

# Activity Manual for Immigration Officers and Relevant Persons in Migrant Health Care



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International Organization for Migration (IOM)



Immigration Bureau



Ministry of Public Health

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Ms. Nonthathorn Chaiphet prepared this activity manual as an independent consultant for the International Organization for Migration (IOM), Mission in Thailand. Opinions in this activity manual belong to the writer and do not reflect the opinions of IOM, the Ministry of Public Health, Immigration Bureau or Rockefeller Foundation regarding migration in Thailand.

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As the leading international migration organization, IOM works with partners in the international community to:

- Assist responses to obstacles involved in the management of migrated labor,
- Encourage understanding of migration safety,
- Promote social and economic development through migration, and
- Adhere to the humanity, prestige and well-being of migrants.

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## PREFACE

The Activity Manual for Immigration Officers and Relevant Persons in Migrant Health Care in Thailand is intended to enhance knowledge, understanding and attitudes of Thai immigration officers and relevant public health officers in the context of migrant health care in closed settings.

This activity manual is made through the cooperation of relevant persons in a variety of divisions, including government sectors and international organizations working with migrants. Selected migrant groups themselves were also heavily involved in developing this manual.

To develop this manual, the International Organization of Migration (IOM) first held meetings that gathered recommendations from relevant working units such as immigration police, immigration doctors, the Ministry of Public Health and migrant populations. These meetings provided opinions and suggestions for developing the activity manual that were consistent with actual needs and situations.

IOM aims to provide all agencies and organizations working with migrant groups with this manual so that they may strengthen their skills and knowledge to further facilitate and/or enhance the understanding of immigration police and public health officers regarding proper and adequate care and services for their own health and for migrants' health in closed settings.

## ACKNOWLEDGMENTS

This activity manual for immigration officers and relevant persons in migrant health care was published in cooperation with many organizations and agencies. The International Organization for Migration would like to thank officers from the immigration bureau, immigration doctors, and public health offices in Chiangrai, Tak, Ranong and Bangkok for giving their valuable time and sharing knowledge and expertise that assisted the development of this manual.

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## PART 1: ICE-BREAKING AND INTRODUCTION

<b>Activity 1:</b>	Assessment of the activity participants' movements
<b>Purpose:</b>	To present the concept that a person's movements are normal lifetime events
<b>Time:</b>	30 minutes
<b>Size of Group:</b>	Do activity with main group
<b>Equipment:</b>	None
<b>Activity Process:</b>	<ol style="list-style-type: none"><li>1. All activity participants stand in a circle in the middle of the room or in the space at the end of the room (as appropriate).</li><li>2. Facilitators ask the questions listed in No. 4 one at a time.</li><li>3. Have a team assistant record the number of answers to each question. How many answers are there, and how many people provide those answers?</li><li>4. Question 1 – In which regions were the participants born? Question 2 – Have activity participants stand in groups according to the regions in which they were born. Make sub-groups within regions for people born in the same province. Question 3 – In which regions were participants living when they received a Bachelor Degree or highest level of education? Question 4 – Have activity participants stand in groups according to the regions where they were living when graduating, then make sub-groups within regions for people graduating in the same provinces. Question 5 – In which regions were participants living when they started working for the first time? Question 6 – Have activity participants stand in groups according to the regions where they were living when starting work for the first time, then make sub-groups within</li></ol>



regions for people starting work in the same provinces.

Question 7 – In which regions were participants working in the last 5 years?

Question 8 – Have activity participants stand in groups according to the regions where they were working in the last 5 years, then make sub-groups within regions for people working in same provinces at that time.

Question 9 – In which regions are participants currently working?

Question 10 – Have activity participants stand in groups according to the regions where they are currently working, then make sub-groups within regions for people currently working in the same province.

5. Discussion and wrap up activity.

**Discussion:**

1. Has anyone lived in the same place since birth?
2. Has anyone moved (to another province) only once?
3. Has anyone moved to live or work across provinces 5 times or more?
4. What are the differences between our movement and the movement of people with whom we work (detainees) in the immigration office?

## PART 2: PRESENTING CONCEPTS ON CULTURAL DIFFERENCES TO ENHANCE UNDERSTANDING AND COOPERATION IN WORK

- Activity 2:** Differences and similarities
- Purpose:**
1. To introduce activity participants to the idea that a person's behavior and thought is a product of their own family, community and society.
  2. To demonstrate that people in each region or each country will have different understandings of the same subject depending on what they have learned from their family, community and society.
- Time:** 45 minutes
- Equipment:** Flipcharts, markers, masking tape
- Activity Process:**
1. Ask activity participants to again form groups and sub-groups according to their regions.
  2. Instruct each group to divide flipcharts into 2 columns.
  3. In the first column (left hand), write about an act, tradition, belief and language of the majority people in their region that is similar to the majority people in another region.
  4. In the second column (right hand), write about an act, tradition, and language of the majority people in their region that is different from the majority people in another region.
  5. Instruct each sub-group to discuss what they wrote. When each sub-group finishes their discussion have them present to the main group.
- Discussion**
1. Is there anything that people from each region have in common? Give examples.
  2. Are there any differences between people from each region?
  3. What will happen if we do not understand words or expressions of friends from different regions?
  4. No matter what issues are similar or different between us, each of us has one thing that is absolutely the same. What do we think

it is? (Answer – everyone is human)

<b>Activity 3:</b>	Password
<b>Purpose:</b>	To make activity participants learn how differences between regional traditions and culture affect communication.
<b>Time:</b>	30 minutes
<b>Size of group:</b>	Divide activity participants into sub-groups as defined during previous activities.
<b>Equipment:</b>	None
<b>Activity Process:</b>	<ol style="list-style-type: none"><li>1. Divide activity participants into 2 main groups.</li><li>2. Have a member of the first group follow the facilitators to an area outside where the discussion in the room cannot be heard.</li><li>3. After a member of the first group leaves have the other members of first group divide into 3 teams.</li><li>4. The first team will be called into a meeting room to talk amongst themselves within a defined time. When time is up, they go back outside the room to talk with friends from the second and third teams. (During this exchange, the facilitator outside the room has to ask what happened and what they saw.)</li><li>5. After members of first team talk and exchange with friends, have members of second team come into the meeting room to talk. They must take the recommendations from members of the first team to persuade their friends in the room to talk to them. When time is up, they go back outside the room with the first team and third teams and see what they find. (During this exchange, the facilitator outside the room has to ask what happened and what they saw.)</li><li>6. After members of the second team talk and exchange with friends, have members of the third team come into the meeting room to talk. They must take recommendations from members of the second team to persuade their friends in the room to talk to</li></ol>

them within the time limit.

7. With members of the other groups outside, another facilitator in the room will talk to the members of second group to decide upon a password that allows people to talk and must be expressed before having a conversation, such as scratching one's upper arm. When someone else sees that sign, he/she will talk.
8. There may be one, two or three passwords according to each group's agreement.
9. Members of the first group try to persuade members of the second group to have a conversation while the passwords are still not cracked. The members of the second group must talk within their group and display the agreed codes before speaking.
10. When members of the first group come into the meeting room and talk to the second group and do not show the correct password or code, members of the second team will not talk.
11. When time is up, have the two groups of activity participants who were in the meeting room go back to their seats and ask the rest of the activity participants outside to come back.
12. Have representatives from the second group display the password used before conversing with the first group members was allowed.
13. Facilitators discuss and wrap up the activities.

**Discussion:**

1. Ask members of the first group whether anyone noticed the password and how they felt when they noticed it?
2. If they noticed but they did not figure it out, why was that?
3. The second group members could represent people from other countries who share similarities with us in some matters but have differences in other matters. What do we think can help us understand those differences?

4. To understand people from other countries, do we think only making observations is enough? What else can help us to better understand them?

**Activity 4:** Generalizations

**Purpose:** To make the activity participants aware of generalizations and reflect on generalizations about themselves.

**Time:** 45 minutes

**Equipment:** Flipcharts, markers, masking tape

- Activity Process:**
1. The facilitators explain generalizations by giving examples from items in the room, such as, “all pencil lead is black,” and “all pen ink is blue because this pen ink is blue.”
  2. Write the following sentences on flipcharts
    - Every snake is dangerous.
    - Most snakes are dangerous.
    - Many kinds of snakes are dangerous.
    - Some kinds of snakes are dangerous.
    - A few kinds of snakes are dangerous.
    - We think we know everything about snakes.
    - Is the sentence “every snake is dangerous” true or not, and why?
  3. Divide the activity participants into sub-groups and distribute the following questions for each group to answer and discuss .
  4. Have representatives from each sub-group present the conclusions from their group’s discussion to the main group.

Question:

Points	Always or Almost Always True	Mostly True	Partly True	Sometim es True	Rarely True	Not known
Every fish has scales.						
Every baby cries.						
Every spider has poison.						
The poor are lazy.						
A person who does not talk is shy.						
Politicians are not honest.						
Every Thai is honest.						
Migrant labors are thieving.						

Discussion:

1. Are there many expressions prone to generalization? Give examples.
2. What generalizing expressions are related to our current occupations?
3. Is the generalization in No. 2 true or not? Why?
4. Therefore if we generalize that every migrant labor is thieving, do we think it is true or not? Why?
5. Think about how generalizations affect our treatment of migrant labors.

## PART 3: SIMILARITIES OR DIFFERENCES BETWEEN THAI LABORS ABROAD AND MIGRANT LABORS IN THAILAND

- Activity 5:** Similarities or differences between you and me
- Purpose:** To demonstrate that the basic needs of migrant labors and Thai people are not different.
- Time:** One hour
- Group Size:** Divide activity participants into sub-groups with approximately 8 people each.
- Equipment:** Flipcharts, markers, masking tape, sample word cards and blank cards
- Activity Process:**
1. Divide activity participants into sub-groups with approximately 8 people each.
  2. Have each group choose a representative to lie down on the flipchart and have their body traced. Decorate face and clothes as desired.



