

A close-up photograph of a young Black man and woman smiling and embracing each other in a stadium setting. The woman is wearing a blue and yellow long-sleeved shirt. The background is a blurred stadium with tiered seating.

# INSIDE STORY DISCUSSION GUIDE



PEPFAR



access

Discovery  
COMMUNICATIONS

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U.S. Agency for International Development

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**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

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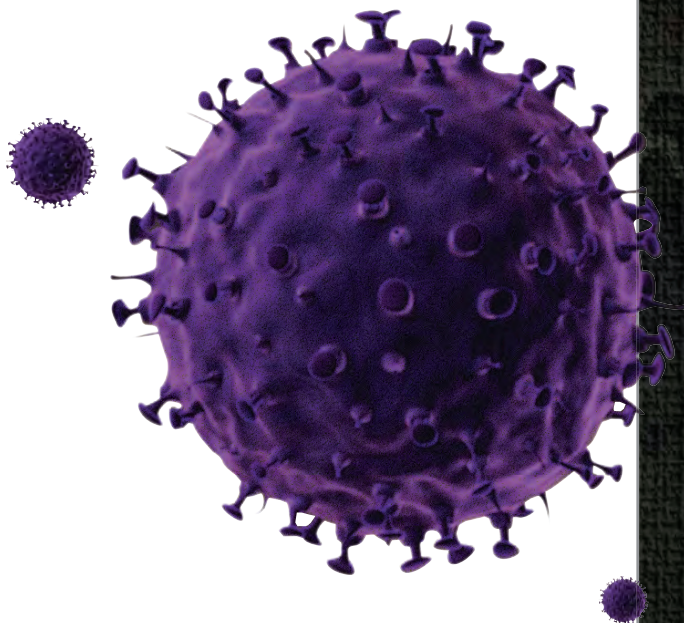


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Health and Education in South Africa



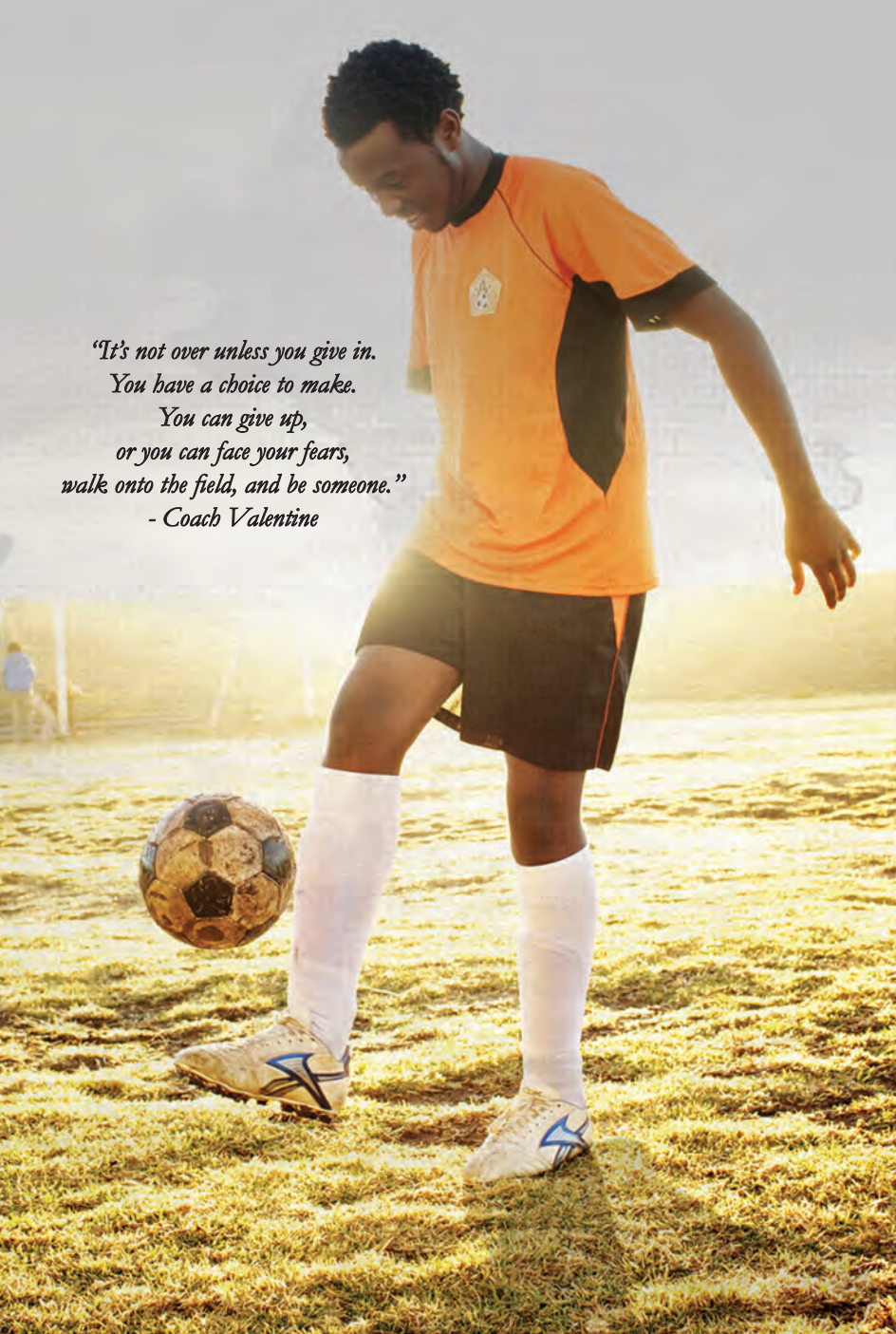
The movie and this discussion guide for Inside Story can be downloaded from [www.insidestorythemovie.org](http://www.insidestorythemovie.org).

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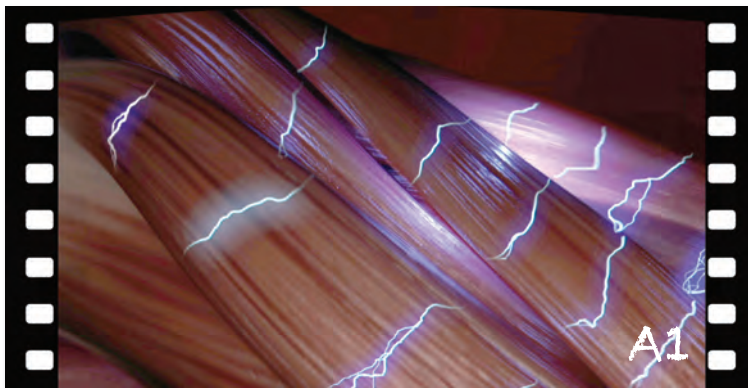
*"It's not over unless you give in.  
You have a choice to make.  
You can give up,  
or you can face your fears,  
walk onto the field, and be someone."  
- Coach Valentine*



## INTRODUCTION

**Inside Story** is an exciting 98 - minute film that uses animation to show how the human immunodeficiency virus (HIV) affects the body and how medicines work to treat HIV.

