. However, the more information provided, the more likely the prison staff will take steps against the perpetrator and to keep the victim and other inmates safe.

Step 5: Advise

Any sexual abuse, assault or harassment committed by any inmate should be reported to prison management.

MODULE 5. LIVING POSITIVELY WITH HIV AND TB

Goal

To orient participants mentally, emotionally, spiritually, and physically on coping and living with TB and HIV.

Learning Objectives

By the end of this module, participants will be able to:

- State the importance of good adherence and living a healthy life.
- Explain the physical, psychological, social, behavioral, and economic effects of TB and HIV on inmates and their families.
- Narrate ways to reduce stigma and discrimination against people living with HIV.
- Explain how to help PLHIV together with opportunistic diseases.

Session 5.1. Coping with Confirmed HIV

60 minutes

SESSION 5.1: ACTIVITIES

Introduction to living positively with TB and HIV

Reduce stigma and discrimination against PLHIV

Activity 1: Introduction to Living Positively with TB and HIV

30 minutes

Materials

- Discussion question on flipchart or chalkboard
- Handout on Living Positively with HIV in Prison (where possible)

Preparation

- Write the discussion questions (Step 3) on the flipchart or chalkboard.

Step 1: Introduce

Learning that you are HIV-positive will change your life dramatically. You may experience a wide range of emotions—fear, loss, grief, depression, denial, anger, anxiety. No matter how reassuring the doctor and your loved ones, how effective drug therapies are now and will become, how minimal the physical impact of the infection on you for the present, or how intellectually and emotionally prepared you may be, your need for support will be great. The psychological issues faced by most persons with HIV revolve around uncertainty. Your future hopes and expectations, your relationships, and your career will all require some adjustment in order for you to cope with HIV and lead a happy, productive life.

This discussion is meant to discuss and come up with ways and means of how one can cope with confirmed TB and HIV infections in prison setting where resources might be limited and there is are risks of violence, stigma and discrimination

Step 2: Discuss

- ➔ Give a group of four people the following discussion questions:
- What does it mean to live positively with TB and HIV in prison?
 - What can an individual inmate or prison staffer do to live positively with the infection?
 - How can the prison staffer or inmate show care for PLHIV in prison? What should or shouldn't they do to demonstrate care?

Step 3: Debrief

- ➔ Discuss answers to these questions with participants.

Living Positively with HIV in Prison

Inmates living with HIV should try to keep their bodies energized, which entails the following:

- Eating a balanced diet or increase portions, whenever possible, including nutritious foods that contain protein, vitamins, and starch.

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Nutrition deficiency will contribute very much to the destruction of the immune system. A balanced diet gives the body the strength to fight diseases. Natural food is more appropriate than tinned and processed foods. Vegetables contain vitamins and minerals necessary for the body to thrive. Food should be washed and cooked well before being eaten so as to protect the body against foodborne diseases.

- Keeping fit by doing physical exercise and getting adequate sleep. Physical exercise will reduce stress and frustration and contributes to good health and perseverance.
- Joining or forming support groups with fellow inmates who are HIV-positive.
- Talking with other inmates about testing for the disease.
- Seeking medical advice when one feels sick or stressed, and following the advice, including seeking medical, counseling, and social services.

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- Adhering to your ART regimen. Having a treatment buddy to remind each other to take their medicines.
 - Avoiding cigarettes and using medication without a prescription.
 - Talking to someone you can trust about your feelings.
 - Telling someone you trust that you are HIV-positive.
- ➔ Give the following handout, where available. If not, read some important ways to show care for PLHIV in prisons.

Ways to Show Care for PLHIV in Prison

- Don't avoid your fellow prisoner or prison staff members. Be a friend. Act in the same way that you have always acted. Don't change just because you know that someone is HIV-positive.
- Respond to their emotions. Do not make them feel ashamed of their feelings. It is okay to cry when they cry and to laugh when they laugh. It

is healthy to share feelings and not to keep them deep inside. Keeping bad feelings inside causes stress and stress harms the immune system.

- If possible invite them to go for a walk when you get time for exercise. Be careful of their physical strength. Do not allow them to do things that they are not strong enough to do.
- Offer help to get their affairs in order. Many PLHIV avoid doing difficult things like writing a will or telling their families about their disease.
- Include them in religious or traditional festivities or ceremonies if applicable.
- Offer to care for PLHIV so that the prison medical staff can rest. If it is a prison staff member, assist them with some chores to make life easier for them.
- It is okay to talk about their illness, but be sensitive. Your fellow inmate or staff member may want to talk on one day but not on another. It will depend on how s/he is feeling that day.

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- Like everyone else, PLHIV have good and bad days. On good days treat them normally. On bad days treat them with extra care and compassion.
- Care can be expressed without words. You don't have to talk all the time.
- Encourage them to make decisions for themselves for as long as possible. When a person is sick, most decisions are taken away from them, so allow them to make as many decisions as possible.
- If you make promises to PLHIV, keep them. Do not say you will see them tomorrow when you know you will not be able to see them tomorrow.
- Be prepared for PLHIV to get angry for no reason. They are not angry with you. They are just angry about what is happening to them and their lack of control over what is happening to them.
- Do not do for them what they are still able to do for themselves.

