Practical Manual for Conducting HIV Prevention Workshops with Migrant People

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Por una Europa plural

SALUD ENTRE CULTURAS
Asociación para el Estudio de Enfermedades Infecciosas

Practical Manual for Conducting HIV Prevention Workshops with Migrant People

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This guide has been prepared by the multidisciplinary team of SALUD ENTRE CULTURAS, which belongs to the ASOCIACIÓN PARA EL ESTUDIO DE LAS ENFERMEDADES INFECCIOSAS, and reflects the experiences gathered during years of work in the field of HIV prevention with migrant population. Our intention is to share the knowledge acquired and, from it, extract recommendations that help to achieve an optimal adaptation of HIV prevention actions to the specific needs of people who come from diverse cultural realities.

Madrid, December 2019.

Salud Entre Culturas.

Asociación para el Estudio de las Enfermedades Infecciosas.

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ABOUT US

Asociación para el Estudio de las Enfermedades Infecciosas (AEEI)
(Association for the Study of Infectious Diseases)

This Association came about in 1991 on the initiative of health professionals of the Infectious Diseases Service of the Ramón y Cajal University Hospital, Madrid. It is a non-profit organization whose primary purposes are clinical assistance, research and training in the field of infectious diseases. In order to achieve these purposes, we carry out activities such as training focused on improving the knowledge, attitudes and practices of the migrant population regarding infections such as HIV.

Salud Entre Culturas (SEC)
(Health Among Cultures)

Salud Entre Culturas is an AEEI public health project, directed at and adapted to the migrant population. It is formed by a multidisciplinary team located in the Tropical Medicine Unit of the Ramón y Cajal University Hospital, Madrid.

The Salud Entre Culturas project is developed through five programmes:

1. **New Citizens, New Patients.** Through health promotion activities aimed at the migrant population, we tackle public health issues such as HIV and other STDs, tuberculosis, viral hepatitis, maternal infant health, sexual and reproductive health, health system operation or other issues, designed and adapted to any newly detected needs.

2. **Screening for Silent Diseases.** We carry out campaigns offering rapid HIV testing in outreach interventions to facilitate early detection; as well as community screenings for Chagas disease and strongyloidiasis.

3. **Building Bridges: Management of Linguistic and Cultural Diversity in a Healthcare Environment.** Patients with linguistic barriers are accompanied during consultations, diagnostic tests and administrative procedures, which mainly take place at the Ramón y Cajal University Hospital, Madrid. In addition, we train certain people with a mediation profile and who are fluent in languages for which there is no official training in translation-interpretation and intercultural mediation techniques.

4. **Health Among Women.** We offer a space aimed at women migrants that includes aspects of prevention, education and health promotion with a holistic view of their health, rights and responsibilities.

5. **Transcultural Psychology.** Through a comprehensive psychosocial intervention and in a network, facilitated through linguistic and cultural mediation in the cases that require it, we work to improve the social adjustment of the people —migrants or non-migrants, treated at the area of Tropical or Infectious Medicine of the Ramón y Cajal University Hospital. Professional psychological support is offered to patients to improve their social adjustment after the migratory process they have lived through, or after a sanitary diagnosis of tropical or infectious diseases.

All activities carried out within the project are linguistically and culturally adapted to each of the people with whom we work. The programmes are developed in collaboration with other NGOs and associations that constitute a reference point for migrants.

Within the Salud Entre Culturas project, we have developed informative materials in various formats (paper brochures and audio-visual materials) and linguistically and culturally adapted. The topics they address are diverse: HIV and other STDs, tuberculosis, Chagas disease, dietary matters or our work in the medical consultation with the figure of the interpretation and intercultural mediation professional.

All materials are available on the project website for public and free use: Salud Entre Culturas (www.saludentreculturas.es).

STEP 1: THE TEAM

Building the team

In the field of action of Salud Entre Culturas, it is essential to provide global and adapted attention so that the migrant population have the opportunity to access the same services as the native one.

To this end Salud Entre Culturas comprises a multidisciplinary team that includes health, intercultural interpretation and mediation, anthropology, management and coordination professionals. Each professional figure has a specific role in the development of the projects, which allows us to offer a personalised service adapted to the needs of each beneficiary, taking into account factors such as:

- Rights and duties in relation to public health matters.
- Perceptions of health and illness.
- Beliefs and taboos in relation to HIV.
- Importance of the gender intersection, as well as other intersections (age, social class, ethnic group, functional diversity, etc.).
- Influence of religious beliefs and traditions.

The role of intercultural mediation is essential to ensure the effectiveness of a health promotion program aimed at culturally diverse populations. For this reason, it is necessary to include professionals who know in depth the codes and languages of the cultures involved in the communicative process.

The interpreting professional is not only a person who is fluent in more than one language, but also controls memorisation, note-taking and reformulation techniques to be able to reproduce the information with the same nuances and the same communicative intention of each of the parties. In addition, they will possess,among others,the following skills:

- They will know the different varieties of language (educated, formal and colloquial register, medical jargon, regionalisms, accents, etc.).
- They will take into account nonverbal communication (looks, gestures, smells, etc.).
- They will be able to energise a group of participants.

Therefore, intercultural mediators must be professionals with a capacity for teamwork, with great communication skills, knowledgeable about the characteristics of each

group, aware of the reality of migration in our country and able to achieve a better understanding between the migrant population and health professionals.

Likewise, health personnel must know the keys to working with interpreters and intercultural mediators. Salud Entre Culturas has developed a guide addressed to health professionals with the aim of training them in the dynamics of work with an interpreter-mediator in the clinical practice: How to work with an interpreter in the consulting room (ANNEX I).

External collaborations: the team of volunteers

It should also be mentioned that we have the support of volunteers who collaborate in all stages of programme management, in the research prior to their development and in the health promotion activities aimed at migrant populations themselves; without them Salud Entre Culturas would not be possible.

STEP 2: RESEARCH AND CREATION OF MATERIALS

Research phase

A field study prior to the implementation of a health prevention and promotion programme allows us to approach and adjust to the needs of the people with whom we work.

It is necessary to know the needs of each of the populations with which we are going to work to structure the information in the health promotion workshops; as well as to create the educational material that will be used during the informative session and the one that will be presented to the support and reinforcement assistants once the workshop is finished (ANNEX II).

The material chosen to evaluate the impact of health promotion activities carried out by Salud Entre Culturas are Knowledge, Attitudes and Practices (KAP) surveys. KAP surveys tend to reveal not only the characteristic traits of the knowledge, attitudes and behaviours towards health and related to religious, social and traditional factors, but also the idea that each person has of the body or disease.

These factors are often a source of misconceptions or misunderstandings that may represent potential barriers to change behaviours. For example, raising awareness about the risks of HIV infection or promoting the use of condoms. The obstacles to change may be: ignoring the benefits that an action may have for health, low perception of risks or incorrect information (e.g. myths or attitudes of stigma). Surveys may also reveal socio-cultural or religious representations strongly linked to the change in question (e.g. the use of condoms associated with distrust within the couple) or a lack of experience (e.g. not knowing how to use a condom correctly).

Thanks to these surveys, it is possible to investigate the beliefs, knowledge and attitudes related to HIV in each population group in order to create a valid measurement tool for subsequent health promotion and HIV prevention programmes.

Creation of KAP (Knowledge, Attitudes and Practices) surveys

For the creation of the KAP surveys, the experience from previous workshops with diverse populations is essential, in addition to the work and support of the team of

representative intercultural mediation professionals and community leaders from the groups with which we work.

The KAP survey consists of three parts (ANNEX III):

- In the first part, sociodemographic data is collected anonymously: age, country of origin, language(s), educational level, migratory journey and previous access to basic HIV education. This information allows for subsequent investigation to understand the population with whom we have worked during the programme.
- In the second part, there is a pre-workshop KAP questionnaire with questions related to knowledge, attitudes and practices in regard to HIV prior to the activity. This part allows us to adapt the workshop to the group with which we are going to work and identify areas to focus on and to which the conversation should be directed.
- The questionnaire is an easy multiple-choice one, with short and clear questions accompanied by images or pictograms. It is available in those languages with written tradition that are most frequent in the workshops: Spanish, French, English and Arabic.