- Each group should trace their friend's body twice. The 2 pictures represent working people who are the same age as the activity participants. The groups may give names to the pictures.
3. After each group draws 2 pictures, have them attach both pictures to the wall. (Instruct each group to attach both pictures

next to each other on the wall closest to them).

4. Give out 2 sets of the following word cards to every group, explaining that the cards say things most of us need in our daily lives.

We eat rice everyday, for approximately 2-3 meals.	We have to see a doctor when sick.
We feel happy and sad like other people.	We want to have a stable job so we do not have to change jobs often.
We want family members to care for and help each other.	We want to have savings for doing other business.
We work and save money to send to our parents at home.	We want to have a mobile phone to talk to people and friends at home.
We want to have our own house.	We want to be healthy in order to work and take care of our parents for a long time.
When feeling down, we want someone to console us and listen to our problems.	We feel bad when friends do not ask us to get together or invite us to go out.
We feel bad when someone insults or mocks us.	When sick, we want someone to accompany us to see a doctor.

5. Each group discusses and decides if the word cards are needs of their new outlined friends who have ages and careers similar to their own. Each group attaches word cards they think their new friends need next to the pictures, starting with the first picture.
6. After attaching word cards for the first new friend's needs, each group considers the remaining word cards and decides if they are the second friend's needs or not. If so, they attach the word card next to picture of the second new friend.



7. After attaching the word cards for both new friends, the facilitators give out blank cards and have each group add any other needs for the first new friend.
8. After adding needs for the first new friend, each group decides whether the second new friend will have the first new friend's needs or not. If so, write needs on word cards and attach them for the second new friend as well.
9. When each group finishes adding word cards for both of the new friends' needs, the facilitators distribute the following word cards to attach to each group's new friends:

- Thai people
- Migrant labor

Each group will now have one new friend who is Thai and another who is a migrant labor.

10. Facilitators then ask all participants the following:
  - What is the difference between the two new friends in each group? (Answer – One is Thai and the other is an migrant labor.)
  - Consider the needs of migrant labors and whether or not they are different from the needs of Thai people. If they are different, what can we tell by looking at the two new friends we drew and attached needs word cards to? (Answer – Not different)
  - Therefore, do foreigners, particularly migrant labors, have any basic needs that are different from the basic needs of Thai people? (Answer – No)

11. Wrap up and discuss.

**Discussion:**

1. If we moved to work abroad whether legally or illegally, do we think we would have similar or different needs from Thai people living in Thailand? (While asking, the facilitators point to each group's needs word cards.)

2. If we moved to work abroad, how would we like people in that country to treat us and why?
3. If we moved to work abroad we would want people to treat us the same. Therefore, if we know someone who is a migrant labor (without considering our present position and duty), how should we treat them?

**Activity 6:**

What do we encounter abroad?

**Purpose:**

1. To make activity participants practice analyzing situations or problems that migrant labors encounter when moving across countries.
2. To make activity participants practice analyzing situations or problems that migrant labors encounter after migration, and their impact on HIV infection.

**Time:**

One hour

**Group Size:**

Divide activity participants into small groups with approximately 8 people each.

**Equipment:**

Flipchart paper, markers, masking tape

**Activity Process:**

1. Divide activity participants into 4 sub-groups.
2. Tell the following story to activity participants: "Mr. A graduated from high school and went to work in Japan by having an agent take him directly to a factory. However, Mr. A faced a problem since his inability to speak Japanese prohibited him from entering the country legally."
3. Write the following topics on flipcharts with one sheet for each topic. Attach the flipcharts to the wall (with one sheet on one side of the room and the others attached to the whiteboard).
  - Labor wage
  - Health information access
  - Medical treatment service access
  - Labor information access and other assistant requests

4. Have the groups stand where the flipcharts are attached with one group at each flipchart. Time the groups so that they spend 2-3 minutes at each chart and then rotate to the other flipcharts.
5. Each group must write responses at each flipchart about the problems Mr. A faces regarding that topic.
6. Assign each group to present the answers on one of the flipcharts.
7. Afterwards, the facilitators ask all activity participants to think again about what problems Thai people who go to work abroad are likely to encounter. Now have each group go back to the answers written on the flipcharts and think about what migrant labors working in Thailand in the same situation as Mr. A would encounter.
8. If migrant labors coming to Thailand encounter the same situations or problems as Mr. A does, underline these answers on the flipcharts.
9. Write any additional situations on each flipchart that labors may face (apart from those already written).
10. Assign each group to present the answers on the flipcharts.

**Discussion:**

1. When Thai people or foreigners migrate to other countries, especially without any eligibility, how similar or different are the problems that they encounter?
2. What are any other situations or problems that migrant labors encounter, especially when migrating illegally?
3. Do we think that the migrant labors we work with intend to migrate temporarily or long-term? Do we think that they know in advance what conditions will be like if entering the country illegally?
4. Do we think that Thai people themselves go to work in other countries even though they know it is illegal? Why would they go while knowing this?

5. From the discussion of No. 4, do we think this situation is the same or different from migrant labors coming to Thailand even though they know it is illegal?

<b>Activity 7:</b>	Migrant labor routes
<b>Purpose:</b>	To make activity participants consider and discuss the journeys taken by migrant labors entering Thailand for work.
<b>Time:</b>	One hour and 30 minutes
<b>Group Size:</b>	Divide activity participants into sub-groups according to which province they work in.
<b>Equipment:</b>	Flipcharts, markers, masking tape
<b>Activity Process:</b>	<ol style="list-style-type: none"><li>1. Divide activity participants into sub-groups according to which province they work in and distribute flipchart paper and markers to each group.</li><li>2. Instruct each group to draw journey maps of migrant labors starting from the Thailand border. Represent stopping points of migrant labors in each area by marking their residences and final destinations. Also mark any people or organizations involved with migrant labors in the area and note what issues they may be involved in.</li><li>3. Instruct activity participants to identify the occupations of mobile labors in each final destination area, including a detailed job description.</li><li>4. Instruct each group to present to the main group.</li></ol>
<b>Discussion:</b>	<p>The facilitators help activity participants summarize the journey routes of migrant labors in each area and draw conclusions on major issues such as:</p> <ol style="list-style-type: none"><li>1. Characteristics of journey routes</li><li>2. Any signs of temporary movements or movements to other places in final destination areas</li><li>3. Groups of people involved with labor movement</li></ol>

4. Occupations of mobile labors in each final destination area, including factors affecting the variety of occupations of migrant labors in each area.
5. Regardless of the country or side of the border, what are the similarities in patterns of migrant labour movement?
6. Regardless of the country or side of the border, what are the differences in patterns of migrant labour movement?

<b>Activity 8:</b>	Living and working conditions of migrant labors
<b>Purpose:</b>	To exchange information about living conditions and primary working conditions of migrant labors and people who are involved in labor.
<b>Time:</b>	One hour and 30 minutes
<b>Group Size:</b>	Divide activity participants into groups according to the provinces in which they work (the same groups as the previous activity).
<b>Equipment:</b>	Flipcharts, markers, masking tape, colored paper circles in three different sizes with 10 pieces of each size (30 pieces per group in total)
<b>Activity Process:</b>	<ol style="list-style-type: none"> <li>1. Divide activity participants into groups according to the provinces or areas in which they work and give out flipcharts and markers in a variety of colors to each group.</li> <li>2. Give out colored paper circles in three different sizes, approximately 30 pieces total, to each group.</li> <li>3. Have activity participants identify the living conditions of migrant labors in the community. Do labors have to associate with any people or organizations (such as other migrant labors, friends, people in the same migrant labor community, or Thai people, including officers of public and private organizations)? How are they connected? Then have the participants classify the level of “importance” of any individuals or organizations affecting the lives of migrant labors by writing their names in order of importance, with the most important in a big paper circle, the</li> </ol>

less important in a medium paper circle, and the least important in a small paper circle.

4. Instruct the participants to write the word “migrant labors” in a paper circle and put it in the middle of the flipchart.
5. Instruct the participants to evaluate the “relationships” between migrant labors and the people and organizations written in the different sizes of paper circles. Place any individual or organization who is very closely related to the labors near the “migrant labor” circle and attach more distant relationships further away.
6. Have a representative from each sub-group present the result of their group discussion to the main group.

**Discussion:**

1. The facilitators wrap up relationships and connections among migrant labors and between migrant labors and Thai people and other organizations.
2. The facilitators should facilitate discussions between the sub-groups about similarities and differences in the levels of importance of the relationships in each area, and why they are similar or different.

## PART 4: BASIC KNOWLEDGE ABOUT HYGIENE

Now we will talk about other diseases that can be spread as a result of our daily actions, and how routine behaviors of detainees impact the spread of illnesses.

**Activity 9:** Analysis of environment in detention rooms and its impact on illness

**Purpose:** To analyze and evaluate the environments in detention rooms and how they affect detainees' illnesses and well-being.