The animation sequences actually show HIV inside the body so that audiences can understand better how HIV works. The images inside the body were created using computer animation, based on actual pictures taken with state - of - the - art microscopes and cameras. The animations are as close as people can get to actually seeing HIV, which is too small to see without special equipment.



Animation A1 is the first look into Kalu's body. We don't see HIV yet, but it gets the audience used to the idea of seeing inside Kalu's body. In A1 we see big things (like bones and muscles). In the other animations (A2 - A11), we see tiny, microscopic things (like HIV and red blood cells).

The movie also addresses myths and misunderstandings about HIV. It shows how getting tested for HIV and knowing one's status gives people power to make informed decisions about their health and helps them live a better life.

Through the experiences of Kalu, the young HIV - positive man, **Inside Story** empowers viewers to take action, providing information that will enable them to better protect themselves from being infected with the virus.

This guide helps facilitators - teachers, health workers, community mobilizers, and others - teach audiences how HIV infects and affects the body. To help guide learning and discussions about the themes in the film, each section in this guide includes "The Goal" and "The Game Plan."



# ABOUT THIS GUIDE

## THE GOALS



This area defines specific goals and learning outcomes that participants are expected to take away from this section of the film. The exercises or discussion questions at the end of each section help facilitators know whether the group has achieved the learning goal defined for each section of the film.

## THE GAME PLAN



These are interactive games that review and emphasize information about HIV provided in a section of the film, while also entertaining and keeping audiences engaged. The activities are flexible, so facilitators may change them to meet the specific needs and ages of the group.

Other sections include discussion questions. The facilitator should ask the questions to begin the conversation, and use them to guide discussion about the information and themes.



## PREPARING FOR A SESSION

In preparing to show the film and to lead the exercises and discussions, the facilitator should:

- Watch the DVD and review this guide to become familiar with the content of each section.
- Based on the time allotted for the session, decide how much of the film to watch and how many sections of the guide there will be time to cover.
- Identify the locations where HIV services are available in the area where participants live and establish relationships with those service providers so that any participants who may be interested in HIV counselling and testing may be referred.
- Arrange for condoms to be available at the film showing so that participants may take a supply when they leave. Make sure they are in a noticeable spot, and allow participants to take them at will.

## OPERATING THE DVD

When the **Inside Story** disc is inserted into a DVD player, the main menu will appear. Selecting “Chapters” will navigate to the Discussion Guide Sections and corresponding chapters from the film.

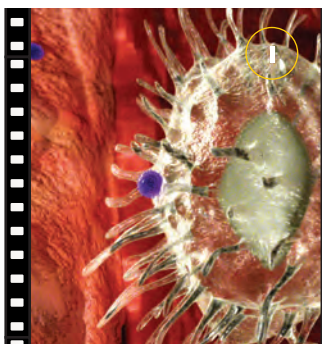
The eleven animations in the film (A1 - A11) also appear separately in the HIV Animations section of the DVD. This will make it easy to go directly to animated sections.

The facilitator can choose the audio language for the film to be English, French, Portuguese or Swahili from the bottom of the main menu.

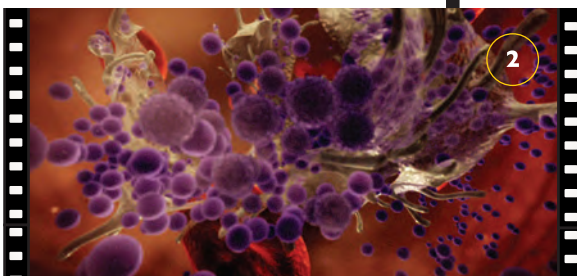


# A QUICK REFERENCE GUIDE: THE LIFE CYCLE OF HIV

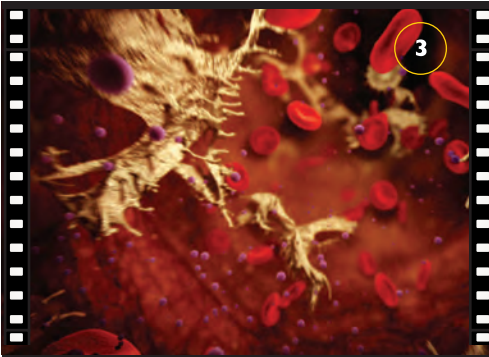
Facilitators can refer to this brief overview of the life cycle of HIV as they move through this guide. These topics are explained in more detail in Sections 1 - 6.



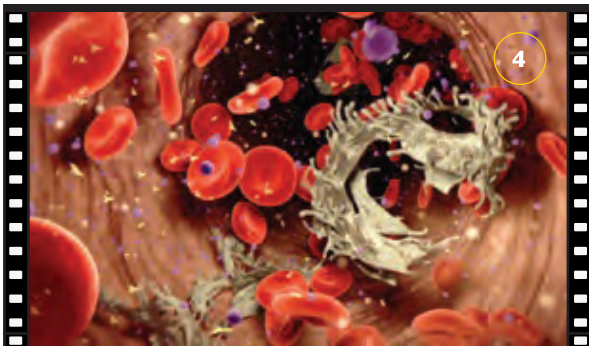
**Infection/  
Transmission:**  
when the virus  
first invades the  
body through  
blood or sexual  
fluids during  
unprotected sexual  
intercourse.



**High Viral Load  
(high risk of infecting others):**  
during the acute infection phase (i.e., the first 3 months  
following infection), when the virus is replicating at a very high  
rate with increased risk of transmission to sexual partners.



**Chronic Infection - after the acute infection period (about 3 months post-infection):** at this point the virus is reproducing at a slower rate, but you are still at risk of infecting others. By this time, the body has started producing antibodies and an HIV test will be positive.



**AIDS:** without treatment, the virus will eventually overwhelm the immune system and the infected person will start to experience opportunistic infections as a result of decreased protection from the immune system. At this point, the person has the Acquired Immune Deficiency Syndrome (AIDS).

*"Knowledge is power...  
the more you know,  
the more free you are."  
- Kalu*





## SECTION ONE

# ANY DREAM IS POSSIBLE

### (CHAPTERS 1-5)



## THE GOAL

By the end of this session participants should be able to understand:

- The importance of couples talking to each other about their sexual pasts.
- How the human immunodeficiency virus (HIV) is transmitted sexually.
- How partners can protect each other from HIV infection.

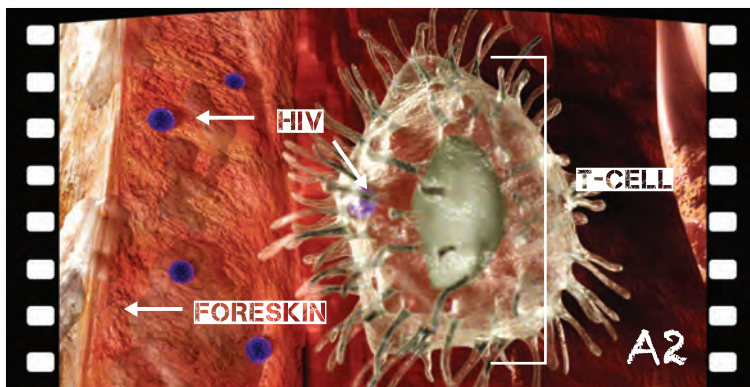


Kalu and Mumbi are not necessarily in a committed relationship with each other. They have not discussed their expectations of their relationship, their sexual pasts, or whether they are seeing other people.