The questions focus on transmission, prevention, diagnosis, treatment and attitudes, with multiple choice answers. It is important to clarify that, although UNAIDS recommends differentiating the terms “HIV” and “AIDS”, when designing the workshop material and its content, the term “HIV / AIDS” has been chosen to facilitate the identification of the topic by those attending the workshop. However, one of the objectives of the activity is to learn the difference between the two concepts.

— Do you think HIV / AIDS exists?
— How is HIV / AIDS transmitted?
— Is there a treatment for HIV / AIDS?
— Have you ever had an HIV test? Where? Would you take the HIV test today?
— If someone has HIV / AIDS, would you accept ...?
— What do you think of HIV / AIDS? (Open answer)

- In the third part there is a post-workshop KAP questionnaire that allows us to measure its impact. This part is printed on a sheet of different colour as a strategy to facilitate the identification of participants as a post-workshop questionnaire.
- The questions, fewer in number, focus once again on transmission, prevention, diagnosis, treatment and attitudes, with multiple choice answers.

— Do you think HIV / AIDS exists?
— How is HIV / AIDS transmitted?
— Is there a treatment for HIV / AIDS?
— If someone has HIV / AIDS, would you accept ...?

Preparation of the outline and structure of the workshops

The outline of the talk is done as a foundation for the intervention with migrants and was jointly developed by health personnel and intercultural mediators. The depth in which these issues are addressed, as well as the inclusion of other related information will depend on the profile of the target population and the doubts they raise; in addition to the information provided by the pre-workshop KAP questionnaire. Thus, it is the workshop that adapts itself to the participants and not the other way around.

Although the script varies and adapts, it will always include the following aspects (ANNEX IV):

- Meaning of the acronym «HIV».
- Difference between HIV infection and AIDS.
- How HIV IS transmitted.
- How HIV is NOT transmitted (stigma attitudes are worked on).
- How to prevent HIV transmission.
- How HIV is diagnosed.
- Antiretroviral treatment.
- Living with HIV: communication to the family circle, labour rights, sexual and reproductive health.
- Support Resources.
- Workshop for the correct use of the condom: both external, for the penis, and internal,for the vagina and anus.
- Rapid HIV test offer (this will depend on the type of workshop and the group to which it is addressed).

STEP 3: ORGANIZATION AND LOGISTICS OF THE WORKSHOP

Team organization

These workshops are arranged by appointment, through NGOs, associations or public and private resources that constitute a point of reference for migrants.

The Salud Entre Culturas team in charge of carrying out the workshop consists of:

- Health personnel member or collaborator of Salud Entre Culturas and with experience in health promotion in relation to HIV. Their task is to present the topic in clear and simple language that is adapted to all the different levels of the attendees.
- In those workshops that include non-Spanish-speaking assistants, interpreters and intercultural mediators of the Interpretation and Intercultural Mediation Service from Salud Entre Culturas will participate. The modalities of interpretation will be consecutive —during the presentation of the information, and bilateral or liaison —during question times. In addition, the whispered modality (or *chuchotage*) may be used when among the attendees there is a small percentage of people with a language other than the predominant language.

  This professional knows the cultures of the people with whom they are workingin depth. In order to create a climate of greater complicity in the workshop, ideally they will come from the same country as the group of people attending the talk, so that they will be able to recognize and act against attitudes of stigma or taboo towards HIV.
- Support staff member or collaborator of Salud Entre Culturas that will help with activities of dissemination, organization, logistics and support for the completion of KAP surveys.

Therefore, prior to the talk and in the most thorough way possible, it is important to learn about the profile of the group we are going to workwith: origin, mother tongue, sex, age range, educational level or whether they have previously received talks about HIV. That way, the formation of the team that teaches the workshop may be adapted and properly oriented to each group.

Materials

The workshop is conducted orally, maintaining permanent eye contact and trying to ensure maximum participation of the attendees; in some cases, a tool such as a whiteboard or blackboard might be used as support. On the one hand, a direct relationship with the participants and the possibility of obtaining feedback is encouraged. On the other hand, we must bear in mind that in some cultures oral transmission is more important than visual transmission.

The materials needed to carry out the workshops are listed below:

- Pre and workshop KAP surveys in the languages of the workshop attendees.
- Pens (it is recommended to avoid the colour red, since it is sensitive for some cultures).
- Material suitable for the board: marker or chalk.
- Penis and vagina models for demonstrating the correct use of condoms.
- Condoms for the attendees (both external for the penis, and internal for the vagina and anus).

- Informative material in the languages of those attending the workshop.
- In the case of a workshop combined with the rapid HIV test offer, the material necessary for the performance of said test, depending on the type: saliva or oral fluid and blood.

Organization of the workshop: time and place

The Salud Entre Culturas team travels to a location and at a time proposed by the NGO or entity with which it collaborates and which coordinates the workshop. This close collaboration with NGOs allows direct contact and mapping of a hard-to-reach population.

When carrying out the summoning and circulation of the workshop —through brochures, posters, invitations to the workshop by email, etc., it is essential to adapt to the specific needs of the people targeted by the health promotion program. In addition, it is important to consider various factors such as thevenue, schedules, social reality, religious celebrations and aspects related to gender or age.

Below is a list of elements that can influence health promotion activities and that, consequently, must be taken into account during the organisation and logistics of the workshop. The gender perspective appears in a transversal way, since it is present in several categories; but it also appears as an independent category. It is important to be aware of and consider the differences and inequalities in the roles that women and men play in society, imbalances in their relationships and needs, limitations and opportunities, as well as the impact of these inequalities in their lives.

Hours / time of the year

- Does the activity take place during the meal break of the group we are addressing? Is there an important religious or cultural celebration in this time of year?
- Are they primary caregivers? Do they have minors in their charge they will have to look after during the workshop?
- Would a playroom space be necessary?

Place

- Is the place accessible to all users?
- Is the classroom suitable for the carrying-out of a workshop with the participationof the attendees?

- Do men and women have the same possibilities or access to means of transportation to travel to the workshops? Do they have the same material or economic resources to reach the site where the workshop is held?

Circulation

- What is the best way to reach a specific group (poster in the NGO, communications on the street, in health centres, through health workers, etc.)?
- Do men and women have the same access to information about the workshop taking place?

Gender and age

- Would a mixed or non-mixed group be beneficial?
- Should a separate group be formed for adults and adolescents?
- Will everyone have all the same levels of knowledge?
- Should the gender of the health and mediation team be taken into account?
- Have the participants experienced any type of sexual violence?

Language

- Is the participation of mediators or interpreters necessary to overcome language barriers?
- Should the level of language be adapted (e.g. vocabulary, dialect, accent, register, etc.)?
- What kind of interpretation will be available?
- How many different languages will there be?

Despite working on the factors that can influence the organization of the workshop, some of the challenges that may arise are:

Characteristics of the collective

Mobility: attendees might change their place of residence, influencing any possible follow-up.

Educational level: Attendees with lower educational level usually need support to complete the survey and require an investment in support staff and time.

Employment situation: the duration of the intervention may be limited due to the fact that participating in the workshop may be detrimental to the participants' earnings.

Pregnant women: they attend workshops at different times of their pregnancy..

Role of caregiver: being in charge of looking after other people greatly influences workshop attendance.

Characteristics of the NGO or entity

Time of stay: in some centres migrants may only stay for a short period of time.

Type of actions: some NGOs are centres where migrants come occasionally (e.g. legal and labour advice, use of resources, etc.) and thus follow-up becomes a difficult matter.

Characteristics of the group convened for the talk

Number of people per group: it is preferable to work with small groups (between 10 and 20 people). However, sometimes larger groups might be formed, which makes intervention difficult.

Number of languages per talk: Groups may be formed where the number of languages to be interpreted is greater than expected (more than two languages per talk). The dynamics of the workshop are slowed down in proportion to the number of languages into which it is interpreted.

For all the above, it is logical to understand the reasons why sometimes, for the benefit of the participants, it is not recommended to follow the established methodology: for example, if we estimate that the workshop is going to last too long, the pre and post KAP surveys may be left out so that the most relevant information is provided in optimal conditions and there is time to allow for the exchange of ideas and the resolving of any participants' doubts.

In the event that rapid HIV tests are offered, the site will have to meet the minimum requirements. This will be described in section *Step 5: HIV Rapid Test Offer,* since not all workshops will be combined with the provision of this test.

