Unit 3

HIV Myths, Misconceptions, & Rumors

Overview

In this unit trainees will explore some of the myths and misconceptions people may have about HIV/AIDS, HIV vaccines and HIV vaccine research. Identifying these myths may help trainees feel better prepared when conducting outreach in diverse settings and with groups who may have developed prejudices or social or cultural barriers towards these topics.

Objectives

By the end of the unit trainees will be able to:

- Identify and list their community's current myths, misconceptions, and rumors about HIV/AIDS, HIV vaccines and research
- Develop a list of potential misconceptions that various groups might hold, or types of barriers they might face when speaking to those audiences about HIV vaccine research
- List different audiences that community educators might address
- Identify specific barriers to working with different audiences

Materials

- *The four fours.doc – 1 copy*
- *HIV-Myths-Facts-handout.pdf – 1 copy per trainee*
- *Flip chart paper*
- *Colored markers*

Approximate time 1 hour 30 minutes

Warm-up/Introduction (20 minutes)

Trainer notes

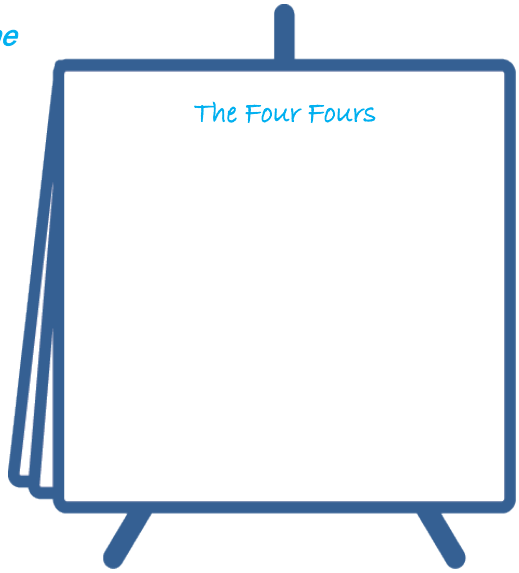
This activity will make sure that the trainees all have the same basic level of HIV/AIDS knowledge without making anyone feel left behind. Related issues may come up, such as the importance of getting tested to know your HIV status. If they do, you may choose to discuss them immediately, or delay for later.

Preparation

- *The Transmission, methods and stages .doc*

Step 1: Print out The Four Fours.doc document and cut out each word. Take the paper cut-outs and tape them up on the wall in any randomly mixed-up order, visible for all to see.

Step 2: On a flipchart, make a grid. At the top of page write *The Four Fours*. Label the sections *Body Fluids of Transmission*, *Routes of Transmission*, *Methods of Prevention*, and *Stages of Disease* as seen in the visual on the right.



Procedure

Step 1: Tell the group that they will be helping you to complete the "four fours" of HIV/AIDS. Have a trainee come to the wall where all the cut-out answers are. Ask him/her to take 1 of the cutouts and place it under the correct heading.

Step 2: Ask the rest of the trainees if this placement is correct. If it is not, ask the group where it should go and why. Repeat with other cut outs until the grid is complete.

Answers:

- **Fluids:** pre-seminal fluid, semen, vaginal secretions, rectal fluids, blood, and breast milk (if from a person who has HIV and is not virally suppressed) (NOT saliva, a common misconception).
- **Transmission routes:** unsafe or "condomless" sexual intercourse (vaginal, anal and in some cases, oral), sharing unclean needles, vertical transmission (breastfeeding and delivering a baby by a parent who is not virally suppressed), and blood transfusion with HIV-contaminated blood (or workplace exposures such as a needle stick).
- **Prevention methods:** abstinence, mutual faithfulness with a HIV-negative partner, condoms, PrEP, TasP and the use of sterile needles. (
- **Stages of the disease:** infection (viral transmission), asymptomatic (not showing symptoms or feeling sick), symptomatic, full-blown AIDS.