- Try to keep a positive attitude.
- By being a friend you are bringing sunshine into a dark situation.

Activity 2. Reduce Stigma and Discrimination against PLHIV

30 minutes

Materials

- Flipchart or chalkboard

Preparation

- ➔ Write the questions (Step 3) on a flipchart or chalkboard.

Step 1: Introduce

- ➔ Ask participants what they think stigma and discrimination against PLHIV mean. Take a few comments.

Step 2: Explain

STIGMA	DISCRIMINATION
Stigma is defined as an undesirable or discrediting attribute that a person or group possesses that results in the reduction of that person's or group's status in the eyes of society. Stigma can result from a physical characteristic, such as the visible symptoms of a disease, or from negative attitudes toward a specific group of people or an individual.	Discrimination can be expressed as both negative attitudes or particular behaviors or actions. It is often described as a distinction that is made about a person that results in their being treated unfairly and unjustly on the basis of their belonging, or being perceived as belonging to a particular group. For example, stigma can lead to prejudice and active discrimination directed toward persons who are actually, or are simply perceived to be infected with HIV, and the social groups and persons with whom they are associated.

Step 3: Activity

- ➔ Divide participants into five groups and give each group one story. Explain to participants they will discuss the following questions.
- In your own opinion, why do you think the people in these stories showed such behavior?
- What do you think should be done to reduce discrimination and stigma?
- Who do you think should help people who are discriminated against or stigmatized?

Story 1

One day when Officer Mapendo returned home from duty he found his wife crying. After he asked why she was crying, his



wife told him that she visited a maternal clinic where she was told that she has HIV. After hearing this, Officer Mapendo was infuriated and started to rebuke his wife, saying that she contracted HIV from another man outside of wedlock, and thus she is not entitled to continue staying with him. Thereafter, he removed her belongings from the house and chased her from the home.

Story 2

Jane is a nurse at a prison in Mwanza region. She had worked there for more than 10 years. She works hard to provide



services to her patients. Whenever she finds out a patient has contracted HIV, she makes sure that while she is providing services to that patient, and she wears gloves and a mask to protect her nose, even if the patient does not have wounds that could cause infection. Often a patient realizing this situation becomes distraught.

Story 3

Mariam is the wife of a recently released prison inmate. She participates in the



savings and credit cooperatives group in her town. She cooperates well with others in their daily activities. Two months ago she and her husband went to the clinic to test for HIV, and they were both found to be HIV-positive. Ever since, her group members have isolated her and no longer associate with her in their group activities for fear that they will also contract HIV. That situation grieves Mariam and threatens the economic stability of her family.

Story 4

Salum is an inmate serving a five-year sentence. He is living with HIV and has been using ARV drugs for two years. For all that period he made efforts to hide his medicines among his belongings, but one day his fellow inmates found them and started talking about him, even to the extent of isolating him during mealtimes. After a time Salum realized that his fellow inmates were distancing themselves from him, so he explained the situation but they continued to laugh and isolate him.

Story 5

Shida was released from prison. He was joyful for returning home to be rejoined with his family, wife, and children. When he was in prison Shida tested positive for HIV. He was very much distressed about how he was going to tell his wife because he did not want to destroy his day of joy, so he continued to hide and that night he had sex with his wife without using a condom.

Step 4: Debrief

➔ Have each group discuss their story in plenary.

Step 5: Discuss

Q: How can we reduce stigma and discrimination for PLHIV?

A: Promoting approaches that address the root cause of stigma and the concern of affected key population, including inmates. The following are possible ways to try and reduce stigma at the policy and community levels:

- Engage communities to affirm support for PLHIV (e.g., local businesses, local organizations, schools, and community leaders).
- Promote public leadership of PLHIV.
- Promote public health approaches to TB and HIV prevention and care.
- Continue education on matters related to TB and HIV.

GLOSSARY OF TERMS

Abuse: Improper, harmful, or unlawful use of something or treatment of someone.

Attitudes: An individual's views, opinions, and feelings about something.

Beliefs: Firm opinions normally based on religious and/or cultural principles.

CD4: A type of T-cell that protects against infections and manages the immune system. HIV attacks CD4 cells directly, compromising the immune system.

Change agent: An event, organization, material, or, more usually, a person that acts as a catalyst for change.

Class: A set of people grouped together by their level of wealth and/or the job they do in the economy.

Confidentiality: An agreement or representation that specifies that information will not be shared.

Being able to speak confidentially is important to most survivors of sexual abuse, and confidentially is often not available to incarcerated survivors.

Consent: Voluntary and not coerced agreement. There is no consent where the perpetrator abuses a position of power to get a victim to "agree" to a sexual act. Consent has not been freely given if manipulation, trickery, or deceit is involved.

Culture: The beliefs, customs, and practices of a society or a group within a society (such as youth culture) and the learned behaviors of a society.