STEP 4: PUBLIC HEALTH WORKSHOPS TO ADDRESS HIV WITH MIGRANT POPULATION

The workshops usually last from 60 to 120 minutes and are organised as follows:

- Ideally, we work with groups of 10 to 20 people. When this number is exceeded on the same day, the workshops are repeated or combined.
- Distribution and completion of the pre-workshop KAP questionnaire of knowledge, attitudes and practices, so that the attendees answer several questions on the topic of the workshop before receiving the talk. This survey allows the teaching team to know the level of the participants and thus adapt to the needs of each group. This questionnaire is preceded by a first part where sociodemographic data is collected anonymously.
  Keep in mind that the completion of the survey usually takes about 20 minutes, depending on the level and previous knowledge of the group. It requires the help and supervision of the team that teaches the workshop.
- Presentation of the information by the healthcare professional, always accompanied by the figure of the intercultural mediator, following the script already mentioned in an adapted manner and encouraging the participation of the attendees.

Questions and doubts are encouraged during the course of the talk, although sometimes the dynamics of the group forces a more directed intervention. Questions may arise that are unrelated to the issue of HIV and unnecessarily prolong the talk; but, in general, these are doubts that allow for clarifying and introducing new information to the workshop, in addition to ensuring the correct transmission of information.

- Practical workshop on the correct use of condoms (both external to the penis, and internal to the vagina and anus), taking into account possible sensitivities of the participants related to their culture and their religion or religious celebrations.
- Completion of the post-workshop KAP (Knowledge, Attitudes and Practices) questionnaire, with the same dynamics and aspects to be taken into account as in the pre-workshop KAP questionnaire.

After the competition of the survey, there are several strategies available, but all of them try to reinforce and review the most important information from the talk, resolve any doubts that might remain, as well as working on the risk behaviours and fears that might arise from a positive result.

This way we support an early diagnosis and it helps us to work on possible stigmas. You can also use, as a reinforcement of the information provided in the workshop,

the audio-visual material developed by Salud Entre Culturas, which is culturally and linguistically adapted to vehicular languages and others of lesser diffusion.

- Distribution of information leaflets drawn up by Salud Entre Culturas in the language of the attendees, with a final revision focused on the most relevant aspects and reinforcing those points which we might have perceived during the workshop and which require further reinforcement. This material is not distributed before or during the talk to avoid distractions.
- Dispensation of condoms for the attendees (both external for the penis, and internal for the vagina and anus).

It is important to clarify to the attendees what the objective of the workshop is: to exchange information related to HIV and answer questions or clarify any doubts; as well as providing information of the resources available in Spain and their rights in relation to their health.

At the end of the workshop, diplomas that prove the participation of the attendees are offered as an assessment of their interest in health promotion programmes.

Aspects that need to be considered

To carry out a health promotion programme aimed at the migrant population, we must take into account: the different ways of understanding health and illness each person has, the place health holds within their priorities, the way in which the healthcare system works in their countries of origin and the different communication models.

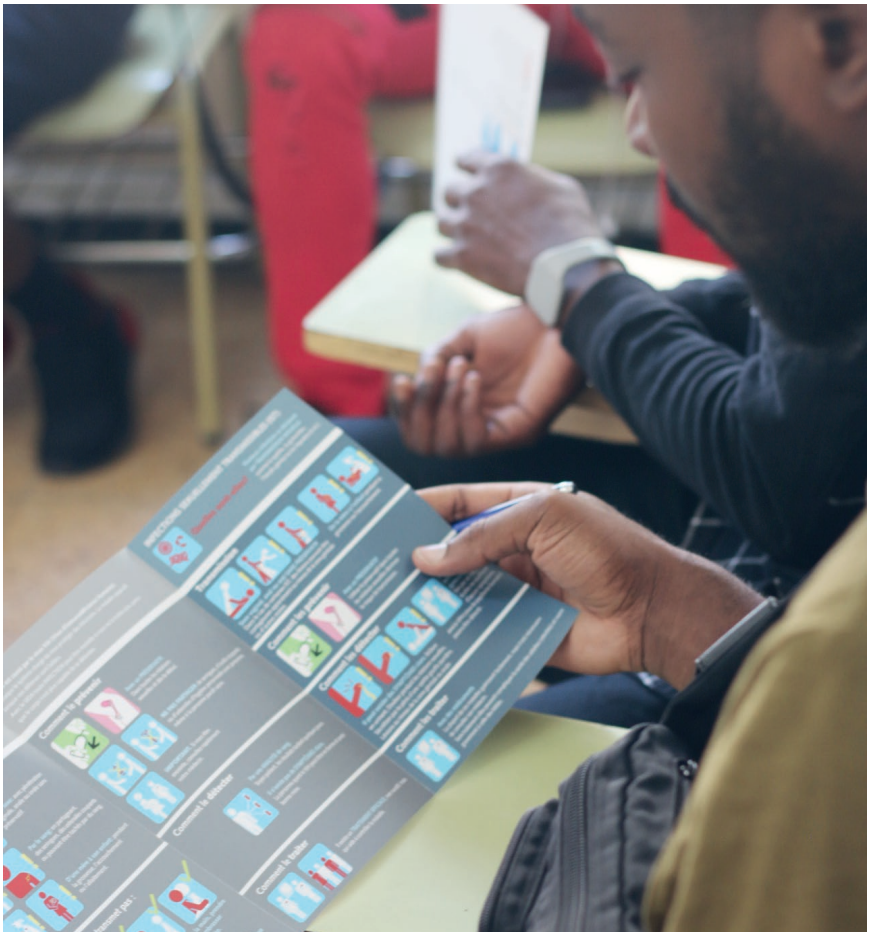
From an anthropological point of view, health, disease, affliction and death are understood as phenomena that depend on culture and social life. A disease is also a set of meanings and social interactions, in which we may find dominant symbols which condense a plurality of meanings for the members of a given society.

In the cultural construction of HIV or AIDS, beliefs regarding contamination, sexuality and religion play a crucial role. Stigma hinders effective social and medical care - including adherence to treatment and increases the number of HIV infections. Misconceptions about HIV can be obstacles to prevention, just as learning about them and their correlatives can help to design culturally appropriate HIV prevention messages that address these beliefs.

Next, we highlight the most important aspects of the main groups with which Salud Entre Culturas currently works. We also include a section of frequently asked questions

that help identify the most important topics to be addressed in the workshops. Other regions have not been included because the manual is based on the experiences found during years of work in the field of HIV prevention with migrant population.

These groups combine very different countries, with very diverse cultures and aspects; Therefore, it is important not to homogenize the culture with which one works. Certain nuances that need to be taken into account in health promotion activities in relation to HIV that can be shared by diverse cultural groups are noted.



SUB-SAHARAN AFRICA

Sub-Saharan Africa refers to those countries of the African continent that do not border with the Mediterranean Sea. It is also known as a specific geographical area located south of the Sahara desert.

- Most present countries in Spain: Senegal, Nigeria, Mali and Gambia.
- Great ethnic heterogeneity.
- Linguistic diversity.
- Less widely-spoken languages in Spain: Wolof, Bambara, Pulaar and Malinke.
- Religious diversity.
- Importance of traditional medicine.

UNAIDS notes Sub-Saharan Africa as the region most affected by HIV, and almost two-thirds of new HIV infections in the world are registered in it.

Unlike infections in other regions, the main way of HIV transmission in sub-Saharan Africa is through unprotected heterosexual sex, and the incidence of new infections is higher in women than in men: young women between 15 and 24 years are twice as likely to live with HIV as men.

The high rate of unprotected sex is the main contributing factor to the infection, and fidelity appears as a method of prevention in which many migrants of sub-Saharan origin trust, in part, due to the high value given to reproduction. An important fraction of HIV prevention programmes during health promotion activities should focus on working on the importance of condom use, as well as the importance of treatment to avoid vertical transmission.

Cultural representations of the concepts of health and disease, and in this case those representations related to HIV or AIDS, may be the basis of high-risk sexual behaviour patterns.

Through the development of HIV prevention workshops, and through the responses to the KAP questionnaires, some of the most repeated cultural representations may

be described:

- Beliefs that link HIV with the supernatural (e.g. HIV associated with witchcraft or HIV as divine punishment).
- Beliefs that link HIV with internal characteristics (e.g. personal effortor genetics).
- Beliefs related to conspiracies (e.g. *Syndrome imaginaire pour décourager les Amoureux*[1] or HIV as an invention to reduce or control the population).
- Beliefs backed by government leaders, who may have contributed to the confusion about the causes and treatment of HIV (e.g. supporting alternative treatments as natural remedies).

