

# Management of Sexually Transmitted Infections Curriculum for Pharmacy Personnel in *[insert country]*

## Session Overview

### Learning objectives

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

- Effectively respond to the sexually transmitted infection (STI) related reproductive health needs of people in their communities.
- Serve as responsible referral points to other health care services for clients at risk of STIs, including HIV.
- Identify the importance of STI risk assessment and referral/treatment.

### Time

4 hours, 50 minutes

### Agenda for this session

1. Introduction and Pre-Session Questionnaire (15 min.)
2. What Are Sexually Transmitted Infections? (45 min.)
3. Sexually Transmitted Infection Transmission (30 min.)
4. Sexually Transmitted Infection Risk Assessment (30 min.)
5. Adolescents and Sexually Transmitted Infection Risk (40 min.)
6. Consequences of Sexually Transmitted Infections (20 min.)
7. Relationship Between Sexually Transmitted Infection and HIV/AIDS (20 min.)
8. HIV/AIDS in *[insert country]* (20 min.)
9. Sexually Transmitted Infection Case Management (30 min.)
10. Role of Pharmacies (20 min.)
11. Review, Conclusion, and Post-Session Questionnaire (20 min.)

### Handouts and training aids

Pre-and Post-Session Questionnaire

HO 1: Sexually Transmitted Infections

HO 2: HIV/AIDS

HO 3: The Four Cs

HO 4: Role of Pharmacies

- TA 1: STI Matching Game
- TA 2: Fact or Fiction? Game About STI and HIV Transmission
- TA 3: The Bead Game, Confidential Risk Assessment
- TA 4: Brush Fire, HIV Transmission Game
- TA 5: Sexually Transmitted Infection Counseling Role-Plays

## Preparation

You will need the following materials for this session:

- Flip chart, overhead, or chalkboard
- Markers and/or chalk
- Tape
- Scissors
- Small index cards or scraps of paper
- Thirteen cloth bags or long envelopes
- Red and green beads (or similar object)

Local data on the following issues can be used in this session:

- STI and HIV/AIDS rates
- STI and HIV/AIDS rates among adolescents

## Content and format for this section were adapted from:

- *Community-based Management of Sexually Transmitted Disease Pharmacy Training and Community Outreach Education*. Phnom Penh, Cambodia: PATH.
- *Comprehensive Reproductive Health and Family Planning Training Curriculum* (Module 12: Reproductive Tract Infections). Watertown, MA: Pathfinder International (2000).
- *Syndromic Approach to the Management of Sexually Transmitted Infections*. Kenya: PATH (1996).
- The World Health Organization. *STD Case Management Workbook 4: Diagnosis and Treatment*. Geneva: WHO (1995).
- The Population Council. *Reproductive Tract Infections: An Introductory Overview*. [http://www.popcouncil.org/rhfp/rti\\_fact\\_sheets/index.html](http://www.popcouncil.org/rhfp/rti_fact_sheets/index.html). Last accessed 2003.

# Introduction

(15 Minutes)

## Presentation

- 1. Introduce trainer and participants.**
- 2. Review objectives of this session (write out on flip chart, overhead, or chalkboard).**
- 3. Establish time frame for this session.**

See Session Overview above for objectives. Emphasize practical approach of training.

According to the World Health Organization, 333 million new cases of STIs occur worldwide each year, and at least 111 million of these cases occur in people under age 25.<sup>1</sup> UNAIDS estimated that by the end of 2001, approximately 42 million people were living with HIV and more than 20 million people worldwide had lost their lives to AIDS.<sup>2</sup> Nearly half of all HIV infections occur in men and women younger than 25 years, and in many developing countries, data indicate that up to 60 percent of all new HIV infections occur among 15- to 24-year-olds.<sup>3</sup> Infection among females outnumbers infection among males by a ratio of 2 to 1.<sup>4,5</sup>

This training is designed to build pharmacy staff knowledge of the risks, prevention, and management of STIs, including HIV, by providing accurate information in a time-efficient format. In this training session we will discuss STIs and their symptoms, risk factors, and consequences, with a special emphasis on how they affect adolescents. The session is scheduled to last approximately 4 hours and 50 minutes. During the session, participants will contribute by sharing their thoughts, ideas, and experiences in discussions, small group work, role-plays, and large group discussions. Encourage participants to ask questions when they have them.

- 4. Distribute pre-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**

# What Are Sexually Transmitted Infections?

(45 Minutes)

Presentation, brainstorm, discussion

1. Ask participants “What are STIs?” “What are some names of STIs?” After writing down and discussing participants’ responses, offer the definition of STIs below. Make sure to emphasize that any discussion of STIs must include discussion of HIV and AIDS. Remind participants that this information is also provided in HO 1: *Sexually Transmitted Infections*.

*Sexually transmitted infections*, also referred to as STIs, are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, and protozoa cause STIs. There are more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS.

STIs affect both women and men. Some STIs, such as HIV, can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications. The social and economic impact of STIs is also enormous. Untreated, STIs place a heavy financial burden on families, communities, and health services. Some STIs have chronic health implications, often leaving people unable to work to support their families.

Besides STIs, there are two other types of reproductive tract infections: endogenous infections, and iatrogenic infections.

Endogenous infections result from an overgrowth of organisms normally present in the vagina. These infections are also often sexually transmitted and include bacterial vaginosis and candidiasis. These generally only affect women. Sometimes these symptoms are the same as those for STIs which is why it is important to have a health provider help diagnose the problem.

Iatrogenic infections are introduced into the reproductive tract by a medical procedure such as menstrual regulation, induced abortion, IUD insertion, or childbirth. This can happen if surgical instruments used in the procedure are not properly sterilized or if an infection already present in the lower reproductive tract is pushed through the cervix into the upper reproductive tract.

HIV, which stands for human immunodeficiency virus, is an STI. HIV is transmitted from an infected person through unprotected sexual intercourse or by exchange of body fluids such as blood or from an infected mother to her infant. Acquired immunodeficiency syndrome (AIDS) is the stage of HIV infection that develops after a person is infected with HIV. The majority of HIV infections are sexually transmitted through the same behaviors that transmit other STIs.

**Therefore, whenever there is risk of an STI, there is risk of HIV infection as well.**

Certain ulcerative STIs, such as herpes and genital warts, increase the risk of HIV infection making early prevention and control of curable STIs an urgent priority for local governments and health providers. Any discussion of STIs must include information about HIV and AIDS.

Each new STI infection can cause serious complications for the infected person, increasing the risk of HIV transmission. Each untreated infection also increases the chances of further transmission in the community. Control of STIs requires more than just treatment. While people in the community must be made aware of STIs and the importance of prompt management, high-quality services for prevention and referral must be available to people at high risk of infection.