**Time:** 50 minutes to 1 hour

**Equipment:** Flipcharts, markers, masking tape and sample pictures of the following common ways diseases are spread in every-day life:

Picture 1 – Someone defecating

Picture 2 – A trash pile

Picture 3 – Rubbish not taken out in a rubbish bin

Picture 4 – Coughing and sneezing (with picture of mouth and nose)

Picture 5 – Hand (picture of a hand with fingers)

Picture 6 – A plate and glass

Picture 7 - Mouth

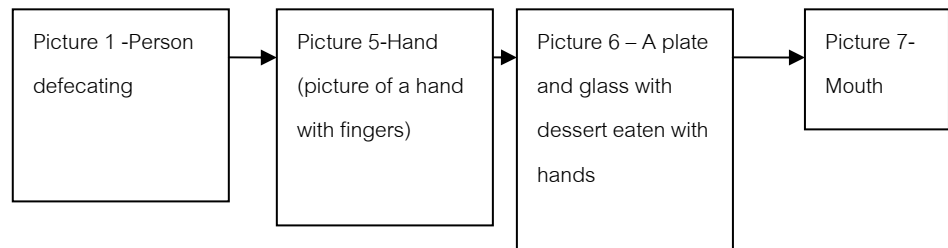
Picture 8 - Hand with fingers covering a mouth while coughing or sneezing

Picture 9- Flies

Picture 10 – Eyes

- Activity process:**
1. Divide activity participants into sub-groups with approximately 8 people each.
  2. Instruct each group to draw a detention room that has materials or equipment characteristic of the detention rooms they can imagine or remember. Include areas where detainees lie down, rest and do activities.
  3. When each group finishes drawing, instruct the facilitators to ask every group if there are drawings of the following pictures or not: restrooms, rubbish bins, or trash in areas that are not meant for trash. If any groups have not drawn these pictures, they may add them.

4. Facilitators attach the pictures in the following order (only the example below):



5. After attaching the pictures, let facilitators explain the pictures by emphasizing the connections and opportunities for disease infection from unwashed hands wiping the buttocks. When those hands pick up food, diseases can get into the mouth.
6. After finishing the explanation, have facilitators take the whole set of pictures (pictures 1-10) and attach them for activity participants to see additional examples.
7. Instruct each group to look at the environment in the detention rooms and the examples of disease transmission (shown in pictures 1-10). Have each group discuss items in the pictures and behaviors in the detention room. How could diseases spread from items in the room to their bodies? Have the facilitators make the connections explained in No. 5.
8. After finishing the activity, have each group send representatives to present to the main group.
9. The facilitators can use examples in the diagrams below during the discussion to make further explanations before summarizing this activity.
10. Summary and discussion

**Discussion:**

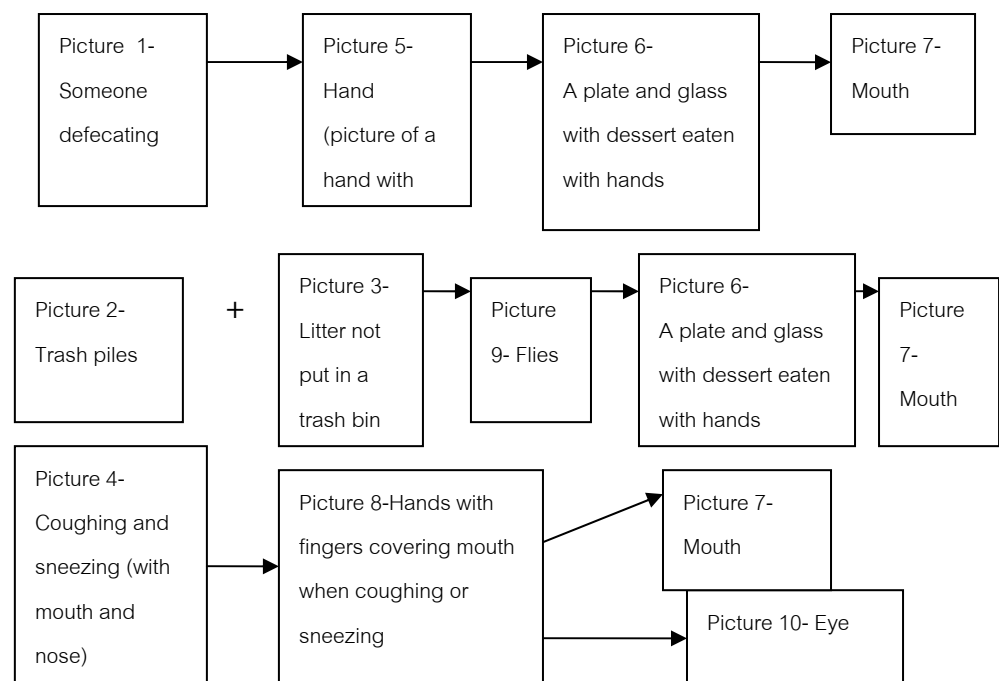
1. What will happen if you don't wash your hands after defecation?
2. If we do not touch dumped trash again, how can diseases from garbage be spread to us?
3. What happens when coughing or sneezing without covering our mouth and nose, and how will disease be spread?
4. If we use our hands to cover our mouth and nose while coughing or



sneezing and touch things without washing our hands, how could diseases from coughing or sneezing be spread into the body through the mouth or eyes?

5. The facilitators attach the additional sample picture diagrams on the board and ask the participants to figure out how to stop a disease from entering the body in picture 1. What do we think we have to do, and at which point?
6. Think of ways of stopping a disease from entering the body in picture 2. What do we think we have to do, and at which point?
7. Think of ways of stopping a disease from entering the body in picture 3. What do we think we have to do, and at which point?
8. We do not want to be sick. We want to be healthy and able to work and make money. From this activity only, what do we think we can do to minimize the illnesses of detainees?
9. What do we think we can do to minimize illness, reduce sickness, and improve hygiene regarding the cleanliness of detainees and the detention rooms?

Additional pictures for explanation:



We have already talked about washing hands as one of the ways to minimize sickness. Now we will discuss hand washing. Before we start the activity, we want to talk about how often we wash our hands, how many times a day, and how we wash them. (Ask and encourage the activity participants to answer but not yet explain answers.) We will now talk in more detail about hand washing.

**Activity 10:** Washing hands

**Purpose:** To make the activity participants realize that germs live on hands and understand proper hand washing methods

**Time:** 50 minutes

**Equipment:** Baby oil, fingerroot powder or other cooking powder that has visible particles, a basin of water for washing hands. Each group has 1 set of equipment.

**Activities Process:**

1. Divide the activity participants into sub-groups with 8 people each.
2. Distribute the equipment to each group and have all group members follow this process as it is directed by the facilitator:
  - Have everyone squeeze baby oil into their hands and rub it all over their palms
  - Pour or shake fingerroot powder from a bottle into one hand and rub all over.
3. Next give out one basin of water to each group.
4. Members in each group agree among themselves who will wash hands first. When the first person finishes washing their hands, every member in the group should compare the water in the basin to how it looked before hand washing.
5. As the members in each group wash hands one by one (in an order the group agrees upon), everyone should notice and write down how the water changes before and after each person washes.

6. When the last person finishes washing, the group should compare the water to what it looked like after the first person finished and write down their observations.
7. Afterwards, the facilitators explain the correct hand washing methods (picture samples at the end of activity).
8. After the explanation, each person washes their hands using the correct method and returns to the meeting room.
9. Summary and discussion.

**Discussion:**

1. How do we normally wash our hands?
2. In this activity, we poured oil on our hands first. Would our hands have natural oil if we did not pour oil on them? (Yes)
3. What do we think the small particles we put on our hands symbolize? (Germs, because we cannot see germs on our hands but they exist.)
4. The oil and small particles that we poured into our hands are completely washed away while washing our hands in the basin.
5. Can we see any differences when washing our hands with or without soap?
6. What do we see in the water in the basin? Compare the water from after the first person finished washing, after each person washed in between, and after the last person washed.
7. Use the analogy of the small particles representing germs sticking to the oil on our hands. We washed our hands in the same basin without changing water. If the first person has a germ what can happen? How will others be affected, especially the last person?
8. Why did the skin between the fingers have to be washed when we washed our hands using the correct method?
9. Why did we want to wash our hands with water continuously flowing from a tap when using the correct hand washing method?

10. When should we wash our hands? (Help each other think by starting from waking up in the morning until going to bed. Can be used for detainees and officers.)
11. Think about how we can improve the hand washing hygiene of detainees (what can be done).

**Washing procedure:** Wet hands and scrub with soap while following these steps



1.

Scrub both palms together.



2.

Scrub the backs of both hands.



3.

Scrub both palms while interlocking fingers.



4.

Rub the backs of fingers inside palms by bending the second knuckle from the fingertip and holding hands together while rubbing back and forth.



5.

Repeat rubbing every part of both hands



6.

Rub palms with fingers. Alternate using both hands.

7. Wash hands until clean with water from a continuously flowing tap. Then dry hands with a clean cloth.

We have done activities about hand washing in order to protect or minimize chance of infection causing sickness. Now we would like to come back and look at the pictures we drew about detention rooms to see which areas may be places that diseases concentrate, causing sickness or smells in the detention rooms.

- Activity 11:** Analyze detention room surroundings regarding sickness
- Purpose:**
1. To analyze detention room surroundings that cause sickness or discomfort to the detainees.
  2. To analyze what can be done to minimize illness and discomfort in the detention rooms.
- Time:** 50 minutes
- Equipment:** Flipcharts, markers, masking tape and pictures of the detention rooms from activity 9.
- Activity Process:**
1. Divide activity participants into sub- groups with 8 people each using the same sub- groups from activity 9.
  2. Each group looks together at what places in the detention rooms may be confluences of disease or make detainees uneasy, like stench.
  3. Each group works together and then sends a representative to present to the main groups while the facilitators write points on the boards or whiteboards.
  4. The facilitators should encourage the activity participants to collectively look for and think about the following points
    - Littering or not flushing in the rest room.
    - Littering or not putting rubbish in a trash bin.
    - A stained, unmopped area, because diseases from coughing or sneezing can be on the floor.The facilitators can add points as the sub-groups present.
  5. To save time, the facilitators can assign each group to discuss only one topic. If there are more groups than talking points, allow more than one group to discuss the same topic or subject.
  6. The most important subjects for each group to discuss under the defined topics are
    - How would they solve problems like dirty and stinking toilets?
    - Who would do the things that are proposed?