On the other hand, gender intersection is important as a factor that increases vulnerability to HIV infection. Gender inequality is one of the main factors that influence the negotiation of women to protect themselves. Changing men's misconceptions about HIV can promote positive attitudes and beliefs about condom use, and changing women's attitudes can empower them to negotiate condom use in sexual intercourse.

Gender intersection also affects men: diagnosis is usually later and adherence to treatment is more difficult. These gender differences may be one of the factors causing the increase in the incidence of HIV in women and the high mortality of the disease in men.

Although HIV stigma is a global phenomenon, it is one of the main barriers to reaching those who are at risk or infected with HIV. Stigma increases silence and denial, which are also catalysts for HIV transmission, and limits the effectiveness of HIV testing programmes. For some people it is preferable not to know their serological status due, on the one hand, to the fear of diagnosis —associated with rejection or death and the difficulty of accessing treatment in some regions, and, on the other, to the fear of having blood tests.

The issue of blood is important for the population of sub-Saharan Africa. Blood is related to concepts of spirituality, energy and life. It is not strange to find erroneous notions related to extractions, such as that the body can be weakened and even that there would be no recovery afterwards; and conspiratorial beliefs such as the sale or reuse of blood tests. It is necessary to take into account the difference in sanitary systems and procedures, allowing us to understand the rejection of a battery of tests with more complete analytics or their gratuitousness. For example, they may be more familiar with the thick blood smear —or the use of rapid diagnostic tests, for the diagnosis of malaria than the blood test itself.

1 Imaginary Syndrome to Discourage Lovers.

It is also important to explain in more detail that vectors such as mosquitos do not transmit HIV, an idea that is easily understood given the high frequency in some regions of Sub-Saharan Africa of other diseases transmitted by this vector, such as malaria (according to WHO, fifteen countries in sub-Saharan Africa and India bear almost 80% of the global malaria burden).

Another controversy that is often repeated is the one related to the origin of the virus and its relationship with Sub-Saharan Africa. The answer is always complex and to avoid possible stigma and rejection it is important to point out the global nature of HIV today and the importance of early diagnosis and treatment, besides providing time for debate once the workshop is over.

MIDDLE EAST AND NORTH AFRICA

This group refers to a region that extends from Morocco to Iran, including all the countries of the Middle East and Maghreb.

- Most present countries in Spain: Morocco, Algeria, Pakistan and Mauritania.
- Linguistic diversity: variety of Arabic.
- Ethnically diverse.
- Importance of the precepts of Islam.
- Influence of political instability on health promotion programmes.
- Importance of traditional medicine.

The Middle East and North Africa region has the lowest HIV prevalence in the world (less than 0.1%), which contrasts with that of Sub-Saharan Africa, where we find the highest prevalence of all regions (6.8%), according to UNAIDS.

Despite this low prevalence, the region is an area of growing concern, as it is one of the few areas where the number of HIV-related deaths continues to increase, in response to limited access to treatment and stigma associated with HIV infection.

The inhabitants of this region may share a concept of the disease that has a marked moral and religious aspect to it, which often translates into false beliefs about HIV. There is an influence of cultural factors -magical or religious, of social norms and gender roles, such as risk variables that condition the relationship of the individual with any disease and the images that they have of it.

The development of HIV prevention workshops and the analysis of KAP questionnaires show some of the main barriers to HIV prevention programmes:

- Important influence of religious and cultural values. On the one hand, those who discourage premarital sexual intercourse or emphasize universal male circumcision may have a positive influence regarding HIV infection. On the other hand, the other way round: child or forced marriage, polygamy, prohibition of the use of condoms or emotional-sexual education, in addition to the criminalization

and condemnation of sexual relations between persons of the same sex (five of the seven countries where homosexual acts are punishable under penalty of death are in the Middle East and North Africa region), have an important impact on HIV infection.

- High levels of stigma and discrimination prevent people living with HIV and those who have a risk of transmission from HIV from seeking the prevention, treatment and the support services they need.
- Political unrest and conflicts interrupt the implementation of HIV prevention programmes and act as barriers to the implementation of services, including the provision of antiretroviral treatment. The resulting isolation and stress can foster unsafe, casual and commercial sex at a time when access to information and HIV prevention services is scarce.
- Once again, gender has an influence on the vulnerability to HIV. This vulnerability is a reflection of deeper inequalities, many of which are rooted in traditional law, culture and practice.

In workshops with practicing assistants, religious and cultural celebrations must be kept in mind at the time the workshop is run. Ramadan coincides with the ninth lunar month and begins with the appearance of the moon at the end of the Sha'ban (eighth month in the Islamic lunar calendar). During this period, an absolute fast is made from dawn to sunset and it would not be appropriate to organize workshops or activities.

SOUTH AMERICA, CENTRAL AMERICA AND THE CARIBBEAN

- Most present countries in Spain: Colombia, Ecuador, Venezuela and Honduras.
- Linguistic diversity, in addition to Spanish: Quechua, Aymara, Guarani.
- Importance of Chagas disease and strongyloidiasis as opportunistic infections.
- The language does not appear as a barrier; but cultural keys do.

According to UNAIDS data, the prevalence of HIV in South and Central America is 0.4%, and 1.2% in the Caribbean. These data place the Caribbean region with the second highest HIV prevalence after sub-Saharan Africa.

The coverage of antiretroviral treatment has been relatively high; however, little progress has been made in reducing the rate of new infections in the last decade.

Although in this region there is influence of cultural factors —the magical and the religious, as well as the importance of gender roles, most countries offer comprehensive affective-sexual education with a high sensitivity to HIV.

The development of HIV prevention workshops and the analysis of KAP questionnaires allow us to describe some of the most repeated concepts which should be taken into account in these health promotion activities:

- Despite the aforementioned education and awareness, stigma attitudes towards HIV continue to be found. In addition to the condom, fidelity is considered as an important method to prevent sexual transmission.
- The region offers a contradictory narrative when it comes to the rights of LGTBIQ + people. Some countries have made significant progress in recognising LGTBIQ + rights, but stigma and violence levels can also be found that become significant barriers preventing access to HIV prevention and treatment services.
- Access to HIV testing and antiretroviral therapy has also become an important barrier in some regions.

- Again, gender roles will influence vulnerability to HIV in the region, and are related to stigma and violence. It is important to work during the workshops in the negotiation of the use of condoms in sexual relations, as well as in the empowerment of women in the control of their health.
- Religion has an important role in this population, being another barrier to the use of condoms in sexual relations, as well as a catalyst for attitudes of discrimination against sexual diversity. On the other hand, language is not a barrier here, but cultural keys exist, so that the presence of the intercultural mediation professional is still necessary in these workshops.

EASTERN EUROPE & CENTRAL ASIA

- Most present countries in Spain: Romania, Bulgaria, Ukraine and Russia.
- Linguistic diversity: Romanian, Russian and Georgian.
- Religious diversity: Orthodox Christians, Catholics and Protestants.
- Importance of traditional medicine.

At the end of 2018, UNAIDS data estimated that 1.7 million people were living with HIV in the eastern region of Europe and Central Asia. It is one of the two regions of the world where the HIV epidemic continues to grow rapidly.

The main obstacles to the effective provision of HIV testing services in the region are related to the shortage of early diagnostic services as well as antiretroviral treatment, hampering prevention efforts in many countries.

Although it is a region where there is access to basic training on sexual and reproductive health, the same is not true regarding affective-sexual diversity. This fact is an important cause of discrimination and a barrier to prevention programs aimed at LGTBIQ + people.

The following perceptions of HIV, which should be taken into account in health promotion activities, tend to be repeated in the KAP workshops and analysis:

- Importance of traditional medicines and self-medication. There is no culture of prevention. The disease is associated with symptomatology or pain and a cause external to the body. In addition, it is considered inappropriate to express pain or weakness.
- Repressive laws aimed at LGTBIQ + people lead to stigma and discrimination in HIV prevention, early diagnosis and treatment programmes; they are not recognised by several national responses to HIV.
- Lack of knowledge and attitudes of health professionals, in addition to insufficient access to harm-reduction services or real access to antiretroviral treatment.

- There is no culture of protecting personal information, which acts as a barrier in early diagnostic programs.
- It is also worth mentioning gender as an important and influential factor in vulnerability to HIV in this region and the need to include a gender perspective in health promotion actions.