- 2. To review the most common STIs and their symptoms, tell participants that the group will play a matching game. Using TA 1: *Sexually Transmitted Infection Matching Game*, cut up the list of STIs and the list of symptoms. Mix up all the slips of paper and put them in a bag or hat.**
- 3. Ask each participant to draw a slip of paper. Half of the participants will have slips of paper with the name of a common STI, and the other half will have slips of paper with a description of a specific infection's symptoms.**
- 4. Ask participants to circulate around the room until they find the person who has the matching infection/symptom.**
- 5. When all participants have paired off, have each pair read out the infection and its matching symptoms. Rectify any incorrect match, providing additional information about each STI if necessary.**
- 6. Review the symptoms of STIs presented during the game by briefly explaining how all common STIs present themselves. Use the information given below and the information provided on TA 1. TA 1 can also be distributed to participants as a handout. Emphasize to participants that in some cases, a person may not show any STI symptoms, but may still have an STI and pass it on to someone else.**

We will now review the symptoms of common STIs. I will present the most common presentation or signs and which STIs exhibit these symptoms. Keep in mind that some STIs, such as trichomoniasis, are more symptomatic in women, while others, such as gonorrhea, are more symptomatic in men.

Additionally, STIs may be asymptomatic, particularly in women. Asymptomatic means a person may have an STI without showing any symptoms. Therefore, he or she can transmit the infection without knowing it. For example, gonorrhea often is asymptomatic in women, but not in men. For this reason, it is important to know the behaviors that put a person at risk of STIs. If an individual knows they are at risk of an STI, they will know they should seek diagnosis and treatment even if they are not experiencing any STI symptoms.

The physical effects of STIs range from acute (intense, short-term) symptoms to chronic (long-term or periodic) symptoms, from loss of some bodily functions to interfering with reproduction and eventual death. The following symptoms are most common.

Infections that present with abnormal discharge include:

- Gonorrhea
- Trichomoniasis
- Candidiasis
- Chlamydia

Infections that present with sores and/or ulcers include:

- Chancroid
- Syphilis
- Genital herpes
- Genital warts

Infections that present with bubo (swollen node) include:

- Chancroid

Women who present with acute or chronic lower abdominal pain and fever may have:

- Pelvic inflammatory disease (PID)

Infections that have systemic manifestations include:

- HIV infection
- Syphilis (in secondary stage)

Infections that have few or no symptoms (asymptomatic) include:

- HIV infection (in early stages)
- Cervicitis (in women)—this includes gonorrhea and chlamydia
- Trichomoniasis (in men)

## Key Points

- STIs are very common and have the potential for causing serious health complications.
- Whenever there is risk of an STI, there is a risk of HIV infection.
- Because many STIs do not present with symptoms, it is important that people know what behavioral actions influence their risk of STIs.

# Sexually Transmitted Infection Transmission

(30 Minutes)

Activity/game, brainstorm, discussion, presentation

1. To introduce the subject of STI transmission, tell participants that you are now going to play a short game about STI and HIV transmission.
2. Cut apart the statements on the TA 2: *Fact or Fiction? Game About Sexually Transmitted Infection and HIV Transmission*. Distribute one slip of paper to each participant.
3. Ask each participant to read their statement out loud, say whether they think it is true or false, and give the reasons for their opinion. The rest of the group should agree or disagree.
4. Ask the participants “How are STIs transmitted?” Write down and briefly discuss participants’ responses, complementing participants’ answers with the information below.
5. Explain how most STIs are transmitted and clarify any misconceptions previously reported by the participants about transmission.

The four most common modes of transmission of STIs are through:

1. Sexual contact with an infected partner without using a condom.
2. Blood transfusion and/or contact with infected blood products.
3. Sharing of nonsterilized needles and sharps, like razors.
4. Mother to unborn child and/or infant during pregnancy, delivery, and breastfeeding.

Remember that any discussion of STI transmission includes HIV.

Transmission of STIs depends on human behavior. A person with many sexual partners is much more likely to acquire an STI than a person with only one partner. A person with many partners also has more opportunity to infect others.

Most STI transmission occurs within a small part of the population that has multiple sexual partners. This does not mean, however, that the rest of the community is not at risk for STIs. A young woman who has sex with only her boyfriend can still get an STI if her boyfriend has other partners.

For these reasons, control of STIs requires effective strategies that reach those with multiple sex partners. Because adolescence is often an experimental time and young people are likely to have multiple partners, services that reach young people are very important in the control of STIs.

## Key Points

- People who have only one sexual partner can be at risk of STIs if their partner has had sex with other people.
- Because adolescence is often an experimental time and young people are likely to have multiple partners throughout their adolescent years, services that reach this segment of the population are very important in the control of STIs.



# Sexually Transmitted Infection Risk Assessment

(30 Minutes)

Brainstorm, discussion

1. Divide participants into three groups. Each group will work for 15 minutes to discuss and list responses to one question. Give each group a flip chart and two colored markers. Each group should assign one reporter who will present their work to the large group.
2. Ask participants in Group 1 to discuss the question “What practices or behaviors put people at risk of contracting STIs?”
3. Participants in Group 2 will discuss the question “What are common myths or misconceptions about how STIs are transmitted? ”
4. Participants in Group 3 will discuss the question “What other factors may increase a person’s risk of acquiring an STI?”
5. Allow time for each group to present their work on a flip chart. Discuss the groups’ responses. Complement the discussion with the data and information below, if appropriate.

## Group 1: Practices or behaviors that put people at risk of contracting STIs

The most common practices that enhance the risk of STIs are:

- Having sex (vaginal, anal, or oral) with an infected partner without using a condom.
- Delay in seeking medical care.
- Inadequate treatment and treatment doses.
- Poor treatment compliance.
- Multiple sex partners.
- Changing sex partners often.
- Alcohol and/or drug use before or during sexual intercourse (impairs judgment).

## Group 2: Common myths or misperceptions about how STIs are transmitted

Ways that STIs are **not** transmitted include:

- Using the same toilet as an infected person.
- Sharing clothes with an infected person.
- Eating or sitting with an infected person.
- Swimming in the same pool with an infected person.
- Mosquito bites.

### **Group 3: Other factors that may increase a person's risk of acquiring an STI**

STIs affect sexually active persons. Whether or not a person becomes infected with an STI after a sexual act is influenced by a number of factors, behavioral as well as biological. STIs are most predominant among:

- Young women and men between the ages of 15 and 29 who are sexually active.
- Men and women who have multiple sexual partners.
- Sex workers, their clients, and their clients' partners.
- Infants during pregnancy, at delivery, and after birth through breastfeeding women.
- Exploited or sexually abused children.

**6. After the group presentations, explain to participants that people have many misconceptions about STIs. This often results from lack of knowledge or the embarrassment or stigma associated with these infections. Even though STIs are common and can result in chronic complications, and even death, they are transmitted in certain ways and are enhanced by certain practices.**

**7. Complete the lists with any of the points below that were not mentioned.**

Misconceptions and lack of knowledge contribute to chronic health complications. Inappropriate treatments can also lead to economic distress, as families need to spend a large part of their earnings on treatments that often do not work.