In any sexual relationship, there are two players on the team. They have to work together to make the relationship work, and to look after each other's health. This means talking to each other about their sexual pasts, using condoms each time they have sex to prevent transmission of the human immunodeficiency virus (HIV)

and unwanted pregnancies, and knowing each other's HIV status so that they can both protect themselves and be supportive. By blocking contact of the man's semen and sexual fluids (where HIV is found), condoms – when used correctly and for every sex act – protect both partners from infection.

In addition to using a condom, male circumcision can decrease the chance of getting HIV by up to 60%. But Kalu is not circumcised. Kalu gets HIV, the virus that causes AIDS from Mumbi because they did not use a condom during sex.



In animation A2, HIV is represented by the purple balls in Mumbi's sexual fluids. The virus is shown entering Kalu's body through his foreskin, which is very thin. The clear, white blobs are T-cells (white blood cells). We see the purple HIV attacking Kalu's T-cells, which is the first step in infection.

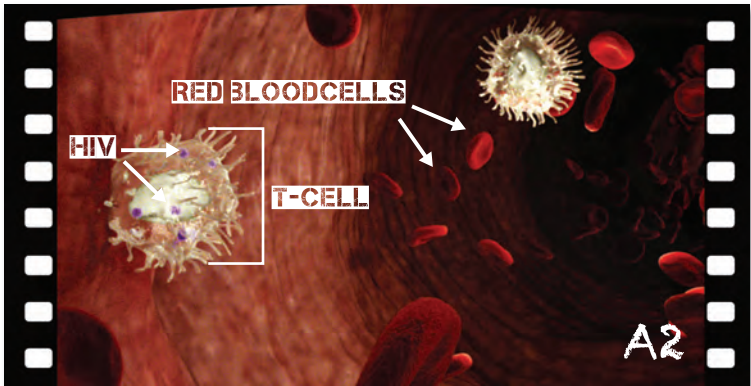
As we see in A2, HIV enters Kalu through the foreskin on the penis. There are other ways that HIV enters the body: through sexual fluids or tiny cuts on the penis or in the vagina or lining of the rectum (during anal sex). These tiny tears can be unnoticeable and unfelt. They occur more frequently when lubricants are not used, especially during anal sex. These tiny cuts allow an entry point for HIV when condoms are not used.

When used correctly and for every sex act, condoms prevent HIV and other sexually transmitted infections (STIs) from from the penis going into the vagina and rectum, and from the vagina to the penis. Besides not having sex at all (abstinence), condoms, when they are used correctly, used once per sex act, and used for every single sex act, are the only HIV prevention method shown to be more than 90% effective in stopping HIV infection. But, as we see, sometimes people use condoms and sometimes they do not. When a condom is not used, a person is putting him or herself at risk of getting HIV and other STIs.

Once Kalu becomes infected with HIV, it is like there is a football game happening inside his body. Two opposing teams compete against each other: Team Immune System, captained by T-cells (sometimes called CD4 helper cells), and Team HIV.

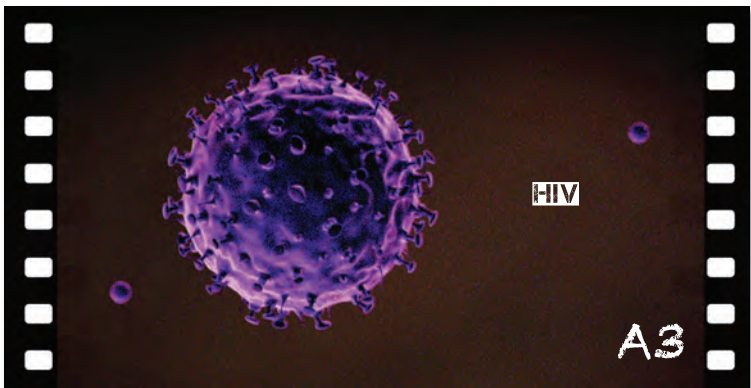
## Team Immune System

The immune system is like the defenders on a football team who are trained to prevent the opposing team from scoring a goal. Our immune system works to identify and prevent potential strikers, such as germs, bacteria, viruses, fungi, and parasites, from making us sick. If we do get sick, our immune system identifies the attackers and fights back by creating what are called **antibodies** to fight off the invader, allowing us to recover our health and remain strong. We may sometimes need to use medicine to help the immune system fight off the attackers.



### Team HIV

Like a football, the HIV virus has an outer layer (capsule) that protects the core or the inside of the virus. As you see in A2, HIV (the round purple objects) has spikes that allow it to attach to the T-cell (the glowing white blobs). Eventually, the HIV invades the T-cells and takes over, making copies of the HIV inside it.



In A3 the virus has moved into a vein and the virus is shown attaching to other T-cells in Kalu's body. Kalu does not know that any of this is happening inside his body. He does not feel any different. But he is definitely infected. HIV viruses are spread around the body, attacking T-cells and making more copies of itself and ending up in Kalu's sexual fluids.





## THE GAME PLAN

### Game Plan 1: Penalty Shoot Out

This activity helps participants understand the concept of risk and how the risk of HIV is either increased or reduced depending on one's sexual health and behaviour. This activity should take approximately 8 - 10 minutes.

#### Roles:

Ask for a volunteer goalkeeper and a volunteer scorekeeper.

#### What you need:

- Cones or any two objects that indicate two goal posts
- Football

#### Conduct the Exercise:

- Step 1 – No protection: With the two cones, create a goal area as wide as possible, which signifies no protection from HIV. Ask everyone to line up and take a shot on goal. The goalkeeper will record how many times the ball goes in between the cones.
- Step 2 – Some protection: Now reduce the goal area by 60%, which corresponds to the protection achieved when the penis has been circumcised. Ask everyone to line up and take a shot on goal and have a volunteer goalkeeper record how many times the ball goes in between the cones.
- Step 3 – Maximum protection: Reduce the goal area to 10% of the original size, which signifies the correct and consistent use of a condom. Ask everyone to line up again and take a shot on goal and have a volunteer goalkeeper record how many times the ball goes in between the cones.

Tell the participants: When a man is medically circumcised and uses a condom, and when a man and a woman have any sexually transmitted infection (STI) diagnosed and treated, it becomes more difficult to score a goal, meaning, it becomes more difficult for HIV to be transmitted.

#### Conclusion

Tell the participants: See how easy it is to score a goal when there's no protection?! It's the same with HIV. If there is no protection, it is much easier for the virus to get inside you. With protection like medical male circumcision and treating STIs, it becomes more difficult for goals to be scored. But some balls will still go in depending on the striker. It's the same with HIV. Even if you have been circumcised, if you don't use a condom, HIV can still score because it can enter through a cut or small tear in the vagina, the tip of the penis and/or the rectum. It is crucial for both partners to take responsibility and ensure that they are using a condom each time they have sex.