Finally, the region is also facing epidemics of tuberculosis (TB) and hepatitis C virus (HCV), which require an integrated approach to prevention, diagnosis and treatment that is not being applied at the moment.

Frequently asked questions

During the workshops, a participatory methodology is encouraged over everything else; it allows attendees to clarify their doubts and work on possible misconceptions and stigmas associated with HIV.

Here are some of the issues that are repeated in the talks that allow the teaching team to be prepared and adapt to any possible questions.

Origin of HIV
Where does HIV come from? Where does AIDS come from?
Does HIV really exist?
HIV does not exist, it has been created / is an invention.
Is AIDS the *Syndrome imaginaire pour décourager les Amoureux*?
Who was the first person with HIV? Where? (Beware of the stigma that can generate the response)
Does the disease come from dirt, from lack of hygiene?
Where is the virus found in women?

Disease development
Difference between HIV infection and AIDS. So it's not the same?
Can you see externally that a person has HIV?
All people have HIV and only some develop it, right?
What are the symptoms of AIDS?
What does the "window period" mean?

Transmission

Can HIV be transmitted with a kiss if there is blood in the mouth?
If the mosquito sucks blood, why doesn't it transmit HIV?
Can it be transmitted with a bite from a person with HIV?
Can HIV be transmitted through the air?
How long does the virus last outside the body?
Is there a greater risk of infection if the sexual relations take place when the woman has the period?
Can it be transmitted by sharing cigarettes?
If you are preparing a salad and you cut yourself and there are traces of blood in what you eat, can HIV be transmitted?
Can you get infected with HIV by sharing nail clippers?
And can it be transmitted by wearing the same clothes?
Can food be shared with a person living with HIV?
Are the materials used in hospitals reliable?

Diagnosis

Why are so many blood tubes drawn?
Do you have to ask for the HIV test specifically? Isn't it included in the general blood analysis?
How can the doctor know if we have enough blood for the tests?
Once the blood is analysed, what do they do with it in the hospital?
If you say that HIV is not transmitted via saliva, how is it diagnosed from a rapid saliva test?

Prevention

Can the condom be used more than once?
Can two condoms be used together?
Which is better, the male or female condom? Can both be used at the same time?
Why are you giving us a workshop on HIV?
Is fidelity the best way to protect yourself from HIV?

Treatment

In my town people are cured of HIV.
Can an infected woman have healthy children? And can a man who has HIV have children?
Why is there no treatment to cure HIV?
Is the treatment offered for free? Where can I get it?

STEP 5: RAPID HIV TEST OFFER

The importance of early diagnosis

UNAIDS and the Centre for Disease Control and Prevention (CDC) propose the use of rapid HIV tests in certain contexts as a useful strategy to facilitate and enhance early diagnosis. On many occasions the people most vulnerable to HIV infection are those most difficult to reach by the health system. This is the reason why interventions of outreach (or approach) to these population groups have been recommended for some years.

This methodology considers the approach not only from a geographical perspective, but also from symbolic proximity and closeness. It involves the staff that develop the programmes accepting a role and a predisposition or attitude, which favours the elimination of barriers and facilitates access. Therefore, provided that the relevant criteria and requirements are met, an attempt should be made to offer the rapid test to the attendees of the HIV workshop.

Early diagnosis has two clearly differentiated positive consequences:

1. **Benefit on an individual level.** At present, it is commonly accepted by the scientific community that the early diagnosis of HIV infection reduces the morbidity and mortality of patients. Early onset of antiretroviral therapy increases the survival of people with HIV.

2. **Benefit on a population level.** People infected with HIV who do not know their status and, therefore, have not received treatment, are a reservoir that can potentially transmit the infection.

With the offer of rapid tests in combination with the workshop on health promotion and HIV prevention, the following aspects are pursued:

- To reduce late diagnosis of HIV in vulnerable populations - or populations that do not frequently attend the health system, by offering and conducting a targeted rapid test.
- Facilitate HIV pre-test and post-test counselling.
- Positively reinforce preventive practices in people who are offered the rapid test.
- Facilitate access to HIV diagnosis and antiretroviral treatment to vulnerable populations.

Rapid detection tests. Criteria and requirements

Rapid tests for the detection of HIV infection are screening tests based on enzyme immunoassay techniques, which allow for a fast and subjective reading and whose negative result gives us high confidence about the result (high negative predictive value), while a positive result requires a confirmation test in a clinical laboratory to ensure the presence of the infection and thus be able to make the definitive diagnosis.

The characteristics that define rapid detection tests are usually:

- High sensitivity (> 99%) and specificity (> 99%).
- Sample type easier to collect.
- Need for little technical equipment.
- Easy to carry out.
- Easy to interpret: visual interpretation.
- Fast: <30 minutes.
- Easy to store: at room temperature (20-30 ° C).
- Shelf life: 12 months or more.
- Minimum waste disposal.
- Low cost.

All these characteristics make it possible that rapid tests do not have to be performed within the structure of the health system with an adequate laboratory infrastructure; but rather they can be carried out in different places such as youth organizations, associations, NGOs and other institutions, thus facilitating the testing and advice of those people who are reluctant to go to the health services for various reasons.

These places have to meet the following criteria and requirements:

- Have infrastructure and material resources to carry out the diagnosis in conditions of hygiene, privacy, personalised attention and confidentiality of the data.
- Security.

Regarding the personnel that will carry out the rapid HIV test, they must prove training competence, which should be adjusted depending on the rapid test that is carried out, and according to the Spanish Act 44/2003 on the Organisation of Health Professions, to one of the following criteria:

- **Capillary blood:** Health professionals, with a medicine or nursing degree.
- **Saliva or oral fluid:** Qualified or authorised professionals with experience in HIV prevention and care programmes.

Protocol for performing the rapid test in oral fluid and blood

Once the workshop is finished, the applicant will be attended by health personnel from Salud Entre Culturas, always in the presence of intercultural mediators for the recruitment and preventive counselling with a focus on cultural, sexual and gender diversity.

The rapid test must be accompanied by adequate information or counselling (assisted advice) pre-test, post-test counselling and a referral to the appropriate services in those cases that require it.

a) **Person requesting the test.** The test is voluntary, confidential and requires the verbal informed consent of the person requesting it. This test will always be performed individually and with guaranteed privacy.

b) **Confidentiality and anonymity.** The person will be informed that this is a confidential and anonymous test and that under no circumstances will personal data be registered. Subsequently, the collection of sociodemographic data will be processed, informing the person of its anonymous nature and that it will not constitute any nominal data file.

c) **Counselling prior to testing.** The counselling must be carried out in an area where the confidentiality of the users can be guaranteed —a private room or area, and in conditions that contribute to communication with the counsellor (e.g. adequate temperature, brightness, noise level and ventilation).

The counselling before the test will include information on:

- Purpose of the test. — Benefits of early diagnosis. — Privacy and anonymity.
- Possibilities of diagnosis, treatment and resources that are available when an HIV infection is discovered. — Where to get more information and preventive advice.
- What is the rapid HIV test technique in oral fluid and blood.
- The rapid test is only a screening test, not a diagnostic one. The need for a diagnosis of certainty after the reactive tests.
- The safety of the non-reactive test.
- The importance of the window period.

d) Consent. The staff that perform the counselling prior to the test ensure that the requesting person understands the information about HIV and the significance of the test, respecting the right of the person to decide, after receiving this information, whether or not they want to do it. Once the person is fully informed, they will be able to make the decision freely on whether or not to take the test. At this time, consent will be obtained, only verbally, to take the test.

e) Preparation of the work area. The rapid HIV test should be carried out in an area where confidentiality can be guaranteed and under appropriate conditions for the sample gathering:

- Sufficient space and adequate light to work and interpret results.
- Flat surface for preparation of the diagnostic test components. The work area will be covered with clean, absorbent and disposable material.
- Surface and equipment to record data appropriately.
- Gloves will be used to carry out the test, which does not exempt from suitable hand hygiene before and after its performance.

f) Preparation of the test kit. There are different tests available on the market. Although they use different techniques for diagnosis and their technical management may differ, they all have high sensitivity and specificity.