Aside from sexual behavior, there are environmental and social factors that place people at higher risk of STIs and that make the spread of STIs more likely to occur in society. These include:

- **Poverty:** Women are often forced to exchange sex for economic support, either indirectly or by entering the sex industry.
- **Migration:** Movement to the big cities for economic opportunities alters traditional life styles as men and women work and may stay away from their families and communities for long periods of time. Newly independent and with money to spend, these individuals may be exposed to peer pressure, and in some cases, exploitation. They also have limited or no access to the reproductive health information and resources necessary to make healthy choices, including protecting themselves against STIs/HIV/AIDS.
- **Age:** The rates of risky sexual activity is higher in those who are between the ages of 15 and 29 because of their willingness to experiment and take risks, lack of knowledge, and poor negotiation skills.
- **Gender inequity:** Boys or men may coerce girls into sex at a young age. Women may lack the power to persuade their partners to use condoms even though they are aware that their partners' risky behavior places them at risk for STIs and HIV. STIs place a heavy burden on childbearing women.

- **Limited access to services:** Inadequate diagnostic and treatment services for STIs, especially for young people, also contribute to higher risk of STIs and their spread.

#### 8. Discuss data on STIs rates in *[insert country]*.

*[Insert country-specific data on adolescent STI rates.]*

Information about HIV rates in *[insert country]* is included in the section “HIV/AIDS in *[insert country]*” later in the session.

### Key Points

- STI risk is influenced by a number of behavioral and biological factors.
- There are many misconceptions about how STIs are transmitted.

# Adolescents and Sexually Transmitted Infection Risk

(40 Minutes)

Brainstorm, discussion, activity/game

1. Ask participants to work in groups of three or four to answer the question “Why are adolescents at high risk for STIs?” Ask them to provide reasons for their opinions.
2. Allow ten minutes for the groups to work together and make a list of their responses on a flip chart, overhead, or chalkboard. Each group will present their list to the larger group.
3. When all the groups have presented, comment on what common answers were cited and make sure that all issues below are covered.

Young people are at high risk of STIs and HIV for a variety of reasons. Possible responses include:

- Lack of knowledge about STIs, including HIV.
- Not perceiving themselves to be at risk.
- Intercourse often is unplanned or unwanted.<sup>5,6</sup>
- Lack of access to or inconsistent use of condoms, no planning ahead for condom or other contraceptive use.
- Increased number of sexual partners leading to increased risk of exposure.
- Biological factors (adolescent girls are at greater risk of infection than older women because of the immaturity of their reproductive systems).
- Economic factors (adolescents may live or work on the street and participate in “survival sex” or “transactional sex”).
- Social factors (such as being forced into a sexual relationship; lacking the skills or power to negotiate condom use; and encountering gender norms, double standards, or cultural/religious norms regarding sexuality and fertility).<sup>1,4,7,8,9</sup>
- Inexperienced contraceptive users are more likely to use methods incorrectly.

Adolescents may be reluctant or unable to seek treatment for STIs or HIV because they:

- May not know they are infected (HIV and STI infections can be asymptomatic).
- May fear disapproval of family or their community.
- Are afraid to get tested.
- Do not know how to recognize the symptoms.
- Cannot afford testing and treatment services.
- Do not know where to go for STI services.

4. Explain that the group is now going to play a game that will enable participants to reflect on their own risk for STIs and HIV.
5. The game will also reveal some common trends in the group, without identifying any individual's responses.
6. Ask participants to sit in a large circle, and hand out a bag or envelope with two colors of beads to each participant. Follow instructions on TA 3: *The Bead Game, Confidential Risk Assessment*.
7. When the game has concluded, take five minutes to analyze the results. A participant volunteer or co-trainer can do this during the game , or during the next break. It can also be done as a group.
8. Review the participants' responses to each question, and note what kinds of risks may be common. Process the activity by asking participants, *"What was hard about the game?" "What did you enjoy about it?" "In what way did it force you to reflect on risks you may have in your personal life?"*

To honestly assess our own personal risk for STIs is not an easy task. It may be less intimidating to assist others than to analyze and admit our own risky behaviors. To assess personal risk, an individual could ask the following questions:

- Do I have a new sexual partner?
- Do I have more than one sexual partner?
- Does my partner have more than one partner?
- Has my partner been diagnosed with a STI?
- Do I use intravenous drugs?
- Do I have any symptoms of STIs?

## Key Points

- *[Insert country-specific data on adolescent STI rates.]*
- Adolescents are at high risk of STIs and HIV and may be reluctant or unable to seek treatment.
- It is important to assess one's risk of STIs.

# Consequences of Sexually Transmitted Infections

(20 Minutes)

**Brainstorm, discussion**

1. Ask participants “What are the major health consequences of STIs for women, men, and children?” “What are other possible socioeconomic consequences?”
2. Write participant responses on a flip chart, overhead, or chalkboard. Complete the list with any of the consequences listed below that have not been mentioned.

Possible responses include:

## **In women:**

- Pelvic inflammatory disease, or inflammation of the fallopian tubes, resulting in:
  - Chronic abdominal pain
  - Infertility
  - Ectopic pregnancy or a pregnancy growing in the fallopian tubes, which can cause maternal death
  - Spontaneous abortion, stillbirth, and perinatal death
- Lost work time due to illness
- Social stigmatization, shame, or blame

## **In men:**

- Infertility
- Narrowing of the urethra in men, resulting in inability to urinate
- Lost work time due to illness
- Social stigmatization, shame, or blame

## **In children:**

- Eye infection or blindness in children or newborns
- Pneumonia and other chronic diseases, often leading to death
- Retardation

3. Ask participants: “Why are women more vulnerable than men to STI transmission?”
4. Write participant responses on a flip chart, overhead, or chalkboard. Complete the list with any of the reasons listed below that have not been mentioned.

Although STIs affect both men and women, women are generally *more vulnerable* to STIs. Biological differences make male-to-female transmission easier than female-to-male transmission because:

- Women are receptive partners during intercourse.
- Semen carrying bacteria or virus stays in contact with the vagina for a longer time than vaginal fluids stay in contact with male genitals.
- Younger women may be more susceptible due to immature genital tracts.
- Women with STIs are also less likely than men with STIs to have symptoms. Therefore symptoms are less reliable indicators of disease in women.
- When women do have symptoms, such as abnormal vaginal discharge, they are not always due to an STI.

Anatomical differences also contribute to women's increased vulnerability to long-term damage. Male genital organs are external, thereby making it easier to inspect for lesions or sores. Because female genital organs are internal, sometimes the only way to view lesions or sores is through a pelvic exam. If a woman is asymptomatic, she may not seek help and obtain a pelvic exam.

Additionally, women may be blamed for an STI or resulting infertility. This may lead to:

- Violence in the family (domestic violence)
- Abandonment
- Divorce

## Key Points

- STIs can have severe health complications, including death, as well as social and economic consequences.
- Women are generally more vulnerable to STIs than men.

# Relationship between Sexually Transmitted Infections and HIV/AIDS

(20 Minutes)

Brainstorm, discussion, presentation

1. Ask participants the following questions:  
“What is HIV?”  
“What have you heard about it?”  
“How does HIV enter the body and what happens when it does?”  
“How is HIV transmission facilitated by other STIs?”
2. Discuss based on participants’ responses. Give a brief overview of the immune system and review definitions of HIV and AIDS based on the information provided below and in HO 2: *HIV/AIDS*.