Step 3: At the end of this warm-up exercise, it will be important to point out that we often need to start out with the basics of HIV/AIDS information and awareness when working with

many community groups. We should not make the assumption that everyone knows this basic information. If we do not take this initial educational step, we may lose our audience's focus when talking about more complex topics such as HIV vaccines and research.

Step 4: Ask the trainees what they believe is the level of knowledge in their community as it relates to the Four Fours exercise.

Presentation of Information (30 minutes)

Trainer notes

This activity is called **HIV Myths, Misconceptions, & Rumors**. The purpose is to have the group begin to think through some of the myths, misconceptions, and rumors that exist in their communities regarding HIV and HIV vaccine research.

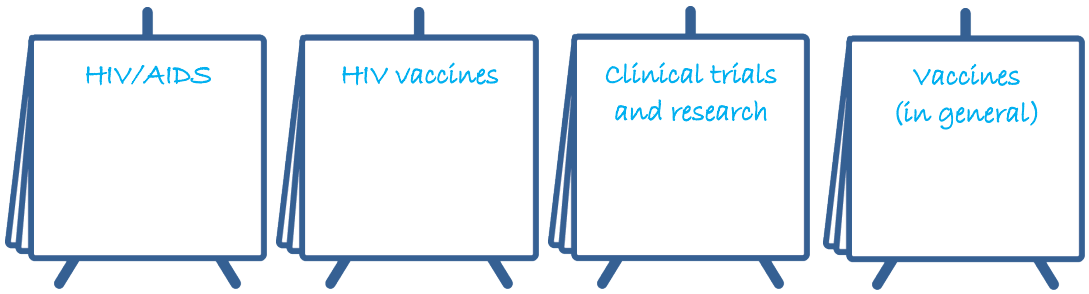
This activity should be used as an introductory activity with a follow-up presentation that gives more details about HIV vaccine trials, which are covered in Unit 4.

Preparation

- *Flip chart paper*
- *Top10Myths*

Step 1: Take out 4 pieces flip chart paper. Label each sheet with 1 of the following topics then set them aside.

- HIV/AIDS
- HIV vaccines
- Clinical trials and research
- Vaccines in general (optional for large groups)



Procedure

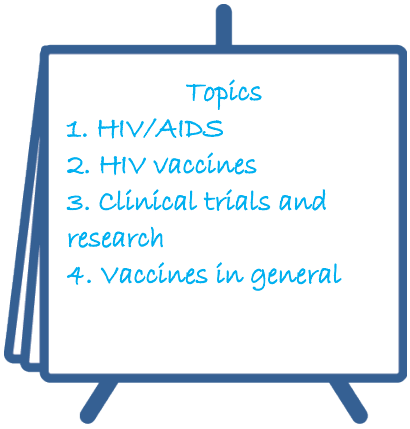
Step 1: Start by asking the group what some of the misconceptions are that surround condom use in their community.

Step 2: Using a blank sheet of flip chart paper, write ***Misconceptions***, underneath that write ***condoms***.

Step 3: Ask the group to list some of the rumors, myths, and misconceptions they hear about condoms and write these on the flipchart.

Step 4: When you have exhausted all the thoughts from the group, tape the flipchart sheet to the wall.

Step 5: Divide the trainees into 3 groups. If there are 10 or more people at the training, divide into 4 groups. Assign each group a number (1, 2, 3…) which corresponds to the topics you wrote on each sheet of paper earlier.



Step 6: Write up the list of full list of topics on a new flipchart sheet. Assign each group 1 of these topics and distribute the sheet of paper that you labeled at the beginning of the unit and set aside.

Step 7: Give each group 10 minutes to create a list of myths, rumors and misconceptions relating to their topic. Remind them that they will need to brainstorm what types of misconceptions or rumors could arise in future conversations about the topic with communities.

Step 8: When all the groups finish, each will present its list in front of the full group, taping the flipcharts to the wall for visibility.

The rest of the trainees will have a chance to add any other misconceptions to complete the topic.