The instructions for use, precautions and reading of results as well as waste management and prevention of occupational hazards must be previously known by the personnel who will be in charge of performing the rapid test.

g) Communication of the result of the rapid test and *counselling* post-test. This area must be comfortable and guarantee privacy. It is advised to avoid elements that contribute to increase the possible stress or anxiety and use simple and explicit language to communicate the meaning of the possible test results.

1. **If it is not reactive:** Mention the negative correlation and good news.

— *Importance of window period:* In Salud Entre Culturas there is a conservative attitude, considering the three months as a window period, and we recommend repeating the test three months after the last risk practice, accompanied by advice to avoid new risk exposures.

2. **If the result is positive:** Recommend the need to establish a confirmatory diagnosis and explain that the rapid test is not a diagnostic test. If the person agrees, they will be referred to a health centre where they can have access to a proper diagnosis of HIV infection. The benefits of establishing early control and treatment and the most important advances in antiretroviral treatment will be highlighted, as well as the need to adopt safe practices to avoid reinfection and possible transmission to other people.

- The information will be given by the same person who conducted the previous interview to guarantee continuity in the information and emotional support, dedicating enough time to this communication.
- Communicate clearly, sensitively, in person, in a private and confidential environment.
- Alternatives will be offered to increase self-control and reduce the feeling of helplessness, depending on the patient's emotional state.
- Report the phases of acceptance of a disease to reduce anxiety, accompanied by short and repeated messages of help.
- Inform the person about their legal rights in relation to HIV infection.
- The person must be linked to the health system, working on adherence and monitoring. Emphasise the importance of the benefit of notifying any sexual partners.
- They should be offered accompaniment by a professional of the Interpretation and Intercultural Mediation team from Salud Entre Culturas whenever possible.

3. **If the result is undetermined or invalid:** the performance of a diagnostic test in a health centreshould be recommended, since it has not been possible to rule out infection with the rapid test.

h) **Delivery of the results document.**

i) **Referral to the reference centre** of people with reactive, undetermined or invalid HIV tests.

STEP 6: PROGRAMME ASSESSMENT

Information management

Throughout the process of conducting the health promotion and prevention workshop and offering a rapid HIV test, there is a series of data that is collected to ensure quality care for those people who request this care. This data will never include name tags and the anonymity of the interviewee will always be maintained. The subsequent analysis is a fundamental element for evaluating the interventions of Salud Entre Culturas and may contribute to improving action planning.

Pre- and post-workshop KAP surveys are analysed, which allows for measuring the impact of the intervention. This analysis is important to better understand the characteristics of the population that has been attended, providing evidence of populations that are not frequently reached and that could benefit from the prevention program.

It also allows to verify whether the differences in knowledge, attitudes and practices before and after the intervention are significant. This enables reworking strategies to optimize the transmission of information that is not being processed properly, as well as to detect the needs demanded by the user to whom they are addressed.

On the other hand, the relationship with the NGO or entity involved is close and it is important to address any needs identified in the participants before and after the health promotion activity; as well as the evaluation of the training activity of Salud Entre Culturas.

At the end of the year, the global results of the health promotion programme are sent to the associations that request it, and training is provided to the technicians and workers of the NGOs and entities so that preventive work can continue with their users.

GLOSSARY

Interdisciplinarity: in an HIV prevention program with migrant population it is essential to have a team of professionals from different disciplines such as medicine, psychology, intercultural mediation or social work.

Interculturality: facilitate the encounter and understanding between people from different cultures, involving people from the majority culture.

Networking: collaboration with NGOs, associations or other agents committed to HIV prevention and interculturality will be of great help for the effectiveness of preventive programmes.

Involvement of the target population: make the migrant population the protagonists of health promotion activities and make them participants at all stages of project development.

Excellence: have specialized professionals, with the skills and attitudes necessary to develop the work.

Continuing education: update on issues related to HIV and migration.

Comprehensive view of health: HIV prevention needs to be worked from a holistic view of health.

Adaptation to the context: it is essential to adapt to the specific needs of the recipients and recipients of the prevention program (e.g. locations, schedules, social reality, religious celebrations, etc.).

Gender approach: It is important to take into account gender roles and how they vary depending on the culture and the migration process.

Intersectionality: phenomenon by which eachindividual suffers oppression or has privilege based on their membership in multiple social categories.

Impact assessment: we must develop tools that measure the effectiveness and impact of prevention programs.

Equity in health: pay special attention to cultural factors and social determinants that may result in a person's vulnerability to HIV.

Promoting autonomy: the most convenient thing is to avoid paternalistic attitudes and promote the autonomy of migrants while continuing to move towards mutual recognition and respect.

SOURCES OF INFORMATION

HIV & AIDS

UNAIDES. https://www.unaids.org/es

CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/spanish/index.html

Ministerio de Sanidad, Consumo y Bienestar Social. Plan Nacional sobre el Sida. https://www.mscbs.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/home.htm

Ministerio de Sanidad, Consumo y Bienestar Social. Plan Nacional sobre el Sida.Guía de recomendaciones para el diagnóstico precoz del VIH en el ámbito sanitario. https://www.mscbs.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/docs/GuiaRecomendacionesDiagnosticoPrecozVIH.pdf

CESIDA. Coordinadora Estatal del VIH y sida. https://www.cesida.org/

AVERT. Global information and education on HIV and AIDS. https://www.avert.org/

Instituto de Salud Carlos III.Centro Nacional de Epidemiología. Vigilancia en Salud Pública. RENAVE. https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Paginas/VIH.aspx

Red Española de Investigación del SIDA. https://www.redris.es/

Grupo de Estudio del SIDA-SEIMC. GESIDA. http://gesida-seimc.org/

European Centre for Disease Prevention and Control.https://www.ecdc.europa.eu/en/hiv-infection-and-aids

European AIDS Treatment Group. EATG. http://www.eatg.org/

World Health OrganizationWHO https://www.who.int/?ReturnUrl=http%3a%2f%2fwww.who.int%2fes

MdM. The KAP Survey Model. Knowledge, Attitudes and Practices. Steps and rules for the preparation and implementation of quantitative surveys. Available on the intranetMdM.

HIV and migration

Salud Entre Culturas (www.saludentreculturas.es).

Alvárez-Del Arco D, Fakoya I, Thomadakis C, et al. High levels of postmigration HIV acquisition within nine European countries. AIDS 2017; 31: 1979–88.

Perez-Molina JA. Inmigración e infección por el VIH en España. REVISTAMULTIDISCIPLIARDELSIDA Vol.1. Núm. 2. Marzo 2014

Díaz Olalla J, Lostao L, Regidor E, Sánchez E, Sanz B. Diferencias en la utilización de los servicios sanitarios entre la población inmigrante y la población española. Fundación de Ciencias de la Salud. 2008.

Monge S, Perez-Molina JA. [HIV infection and immigration]. EnfermInfeccMicrobiol Clin 2016; 34: 431–8.

Annex I: How to work with an interpreter in the doctor's surgery

SALUD ENTRE CULTURAS

Hospital Universitario Ramón y Cajal

How to work with an interpreter in the doctor's consulting room

A Guide for Healthcare professionals

SALUD ENTRE CULTURAS

www.saludentreculturas.es

@Salud_Culturas
Salud entre Culturas
Saludentreculturas
info@saludentreculturas.es
622 042 564 - 722 140 142

And now, take care and look after your loved ones

Hospital Ramón y Cajal
Unidad de Medicina Tropical
Servicio de Enfermedades Infecciosas

Carretera de Colmenar, km. 9,1
28034 - Madrid

91 336 81 08
Begoña (línea 10)
Estación Ramón y Cajal
135 (Plaza de Castilla)

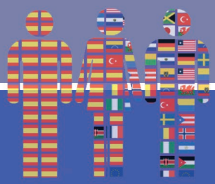
What is a professional interpreter?

An interpreter is a person who is perfectly fluent both in Spanish and the language your patient speaks, and who is able to reproduce the information you provide to your patient without adding or leaving anything out. An interpreter is not only a person that speaks different languages; they have also studied memorisation techniques, note-taking techniques and reformulation, in order to give the patient the same message you have sent, with the same nuances and the same communicative intention. They are specialised or have experience in using healthcare or medical language.

INFORMATION AND CONFIDENTIALITY

Act 41/2002, of the 14th November, regulating the patient's autonomy and their rights and responsibilities regarding clinical information and documentation, it establishes the patient's right to confidentiality (that can only be guaranteed by a professional interpreter) and to receive information regarding their diagnosis and treatment in such terms that they may understand it and that is adapted to their needs.