## Function of the immune system

The immune system recognizes and inactivates foreign organisms that enter the body. White blood cells play several crucial roles in the immune system. The most important type of white blood cell is the lymphocyte. There are two types of lymphocytes:

- B-lymphocytes or B-cells, and
- T-lymphocytes or T-cells.

T-cells include:

- T-helper cells.
- T-suppressor cells.

When a foreign organism enters or infects the body, the immune system recognizes the foreign proteins and the T-helper cells act like a switch to turn on the immune system. When they come in contact with a foreign body, they send a message to the B-cells to begin antibody production. After the foreign organisms have been inactivated, the T-suppressor cells send a message to the B-cells to stop antibody production.

## HIV infection

HIV enters the body through body fluids, such as blood, vaginal secretions, or semen, and broken skin or mucus membranes. HIV targets the T-helper cells, reproduces within these cells, and then destroys them. As a result, antibody production and other immune defense mechanisms are impaired.

The T-helper cells gradually decrease in number and slowly die off. The immune system becomes very weak and unable to fight off infections.



As with some other STIs, a person with HIV may carry the virus without knowing it and without developing symptoms for a long time. HIV antibodies usually develop 6 to 12 weeks after exposure, and HIV antibodies can only be detected by a blood test. Therefore, clients who suspect they may be at risk for HIV should be referred to a clinic for HIV screening.

Once the body's immunity has been weakened, the body is susceptible to a wide range of infections. Many of these infections do not cause disease in persons with normal immune systems because the normally functioning immune system is able to fight back. These infections are called opportunistic infections or opportunistic diseases because they take advantage of the body's inability to fight off disease.

### **Development of AIDS**

When HIV-infected people become ill with opportunistic infections, they are generally said to have AIDS. Some opportunistic infections may result in:

- Intestinal disorders and chronic diarrhea
- Weight loss
- Tuberculosis
- Pneumonia
- Skin rashes and skin lesions
- Reproductive tract infections

Many symptoms of different infections or diseases appear together, which makes recovery even harder. Eventually, the body loses its ability to recover and death follows. Disease progression from HIV infection to AIDS differs from person to person depending on biological, environmental, and behavioral factors.

### **The relationship between STIs and HIV**

- The presence of STIs makes it easier for HIV to pass from one person to another. Ulcerative diseases increase the risk of HIV acquisition per sexual act most dramatically because genital ulcers and lesions allow easier entry of infectious particles. Ulcerative STIs like genital herpes increase the risk of HIV transmission 10 to 300 times per exposure.
- Inflammation caused by other STIs may also increase the viral load in genital secretions of those living with HIV infection, making transmission more likely.
- STIs enhance HIV transmission because they increase the number of white blood cells, which are both targets and sources for reproduction of HIV in the genital tract.
- Genital inflammation may cause microscopic cuts that can allow HIV to enter the body more easily.
- Nonulcerative STIs like gonorrhea, chlamydia, and trichomoniasis increase the risk of HIV transmission 3 to 10 times per exposure.

## **Key Point**

- The transmission of HIV is facilitated by the presence of other STIs. Any client who suspects he or she may be at risk for HIV should be referred to a clinic for HIV screening.

# HIV/AIDS in [*insert country*]

(20 Minutes)

## Presentation, brainstorming

1. Introduce and discuss the global problem of HIV/AIDS.
2. Ask participants “Do you feel that HIV/AIDS is a problem in [*insert country*]?” “Is it a problem in your city or your community?” “Why?” “Who is this problem affecting most?”
3. Record participants’ answers on a flip chart, overheard, or chalkboard. Discuss local HIV/AIDS statistics and problems.
4. Tell participants that the group will now play a short game called “Brush Fire.” Tell them that the game is designed to help them gain awareness of the speed of HIV transmission and to experience what it may feel like to be exposed to HIV in the context of a simulated game.
5. Read and follow the directions provided in TA 4: *Brush Fire, HIV Transmission Game*.

## Key Points

- The speed of the transmission of STIs and HIV can be very rapid.
- Sexual partners need to be able to talk openly and honestly with each other.
- Every individual needs to take responsibility for protecting themselves against HIV/AIDS.

# Sexually Transmitted Infection Case Management

(45 Minutes)

Brainstorming, presentation, role-play

1. Ask participants what the Four Cs are. State that the Four Cs are practices that many of the training participants promote on a daily basis when interacting with their clients. Explain using the information below and on HO 3: *The Four Cs*.

## 1. Counseling and education

Counseling and education must address prevention by emphasizing the serious complications of STIs and suggesting ways to change risky sexual behaviors. Pharmacists must let their clients know how to recognize common STI symptoms and that:

- Many STI infections cause serious or life-threatening complications.
- Some infections are asymptomatic, making the risk of spreading the infection greater.
- Some STIs have different onsets.
- Clients can become reinfected.
- STI prophylactic drugs and self-medication are ineffective.
- If their symptoms do not go away, clients must go to see the doctor.
- They must take the complete treatment cycle.
- They must tell their partners.
- They must avoid sex until treatment is finished, and if they cannot abstain from sex, they should use condoms until treatment is finished and the infection is cured.

## 2. Compliance to treatment

Different kinds of medications are sold in different parts of the world. Prices and antibiotic effectiveness vary from one region to another. Bacterial resistance to antibiotics has become a major barrier to the effective control of some STIs. Bacterial resistance may be caused by natural resistance or the misuse of medications, particularly not taking the full recommended dose or buying wrong, insufficient, or expired medications on the street.

Good counseling on the proper use of medications is very important. Using ineffective medication, taking a dose that is too low, or stopping treatment early because of side effects can contribute to the spread of STIs and may cause antibiotic resistance.

Compliance with treatment is essential to cure and prevent further spread of infection and client reinfection. The pharmacist must discuss and explain to the client:

- The need for completing the course of medication, even after all symptoms are gone.
- The specific medication schedule, how and when to take the medication.
- The side effects of medication.
- What to do if they feel that the medication is not working or is causing side effects.

Pharmacists should also always give the correct treatment for infections and always give the entire treatment regimen.

### 3. Condom use

Condom use should be promoted to all clients for the prevention of STIs and HIV infection, with emphasis on the importance of correct and consistent use. It is even more important that clients know that it is crucial to use condoms when they have symptoms of an STI and until the medication is finished and the infection is cured. Clients need to understand that they **must** use condoms at **all times** during infections and when the infection is cured or under control in order to protect themselves and their partners from further infection. Pharmacists must be prepared to discuss and demonstrate correct condom use to clients.

### 4. Contacting sexual partners

Clients need to understand the importance of informing their partners about the risk of infection and encouraging them to get treatment. Treating sexual partners with or without symptoms benefits them and it is essential for the prevention of:

- Spreading the infection.
- Reinfection.
- Chronic complications of both client and partner(s).