7. Each group sends a representative to present to the main group.
8. Summary and discussion.

**Discussion:**

1. What do we think partly causes a toilet to be smelly or have a lot of rubbish in it?
2. What will happen if we litter or do not put rubbish in a trash bin?
3. We have to sit and sleep and always put our hands on the floor. What will happen if we do this on a very dirty or stained floor?
4. If we do not help each other, what are the impacts on people who still detain in the detention rooms?
5. Each group reviews actions that they will collectively take to improve sanitation (review one issue at a time). For example, the facilitators would motivate the participants to set timetables and appoint people to work on these issues, such as assigning the detainees to assist with each type of cleaning and having officers arrange and coordinate equipment.

## PART 5: KNOWLEDGE ABOUT BASIC CARE FOR SYMPTOMS OF DISEASES

- Activity 12:** Symptoms of Diarrhea and primary care
- Purpose:** To educate participants about diarrhea symptoms and when to take detainees to see a doctor.
- Time:** 45 minutes
- Equipment:** Sample word cards, masking tape and flipcharts.
- Activity Process:**
1. Divide activity participants into sub-groups with 8 people each.
  2. Give out the first set of word cards to each group. The color of the word cards should not all be the same. Each group should receive a mix of colors.
  3. After giving out cards to each group, members of each group work together to make matches. The facilitators should emphasize that participants should not be worried about whether their answers are correct or not. The exercise is meant to promote thinking about the issues.
  4. After each group finishes matching the first set of word cards, the facilitators reveal the correct matches.
  5. The activity participants continue doing the activity in the same groups. The facilitators give out the second set of word cards, flipcharts and masking tape.
  6. After giving out the second set of word cards, the facilitators tell members of each group to do activities as follows: Take a word card for the main topic, "Suggestions when having diarrhea" and attach it to the top left corner of a flipchart. Take another word card for the main topic "In a case of diarrhea, when should you go to see a doctor?" and attach it to the top right corner of the flipchart.
  7. After attaching the two main topics, each group discusses which topics the remaining word cards should be under. Emphasize to



the activity participants again to think about the matching activity without worrying about if the answer is correct.

8. After each group finishes matching word cards with the main topics, the facilitators reveal the correct answers.
9. The facilitators should attach every set of correct answer word cards on a board or whiteboard.
10. Ask for three volunteers from the activity participants to come up and read the correct answers from the first set of word cards and the word card groupings in both main topics. Have each volunteer read only one subject so that all of the activity participants can review and listen again.
11. Summary and discussion.

**Discuss:**

1. Is diarrhea experienced only by children? Who can have diarrhea?
2. How can we prevent ourselves from getting diarrhea? (Wash hands every time after defecating and urinating, every time before meals, and do not eat undercooked food or food kept near flies, etc.)
3. When having diarrhea, do we have to eat a lot of vegetables and fruits? Actually what should we eat?
4. How severe of diarrhea (what stage) requires us to go see a doctor?
5. Because of the large number of detainees, what do we think should be done to quickly notice their primary symptoms?

**First set of word cards - Diarrhea**

1. "Diarrhea" matches with "a symptom often found in children under 5 years old but can occur at every age"
2. "Symptoms" matches with "to have unusual fluid stool more than three times a day, to have stool with mucus only once with bloody flux, or to have watery stool more than once in 24 hours"
3. "Causes" matches with "infections from any type of disease, like cholera, a virus, a parasite, or a toxin from ingesting"

contaminated food”

Second set of word  
cards - Diarrhea

Main topic is suggestions for people having diarrhea

Answer set -

- Refrain from eating solid food, food that is difficult to digest, foods high in fiber (such as vegetables or fruits), milk, liquor, or foods high in fat. It is best to eat soft food or easily digested liquid foods such as boiled rice, rice gruel, boiling milk-like water, or softdrinks instead.
- Children should refrain from drinking milk for 2-3 hours. Then gradually start giving formula milk as usual. For breast fed children, breast feed as usual.
- Be careful with dehydration and shortness of salt and minerals in the body. If a patient can still eat, does not vomit or vomits only a little bit, mix oral rehydration salts (ORS) from the pharmacy with  $\frac{1}{2}$  - 1 cup of boiled water to drink instead of drinking water. Alternatively, you can use salt water prepared yourself by using the following mixture:
  - One bottle of boiled water (approximately 750 millilitres)
  - 2 tablespoons of sugar
  - $\frac{1}{2}$  teaspoon of salt
- Preventable by eating cooked food kept away from flies, drinking clean water, and washing hands before meals and after defecation.

Main topic is “in a case of diarrhea, when should you go to see a doctor?”

Answer set -

- Diarrhea is lengthy and chronic.
- Having flu with diarrhea.
- Having blood mixed with stool or defecating bloody flux.

- Having vomit coupling with diarrhea and only drinking a little of water but having a lot of urine.
- A toddler under 3 years old who has symptoms of diarrhea and is losing a lot of water. You should not buy drugs to treat the toddler yourself.

**Additional  
information -  
Diarrhea**

**Symptoms of diarrhea**

“Diarrhea” is a frequent symptom in children under 5 years old but can occur at every age. There are many causes. Usually symptoms are mild and can resolve on their own. A small number may have serious symptoms that cause dehydration and shortness of salt minerals, which can be life-threatening especially in toddlers and elders.

Diarrhea can be divided into two kinds: acute diarrhea and persistence diarrhea.

Causes:

Acute diarrhea is a diarrhea symptom found in most people, occurring suddenly but not for long. There are many causes, such as:

1. Infection from any kind of disease, such as cholera, a virus or some kind of parasite.
2. Receiving a toxin of some kind of germ by eating contaminated food.

Persistence diarrhea is a diarrhea symptom that causes patients to persistently, or usually intermittantly, defecate for longer than 7 days.

Symptoms:

Having a more fluidy stool than usual more than three times a day, stool once with mucus or bloody flux, or watery stool more than once in 24 hours. Infants who are breast fed may frequently defecate soft fluids. It is not considered to be a diarrhea

symptom unless it is unusual, with a lot of frequent watery defecation.

Suggestions for people having diarrhea:

- Refrain from eating solid food, food that is difficult to digest, foods high in fiber (such as vegetables or fruits), milk, liquor, or foods high in fat. It is best to eat soft food or easily digested liquid foods such as boiled rice, rice gruel, boiling milk-like water, or soft drinks instead.
- Children should refrain from drinking milk for 2-3 hours. Then gradually start giving formula milk as usual. For breast fed children, breast feed as usual.
- Be careful with dehydration and shortness of salt and minerals in the body. If a patient can still eat, does not vomit or vomits only a little bit, mix oral rehydration salts (ORS) from the pharmacy with  $\frac{1}{2}$  - 1 cup of boiled water to drink instead of drinking water. Alternatively, use salt water prepared yourself by using the following mixture:
  - One bottle of boiled water (approximately 750 millilitres)
  - 2 tablespoons of sugar
  - $\frac{1}{2}$  teaspoon of salt
- Preventable by eating cooked food kept away from flies, drinking clean water, and washing hands before meals and after defecation.

When having diarrhea, when should someone go to see a doctor?

- Diarrhea is lengthy and chronic.
- Having flu with diarrhea
- Having blood mixed with stool or defecating with bloody flux.
- Having vomit coupling with diarrhea and only drinking a little

of water but having a lot of urine.

- A toddler under 3 years old should be taken to see a doctor when having symptoms of diarrhea and losing a lot of water. You should not buy drugs to treat the toddler yourself.

**Activity 13:** Symptoms of Flu and primary care (Flu)

**Purpose:** To educate the activity participants about fever symptoms and when symptoms require a detainee to see a doctor.

**Time:** 35 minutes

**Equipment:** Sample word cards, masking tape and flipcharts

- Activity process:**
1. Divide activity participants into sub-groups with 8 people each.
  2. When the activity participants are in sub-groups, the facilitators ask them what they understand “fever symptoms” to be. (Ask 2-3 people.) Then have the facilitators explain what “fever” means according to the information under the supplement section.
  3. Have the facilitators give out word cards (distribute a mixture of colored word cards to each group), flipcharts and masking tape.
  4. After giving out word cards, the activity leaders tell members of each group to do the activity as follows: Attach a word card with the main topic “primary care” to the flipchart at the top left corner. Attach another word card with the main topic “when should someone with a fever go to see a doctor?” to the flipchart at the top right corner.
  5. After attaching the two main topics, each group discusses under which topics the remaining word cards should be placed. Emphasize thinking and sorting without worrying about whether or not the placements are correct.
  6. When each group finishes matching word cards to the main topics the group leaders reveal the right answers.
  7. The facilitators should attach every set of word cards on a board or whiteboard under the correct topic.

8. Ask for 2 volunteers from the activity participants (do not use the same volunteers as the previous activity) to come up to read correct answers for the word card groupings. Have each person read the cards under only one topic so that all of the activity participants can review and listen to the answers again.
9. Summary and discussion.

**Discussion:**

1. Do we use a thick blanket when having a fever? What should we actually do?
2. Having a fever is common. Will it disappear by itself, and why?
3. We should help each other to tell which stages of fever symptoms require us to go see a doctor.
4. Because of the large number of detainees, what do we think should be done to quickly notice their primary symptoms?

**Word cards – having fever**

Main topic is primary care.

Answer set -

- Loosen clothing. Cover oneself with a blanket that is not too thick.
- Turn an electric fan on (if available) to help ventilation and keep cool. If no electric fan is available, use a fan to help ventilation and keep cool.
- Drink a lot of water to prevent dehydration.
- Rub body with warm wet pack (not too hot) to make the body cooler.