## **Variation**

This variation can be done if you do not have space available to set up cones on a football field or in the room where the film is being shown.

### **What you need:**


- Several tables and bottles, or something from which two goal posts may be created.
- Bottle caps or something that may be used as a ball.

### **Conduct the exercise:**

- Divide the participants into a few small groups, each assigned to its own table.
- Ask the groups to create goal posts on one end of the table in both corners of the table, as wide as the table will allow.
- Ask each group to assign a goalkeeper and a scorekeeper.
- The goalkeeper may only use a pen or a cell phone to block the “ball” from scoring a goal.
- Ask the rest of the group to take a shot at goal.

Follow steps 1, 2, and 3 above to demonstrate that the more methods of prevention that are used - complete and consistent use of condoms, medical male circumcision, diagnosis and treatment of STIs - the lower the risk of HIV infection.





*"It didn't feel different;  
I didn't feel like there was something new inside me."*

*- Kahu*



## SECTION TWO

# PRIDE & PREJUDICE

(CHAPTERS 6-9)



### THE GOAL

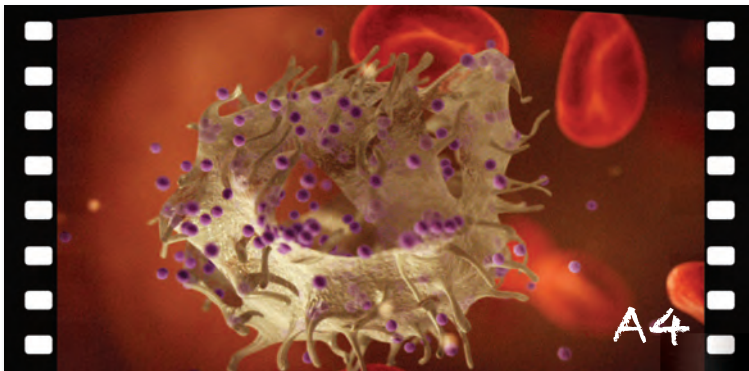
By the end of this session participants should be able to understand:

- Early stages of infection



When Kalu leaves Kenya, it has been two weeks since he was infected with HIV. While Kalu is on the move to South Africa, the virus inside his body is also making moves.

Inside Kalu's body, the virus is spreading quickly, so quickly that his body doesn't even know it is under attack. In A4, we see HIV multiplying and then bursting out of T-cells (killing them in the process), and continuing to spread throughout the body, where it scouts out other T-cells to hijack. The process starts again, spreading each time.



HIV tests look for antibodies - the body's defenders. But because the immune system has not yet reacted to the attack, there are no antibodies. This means that if Kalu was tested for HIV at this point, the test would not show positive results. We will learn more about the best timing for testing for people at risk for HIV and after unprotected sex in Section 5.



## THE GAME PLAN

### Discussion Questions

For the next 5 to 10 minutes, lead the group in discussion using the following questions as a starting point:

- What did we learn about HIV in this section of the film?
- What did you learn about HIV that you didn't know before?

### Conclusion



Summarize the key messages from this section of the film for the participants. Write them on a large piece of paper, put it on the wall, and review each key point.

- Although Kalu has been infected with HIV, he doesn't know it; he doesn't know that his risky sexual behavior - having sex without a condom - is a decision that will affect him for the rest of his life.
- Kalu doesn't know that this is an especially dangerous time to have unprotected sex because there is a lot of HIV in his body.

# A GAME OF TWO HALVES

## (CHAPTERS 10-14)

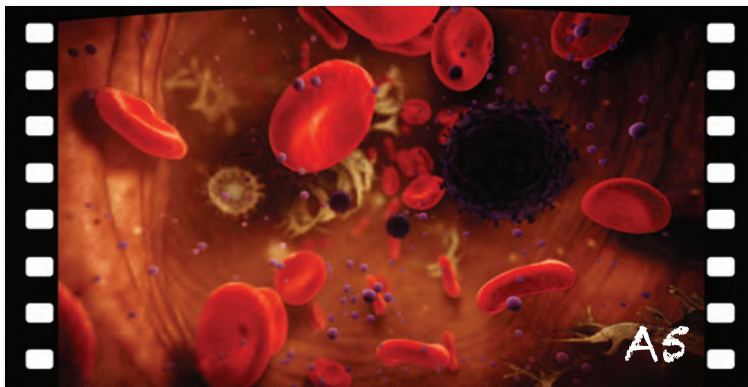


### THE GOAL

By the end of this session participants should be able to understand:

- The link between the viral load and the risk of HIV transmission
- People who are HIV-positive can seem healthy

In the first few months after a person has been infected with HIV, Team Immune System (that protects us from germs, viruses, and bacteria) does not identify the attack by HIV. This allows Team HIV to score as many goals as it wants - the virus keeps multiplying and multiplying. Imagine a football game where the defenders are blindfolded and they cannot see the attackers.



In A5, it is 5 weeks after Kalu gets the virus from Mumbi. The virus is multiplying rapidly inside his body and there is a large amount of HIV in his blood and sexual fluids. The amount of HIV in someone's body is called the "HIV viral load."



In general, the higher the viral load, the greater the likelihood that a person will transmit the virus during unprotected sex. But Kalu does not even know he is infected. Even if he got tested for HIV, the results would likely be negative because the HIV test looks for antibodies that the immune system develops to fight back. (See also Section 5 for more about antibodies and the timing of HIV testing).

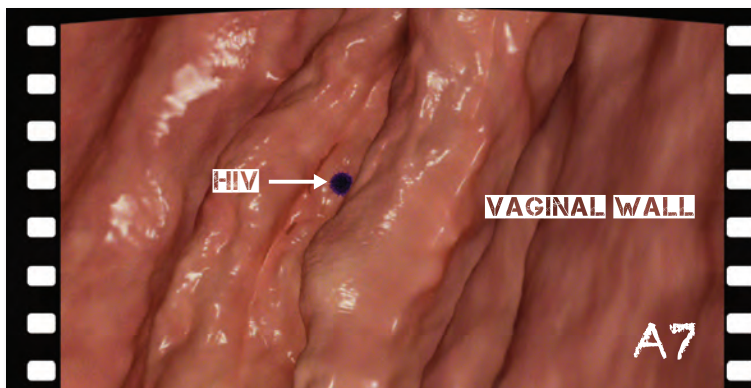
Viral load is much higher in the semen, vaginal fluids, and blood of a person who has recently been infected with HIV, or in a person with a damaged immune system, such as when someone is living with AIDS. No condom, a high viral load, and a tiny tear or opening in the vaginal walls or on the penis were all it took for HIV to move from Kalu to Ify.

There is no way to tell whether or not someone is infected with HIV simply by looking at them. What we do know is that the risk of HIV infection is much higher in the first three months after infection, or when a person is very ill and is known to have AIDS, because of the high viral load (when there is a lot of HIV in the body).