**2. Ask for examples of how participants can apply the Four Cs in their work with clients. Record all responses.**

## Key Points

- Counseling and education should emphasize the complications of STIs, as well as ways to change risky sexual practices.
- Compliance with medication is essential to curing and preventing further spread of infection and client re-infection.
- Condom use should be promoted to all clients for the prevention of STIs and HIV infection. Pharmacists should be prepared to discuss and demonstrate correct condom use to clients.
- Pharmacists should be prepared to make appropriate referrals.
- Clients need to understand the importance of informing their partners about the risk of infection and should encourage them to get treatment.

# Role of Pharmacies

(20 Minutes)

**Brainstorming, presentation, discussion, role-play**

- 1. Ask participants to work in pairs to discuss the question “How can pharmacy staff be resources for adolescent clients?” Alternate questions: “What is the role of the pharmacist in the management of STIs?” “What is legal?”**
- 2. Give participants five to ten minutes to discuss in pairs, and then ask several volunteers to share their responses.**
- 3. Encourage discussion about the ways that pharmacy staff can be resources for adolescent clients. Ask participants to think about what skills they need. Of these skills, which do they already have and which do they lack? Which of the skills do they need to improve? How will these new skills benefit their clients?**

We will also explore how pharmacists and pharmacy staff can play a significant role in the control of STI transmission by providing clients with information about the risks of unprotected intercourse and by referring them for diagnosis and treatment of STIs.

Possible responses include:

Pharmacy workers can be an invaluable resource for adolescents who are at risk for or have STIs because they can:

- Inform clients about risks of unprotected intercourse.
- Help youth assess their risk.
- Give referrals to health clinics where youth may be diagnosed and treated.
- Promote and sell condoms as an effective means of protection against STIs and HIV.

Pharmacies that provide an environment that feels comfortable to adolescents will increase their adolescent clientele. Adolescents who feel welcome in the pharmacy and who use services of the pharmacy will be more likely to feel at ease when seeking advice about reproductive health issues such as STIs.

Good client relationships can take place only when the client feels good about the product, the price, and especially about the dispensing pharmacist or pharmacy counter staff who is providing services. Thus, improving client relationships means improving both your clients’ lives and your business.

4. To help participants think about how they will emphasize STI risk assessment and referral in their pharmacy or drug shop, ask them to participate in a role-play activity.
5. Ask for volunteers to work in pairs to act out short role-play scenarios for the group.
6. Give each pair one of the role-play scenarios written in TA 5: *Sexually Transmitted Infection Counseling Role-Plays*.
7. Solicit comments from participants on the role-plays that have been presented. Discuss with processing questions such as, “What did you like about the way the pharmacy worker dealt with the client?” “What could have been improved?”
8. Remind participants to cover the following two crucial points:
  - Refer clients to clinics for diagnosis when possible.
  - Suggest the use of condoms to prevent infection.

## Key Points

- Pharmacy staff can be resources for youth and adults in STI prevention.
- Pharmacists can help control STIs by:
  - Providing advice/information and education on STIs and HIV/AIDS.
  - Referring clients to health clinics for diagnosis and treatment.
  - Selling clients complete and appropriate treatment regimens.
  - Emphasizing the importance of treatment compliance.
  - Encouraging condom use.
  - Encouraging partner communication.

# Review and Conclusion

(20 Minutes)

## Presentation, discussion

- 1. Review the objectives for this session. Ask participants “To what degree do you feel that the objectives for this session have been met?”**
- 2. Make recommendations on how pharmacy staff can play a role in STI control, particularly through the use of the Four Cs, effective counseling, and syndromic management.**

In closing, we would like to emphasize that because adolescents rarely visit primary health care or family planning clinics, they may be excluded when STI and other reproductive health services are integrated into existing clinics.<sup>10</sup> Pharmacies seeking to reach adolescents, who are at particular risk of STIs, must not only make services available but must also make them acceptable to young people. Pharmacies may designate youth-friendly services at their facilities to encourage young people to seek treatment and services there. Because of their unique position, pharmacists and pharmacy staff play an important role in the prevention and control of STIs, particularly among adolescents.

Pharmacy personnel must also be prepared to refer youth to clinics or other health care facilities when they need care that pharmacy personnel cannot provide. The most important thing pharmacists and pharmacy staff can do to improve the health of their clients is to talk with them.

- 3. Distribute post-session questionnaire. Allow participants approximately ten minutes to complete the questionnaire.**
- 4. Collect the post-session questionnaire and then go over it, asking participants to call out the correct answers.**
- 5. Thank trainees for their participation in the training and ask participants to fill out the participant final evaluation form. Collect the forms as participants leave.**

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**Handouts and Training Aids**  
**Management of Sexually Transmitted Infections**

# Pre- and Post-Session Questionnaire

## Sexually Transmitted Infections (STIs)

### Respondent Background:

I am: ☐ Male ☐ Female  
 I am: ☐ Pharmacist ☐ Counter staff ☐ Other, specify: \_\_\_\_\_

Mark the following statements as true or false.	True	False
1. In women, the signs and symptoms of STIs are often more easily recognized than in men.		
2. A woman can get an STI if she is raped.		
3. The presence of STIs makes it easier for HIV to pass from one person to another		
4. HIV can be spread by drinking from the same cup as someone with HIV.		
5. Pharmacists can help control the spread of STIs and HIV/AIDS by referring clients to health clinics to get diagnosed for treatment.		
6. Spermicides are the most effective method of preventing the spread of STIs		
7. A husband cannot give an STI to his wife.		
8. Young people are at high risk of STIs and HIV because they do not perceive themselves to be at risk.		
9. STIs can be transmitted by infected blood from mother to child during pregnancy, delivery, and breastfeeding.		
10. If a person has unprotected intercourse, he/she may have an STI.		
11. Correct and consistent use of condoms can prevent the spread of STIs and HIV.		
12. STIs have severe health consequences.		
13. STIs can lead to infertility in both men and women.		
14. STIs are often asymptomatic.		

## Pre-and Post-Session Questionnaire

# Sexually Transmitted Infections (STIs)

### Answer Key

Mark the following statements as true or false.	True	False
1. In women, the signs and symptoms of STIs are often more easily recognized than in men.		<b>X</b>
2. A woman can get an STI if she is raped.	<b>X</b>	
3. The presence of STIs makes it easier for HIV to pass from one person to another	<b>X</b>	
4. HIV can be spread by drinking from the same cup as someone with HIV.		<b>X</b>
5. Pharmacists can help control the spread of STIs and HIV/AIDS by referring clients to health clinics to get diagnosed for treatment.	<b>X</b>	
6. Spermicides are the most effective method of preventing the spread of STIs		<b>X</b>
7. A husband cannot give an STI to his wife.		<b>X</b>
8. Young people are at high risk of STIs and HIV because they do not perceive themselves to be at risk.	<b>X</b>	
9. STIs can be transmitted by infected blood from mother to child during pregnancy, delivery, and breastfeeding.	<b>X</b>	
10. If a person has unprotected intercourse, he/she may have an STI.	<b>X</b>	
11. Correct and consistent use of condoms can prevent the spread of STIs and HIV.	<b>X</b>	
12. STIs have severe health consequences.	<b>X</b>	
13. STIs can lead to infertility in both men and women.	<b>X</b>	
14. STIs are often asymptomatic.	<b>X</b>	

# Handout 1: Sexually Transmitted Infections

*Sexually transmitted infections*, also referred to as STIs, are one type of reproductive tract infection that is transmitted primarily through sexual contact with an infected partner. Bacteria, viruses, and protozoa cause STIs. There are more than 20 different STIs, including gonorrhea, chlamydia, herpes, syphilis, and HIV/AIDS.