Main topic is: when should someone with a fever go to see a doctor?

Answer set -

- Having high body temperature that does not get better after primary care for 1-2 days for children and approximately 3-4 days for adults.
- Having a fever, cough, breathlessness, sore throat, and / or muscle pain, gasping and chest pain.

- Having a fever, red rash and sore throat.
- Having a fever, headache, dizziness with pain, or an echo sound in the ear or hearing loss.
- Having a fever coupling with diarrhea, vomit, and severe stomachache.
- Fidgetting, sweating, and having a cool body.

**Additional information – having a fever**

A fever is a body temperature that is more elevated than normal. It indicates that the body is resisting some kind of invading disease. A fever itself is actually not a sickness but is an indicator of many kinds of illnesses.

Primary Care:

1. Loosen clothing. Cover oneself with a blanket that is not too thick. Using too thick of a blanket can make the fever higher.
2. Turn on an electric fan (if available) to help ventilation and keep cool. If no electric fan is available, use a fan to help ventilation and keep cool.
3. Drink a lot of water to prevent dehydration.
4. Relieve heat by gently rubbing the body with a warm wet pack (not too hot), which can make the body cooler. Rub gently and continuously for about 30-40 minutes until the fever subsides. Do not expose the body to the outside while rubbing it.

When should someone with a fever go to see a doctor?

1. Having high body temperature that does not get better after primary care for 1-2 days for children or approximately 3-4 days for adults.
2. Having a fever, cough, breathlessness, sore throat and/or muscle pain and chest pain.
3. Having a fever, red rash and sore throat.

4. Having a fever, headache, dizziness with pain or an echo in the ears or hearing loss.
5. Having a fever coupling with diarrhea, vomit, and severe stomachache.
6. Fidgeting, sweating, and having a cool body.

<b>Activity 14:</b>	Symptoms of headache and vomit and primary care
<b>Purpose:</b>	To educate activity participants about headache and vomit symptoms and when symptoms require detainees to see a doctor.
<b>Time:</b>	35 minutes
<b>Equipment:</b>	Sample word cards, masking tape and flipcharts
<b>Activity process:</b>	<ol style="list-style-type: none"> <li>1. Divide activity participants into sub-groups with approximately 8 people in each group.</li> <li>2. When the activity participants are in sub-groups, the facilitators distribute word cards (give a mixture of colors of word cards to each group), flipcharts and masking tape.</li> <li>3. Since there are two topics, which are headache and vomit, each group will get a set of word cards for only one subject. For example, if there are 4 groups, 2 groups will get headache cards and 2 groups will get vomit cards.</li> <li>4. After distributing word cards, the facilitators tell members of each group to do the activity as follows: attach a word card for the main topic "<u>primary care</u>" to the flipchart at the top left corner, and attach another word card for the main topic "<u>when should someone go to see a doctor</u>" to the flipchart at the top right corner.</li> <li>5. After attaching two topics, each group discusses under which topics the remaining word cards should be placed. Emphasize thinking and sorting the word cards without worrying about whether or not the placements are correct.</li> <li>6. When each group finishes matching the word cards to the main</li> </ol>



topics the group leaders reveal the right answers.

7. The facilitators should attach all correct word cards to the board or whiteboard.
8. Ask 2 volunteers from the activity participants (do not use the same volunteers as the previous activity) to come up and read correct answers for the word card groupings. Have each person read the cards under only one topic so that all of the activity participants can review and listen to the answers again.
9. Summary and discussion.

Discussion:

1. Headaches are normal symptoms that anyone can have, and you can recover by resting without going to see a doctor. Is this true or not? Why?
2. Review what headache symptoms need immediate attention from the officers of the detention rooms.
3. For vomit symptoms, do we have to take oral drugs every time we vomit or not? If we do not have oral drugs, what can we do?
4. If we need an antiemetic, can we buy the medicine ourselves or not? Why?
5. What vomiting symptoms are severe and require us to rush to see a doctor?
6. Because of the large number of detainees, what do we think should be done so that we can notice their primary symptoms quickly?

Word cards -  
Headache

Main topic is primary care.

Answer set -

- Rest or take oral drugs
- Apply warm wet packs to the back of the neck and gently massage.

Main topic is "when should someone go to see a doctor"

Answer set -

- Having a headache like never before, vomiting a lot, having dizziness and double vision.
- Having more frequent and stronger aches everyday.
- Constant, continuous pain for more than 2 days.

Additional  
information -  
Headache

Headache is the most frequently occurring symptom. Everyone will encounter it at some point. In addition to common illnesses such as the common cold and influenza, anxiety and stress will also cause headaches.

Primary care:

Resting or taking headache relief medication (ask the detention room officers for oral medication), or pressing a cloth dipped in hot water to the back of neck and massaging lightly to reduce pain symptoms.

When someone with headache symptoms should rush to see a doctor:

If someone has a severe headache unlike one that he/she has ever had before, a lot of vomit, dizziness with blurred vision, aching arms, numb hands and feet, staggering, inability to bend the neck, more frequent and stronger headaches everyday, or continuous pain for more than 2 days, they should see a doctor or quickly inform an officer at the detention room.

Word cards – vomit:

Main topic is primary care

Answer set -

- Rest, drink salt water, eat liquid food.
- Take medication if symptoms persist.
- Take an antacid if it is causing pain.

Main topic is "when should someone go to see a doctor"

Answer set –

- Gushing vomit with headache symptoms.
- Vomitting blood or vomit mixed with blood.
- Having severe symptoms, a severe stomachache or headache, feeling light-headed or faint when standing up, severe sweating, inability to eat.
- Vomit is green, brown or has a strong smell.

**Additional  
information -vomit**

Vomitting symptoms can occur at any age from minor causes or from severe diseases like diarrhea, obstructed bowel, nervous system diseases, etc. Mild vomiting normally improves after vomiting.

When someone with vomit symptoms should rush to see a doctor

1. Gushing vomit, particularly after waking up with headache symptoms.
2. Bloody vomit.
3. Severe vomit, severe stomachache or headache, light-headedness or dizziness after standing up, severe sweating, or inability to eat.
4. Green, brown or strongly smelling vomit.

Primary care:

1. Rest, drink salt water, eat liquid food
2. Take an antiemetic or herbal remedy if not getting better.
3. Take an antacid for a painful or sore stomach.

An overdose of antiemetics can be lethal. They should not be bought without consulting a doctor.

**Note:** to save time, and if the activity participants can be divided into 4 sub-groups, the facilitators can incorporate activities 12-14 into one activity by having each group be responsible for one primary symptom.

<b>Activity 15:</b>	Symptoms of women who are about to give birth.
<b>Purpose:</b>	To educate activity participants about symptoms of women who are about to give birth, so that they can make it to the hospital in time.
<b>Time:</b>	30 minutes
<b>Equipment:</b>	2 sets of word cards, flipcharts, masking tape
<b>Activity Process:</b>	<ol style="list-style-type: none"> <li>1. Divide the participants into 2 groups.</li> <li>2. The facilitators attach their set of word cards that show the two main topics to opposite sides of the room. The facilitators will choose which side of the room to place the two groups.</li> <li>3. Distribute one set of participant word cards to each group in a random order.</li> <li>4. Start the activity by having the facilitators read one of the participant word cards out loud so that all participants can hear. Each group must then find that word card in their set of cards.</li> <li>5. After finding the word card, the group must agree upon whether that card is “a threatening symptom for pregnant women” or “a symptom of women about to give birth”.</li> <li>6. When a decision is made, run to attach the word card to the side of the room set by the facilitators.</li> <li>7. Groups who attach the word cards under the correct topic before other groups will be awarded points for that topic. (The facilitators should prepare small prizes for the winning groups.)</li> <li>8. Carry out the activity as explained in steps 4 through 6 until every word card has been read.</li> <li>9. The facilitators will give the correct answers and place the correct word cards under each main topic.</li> <li>10. Select a volunteer to read the correct answers.</li> <li>11. Summary and discussion.</li> </ol>
<b>Discussion:</b>	<ol style="list-style-type: none"> <li>1. Is miscarriage the only threatening symptom of pregnant women? If not, are there any dangerous symptoms we should be aware of?</li> </ol>

2. Are there any signs that a woman is about to give birth?
3. From the discussions about signs of giving birth, what are the participants' opinions on how much we need to know about detained pregnant women, the length of their pregnancy, when they are expected to give birth, or anything else?
4. If we knew of a pregnant female detainee who was about to give birth, how would we handle the situation in order to get her to a nearby hospital in time?

**Word cards**

For facilitator:

1. Threatening symptoms for pregnant women
2. Symptoms of women about to give birth

To be distributed to the participants:

- Exhaustion and fatigue
- Pain and aches in the lower abdomen
- Bleeding from the vagina
- High fever and blurred vision
- Severely swollen hands, feet and face
- Transparent or pink slime from the vagina
- Membrane rupture
- Periodical pain

**Answers:**

1. Threatening symptoms for pregnant women
  - a. Exhaustion and fatigue
  - b. Pain and aches in the lower abdomen
  - c. Bleeding from the vagina
  - d. High fever and blurred vision
  - e. Severely swollen hands, feet and face
2. Symptoms of women about to give birth
  - a. Transparent or pink slime from the vagina
  - b. Membrane rupture
  - c. Periodical pain

## PART 6: STRESS AND BASIC STRESS MANAGEMENT

We have talked about illness symptoms we may find in detention rooms, primary care, and when a detention officer should be informed of a symptom in order to see a doctor in time. Now we will discuss stress symptoms

What do we think “stress” is? (Ask around 2-3 participants.)

Normally, when we feel stress, particularly when in the detention rooms, what can we do? (Ask around 2-3 participants again.)