How to work with an interpreter in the consulting room?



ALWAYS ADDRESS THE PATIENT

Always address the patient. Do not tell the interpreter to "Ask the patient how they are". Look the patient in the eye and ask "How are you?", thus establishing an atmosphere of trust. The interpreter will answer as if they were the patient: "I am well", "I have a headache", etc. and vice versa, as if they were you when talking to the patient, so that communication is more direct.

THE INTERPRETER WILL TRANSLATE EVERYTHING YOU SAY

Don't say anything you don't want the interpreter to translate. Don't make any comments that you wouldn't make in front of a Spanish-speaking patient. The interpreter has the obligation to translate everything that is said during the consultation.

USE SIMPLE LANGUAGE

Use simple language throughout the consultation (be aware that some patients have not had access to education) and explain to the interpreter any difficult medical terms as well as the case at hand. The more details the interpreter knows beforehand, the better they will be able to familiarise themselves with the topic and the better they will carry out their work.

ASK QUESTIONS AT THE END OF THE CONSULTATION

When the consultation is over, use the opportunity to ask the interpreter questions regarding aspects of the patient's culture that might interest or worry you. An interpreter is an expert in both cultures, and they will be delighted to see you are interested in any cultural aspects and explain to you whatever you need.

What alternatives are there if an in-person interpretation is not available?

The Community of Madrid offers a professional interpretation service via telephone for healthcare centres. It is available 24 hours a day and you may request it through the Patient Services team.

Possible risks when working with a non-professional interpreter

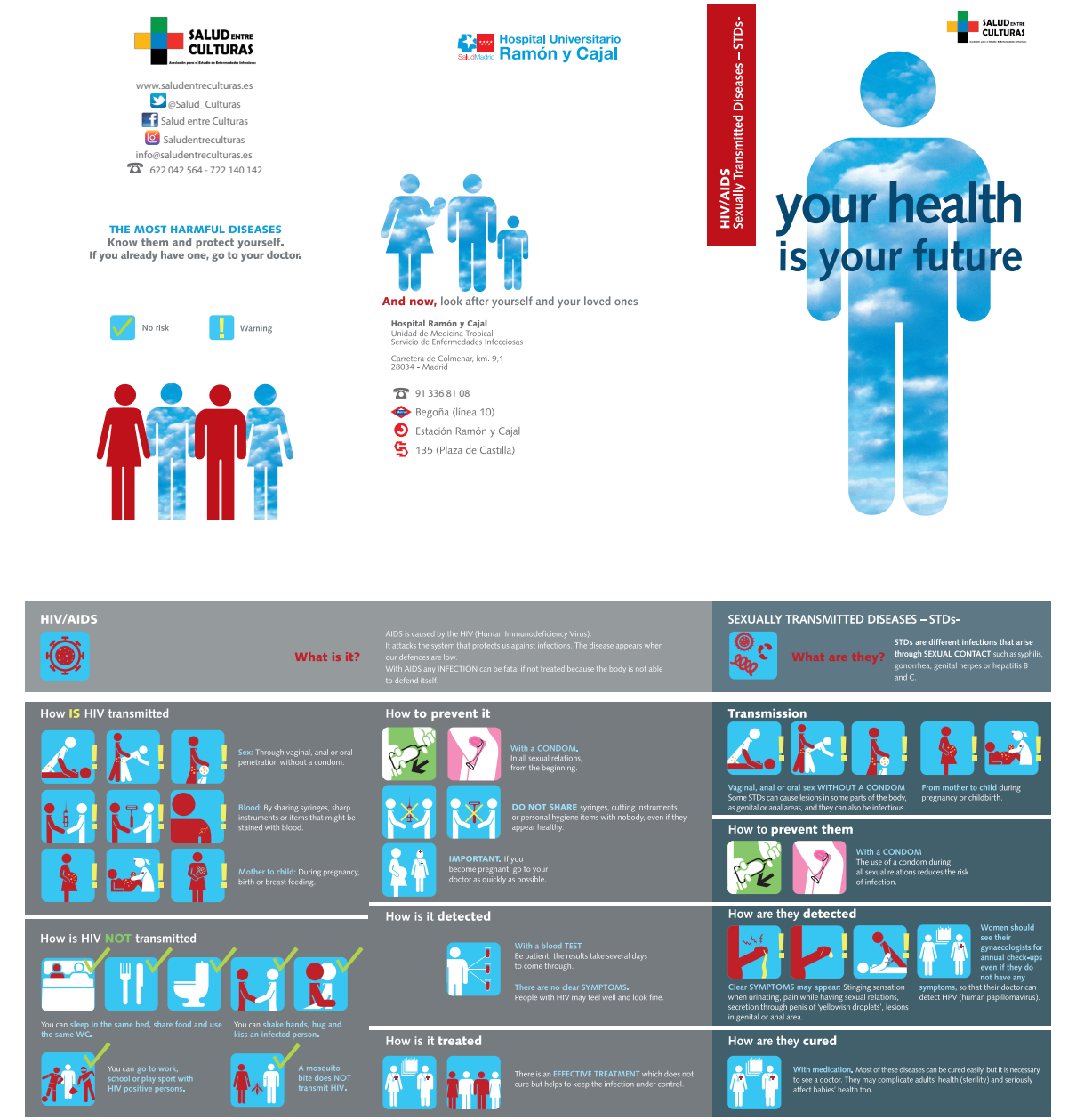
They might simplify what the patient says or what you say too much because they do not consider it relevant. A professional interpreter translates all that is said so that both parties know what is being talked about at all times.

They might not have sufficient knowledge of Spanish and transmit erroneous information to the patient. As a consequence, the patient might follow the treatment incorrectly or have an erroneous perception of their health status.

They might not translate any topics they might consider moral taboos (questions about sexual relations, news related to death, etc.). An interpreter is an expert in both cultures and knows when to warn the doctor about a delicate topic as well as explaining behaviours in the culture of the patient in order to bring the doctor closer to the patient's reality.

The patient might omit embarrassing information if the interpreter is a close relation (a partner or a member of the family when talking about sexually transmitted diseases, mother and children regarding menstruation, contraceptives, etc.).

Annex II: HIV and AIDS - Sexually Transmitted Diseases



Annex III: HIV Knowledge, Attitudes and Practices (KAP) Survey

SALUD ENTRE CULTURAS
Asociación para el Estudio de Enfermedades Infecciosas

SaludMadrid Hospital Universitario Ramón y Cajal

Knowledge, Attitudes and Practices (KAP) Survey on HIV/AIDS

Date:

Year of birth: _____ **Mother tongue:** _____

Gender: Male ☐ Female ☐ Other ☐ **Second language:** _____

Home country: _____

Departure date from your country: _____ **Arrival date to Spain:** _____

How did you enter in Spain? By sea (dinghy) ☐

Overland (fence) ☐

By air (plane) ☐

Education level: None ☐

Primary ☐

Secondary ☐

University ☐

Koranic school ☐

Have you ever received a talk on HIV/AIDS? Yes ☐ No ☐ Don't know☐

Do you have the Health Insurance Card? Yes☐ No ☐ Don't know ☐

MINISTERIO DE EMPLEO Y SEGURIDAD SOCIAL
SECRETARÍA GENERAL DE INMIGRACIÓN Y EMIGRACIÓN
DIRECCIÓN GENERAL DE MIGRACIONES
UNIÓN EUROPEA
FONDO DE ASILO, MIGRACIÓN E INTEGRACIÓN
Por una Europa plural

PRE – HIV Intervention

1.	**Do you think HIV/AIDS exists?** (Choose **ONLY ONE** option)	Yes ☐	No ☐	Don't know ☐

2.	**How does the HIV/AIDS transmits?** (Answer **ALL** options)					
						
	By sharing sharp or cutting objects.	Through the saliva.	By having sexual intercourse without condom.	From mosquito bites.	From mother to child.	Through the sweat or by touching another person.
	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐
	No ☐	No ☐	No ☐	No ☐	No ☐	No ☐
	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐

3.	**Is there any HIV/AIDS treatment?** (Choose **ONLY ONE** option)
	☐ Yes, it cures the illness.
	☐ Yes, it controls the illness but it doesn't cure it.
	☐ There is no treatment.
	☐ Don't know.