STIs affect both women and men. Some STIs, such as HIV, can also be transmitted by infected blood and from mother to child during pregnancy, delivery, and breastfeeding. STIs are very common and have the potential for causing serious health complications. The social and economic impact of STIs is also enormous. Untreated, STIs place a heavy financial burden on families, communities, and health services. Some STIs have chronic health implications, often leaving people unable to work to support their families.

Besides STIs, there are two other types of reproductive tract infections: endogenous infections, and iatrogenic infections.

Endogenous infections result from an overgrowth of organisms normally present in the vagina. These infections are also often sexually transmitted and include bacterial vaginosis and candidiasis. These generally only affect women. Sometimes these symptoms are the same as those for STIs which is why it is important to have a health provider help diagnose the problem.

Iatrogenic infections are introduced into the reproductive tract by a medical procedure such as menstrual regulation, induced abortion, IUD insertion, or childbirth. This can happen if surgical instruments used in the procedure are not properly sterilized or if an infection already present in the lower reproductive tract is pushed through the cervix into the upper reproductive tract.

HIV, which stands for human immunodeficiency virus, is an STI. HIV is transmitted from an infected person through unprotected sexual intercourse or by exchange of body fluids such as blood or from an infected mother to her infant. Acquired immunodeficiency syndrome (AIDS) is the stage of HIV infection that develops after a person is infected with HIV. The majority of HIV infections are sexually transmitted through the same behaviors that transmit other STIs.

**Therefore, whenever there is risk of an STI, there is risk of HIV infection as well.**

Certain ulcerative STIs, such as herpes and genital warts, increase the risk of HIV infection making early prevention and control of curable STIs an urgent priority for local governments and health providers. Any discussion of STIs must include information about HIV and AIDS.

Each new STI infection can cause serious complications for the infected person, increasing the risk of HIV transmission. Each untreated infection also increases the chances of further transmission in the community. Control of STIs requires more than just treatment. While people in the community must be made aware of STIs and the importance of prompt management, high-quality services for prevention and referral must be available to people at high risk of infection.

# Handout 2: HIV/AIDS

## Function of the immune system

The immune system recognizes and inactivates foreign organisms that enter the body. White blood cells play several crucial roles in the immune system. The most important type of white blood cell is the lymphocyte. There are two types of lymphocytes:

- B-lymphocytes or B-cells
- T-lymphocytes or T-cells

T-cells include:

- T-helper cells
- T-suppressor cells

When a foreign organism enters or infects the body, the immune system recognizes the foreign proteins and the T-helper cells act like a switch to turn on the immune system. When T-helper cells come in contact with a foreign body, they send a message to the B-cells to begin antibody production. After the foreign organisms have been inactivated, the T-suppressor cells send a message to the B-cells to stop antibody production.

## HIV infection

HIV enters the body through body fluids, such as blood, vaginal secretions, or semen, and broken skin or mucus membranes. HIV targets the T-helper cells, reproduces within these cells, and then destroys them. As a result, antibody production and other immune defense mechanisms are impaired.

The T-helper cells gradually decrease in number and slowly die off. The immune system becomes very weak and unable to fight off infections.

As with some other STIs, a person with HIV may carry the virus without knowing it and without developing symptoms for a long time. HIV antibodies usually develop 6 to 12 weeks after exposure, and HIV antibodies can only be detected by a blood test. Therefore, clients who suspect they may be at risk for HIV should be referred to a clinic for HIV screening.

Once the body's immunity has weakened, the body is susceptible to a wide range of infections. Many of these infections do not cause disease in persons with normal immune systems because the normally functioning immune system is able to fight back. These infections are called opportunistic infections or opportunistic diseases because they take advantage of the body's inability to fight off disease.

## Development of AIDS

When HIV-infected people become ill with opportunistic infections, they are generally said to have AIDS, which stands for acquired immunodeficiency syndrome. Some opportunistic infections include:

- Intestinal disorders and chronic diarrhea
- Tuberculosis
- Pneumonia
- Skin rashes and skin lesions
- Reproductive tract infections

Many symptoms of different infections or diseases appear together, which makes recovery even harder. Eventually, the body loses its ability to recover and death follows. Disease progression from HIV infection to AIDS differs from person to person depending on biological, environmental, and behavioral factors.

## The relationship between STIs and HIV

- The presence of STIs makes it easier for HIV to pass from one person to another. Ulcerative diseases increase the risk of HIV acquisition per sexual act most dramatically because genital ulcers and lesions allow easier entry of infectious particles. Ulcerative STIs like genital herpes increase the risk of HIV transmission 10 to 300 times per exposure.
- Inflammation caused by other STIs may also increase the viral load in the genital secretions of those living with HIV infection, making transmission more likely.
- STIs enhance HIV transmission because they increase the number of white blood cells, which are both targets and sources for reproduction of HIV in the genital tract.
- Genital inflammation may cause microscopic cuts that can allow HIV to enter the body more easily.
- Nonulcerative STIs like gonorrhea, chlamydia, and trichomoniasis increase the risk of HIV transmission 3 to 10 times per exposure.

# Handout 3: The Four Cs

## 1. Counseling and education

Counseling and education must cover prevention messages by emphasizing the serious complications of STIs and suggesting ways to change risky sexual behaviors. Pharmacists must let their clients know how to recognize common STI symptoms and that:

- Many STI infections cause serious or life-threatening complications.
- Some infections are asymptomatic, making the risk of spreading the infection greater.
- Some STIs have different onsets.
- Clients can become reinfected.
- STI prophylactic drugs and self-medication are ineffective.
- If their symptoms do not go away, clients must go to see the doctor.
- They must take the complete treatment cycle.
- They must tell their partners.
- They must try to avoid sex until treatment is finished, and if they cannot abstain from sex, they should use condoms until treatment is finished and the infection is cured.

## 2. Compliance to treatment

Different kinds of medications are sold in different parts of the world. Prices and antibiotic effectiveness and resistance vary from one region to another. Bacterial resistance to antibiotics has become a major barrier to the effective control of some STIs. Bacterial resistance may be caused by natural resistance and to the misuse of medication, particularly not taking the full recommended dose or buying wrong, insufficient, or expired medications on the street.

Good counseling on the proper use of medications is very important. Using ineffective medication, taking a dose that is too low, or stopping treatment early because of side effects can contribute to the spread of STIs and may cause antibiotic resistance.