Next, we will talk about stress and help each other understand what we can do about it in the detention rooms.

**Activity 16:** What is stress?

**Purpose:** To discuss what stressful feelings are and what can cause them.

**Time:** 45 minutes

**Equipment:** Flipcharts, A4 size paper, pens, markers, masking tape

**Activity Process:**

1. The participants pair up and turn to face each other.
2. After pairing, participants talk to each other about how they would simply explain what “stress” is to someone who asked them.
3. Partners in each pair discuss and help each other summarize how they would simply explain what “stressful or stress” means if someone asked both of them.
4. After each pair finishes, the participants gather into groups of 5-6 people to discuss and summarize:
  - If someone asked the whole group what “stress or stressful” means how would they explain it simply?
  - What can cause the stress that the group talked about?
  - Are there similarities and differences between things causing stress for each group member?
  - What are the similarities?

- What are the differences?
5. Each group writes their answers to the 5 sub-topics in step 4 above to present to the main group.
  6. Each group assigns a representative to come forward to present to the main group.
  7. Summarize and discuss.
- Discussion:**
1. The stress that we feel is mostly caused by what?
  2. How are the things causing us stress similar or different?
  3. From listening to the group presentations, what are some similar things that cause us stress?
  4. What are some things that cause stress in one person but not another?
  5. Work together to summarize in simple words what stress is.
- Additional information:**
- Stress usually consists of :
- Stimulous situation
  - Physical and mental response
  - Thoughts and feelings in reaction to that situation
- Activity 17:** What are the symptoms of stress?
- Purpose:** To understand symptoms that can occur at anytime from stress.
- Time:** 45 minutes
- Equipment:** Word cards of phisical and mental symptoms that can occur when feeling stress, masking tape, blackboards or whiteboards
- Activity Process:**
1. Divide the participants into sub-groups with approximately 8 people in each.
  2. Distribute all word cards (from both groups) without telling if topics are physical symptoms or emotional symptoms. (Each group should get a complete set of both groups of word cards.)
  3. Instruct the participants to discuss if they ever felt stress, when it was, and what symptoms they had.
  4. Make a pile of any stress symptoms they have ever suffered

(either physical or mental symptoms) and make a separate pile of stress symptoms nobody has suffered.

5. Have each group separate the pile of symptoms they have ever suffered because of stress into two piles for physical symptoms emotional symptoms.
6. The facilitators attach the word card “physical symptoms” to one flipchart and the word card “emotional symptoms” to another flipchart.
7. Each group alternates to present which stress symptoms they selected.
8. Everytime the participants talk about symptoms they have suffered, the facilitators attach those word cards to the flipchart under either physical or emotional symptoms.
9. When every group finishes presenting, the facilitators ask the participants of each group if there are any symptoms they have ever had because of stress, that did not appear on the word cards. Write down any additional symptoms.
10. The facilitators review symptoms from stress that the activity participants have already presented by reviewing one group at a time, such as starting with physical symptoms first, then reviewing emotional symptoms.
11. Summary and discussion.

**Discussion:**

1. When stressed, what physical symptoms might there be?
2. When stressed, what emotional symptoms might there be?
3. We have now talked about the physical and emotional symptoms of feeling stress. Do we think that knowing these symptoms will help us? (Knowing when we are stressed allows us to start to look for methods of easing stress.)
4. We have the freedom to easily go anywhere, but we are still stressed because of other things. Do we think that detainees, who illegally enter the country because they want to find jobs



and send money back to their homes but have to wait in detention rooms, are likely to be stressed? If so, which matters do we think cause their stress?

5. When the detainees are stressed, are you aware of how it causes physical or emotional symptoms to the detainees?
6. If detainees are stressed and express physical symptoms like sickness, how will it affect those of us who work with them?
7. If the detainees have stress symptoms that are expressed emotionally, like fighting with each other and shouting, how will it affect those of us who work with them?

**Word cards:**

Physical symptoms:

1. Headache
2. Tight muscles in areas like the nape and shoulder
3. Dry lips
4. Accelerated heartbeat
5. Indigestion
6. Loss of appetite
7. High blood pressure
8. Exhaustion

Emotional symptoms:

1. Inability to concentrate on work or anything else
2. Having a short fuse
3. Sleeplessness
4. Forgetfulness
5. Feeling distressed and uncomfortable
6. Wanting to stand still (not wanting to do anything)
7. Having a short fuse and arguing (or fighting) easily with other people

<b>Activity 18:</b>	What should be done when feeling stressed?
<b>Purpose:</b>	To discuss ways to reduce or manage stress for oneself and for the detainees.
<b>Time:</b>	45 minutes
<b>Equipment:</b>	Flipcharts, markers and masking tape
<b>Activity Process:</b>	<ol style="list-style-type: none"> <li>1. Divide all activity participants into two groups and put each group in a line. Face the flipcharts attached to an easel or the wall. Give each group one piece of paper and one marker.</li> <li>2. The facilitators inform all activity participants in both groups that a person from each row should come up one by one to write about methods for reducing or managing stress. What each person writes should not be repeated.</li> <li>3. If the last person finishes writing but the facilitators still do not say to stop, circulate through again to write more methods. (People who have already written can go forward to write again.)</li> <li>4. When time is up, each group sends a representative to come forward to present methods of stress reduction and management.</li> <li>5. After presenting, the groups help each other to think about which methods of reducing or managing stress do not have any health effects and which methods cause bad health effects.</li> <li>6. After presenting, divide into sub-groups of fewer than 8 people.</li> <li>7. The facilitators divide the main points of methods for stress reduction and management that the groups presented among the new groups (leave out methods that have negative effects to health).</li> <li>8. When each group gets topics about stress reduction and management methods, they work together to think about when each method can be used, for what kinds of stressful situations or events, and for which types of stress.</li> <li>9. Each group comes forward to present to the main group.</li> </ol>

10. Summary and discussion.

**Discussion:**

1. Are there any stress reduction or management methods that negatively affect health?
2. Are there any stress reduction or management methods that do not negatively affect health?
3. Which stress reduction or stress management methods can actually be used?
4. As we have already discussed in the previous activity, detainees also have stress. Do we think methods to reduce stress will be the same or not for the detainees? Why? (Not the same because they are in detention rooms.)
5. Detainees can be very stressed, causing quarrels or noisiness, which makes us work harder. Think about what can be done for long-term detainees who may feel stress.

## PART 7: BASIC KNOWLEDGE ABOUT HIV/AIDS

We have discussed the living and working conditions of migrant labors. In the following part, we will talk about health conditions of migrant labors. We will start with HIV/AIDS.

**Activity 19:** Risk assessment

**Purpose:**

1. To enhance understanding about modes of transmission and secretion related to HIV/AIDS.
2. To practice analyzing HIV infections (points at which the virus exits a person with HIV, quantity of the virus, the virus's survival, points at which the virus can enter a person)

**Time:** 45 minutes

**Equipment:** Flipchart paper, markers, masking tape

**Activity Process:**

1. Start by writing the following words: "body fluid", "body openings" and "sexual activities" on 3 separate boards or flipcharts. Place the 3 boards or sheets of flipchart paper into different corners of the room. Ask each sample question.
2. Divide group into 3 sub-groups. Have each group line up and run in a circle in order to write answers to the defined topic.
3. For the first sheet/board with the words "body fluid", ask the activity participants "what are any body fluids you know of or have you ever heard of?"
4. On the second sheet of paper or board with the words "body openings", ask the activity participants "which openings into the body do you know of or have you ever heard of?"
5. On the third sheet of paper or board with the words "sexual activities", ask the activity participants "what sexual activities do you know of or have you ever heard of?"
6. Next, the facilitator instructs activity participants to discuss what kinds of body fluids contain a lot of HIV virus and what kinds contain little HIV virus.

7. Continue discussing which openings in the body contain a lot of HIV virus and what sexual activities they are connected with. Discuss which openings have little HIV virus and what sexual activities they are connected with.
8. Now that we have discussed body fluids, openings or orifices, and sexual activities, we will discuss how the virus gets into the body. How are body fluids, holes or orifices and sexual activities connected to an HIV virus infection? (Answer – This is how the HIV virus enters the body or spreads from one person to another, particularly through sexual intercourse. The HIV virus is spread from semen and/or discharge from the vagina during intercourse through openings of the vagina or the anus.)
9. Apart from connections between body fluids, openings or orifices and sexual activities, the spread of HIV depends on the following factors:
  - (1) The exit point of body fluid from the infectious person. The HIV must exit from the infectious persons' body.
  - (2) The quantity of HIV in fluids exiting the body. There must be sufficient amount of the HIV virus in the secretion to spread the disease from one person to another.
  - (3) Survival conditions for the HIV virus leaving the body. The HIV virus must exit the body into an environment in which it can survive (such as a human body).
  - (4) Entry point for the HIV virus in another person. There must be an entry point for the HIV virus to go into another person's body.
10. Next we will work together to analyze different behaviors and the risk of HIV transmission. We will do the analysis using concepts of point of exit, quantity of virus, survival conditions, and point of entry. Normally HIV virus transmission requires all 4 of these

factors.

11. The facilitators draw a table with 6 columns as shown below:

Question	Exit points of fluid that contains HIV virus	Quantity of live HIV in the fluid exiting an opening in the body	Survival conditions for HIV virus leaving the body	Entry points for HIV virus entering another person	Infection or no infection

12. Complete the chart for question No. 1 “no intercourse” to use as an example before having each group analyze the remaining questions.

13. Afterwards, the activity participants divide into sub-groups (their old groups) and the questions are distributed in equal numbers to each group. Have each group work together to analyze the questions they received. Discuss those behaviors regarding points of exit from the body for the HIV virus, quantity of the virus, survival conditions for the virus, and point of entry into another person. Do people have a chance of contracting the HIV virus through these behaviors? How?