Kalu tells us that HIV cannot be transmitted through kissing or touching. This is true. There has never been a recorded case of HIV being transmitted through kissing. HIV cannot be transmitted through touching because the virus needs an entry point into the bloodstream. Without a cut or a tear in the skin, HIV cannot enter into the bloodstream of a person through touch.



When Kalu and Ify have sex for the first time, they use a condom. In A6, we see how the condom keeps the virus from passing to Ify. It blocks the virus because it keeps Kalu's sexual fluids from coming into contact with Ify.



The second time Kalu and Ify have sex, they do **not** use a condom. In A7, we can see the virus floating freely during sex and then passing through the wall of the vagina. All it takes is having sex without a condom one time for the virus to pass from one person to another.



When Kalu says that he does not have another condom, Ify says, “I trust you.” We cannot only blame Kalu and we cannot only blame Ify - each has a responsibility to prevent HIV transmission. Ify is under the influence of alcohol, which makes her less likely to consider the consequences of having sex without a condom. She believes that Kalu is a “good guy,” but that does not mean that he cannot pass on HIV or another sexually transmitted infection.

Kalu makes a decision based on his emotions and feelings for Ify. He wants to be with her. He hasn’t been tested for HIV, so he doesn’t know he is infected. This is why knowing your status is so important, as discussed in Section 6.



## THE GAME PLAN

### Game Plan 2: Blindfolded

This activity aims to explain the concept of viral load and the time period during which a person is more likely to infect his or her partner during unprotected sex because viral load (and the chance of passing on the virus to another person) changes through the life cycle of HIV.

#### What you need:

- Cones and a football
- Three blindfolds
- Timekeeper/Scorekeeper

#### Instructions:



Blindfold the goalkeeper and the defenders. The rest of Team Immune System may not get involved while the goalkeeper and the defenders are blindfolded; their role is just to ensure that they do not get injured. The timekeeper ensures that the game is played for two halves of five minutes each. In the second half, the blindfolds are removed.

#### Roles:

Divide the participants into two teams. One is Team HIV and the other is Team Immune System.

Ask for two volunteers from Team Immune System to be defenders.

Ask for one volunteer from Team Immune System to be the goalkeeper.

In the first half, Team Immune System may only observe and help the defenders and the goalkeeper from getting hurt. They cannot touch the ball and if they do touch the ball, it counts as a goal for Team HIV.

Each half is played for 5 minutes.

#### Step 1 – Blindfolded:

Ask the goalkeeper and the defenders to take their positions. The other participants on Team Immune System blindfold them and shadow them to make sure they do not get injured. They may not interfere in the initial phase of the game.

For the next five minutes, tell Team HIV to play against Team Immune System and to try to score as many goals as they can. They may kick the ball or they may take a direct shot on the goal. The goalkeeper and the defenders are to try to block the strikers from scoring a goal. The rest of the Team Immune System is only allowed to tell the



blindfolded players which way to go. If they touch the ball, it counts as a goal for Team HIV.

At the end of the first half, the scorekeeper stops the game and gives the score for Team HIV.

### **Step 2 – Identifying the attackers:**

Ask Team Immune System to remove the blindfolds from the defenders and the goalkeeper.

For the next five minutes, Team HIV and Team Immune System play their positions with no one blindfolded.

At the end of the second half, the scorekeeper blows the whistle and provides the score for Team HIV and Team Immune System.

### **Step 3 – Learning about how the immune system functions:**

Ask the scorekeeper to give the score for the first half and the second half. Facilitate a discussion with the participants.

Ask the participants to discuss the differences between the first half and the second half.

Explain to the group that the first half of the game represents the initial period after a person has been infected with HIV. The defenders and the goalkeeper on Team Immune System represent the T-cells, and the rest of the Team members represent the antibodies. In the first half, each goal represents HIV hijacking a T-cell and reproducing. The number of goals is the viral load, that is, the amount of virus in the blood. Because Team Immune System could not identify the attackers, Team HIV was able to score freely. During this period, because the viral load is high, the risk of infection is much higher if a person were to have unprotected sex. Because the body has not yet developed antibodies, if a person is tested, he or she would likely test negative.

In the second half the blindfolds were removed. The T-cells could identify the attackers; the body was producing antibodies. Team HIV could still score goals, but it was more difficult because Team Immune System could now see the attackers and could strike back against Team HIV. If a person were to get tested for HIV, the test would pick up the antibodies and the result would be positive for the presence of HIV.



# POWER & GENDER

## (CHAPTERS 15-19)



### THE GOAL

By the end of this session participants should be able to understand:

- Gender and gender inequalities

Gender refers to the different roles that culture and society assign to men and women. Gender inequality is when one person has more power than the other, allowing him or her to shape the behaviour and limit the choices of the other person.

Some men who are in positions of power, like Goodwill, use their position and money to get sexual favours from young women and/or men. This may happen by force, but may also be voluntary, where a younger woman or man voluntarily goes into a relationship knowing that the relationship is based on the exchange of sex for gifts, favours, or money.

In relationships where there is a power imbalance, the person with the money and the power can decide on the terms and conditions of the relationship, including whether or not condoms will be used. Had Ify decided to enter (or been forced) into a relationship with Goodwill, it would not have been an equal relationship because of Goodwill's power over the team, and hence, over Ify (her father was the team's coach and Goodwill could get to Ify by threatening to get to him).

Despite Goodwill trying to exert his power over Ify, she is able to resist his advances because she knows who she is, what her values are, what she stands for, and what she wants out of life. She makes it clear to Goodwill that she is not willing to enter into a sexual or romantic relationship with him, so he exercises his power by trying to ruin Kalu's football career.

Values are principles that we stand for, that help us know what is good, beneficial, and desirable in our lives. Our cultures have certain values that are clearly defined.





Despite knowing her values, Ify is afraid of the power that Goodwill has, especially in relation to her father, and she therefore hides her feelings for Kalu. Of course, Goodwill sees through her and seeks revenge.

In this section, Ify volunteers to take an HIV test. The HIV test, which produces results within ten minutes, involves pricking the finger to get a drop of blood that is put onto a test strip to determine whether the result is positive (the person has HIV) or negative (the person does not have HIV). Kalu is Ify's first and only partner, so she does not think that she has any chance of getting a positive result. There is more discussion about HIV counselling and testing in Section 6 of this guide.



## THE GAME PLAN

### Discussion Questions

For the next 5 to 10 minutes, lead the group in discussion using the following questions as a starting point:

How does Goodwill try to intimidate Ify?

- Do these kinds of power dynamics and inequalities happen often in the real world?
- What could be a motivation for an older man or woman to enter into a relationship with a younger person?
- What are some of Ify's values that lead her not to enter into a relationship with Goodwill?

### CONCLUSION



Summarize the key messages from this section of the film for the participants. Write them on a large piece of paper, put it on the wall, and review each key point.

Goodwill attempts to use his power and money to seduce Ify, a much younger woman. This is something that occurs very often and is sometimes referred to as the “sugar daddy” issue. Relationships such as this are one of the leading causes of the spread of HIV. This is because men like Goodwill often use their power to control the sexual relationship, enter into many sexual relationships, and determine whether or not a condom is used.