Compliance with medication is essential to cure and prevent further spread of infection and client reinfection. The pharmacist must discuss and explain to the client:

- The need for completing the medication course, even after all symptoms have cleared.
- The specific medication schedule, how and when to take the medication.
- The side effects of medication.
- What to do if they feel that the medication is not working or is causing side effects.

Pharmacists should always give the correct treatment for the infections and always give the entire treatment regimen.

## 3. Condom use

Condom use should be promoted to all clients for the prevention of STIs and HIV infection, with emphasis on the importance of correct and consistent use. It is even more important that clients know that it is crucial to use condoms when he or she has symptoms of an STI and until the

medication is finished and the infection is cured. Clients need to understand that they **must** use condoms at **all times** during infections and when the infection is cured or under control in order to protect themselves and their partners from further infection. Pharmacists **must** be prepared to discuss and demonstrate correct condom use to clients.

#### 4. Contacting sexual partners

Clients need to understand the importance of informing their partners about the risk of infection and encouraging them to get treatment. Treating sexual partners with or without symptoms benefits them and it is essential for the prevention of:

- Spreading the infection.
- Reinfection.
- Chronic complications of both client and partner(s).



# Handout 4: Role of Pharmacies

## Importance of pharmacy staff

Pharmacy staff (dispensing pharmacists and counter staff) play a crucial role in improving and sustaining the health status of the [insert country] women, children, and men. For many people, their “community drug shop” is their first choice when seeking health advice, services, and products. Sometimes it is the only choice. Thus, over the years the role of the dispensing pharmacist and the counter staff has grown from “just selling drugs and medicines” to that of community health advisor and counselor.

Most importantly, pharmacy staff have become the linkage for their clients to other health services. With the expansion of this role, the dispensing pharmacists’ and counter staff’s responsibility towards their clients has also grown. This means providing effective services with quality products and affordable prices.

## What is the role of the dispensing pharmacist?

The role of the dispensing pharmacist is to:

- Manage the pharmacy.
- Supervise and manage counter staff.
- Provide training to counter staff as needed.
- Ensure quality of drugs.
- Interact with clients.
- Dispense drugs with doctor prescription.
- Communicate with medical provider when prescription is incomplete or unclear.
- Refer clients to doctors and health clinics.
- Keep records of all prescriptions as required by drug department.

## Knowledge needed

- How to treat simple illness.
- Government policies and procedures on drugs.
- Product information, availability, and cost.
- Rational use of drugs and rational prescribing.
- Staff management.
- Alternative health services to refer when needed.

## Skills needed

Ability to:

- Respect and obey ethical and professional guidelines.
- Encourage and motivate counter staff.
- Teach.
- Supervise and manage.
- Communicate.
- Lead.

## Counter Staff

The counter staff in your stores also must have certain skills and knowledge. Counter staff must respect and obey their designated role and should be willing to learn from the dispensing pharmacist.

### What is the role of the counter staff?

The primary role of the counter staff is to:

- Interact with clients.
- Dispense over-the-counter drugs.
- Dispense certain drugs with a doctor's prescription and under the supervision of the pharmacist.
- Provide feedback to the dispensing pharmacist or pharmacy owner regarding client needs, concerns, and attitudes with the objective of improving drugstore services.

### Knowledge needed

- Basic knowledge on common illnesses.
- Drugs and their contradictions.
- Product information and correct price.

### Skills needed

Ability to:

- Read prescriptions.
- Communicate well.
- Understand clients' needs and provide quality health services.
- Provide clients with simple advice and referrals.
- Encourage and motivate clients.
- Communicate clients' needs or their own needs to dispensing pharmacist.
- Follow orders and recommendations.

# Training Aid 1: STI Matching Game

✂	Chlamydia	Seventy-five percent of women and twenty-five percent of men have no symptoms. Women may have abnormal vaginal discharge, abdominal or pelvic pain, or painful urination. Men may have a burning sensation when urinating or a watery/milky discharge from the urethra.
✂	Syphilis	Symptoms include painless chancre sore on genitals that develops into a skin rash on the hands and soles of feet. If left untreated, this disease can persevere for many years and eventually be fatal.
✂	HIV/AIDS	Some people experience symptoms similar to a cold or the flu shortly after becoming infected. Symptoms such as weight loss, diarrhea, fatigue, night sweats, yeast infections, or swollen lymph glands may occur as late as 5-10 years after initial infection. This STI attacks the immune system and can be fatal.
✂	Genital herpes	Caused by a virus and transmitted through skin-to-skin contact during sex. If symptoms appear, they usually include an itching or tingling sensation that may develop into one or more painful blister-like lesions on the genitals.
✂	Gonorrhea	Men may have a thick, grayish-yellow, pus-like discharge from the penis and a burning sensation during urination. Women usually show no signs. Some may have a pus-like discharge or painful urination. Symptoms often occur 2-10 days after infection.
✂	Trichomoniasis	An infection most often contracted through sex, but can also be transmitted by moist objects such as wet towels. Men may present with slight discharge or itching; women may have a foamy discharge along with reddening or swelling of the vaginal opening. Can cause burning during urination.
✂	Pelvic inflammatory disease (PID)	An infection that affects the fallopian tubes, uterus, and/or ovaries. Usually caused by another STI, such as chlamydia or gonorrhea, and can cause acute or chronic abdominal pain.
✂	Human papillomavirus (HPV)	Symptoms usually include painless warts, sometimes growing together in little clusters on the genitals. They may be pink, brown, or gray and soft or yellowish-gray, hard and small. Cervical lesions caused by HPV can progress to cervical cancer if left untreated.
✂	Chancroid	Presents with soft painful sores that bleed easily on or around the entrance to vagina, penis, or anus. May also cause a slight fever or enlarged painful lymph nodes in the groin.

# Training Aid 2: Fact or Fiction?

## Game About STI and HIV Transmission

1. \_\_\_\_\_ A woman living with AIDS can infect her baby with HIV through her breast milk.
2. \_\_\_\_\_ You can get STIs or HIV from sitting on a toilet seat after an infected person has used the toilet.
3. \_\_\_\_\_ You can become infected with HIV from donating your blood.
4. \_\_\_\_\_ You can become infected with HIV by living in the same house with a person living with AIDS.
5. \_\_\_\_\_ You can avoid becoming infected with STIs and HIV by using a condom when having sex.
6. \_\_\_\_\_ You can become infected with HIV by using a needle which was previously used by someone who is HIV positive, but not showing any symptoms.
7. \_\_\_\_\_ You can get AIDS by shaking hands with someone who is HIV positive.
8. \_\_\_\_\_ You can become infected with HIV by sharing a drinking glass with someone who is infected or by using the same eating utensils.
9. \_\_\_\_\_ You can become infected with HIV if a person living with AIDS sneezes or coughs in your face.
10. \_\_\_\_\_ A person who is living with HIV may live up to ten years or more before developing any symptoms of AIDS.
11. \_\_\_\_\_ The presence of other STIs often facilitates the transmission of HIV.
12. \_\_\_\_\_ Many sexually active youth, as well as adults, are at risk for STIs and HIV.