14. Afterwards, each group comes forward to present their answers. For their presentation, in addition to saying the likelihood of contracting HIV, each group must answer why by analyzing the exit point, quantity, survival condition, and entry point of the virus. After the group answers all of the questions, the remaining groups discuss whether or not they agree and why.

15. Summarize and discuss.

**Additional information for facilitators:**

- Secretions with sufficient amount of HIV virus to be contagious to another person are semen, fluid in a woman's vagina, and breast milk.

- Other kinds of fluid in the body such as saliva, sweat, vomit, tears, urine, and stool, have too little amount of HIV virus to be contagious.
- For HIV virus transmission, there must be a liquid or secretion containing enough HIV virus entering another person's blood stream. It can enter the body through holes from injections or tattooing, or through mucous membranes in the fadge wall, mucous membranes in the anus, or mucous membranes in the urethra, which is in the penis.

**Discuss:**

1. Which body fluids or secretions have little HIV virus and which have a lot of HIV virus?
2. What are the openings or points of entry through which the secretion can get into the body?
3. Which behaviors have the highest risk of HIV virus infection?
4. From which sexual behaviors is the HIV virus usually contracted? Which openings are the points of entry for the secretion containing HIV virus? Ask groups separately about males and females.
5. Can we contract HIV in our routine work with a person with HIV or from staying in the same house as a person with HIV? How? Analyze the question regarding secretions, point of entry for secretions and sexual behaviors.
6. If our friends or family members contract HIV become sick, can we take care of them or not? Why? Analyze the question regarding secretions, point of entry for secretions and sexual behaviors.
7. Considering characteristics of secretion, entry points of secretion, and sexual behaviors with the highest chance of HIV infection, how can we protect ourselves from HIV virus infection?

## Questions and answers

Question	Exit points of fluid that contains HIV virus	Quantity of live HIV in the fluid exiting an opening in the body	Survival conditions for HIV virus leaving the body	Entry points for HIV virus entering another person	Infection or no infection
1. No intercourse	✗	✗	✗	✗	Not infected
2. Using the same toilet	✗	✗	✗	✗	Not infected
3. Sex without a condom between a man who has HIV and a woman who does not	✓	✓	✓	✓	Infected
4. Sex without a condom between a man who does not has HIV and a woman who does	✓	✓	✓	✓	Infected
5. Kissing	✓	✗	✗	✗	Not infected
6. Anal sex without a condom when one person has HIV	✓	✓	✓	✓	Infected
7. Grasping hands with a person infected with HIV	✗	✗	✗	✗	Not infected
8. Mosquito bites (Normally after a mosquito bites one person it will not immediately	✓	✗	✗	✗	Not infected



Question	Exit points of fluid that contains HIV virus	Quantity of live HIV in the fluid exiting an opening in the body	Survival conditions for HIV virus leaving the body	Entry points for HIV virus entering another person	Infection or no infection
bite another, and a mosquito will suck in blood, not inject blood.)					
9. Using the same needle with HIV-positive person(s)	✓	✓	✓	✓	Infected
10. Having sex with a person infected with HIV while using a condom (For example, the man has HIV and the woman does not.)	✓	✓	✓	✗	Not infected
11. Donating blood when needles and blood drawing equipment is disposed of every time. We who are blood donors will not contract HIV from the donation. However, if there is no proper screening process for the donated blood and it is given to others, the recipient can contract the HIV virus.	✓	✓	✓	✗	Not infected

Question	Exit points of fluid that contains HIV virus	Quantity of live HIV in the fluid exiting an opening in the body	Survival conditions for HIV virus leaving the body	Entry points for HIV virus entering another person	Infection or no infection
12. Having oral sex without using a condom when the passive person has HIV (Semen does not get into the mouth.)	✓ From genitals	✓	✓	✓ Possible if having symptoms of sore throat or inflammation of tissues in the throat. But the chances are very slim, especially when not having had an operation in the oral cavity, not brushing teeth before oral sex, and not having a mouth ulcer.	Infected (but little chance, infection from sexual intercourse is more worrisome)
13. Having meals that a person with HIV has prepared.	✗	✗	✗	✗	Not infected
14. Having sex with a person with HIV when the man does not have HIV and the woman	✓	✓	✓	✓	Infected

Question	Exit points of fluid that contains HIV virus	Quantity of live HIV in the fluid exiting an opening in the body	Survival conditions for HIV virus leaving the body	Entry points for HIV virus entering another person	Infection or no infection
does and they use a condom at first before orgasm, but the man removes it and inserts again until orgasm					

**Activity 20:**

Who has the HIV virus?

**Purpose:**

To understand that anyone can contract the HIV virus, depending on their risky behaviors but not depending on their age, sex or career.

**Time:**

45 minutes

**Equipment:**

1. Cut 7 different pictures of people with different careers and ages as follows (they may be in the same picture or in 7 separate pictures):
  - 1) a female teenager
  - 2) a male teenager
  - 3) a working teenager at a karaoke shop
  - 4) a woman about 25-35 years old
  - 5) a man about 25-35 years old
  - 6) a working man about 20-30 years old
  - 7) a working man about 45 years old or more
2. Stick the pictures on a big color sheet with an explanation of each picture's status and job. On the back of the pictures, write either the statement "this person has HIV" or "this person does not have HIV." The statements on each picture will show in the end that anyone can

contract HIV and we cannot know who has HIV as long as there are no symptoms. We can only know who has HIV from a blood test.

3. Flipchart paper, markers and masking tape.

**Activity process:**

1. Stick the pictures on the flipchart paper or board so everyone can see clearly.
2. Explain characteristics of each person to the activity participants.
3. After explaining, give out markers to all activity participants and let them come forward one at a time to choose who they think has HIV. Each person can choose up to three people.
4. When choosing, each person marks ✓ next to or below the pictures on the flipchart paper or on the board (as to not mark up the pictures so they can be reused).
5. Point to the pictures and ask who chose each person to have HIV. When participants raise their hands, randomly choose participants to explain why they think that the person has HIV.
6. Repeat step 5 for every picture. Each time ask 3 activity participants their reasons for choosing this person to have HIV.
7. After asking reasons for all of the pictures, the facilitator reads the answers on the back of the pictures.
8. Explain the sexual network using pictures showing the sexual network and giving additional information.
9. Summarize and discuss the questions below.

**Discuss:**

1. What criteria do we normally use when judging if someone has HIV or not? Explain.
2. Can we correctly guess who has HIV? Why?
3. Normally, someone who has HIV but does not show symptoms has what kind of appearance? Explain.
4. How can we know who has HIV and who does not?
5. Does HIV infection depend on social status, career or nationality? Why? What does contracting HIV actually depend on?
6. Can an HIV positive person who does not show any symptoms still

spread the disease? How can we prevent ourselves from contracting HIV?

7. For females in the group, do we think if we only have sex with our husbands that we have a chance of contracting HIV? Why?
8. Do women contract HIV only from men or not? Do men have a chance of contracting HIV from women or not? Why?

**Answers and additional explanation:**

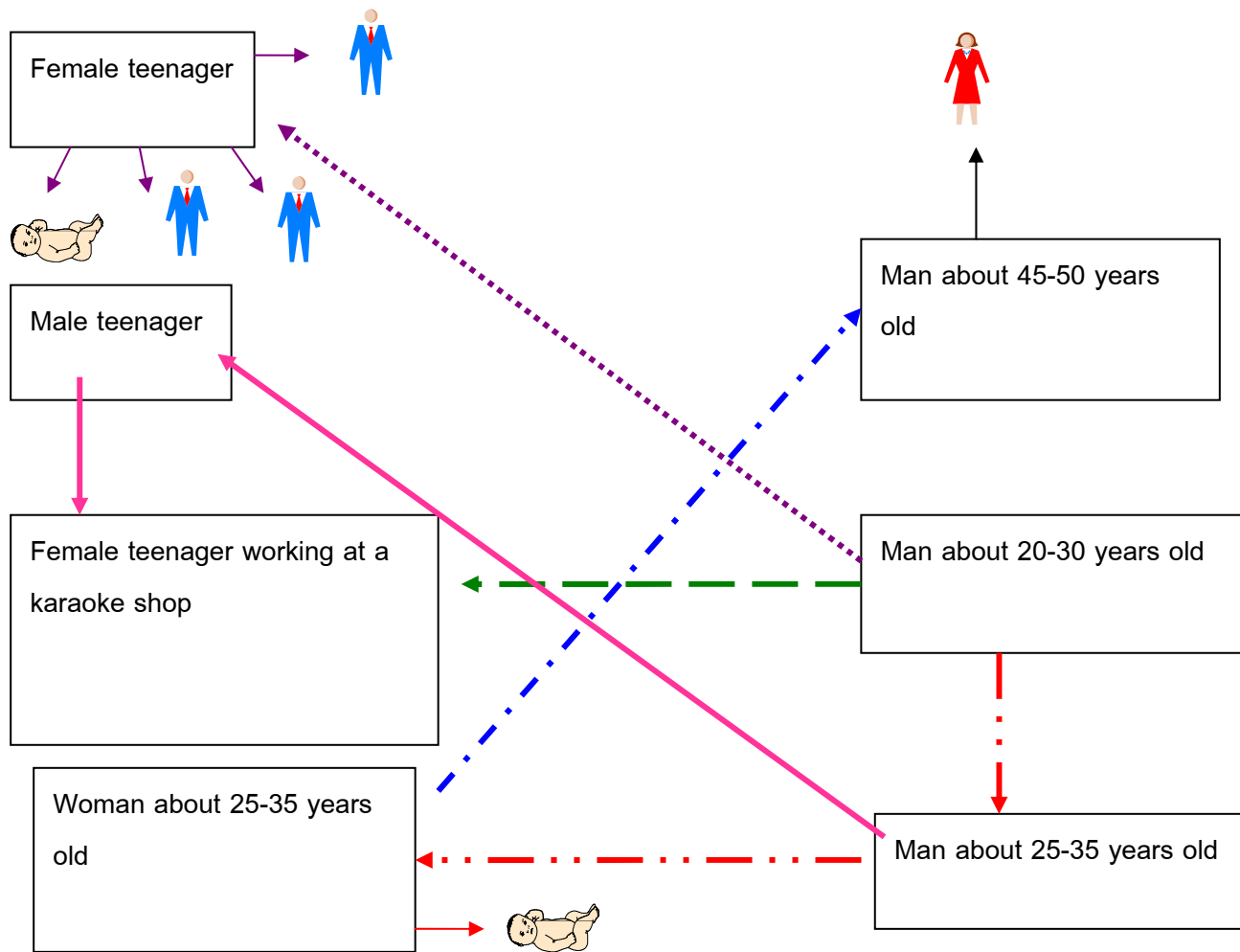
Samples for explanations of characteristics of people in the pictures and whether or not that person has HIV.