4.	**Have you ever been tested for HIV/AIDS?** (Choose **ONLY ONE** option)	Yes ☐	No ☐	Don't know ☐
	Where? (Choose **ONLY ONE** option)	In my country☐	During the journey ☐	In Spain ☐
4.1.	**Would you like to get the test TODAY?** (Choose **ONLY ONE** option)	Yes☐	No ☐	Don't know ☐

5.	**If someone has HIV/AIDS, would you accept…** (Mark **ALL** options you consider to be true)		
			
	…to shake hands?	… to live together sharing glasses, cutlery or food?	… to work or exercise with him/her?
	Yes ☐	Yes ☐	Yes ☐
	No ☐	No ☐	No ☐
	Don't know ☐	Don't know ☐	Don't know ☐

6.	**What do you think about HIV/AIDS?**	

POST – HIV Intervention

1.	**Do you think HIV/AIDS exists?** (Choose **ONLY ONE** option)	Yes ☐	No ☐	Don't know ☐

2.	**How does the HIV/AIDS transmits?** (Answer **ALL** options)					
						
	By sharing sharp or cutting objects.	Through the saliva.	By having sexual intercourse without condom.	From mosquito bites.	From mother to child.	Through the sweat or by touching another person.
	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐	Yes ☐
	No ☐	No ☐	No ☐	No ☐	No ☐	No ☐
	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐	Don't know ☐

3.	**Is there any HIV/AIDS treatment?** (Choose **ONLY ONE** option)
	☐ Yes, it cures the illness
	☐ Yes, it controls the illness but it doesn't cure it.
	☐ There is no treatment.
	☐ Don't know.

5.	**If someone has HIV/AIDS, would you accept…** (Mark **ALL** options you consider to be true)		
			
	…to shake hands?	… to live together sharing glasses, cutlery or food?	… to work or exercise with him/her?
	Yes ☐	Yes ☐	Yes ☐
	No ☐	No ☐	No ☐
	Don't know ☐	Don't know ☐	Don't know ☐

ANNEX IV - Outline for an HIV prevention workshop

The talk has to be clear, simple and straightforward; To do this, you can follow the script presented below, which aims only to be a guide to help you not to forget any of the key points, homogenize and develop the discourse from it.

OBSERVATION: In italics, comments and observations to take into account. It is important to encourage the use of the first person.

What is HIV? *(Include the attendees in the conversation: Does anyone know what HIV is?)*

- Expand on the acronym H (human) I (immunodeficiency) V (virus). It allows us to introduce the term **virus** (a virus is a very small bug, a microorganism, which cannot be seen with the naked eye, can only be seen under the microscope) **immunodeficiency** (word that indicates that the defence mechanism that protects us from diseases, the immune system, is weakened) **human** (that only affects humans —useful for the possible question of the mosquito as a transmission vector).
- HIV affects the body's defences —CD4 lymphocytes, the immune system. This system is responsible for protecting us from diseases. This damage is slow but progressive. When the person has virtually no defences left, they are vulnerable to other diseases. We call this situation AIDS.
- From the moment a person becomes infected with the virus until the disease manifests, it can take up to ten years. During this time, we may be feeling well, so one can be infected without knowing it. You cannot tell with the naked eye if a person is infected or not.
- There are people infected with HIV **worldwide.** Spain is one of the countries in Europe with the highest number of HIV-infected people. HIV does not distinguish between countries, sexes, races or ages.
- To know how to avoid it, we must first know how it is transmitted:

How IS HIV transmitted and how is it NOT? *(Include the attendees in the conversation. There will be many doubts among them and it is the moment to work on any attitudes of stigma)*

- There are 3 main ways of transmission: What are they?
  1. **Sexual transmission:** Sexual intercourse with anal, vaginal or oral penetration without a condom with a person with HIV.
  2. **Blood transmission:** By sharing objects that may be contaminated with

blood such as razors, toothbrushes *(clarify that it is not from contact with saliva, but from possible bleeding of gums),* nail clippers, etc.
In hospitals, blood for transfusions is analysed before being transfused, and the needles and other utensils used are only for one person; afterwards, they are discarded or sterilized.

3. **Mother and child transmission:** An HIV-infected woman can transmit the virus to her child during pregnancy, childbirth or breastfeeding.

- Just as we must know how it is transmitted, we must also know how it is not transmitted *(work on the stigma associated with HIV).*

How is HIV NOT transmitted?

- Include all the options that have arisen during the workshop with the participation of the attendees.
- Regular relationships at home, at work, at school, when doing sports, in toilets, in swimming pools, when doing laundry in the same washing machine ... do not pose a risk of HIV transmission.
- It is not transmitted by shaking hands, hugging or kissing.Saliva, sweat and tears do not contain the virus.
- We can share cutlery, eat from the same plate or drink from the same glass without any risk of transmission.
- Animals do not transmit HIV, it is a virus that affects humans *(as we explained at the beginning).* Therefore, HIV is not transmitted through a mosquito bite because the virus does not survive inside the mosquito *(Mention the existence of other diseases that are transmitted by mosquito bites such as malaria).*

How can we know if we have HIV?

- The only way to know is through an HIV test. It isn't included in all blood tests; it need to be specifically requested. There is also the option of the so-called rapid HIV tests, which use a drop of blood or a saliva sample *(doubts may appear with the oral saliva or fluid test)* to tell us if we may have HIV *(if it is the case of a workshop combined with the HIV test offer we can offer it here, to carry it out at the end of the session).*

(Mention the need to confirm the results in the hospital with a proper blood analysis. At this moment the controversy with the blood needed for the analysis may arise: Why so many blood tubes? Because each tube of blood is sent to a laboratory that studies a different thing. Our body produces blood again and you will soon have the same amount as before. Once the analysis is finished, the blood is discarded, not sold).

What if I have HIV?

- Anyone can be infected with HIV and not know it.
- People with HIV can live for many years and one of the most important things they should know is that they can lead a normal life.

What should a person do when it is detected that they have HIV?

- Go to the doctor periodically for a review. With an analysis they will measure the state of your immune system and the amount of virus (viral load). The doctor is the person who indicates when to start taking the treatment. But necessary precautions should be taken in order not to transmit the virus to the people in the environment.
- Early diagnosis is very important because that way transmission is avoided, we can start treating the disease early and avoid many complications.
- The HIV test is free and confidential. The result is shared onlyby the doctor and the patient.

Treatment

- There is a treatment and it controls the disease, but it does not cure it. With follow-up and treatment, you can lead a completely normal life and not transmit the virus. In Spain the treatment is effective and free and with it you can enjoy a good quality of life *(return to the importance of early diagnosis).*
- Finish the talk with the importance of prevention *(highest percentage of transmission in Spain: unprotected sex).*
- In sexual intercourse the safest mode of protection is condoms. They can be obtained for free in health centres, hospitals or NGOs, and purchased at pharmacies, supermarkets, bars or discos.
- Avoid sharing objects that may be contaminated with blood and if a woman with HIV becomes pregnant, she should see her doctor as soon as possible.

Workshop on the correct use of condoms

Include the attendees and always ask for permission *(take into account the attendees we are addressing may not feel comfortable in the workshop. We must also take into account the religious and cultural celebrations at the time of the year when the workshop takes place. Use the male and female models).*

External penis condom

- You have to put it on the erect penis. We must always take into account the expiry date.
- Care must be taken when opening the wrapper so as not to break the condom (do not open with your mouth and be careful with your nails when handling it).

- It is for a single use only.
- Do not use two at a time.
- If an internal condom is used, there is no need to use an external condom as well. It may break.
- Lubricant: it is normal, all condoms have it *(it does not hurt the body or the penis, it does not cause impotency).*
- They can be bought in pharmacies and supermarkets. There are bigger sizes.

Internal condom for vagina and anus
- Protects the same and is also for single use. It is a standard size.
- The vagina ends in a wall, so there is no danger of it entering the body during sexual intercourse.
- It is more expensive than the external one (about 2 € each).
- You can wear it up to 8 hours before sexual intercourse.
- If an internal condom is used, there is no need to use an external condom as well. It may break.

Condoms should be used in **ALL** sexual intercourse and always from the beginning of the intercourse. It is important to know how to use it. Most condom stear due to mistakes during their use.

(Perform all the necessary pauses and allow all interruptions and questions that arise. Before finishing the talk, review the questions and give a general summary of the workshop).

We will always adjust to the attendees, they will not have to adjust to us.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