### Answer key

1. T	5. T	9. F
2. F	6. T	10. T
3. F	7. F	11. T
4. F	8. F	12. T

# Training Aid 3: The Bead Game, Confidential Risk Self-Assessment

## Materials Needed

Thirteen cloth bags (or long mailing envelopes), numbered from 1 to 13  
Beads or other objects of two colors—red and green  
Bags or envelopes (enough for each participant to have one)  
List of sample STI risk-assessment questions (on next page)

## Directions:

1. Assemble the group of participants and tell them that the objective of this activity is to do a confidential STI risk assessment.
2. Explain that you will ask a series of questions. For each question asked, the participants should choose one **green bead for ‘yes’** or one **red bead for ‘no’** (just like traffic lights). The respondents should hide the beads in their hand while responding, so their answers will be completely anonymous.
3. Distribute a bag or envelope with 13 beads in it to each participant (the same number of beads as questions)
4. Read the first question clearly (use a loud voice and repeat the question two times).
5. Pass around the circle in front of each participant so that he or she can place their bead in the bag marked number 1. Ask participants to place one red bead or one green bead in the bag to indicate their answer to the question.
6. Proceed in the same manner for all the questions.
7. Analyze the results for each question, with the number of “yes” answers and the number of “no” answers, as well as the percentage of yes/no depending on the total number of participants/responses.
8. If possible, give the group feedback on the results so that they can learn about the profile of the group as a whole (no individual’s answers can be determined).

## Bead Game Sample Questions

1. Are you married?
2. Are you comfortable talking about sexual health with young people?
3. Do you have a new sexual partner?
4. Do you have more than one sexual partner?
5. Does your partner have more than one partner?
6. Did you and your partner use a condom the last time you had sexual intercourse?
7. Has your partner been diagnosed with an STI?
8. Do you have any symptoms of an STI?
9. Do you believe that AIDS exists?
10. Do you feel at risk for being exposed to HIV?
11. Have you been tested for HIV?
12. Do you use intravenous drugs?
13. Would you feel comfortable going to a pharmacy and asking the pharmacist or pharmacy worker for advice if you were experiencing any symptoms of an STI?

## Bead Game Analysis of Results

Question	“Yes” answers	“No” answers	Percent “Yes”	Percent “No”
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

# Training Aid 4: Brush Fire, HIV Transmission Game

## Materials Needed

Small index card (or scraps of paper). There should be as many cards as participants.

Eighty percent of the cards should have “follow my instructions” written on them. Four of these cards should be marked with a “C.” Two of these cards should be marked with an “X.”

Mark the remaining twenty percent of the cards with “Do not follow my instructions.”

## Directions:

1. Mix the cards and give each participant one. Ask them to read the cards silently, but not to share their cards with anyone at the moment.
2. Tell the participants that you will now give them the instructions. Ask everyone to move around the room and get the signatures of three different people on the back of their card. They should move around the room shaking hands and meeting their colleagues. When they have three names they may return to their seat.
3. Tell participants that you have now given “your instructions,” but they should now look again at the messages on their cards before they continue with the exercise.
4. Tell participants that in this game a handshake and a signature was the equivalent to having sexual intercourse. Ask the two people with an “X” marked on their card to stand up. Explain to this group that the people with an “X” marked on their card are assumed to be HIV positive. Explain that for the purposes of the game anyone who greeted these people have now been exposed to HIV.
5. Ask everyone who has either of these two HIV-infected people’s names on their card to also stand up. Since, everyone who has the names of these additional people on their cards are also exposed, ask them to stand up, as well. Continue to ask exposed people to stand up until everyone who has been exposed is standing. Write the number of the people on the board. These people have all been exposed to, and potentially have, HIV.
6. Explain that some of the group members were protecting themselves with condoms (those with cards marked “C”), and therefore, even if they greeted an HIV-positive person, the likelihood of their being exposed is very low, a less than ten percent chance if they used their condom correctly! These people may sit back down (give a round of applause to add some fun).
7. Ask the people who had cards that said “do not follow my instructions” to stand up. Of this group ask the ones who have no signatures on their cards to sit down. Explain that the group that just sat down are the ones who abstained from sex (give a round of applause to add some



fun). Ask “*Why did you participate in the game despite your having been told not to follow the instructions!*”

8. Ask participants to take their seats and ask the following questions to start a discussion:  
*Do you think telling people something once is effective in communicating a message?*  
*How do you really make people understand some important information?*
9. Ask the group to work out the percentage of people who were exposed to HIV before the game started (i.e., 2 out of 30 or 6.66 percent). Then see what percentage had contact with HIV-exposed people by using the number of people who were standing in Step 6 of this exercise divided by the total group number. Write this number on the board (this percentage includes the people who protected themselves using condoms). Now subtract the number of people who protected themselves using condoms from the number who had contact with HIV-exposed people. This represents the number of people actually exposed. You can now work out the percentage of people in the group who are carriers of HIV. Point out how fast the percentage rose after only three different sexual contacts, (this number could be as high as 50 percent or more!). Write these percentages on the board.
10. Process the game with the questions:  
*How did you feel during the game?*  
*Why do you think this game is called Brush Fire?*  
*What can we learn from this game?*

# Training Aid 5: Sexually Transmitted Infection Counseling Role-Plays

1. A young man comes into your pharmacy and asks to buy a dose of erythromycin. Eventually he reveals that he has herpes. What would you say when counseling him?
2. A young woman comes to your pharmacy. She tells you she has had very bad lower abdominal pain and back pain. She also tells you she has had high fever. She wants you to tell her what is wrong with her and what medicines to buy. What would you say to her when counseling her?
3. Your client is a 31-year-old married woman with a vaginal discharge. She says she has had the discharge for 3 days. She also tells you that her husband has painful urination. What would you say to her when counseling her?
4. Your client is a married 24-year-old man who tells you that he has a thick, pus-like, yellow discharge from his penis. He says that he only goes with his wife and one regular girlfriend.
5. Your client is a 14-year-old girl with a thick discharge. Her mother brought her to the pharmacy for some medication. The girl denies having sex. The mother thinks the girl's 22-year-old uncle had sex with her. The family has not reported the abuse to the police.

## Participant Final Evaluation

Rate each of the following statements by the degree to which you agree with them. Use the following key and circle the corresponding number next to each statement.

- 1 Strongly disagree**
- 2 Somewhat disagree**
- 3 Somewhat agree**
- 4 Strongly agree**

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I feel that the objectives of the training were clearly defined.	1	2	3	4
The trainer's presentations were clear and organized.	1	2	3	4
The training was interesting and engaging.	1	2	3	4
I learned practical skills in the role-plays and case studies.	1	2	3	4
Discussion during the training session contributed to my learning.	1	2	3	4
I will now be able to counsel clients seeking ECPs.	1	2	3	4
I feel prepared to effectively manage clients with STI symptoms .	1	2	3	4
I am comfortable discussing on-going contraception with clients.	1	2	3	4
What I learned in the training will help me better assist adolescent clients.	1	2	3	4
My communication skills were reinforced in this training.	1	2	3	4
The objectives of the training were achieved.	1	2	3	4

Additional comments:

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