Discrimination: Expressed as both negative attitudes or a particular behavior or action. It is often described as a distinction made about a person that results in him or her being treated unfairly and unjustly on the basis of his/her belonging, or being perceived to belong, to a particular group. For example, stigma can lead to prejudice and active discrimination directed toward persons who are actually, or are simply

perceived to be, infected with HIV, and the social groups and persons with whom they are associated.

Gender: The socially defined roles, rights, responsibilities, opportunities, privileges, limitations, expectations, entitlements, and obligations. Gender varies among and within cultures and can change over time. Gender roles are based on sex, age, ethnicity, religion, and other cultural factors.

Gender-based violence: Physical, sexual, or psychological harm to a man or a woman that targets a person on the basis of his or her gender. Unequal power relations between men and women significantly contribute to gender-based violence. Gender-based violence is intended to maintain gender inequalities and/or reinforce traditional gender roles for both men and women.

Human rights: The rights of a human being that are universal and inalienable. The principle of

universality of human rights is the cornerstone of international human rights law, emphasized in the Universal Declaration on Human Rights of 1948 and reiterated in various international human rights conventions, declarations, and resolutions. Human rights are inherent to all human beings, regardless of nationality, place of residence, sex, national or ethnic origin, religion, language, or any other status.

Key population: People who inject drugs, sex workers, men who have sex with men, transgender individuals, long distance drivers, miners, inmates, and street children are key populations. Key populations have significantly lower access to or uptake of relevant services, significantly higher levels of risk of acquiring and transmitting HIV, and higher rates of mortality and/or morbidity within a defined epidemiological context compared to the general population.

Laws: Control mechanisms and means of redressing wrongs can be made by a governing body; they shape the country's politics, economics, history, and society in general by acting as a mediator of relations between people. They are formulated and influenced by a country's constitution and consists of a system or set of rules made by the government of a town, state, or country that are enforced through social institutions to govern behavior. The rules made by a government are used to order the way in which a society behaves, such as laws against driving while drunk, stealing, killing, taking drugs, or possessing guns.

Norms: Accepted forms and patterns of behavior that are seen as "normal" in a society or in a group within a society.

Physical violence: Intentional use of physical force with the potential to cause death, disability, injury, or other harm. Acts of physical violence include scratching, pushing, shoving, throwing,

grabbing, biting, choking, shaking, slapping, punching, burning, and use of a weapon, restraints, or one's body size or strength against another person.

Policy: A plan or course of action that could be of a government, political party, or business, that is intended to influence and determine decisions, actions, and other matters, such as government policies on education, health (including HIV), or gender equality, a company policy on recruitment and training, or human resources/personnel. Policies have general goals and specific objectives; they encompass procedures that define a course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.

Power: The ability to do something as well as control and influence other people and their actions. Power can be used in both positive and negative ways.

Prejudice: Involves forming a fixed, often negative opinion about something or someone (or a category or group of people) without adequate knowledge or examination of the facts.

Prevalence: Usually given as a percentage, e.g., HIV prevalence is the population who have HIV at a specific point in time.

Rape: Any form of nonconsensual penetration of the vagina, anus, or mouth. The term is gender-neutral—both male and female people can be raped.

Safe sex: Also known as “protected sex,” involves reducing the risk of infections or pregnancy, often by having sex using either a male or female condom or by exploring alternatives to penetrative intercourse.

Sex: Refers to the biological and physiological male and female characteristics that do not change without surgery. Examples of attributes of sex are: *anatomy*: penis, vagina, breasts, testes; *physiology*: menstrual cycle,

spermatogenesis; *genetic makeup*: XX and XY chromosomes.

Sexual abuse: Any form of unwanted sexual contact such as forced kissing, forced sodomy, prostitution, or abusive searches. Sexual abuse is driven by a desire for force, control, and domination—not sex or lust. Perpetrators may use coercion or threats.

Sexual violence: The use of force to compel a person to engage in a sexual act against her/his will, attempted or completed acts without her/his permission or understanding, or abusive sexual contact. Acts of sexual violence include sexual harassment, rape, attempted rape, marital rape, exploitation, child sexual abuse/incest, sexual acts (non-penetrating), forced prostitution, child prostitution, and sexual trafficking.

Sexuality: Refers to all aspects of people's sexual lives, including thoughts and feelings, desire, behavior, and identity.

Sexually transmitted infections: Groups of infections that are predominantly transmitted through unprotected sexual contact with an infected person.

Stigma: A social perception that a person or group is undesirable or of low status. Stigma can result from a physical characteristic, such as the visible symptoms of a disease, or from negative attitudes toward a specific group of people or an individual.

Torture: The infliction of severe physical and/or mental suffering committed under the authority of law. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions. Prisoner rape has been recognized as a form of torture by the UN Special Rapporteur on Torture. This is the case whether it is committed by inmates or staff. Lesser acts of sexual abuse can constitute cruel, inhuman, or degrading treatment. The UN Committee against Torture has also consistently

expressed serious concern regarding sexual violence against detainees and called upon governments to take concrete steps to address it.

Violence: WHO defines violence as an "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation." The words "intentional use" are an important element that distinguishes violence from unintended injuries and harm.

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