Step 9: Spend several minutes addressing each misconception. If someone says “HIV vaccines give participants HIV,” ask what others think. If no one understands this as a misconception, it will be your job to clarify.

Step 10: Distribute *HIV-myths-facts-handout.* Ask a trainee to read through any of the myths that have not already been addressed.

Step 10: Tell the group that even if they do not know very much at this point about HIV vaccines and research, they should try to think about what they hear people saying in the

community, right or wrong. Reassure them that we all may have misconceptions of some kind on any of these topics and that they should feel free to state their own beliefs.

Group work (20 minutes)

Trainer notes

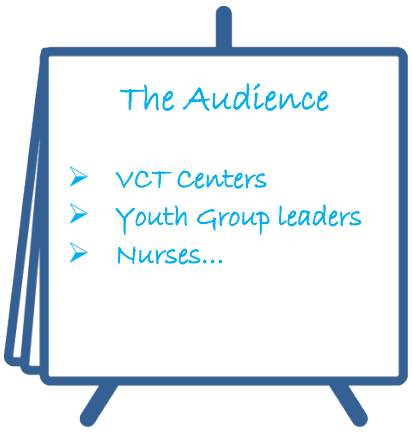
Given the potential for misunderstandings and misinterpretation of information, it is important that educators (& CAB members) begin by listening to their communities to hear what is being said. Educators can then tailor their messages to anticipate and address any misconceptions.

Community engagement is not directed to any single community. The goal is to educate all different types of communities.

Preparation

- *Flip chart paper and markers*

Procedure



Step 1: With input from the group, create a list of potential audiences. On a flip chart sheet write ***The Audience***, then list any examples that the trainees come up with, such as: students, neighborhood groups, doctors, teachers, people/organizations that provide HIV testing services, etc. Be sure that the groups elicited are realistic audiences that an educator may encounter when doing HIV vaccine presentations.

Hang the flipchart sheet on the wall.

Step 2: Explain that every individual group has its own needs and limitations, which is why it is so important to know the audience and tailor presentations accordingly.

Step 3: On another flipchart sheet, write ***Audience Considerations***. Elicit from the group examples of things to consider regarding the various audiences that they may encounter as they do community engagement.

Examples include: illiteracy, religious beliefs, cultural beliefs, knowledge, etc. (Note that knowledge is different from one's educational level. A person can be highly educated but not knowledgeable about a specific topic.)

Step 4: Hang the flipchart on the wall next to the "*The Audience*" flipchart.

Remind trainees that they may want to refer to these audience considerations as they develop their own community engagement plans and reference as they prepare specific outreach activities.

Wrap-up Activities (20 minutes)

Procedure

Step 1: Ask the group how they feel when they go into different communities talking about HIV.

Step 2: Continue with these discussion questions:

- Do they ever feel that people assume they are HIV-positive because they work in the field of HIV prevention, regardless of their actual HIV status?
- How they would feel if people started treating them poorly or differently because they thought they were HIV-positive?
- Given that there is a link between stigma and HIV in many communities around the world, how might their communities react or treat HIV vaccine trial participants, given that "HIV" is in the name?

Step 3: Help the group make a link between the stigma of being HIV-positive and the potential for the same stigma to exist against HIV vaccine trial participants.

Point out that in many communities, anything with HIV in the name often carries a stigma. As educators it is important to be a part of reducing the stigma and misconceptions around HIV, not only for our vaccine trial participants, but for the community overall.

Step 4: Ask the group for their thoughts on the issue of stigma. Limit the total discussion time to no more than 10 minutes.

Additional resources

https://www.iavi.org/phocadownload/IAVI_VaxLit%20Myths%20and%20Misconceptions_English.pdf

WebMD Myths about HIV: https://www.webmd.com/hiv-aids/top-10-myths-misconceptions-about-hiv-aids

The HIV Vaccine Trials Network is supported through a cooperative agreement with the National Institute of Allergy and Infectious Diseases