Ify bravely resists Goodwill's advances in spite of his power over her father and Kalu. Ify's belief in herself and her faith in the strength of her father and Kalu give her the confidence to protect herself. However, many young people are not so lucky in these situations and are bullied into relationships with older men or women. Sometimes this is because they see it as an opportunity to gain access to money and influence, but often they just lack the confidence and skills to resist this kind of pressure.

*"If you want a new start, take some responsibility for  
your life, go get tested, know where you stand."*

*- Ify*





# **DENIAL & DISCLOSURE**

## **(CHAPTERS 20-23)**



### **THE GOAL**

By the end of this session participants should be able to understand:

- The psychological journey that an HIV-positive person may experience, from finding out his/her HIV status to accepting his/her status.
- Antibodies and their role in the life cycle of HIV.

When a person finds out that he/she is HIV-positive, the journey to learning to live with the virus is not just physical; there is also an emotional and psychological journey.

### **Disclosure**

Disclosure (telling people about one's HIV status) is important to gain the support of family and friends. Some people may get negative reactions from people to whom they disclose due to ignorance, fear, and negative attitudes about HIV. However, studies show that HIV-positive people who are honest and open about their HIV status have better health. This doesn't necessarily mean that they tell everyone their HIV status, but it could mean that they share with close friends and/or family to get support and help.

Disclosing HIV status should always be voluntary. No one should be forced to tell his or her HIV status by anyone - a partner, an employer, etc. It is important to remember that one person's HIV status is not necessarily an indication of another person's HIV status. Also, even if a couple always uses condoms during sex, one person in a relationship can be HIV-positive, and the other person can be HIV-negative. No one can know their HIV status until they have been tested for HIV.

For most people, it takes time to adjust to their HIV-positive status. People who have just learned that they are HIV-positive need to think about the implications of telling others (disclosure), on sexual relationships now and in the future, and taking steps to ensure that they don't transmit HIV to their current or future partners, meaning always using a condom during sex.



## **Denial**

Kalu's reaction to the news that Ify is HIV-positive is similar to that of most people when they first learn that someone they love or someone with whom they have had sex is HIV-positive.

Kalu's first reaction is denial. Denial is when a person refuses to accept, believe, and/or acknowledge painful realities, thoughts, or feelings. Kalu's denial may stem from guilt at the thought of having infected Ify with HIV, that he himself has HIV, or that his dream of playing for Arsenal is in jeopardy.

Kalu is angry because Ify is accusing him of infecting her with HIV. He blames Ify, wrongly accusing her of sleeping with other men. Kalu is angry and his reaction is very hurtful to Ify.

Kalu is not the only one in denial. Spikiri is also in denial. Even though he has a persistent cough, night sweats, and has lost a lot of weight, he refuses to accept that it is anything worse than the flu. Rather than looking for help, Spikiri goes to a traditional healer who gives him traditional medicine. But his stubbornness and refusal to accept that he should be tested for HIV and for tuberculosis (TB) results in Spikiri becoming more ill, retiring from the game and isolating himself.



### **Self - Isolation**

When people find out that they have HIV, they may isolate themselves. Many people who find out that they are HIV-positive isolate themselves while they process their new reality and try to find the strength to confront the situation. Kalu has no real support. He isolates himself and engages in unhealthy behaviour like drinking alcohol, which contributes to depression and leads to poor judgment. Kalu cuts himself off from his family and his teammates who are the only support he has in Johannesburg. Spikiri does this as well, but unlike Spikiri, Kalu finds the strength to confront the fact that he is infected with HIV.



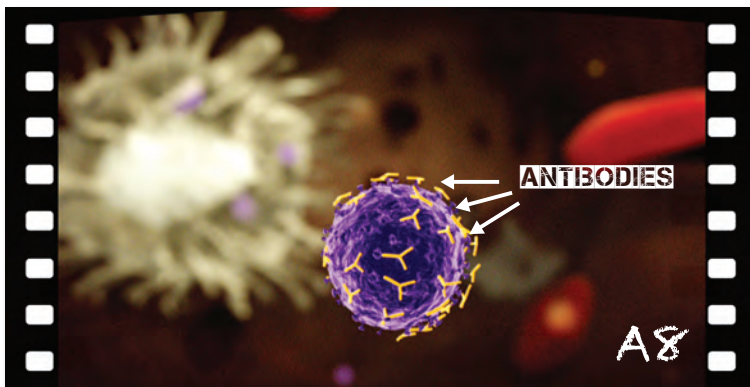
### **Acceptance**

Accepting one's status is a process. There are ups and downs. Some days it may be easier to accept and other days more difficult. Kalu starts on the road to acceptance by apologizing to Coach Valentine and reuniting with the team. But Kalu's acceptance



is only partial because he has not yet been tested for HIV. It is only when he has been tested for HIV that he is able to truly know and accept his status. Kalu is afraid that he might be HIV-positive and that makes it harder for him to get tested.

In accepting his status, Kalu will have little victories, one step at a time, until finally one day in the future he can fully accept his situation.



## Antibodies

ANIMATION A8 shows antibodies and the role they play in the HIV life cycle and the immune system's defense against HIV.

By this point, it has been three years since Kalu was infected following unprotected sex with Mumbi. His body has gone through several stages - infection, high viral load, and low viral load because of antibodies. HIV is still present in Kalu's body. If he has unprotected sex, he can still infect an HIV-negative partner.

The body produces antibodies as a defence against many different illnesses, not just HIV. The antibodies that are produced specifically to fight HIV are used by the test to determine whether a person will test positive or negative. If they are present, it means the person is positive. If they are not present, the test will be negative.

The antibodies have been able to fight off a lot of the virus. But HIV is in Kalu's body, spreading slowly, but still a threat to his immune system and his health. If he has unprotected sex, there is still a big risk of infecting a partner.

Antibodies are the defenders that stop Team HIV from scoring goals because they act as a shield between the virus and the cell that is under attack. Antibodies partially prevent the virus from getting inside the cell and reproducing. Over time, the virus

fights back, killing more T-cells and reducing the body's ability to fight the infection. Without treatment, the body's ability to fight off diseases that people without HIV don't have problems with goes down. Without treatment, one of those diseases, or opportunistic infections, will eventually kill Kalu.

In general, antibodies develop within 4 to 6 weeks of infection, although this varies for each person. All sexually active people who are at risk for HIV should get tested at least once a year, and/or three months after they have had unprotected sex to determine their HIV status.

## Discussion Questions

For the next 5 to 10 minutes, lead the group in discussion using the following questions as a starting point:

- What did we learn about HIV in this section of the film?
- What did you learn about HIV that you didn't know before?
- How did Kalu react to learning that he was HIV-positive?
- What are antibodies and how are they significant in the life cycle of HIV?

## CONCLUSION



Summarize the key messages from this section of the film for the participants. Write them on a large piece of paper, put it on the wall, and review each key point.

It can be difficult to understand and accept a positive result to an HIV test. Kalu enters into an unhealthy state of denial when he learns his status, turning to alcohol, isolating himself and becoming depressed. Accepting one's status and seeking the support of friends, family, and/or professional counselling services can help a person deal with a positive result in a healthier way. Disclosing one's status, particularly to those within your previous sexual network, is also an important step. It was important for Kalu to do this, but he could have used some additional support to help him through this difficult process.

In A8 we see that Kalu's body has made antibodies to fight off HIV. Over time, the antibodies stop fighting HIV, which is why Kalu needs to begin antiretroviral therapy (ART) as discussed in Section 6.

*"Even good guys can have HIV. If she  
hadn't been drinking, she wouldn't have  
done it. If I wasn't so in love with her,  
I wouldn't have done it either."*

*- Kalu*





# KNOWLEDGE IS POWER

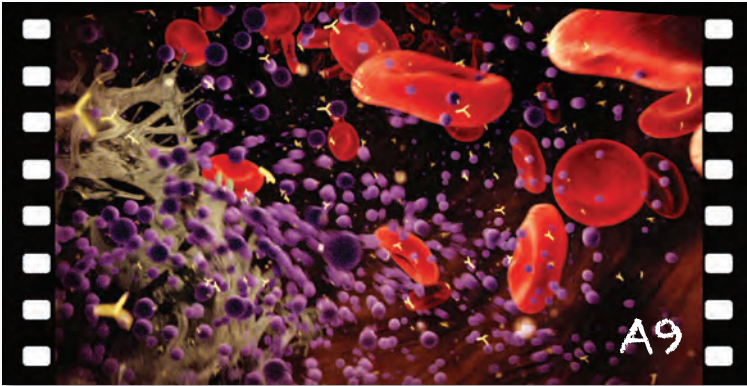
(CHAPTERS 24-29)



## THE GOAL

By the end of this session participants should be able to:

- Know the importance of antiretroviral therapy (ART).



Three years after getting HIV from Mumbi, Kalu's body can no longer fight HIV and the virus starts to spread more and more. Kalu is not yet sick, but without treatment, he will be soon.

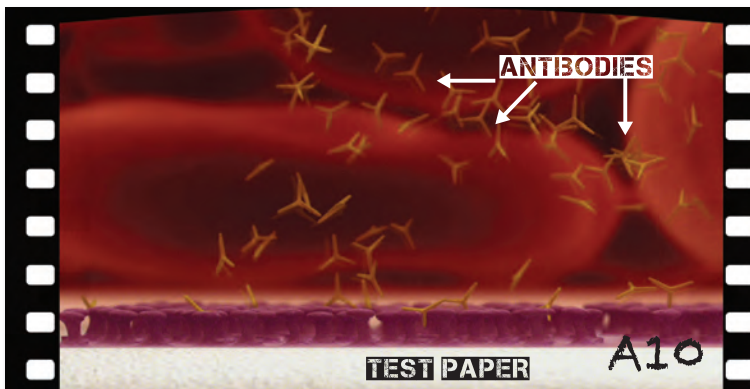


Kalu realizes that when you have sex with someone, you are having sex with everyone they have ever had sex with. This is what is called a “sexual network.” The larger the sexual network, the larger the risk of being infected with HIV during unprotected sex because there are more people who could be infected.

From the moment we become sexually active, we build our own sexual networks. Since HIV is primarily transmitted through unprotected vaginal or anal sex, the more people one has sex with, the greater the likelihood that one will be exposed to and possibly be infected with HIV.

## Knowing your HIV status is power.

Kalu finds the courage to finally get tested for HIV.



In A10, the antibodies are represented by the yellow y-shaped figures. If there are no antibodies present, then the test result is negative for HIV. If antibodies are found, the test result is positive. During Kalu's test, the test strip reacts to the HIV antibodies in his blood and shows a positive test result.

Now that Kalu knows his HIV status, he can stop running away from his fears and make good decisions to improve his health. It's a new start because he starts looking after his health, finds the strength to talk to Ify, and apologises to his family for disappointing them. Now Kalu can pursue his dreams for the future.

### Counselling and testing

A lay counsellor or a professional healthcare worker (e.g., a nurse or doctor) should provide counselling before and after a person gets tested for HIV. Pre-test counselling helps the person think through and understand the behaviours that put them at risk for HIV infection, such as unprotected sex. It prepares him or her for what could happen in the event of an HIV-positive diagnosis.

All sexually active people who are at risk for HIV should get tested at least once a year, and/or three months after they have had unprotected sex to determine their HIV status.

People who test HIV-positive are given information on how to manage their HIV status, both mentally and physically. A T-cell count test (also called a CD4 count test) is also done to measure the strength of the immune system and whether antiretroviral therapy should be started.



Ongoing support and information, such as the importance of following the treatment plan when to take the medicines and returning to the clinic, are given by lay counsellors. HIV-positive people are also encouraged to join a support group.

## **Antiretroviral Treatment**



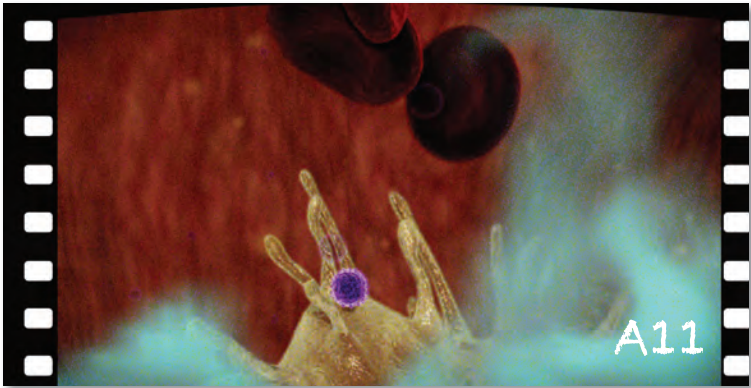
Spikiri may have HIV, and maybe TB, or both. TB is the most common opportunistic infection among HIV-positive people. Spikiri, like many other men, and also women, all over the world, is afraid to get tested for HIV. People are afraid that if they have HIV, they will lose everything: their relationships, their dreams, and their futures. Rather than confronting his fears, Spikiri takes traditional medicine as a way to cure what he suspects might be HIV. Sadly, if Spikiri does not confront his fears and get tested and treated soon, he may die.

By testing and knowing his HIV status, Spikiri could have a new start. If he knew that he had HIV and TB, he could get his TB treated by taking anti-TB medicines and he could get ART, or antiretroviral therapy, to treat his HIV and help him improve his health and his strength. TB and many other infections that are common in persons with untreated HIV infection are curable even if a person has HIV. If Spikiri had the knowledge about what is making him sick, he could get treated and recover his strength.

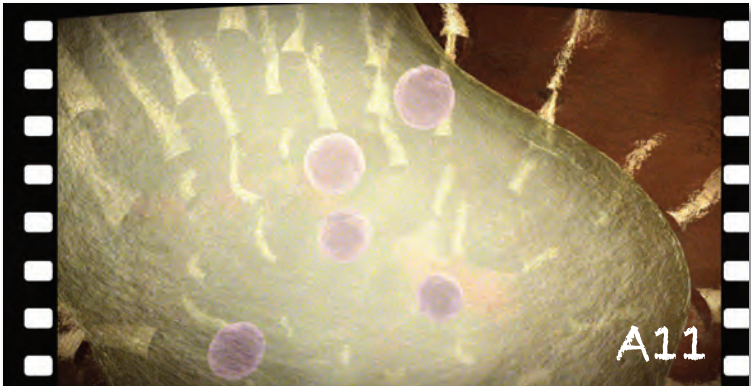
To decrease the amount of HIV, Kalu's body needs help. ART works like defenders on a football field, blocking every path the virus uses to attack. The medicines stop the virus from infecting more cells and multiplying. As these defenders start working, the body gets stronger.

If a person living with HIV who is very ill and does not take ART for life, he or she will die. If a person starts ART late - when the immune system is too damaged - ART will be much less effective. That is why it's important for anyone at risk of contracting HIV to regularly check his or her HIV status. Knowledge is power!

## ART



A11 shows the different ways ART can work. One kind of ART damages the HIV so that it can't infect other cells.



Other types of ART work on the virus already in the cells and stop it from replicating.

Most people start taking ART when their T-cell count drops below a certain level, before the immune system gets too damaged, before the onset of AIDS, and the potential for opportunistic infections. ART does not cure HIV, but it slows the spread of HIV and the destruction of the body's defence system. Once infected, a person is always infected with HIV.



ART not only prevents the onset of AIDS, it also reduces, but does not eliminate, the risk of HIV transmission. Because ART reduces the viral load, the risk of transmitting HIV during unprotected sex is lower. However, there is always a risk that HIV can be transmitted, so condoms should always be used to prevent others from getting HIV as well as to prevent unplanned or unwanted pregnancies.



## THE GAME PLAN

### Game Plan 5: The Network

This activity demonstrates that your sexual network includes all the people you are connected to through sex. If only one person in your sexual network has HIV, you are at risk of getting HIV.

#### Part One: Demonstrate everyone having two sexual partners

Form a circle and instruct everyone to hold hands.

Explain that each person you are holding hands with represents a sexual partner.

Tell players to pretend that you, the Facilitator, are HIV-positive.

- Lift your hands and instruct players to lift their hands if they could be infected with HIV. Everyone's hands should be in the air, representing that everyone is connected to each other through a sexual network.

#### Q: Who is at risk of getting HIV?

**A:** Everyone! We are all connected because we all have more than one sexual partner.

If only one person in this chain has HIV, we are all at risk.

Instruct players to drop their arms.



## **Part Two: Demonstrate a few players reducing their partners**

- Instruct 3 or 4 players to let go of their partners' hands.
- Raise your hands again and tell players to lift their hands if the person next to them has put their hands up.

### **Q: What happened when a few people dropped one of their sexual partners?**

**A:** The chance of spreading HIV was reduced.

### **Q: How does reducing the number of your sexual partners lower your chances of HIV?**

**A:** Every time you drop a partner, you drop all the people in their sexual network as well. If you have three sexual partners and reduce to two, your HIV risk is reduced; if you have one sexual partner and reduce to no partners, your HIV risk is zero.

*Facilitator's tip: Make sure players understand that lowering the number of partners they have can reduce HIV risk for anyone who is sexually active.*

## **Part Three: Demonstrate mutually faithful partners**

- Play again, but this time instruct all players to hold hands with just one other partner, so that everyone has just one mutually faithful sexual partner.
- Raise your hand and demonstrate how HIV only spread to your one sexual partner and to nobody else!

*Facilitator's tip: The only people holding their hands up should be you and the player you are holding hands with.*

### **Q: What happened when everyone had just one mutually faithful partner?**

**A:** The spread of HIV throughout the sexual network was stopped. HIV can only be spread to one other person.

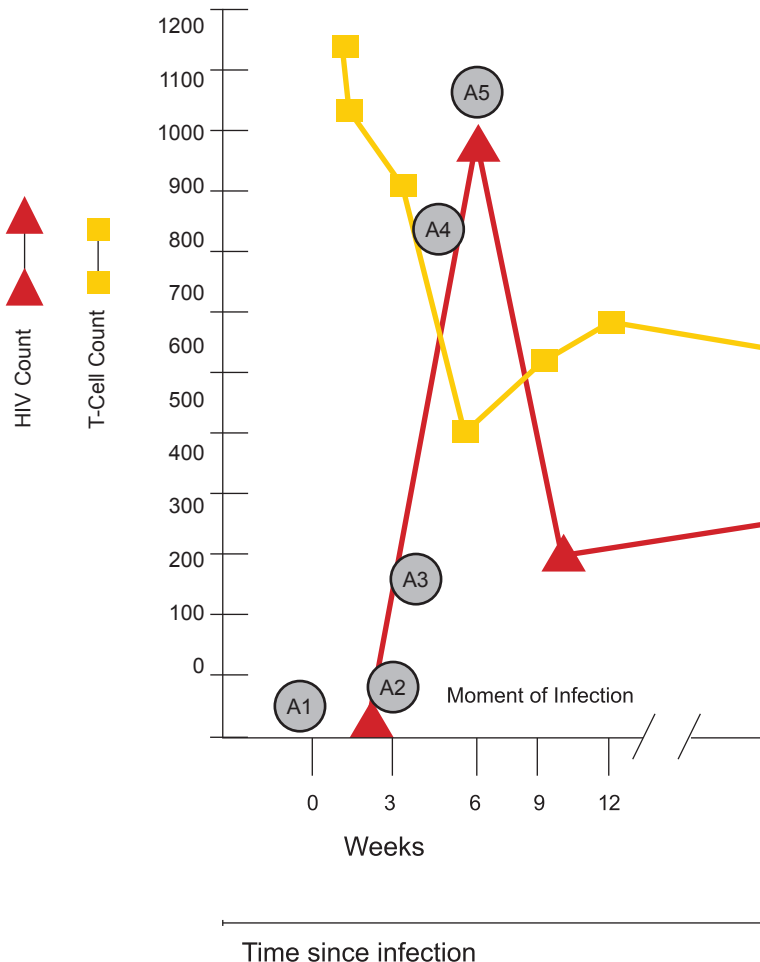
## **Concluding the Session(s)**



The facilitator should conclude the session(s) by telling participants where they can go for HIV counselling and testing in their community or region and should encourage participants to take a supply of condoms when they leave.

# TYPICAL COURSE OF

In the first three months post infection, a person is highly infectious because viral load is high in the body but the body has not yet understood that it is being attacked by HIV, therefore antibodies have not formed. Having an HIV test during these three months will likely not show that a person is infected with HIV because HIV tests measure the presence



# HIV WITHOUT ART

of antibodies. As HIV increases in the body, T-cells decrease. When T-cells are getting lower and lower, a person is more likely to become sick with opportunistic infections. However, if antiretroviral therapy is begun, it can damage HIV cells so that they can't infect T-cells or ART can stop HIV from copying itself inside cells.