1. Female teenager	<i>Has no HIV.</i>  This teenager still has never had sex.	<b>Character</b> – This female teenager works in a factory or on a farm.
2. Male teenager	<i>Has HIV.</i>  This teenager has sex with men and women and does not use a condom when having sex with men because they are not sex workers.	<b>Character</b> – This male teenager works in a factory, on a farm, is a driver who delivers goods, or works on a fishing boat.
3. Female teenager	<i>Has no HIV.</i>  Because she uses a condom every time when having sex with anyone.	<b>Character</b> – The female teenager works in a karaoke shop.

<p>4. Woman about 25-35 years old</p>	<p><i>Has no HIV.</i></p> <p>Even though she used to have a different boyfriend and had sex with him, she used a condom with all of her ex-boyfriends. She does not use a condom with her current boyfriend because they both have only one partner and plan to get married and think that it is unnecessary to use a condom.</p>	<p><b>Character</b> – The girlfriend of a 25-30 year-old man</p>
<p>5. 25-35 year-old Male</p>	<p><i>Has HIV.</i></p> <p>He has sex with females and males but will use a condom only with female sex workers.</p>	<p><b>Character</b> – He is a fisherman or works on a farm, and used to be the boyfriend of the woman No. 4.</p>
<p>6. 20-30 year-old Male</p>	<p><i>Has HIV.</i></p> <p>Because of sharing needles and other equipments for injection of drugs such as heroine with other persons.</p>	<p><b>Character</b> – This man works in a factory, on a farm, is a driver for delivering goods, or works on a fishing boat.</p>

<p>7. Man about 45 years old or more</p>	<p><i>Has HIV.</i></p> <p>He likes to drink beer regularly.</p> <p>He has sex with female sex workers but uses a condom. We speculate that he has HIV because of having sex with a female without using a condom because she was not a sex worker. Also, if any sex workers are regular partners, he might not use a condom.</p>	<p><b>Character</b> –This man is wealthy and has his own business and a lot of employees.</p>
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Sample of sexual network affecting the spread of HIV





**Line** — . . — A man about 20-30 years old has sex with a man about 25-35 years old without using a condom because he think he does not need to unless having sex with sex workers. As a result, the 25-35 year old man contracts HIV. When he comes home and has sex with his wife without using a condom, the wife (a woman about 25-35 years old) also gets HIV. If this woman has a child, what will happen to the child? The baby will have a 30% chance of contracting HIV from its mother. What problems or situations will the newborn child face?

**Line** - . - . - If the 25-35 year-old woman has sex without a condom with the 45 year-old man what will happen? And when this man has sex with his wife without using a condom, what will happen?



**Line**  If the 20-30 year-old man has sex with a condom with the female teenager working at a karaoke shop, what will happen?

**Line**  When the 20-30 year-old man becomes the partner of a female teenager and has sex without using a condom, what will happen to the female teenager? If they later separate and the female teenager has a new partner and also does not use a condom, what will happen to the new partner and other partners of the female teenager? If in the future this female teenager gets married and has a child, what can happen to her child?

**Line**  If the 25-35 year-old man has sex with the male teenager without using a condom, what can happen? And subsequently, if this male teenager has sex with the female teenager working at the karaoke shop and they become boyfriend and girlfriend and do not use condoms, what can happen to the female?

**Activity 21:** Counseling services for a voluntary HIV test

**Purpose:**

1. To analyze and discuss advantages and disadvantages of an HIV blood test.
2. To educate participants about HIV blood test services.

**Time:** One hour

**Equipment:**

1. Defined situation to describe to the activity participants
2. Flipchart paper
3. Markers

**Activity process:**

1. Open a discussion with the training participants of the main group by writing the words “advantages” and “disadvantages” on a whiteboard divided into two big columns.
2. Ask the training participants about possible disadvantages of having an HIV blood test when we doubt our own behaviors put us at risk. Write responses on the board under the disadvantages heading.
3. Ask the training participants about possible advantages of having an HIV blood test when we doubt our own behaviors put

us at risk. Write responses on the board under the advantages heading.

4. The training participants discuss the advantages and disadvantages of an HIV blood test. Then try to answer whether or not we should be tested. Why? The facilitator should encourage the activity participants to be tested using the advantages that were discussed. Then proceed with the activity (steps 5 through 8), emphasizing that early awareness of having HIV, especially when still healthy, will help us take care of our health, maintain body strength, and extend the length of our lives by taking anti-viral medication.
5. Divide groups of the training participants into sub-groups, with 8 people each. Each group lines up in a single line, facing the board where flipchart paper is attached.
6. Each person of each group answers “who should go for an HIV blood test?” by writing responses one at a time on the flipchart paper.
7. When each group is finished have a group representative present their group’s answers.
8. The facilitator should note the training participants’ answers in order to give additional information, especially for any misunderstanding that HIV infection only occurs to one group of people. HIV infection actually depends on risky behaviors unrelated to age, sex or occupation. The facilitator should emphasize using condoms properly every time.
9. Divide the activity participants into sub-groups
10. Tell the following story to the main group members:

Mr. A has had illness symptoms periodically for about 2 months. The last time he went to see a doctor he had to wait for another doctor after coming out of an examining room. While he waited with patients and other people waiting

nearby, an officer talking loudly with Mr. A so others sitting in the same area could hear. He asked Mr. A “whether or not he would like to take an HIV blood test.”

11. Each group discusses the following questions:

- If we were Mr. A and there was an officer talking about getting an HIV blood test in an area with other people and other patients, how would we feel?
- If we were Mr. A, where would we like to be when talking about a blood test for HIV? What should that place be like? Give examples.
- If we were Mr. A, what information we would like to know before deciding whether or not to have the blood test for HIV? Explain.
- If we were Mr. A, we would receive results after getting a blood test. In what setting would we like to be when hearing the results of the blood test? For example, we would want to be in a closed room without anybody there other than us and an officer.
- If we were Mr. A and the result of blood test was HIV negative, what information would we like the officer to give us? Explain.
- If we were Mr. A and the result of blood test was HIV positive, what information would we like the officer to give us? Explain.

12. After each group finishes their discussion, they should write their responses down on flipchart paper and choose a representative to present to the main group. Give additional information to the training participants about counseling services available before and after HIV blood test and privacy and confidentiality of the blood test result.

**Discuss:**

1. From the discussion about Mr. A's situation, what do we think the

features of HIV blood test services should be?

2. Considering Mr. A's situation, whose decision should it be to have an HIV blood test?
3. What are advantages and disadvantages of getting an HIV test? Do we think we will go for the test? Why?
4. If we wanted to have an HIV blood test, what aspects of the test would we consider? (For example, pre and post blood test counseling services, privacy and confidentiality for the result notification procedures of the service center.)
5. If we made a decision to have an HIV blood test and the result was positive (the facilitator should first explain the meanings of negative and positive test results), how should we behave to protect ourselves in the future?
6. If we made a decision to have an HIV blood test and the result was negative, how should we behave to protect ourselves in the future, including what recommendations or additional information is needed and where we could find such additional information?
7. Suppose we have blood tests and the results are HIV negative. What should we do next? (The facilitator must emphasize this point as a summary – using a condom and water-based lubricant every time and with everyone.)

**Additional information for the facilitator:**

The proper process of HIV tests should include pre and post blood test counseling services, and should be on a voluntary basis.

The word “**voluntary**” in this context means that it is our choice to decide whether or not to get the test. A test that is “voluntary” is opposite to a “compulsory test” that we are obligated to have. A compulsory blood test is a violation of individual and human rights. Therefore, the first stage of an HIV test must be making our own decision to get tested.

The words “**counseling services**” means proper HIV tests must have counseling services available both before taking the test as well as before and after receiving the test result.

The words “**counseling services before blood test**” refer to the process of talking with a counselor in a closed room about the risk assessment, blood test process and result notification. At this time we can ask questions (as we desire) about the test and discuss worries and fears so that we can decide if we are ready for the HIV test.

**Counseling after receiving the blood test result and before informing us of the blood result:** In this process, a counselor will help to inform us of the test result. But before informing us of the result, the counselor must first be sure that we understand the test, give us a chance to express feelings, and help us plan and/or transfer us to other units for treatment. Continuous additional counseling includes transferring us to talk with someone who can help to understand more about HIV/AIDS. In case that the test result is negative, the counselor should help us to evaluate our risky behaviors by talking, giving information, encouraging us to reduce the risky behaviors, and instructing and demonstrating correct condom use.

The word “**test**” refers to the blood test that is usually used when checking for HIV. The blood test is done in a laboratory by looking for antibodies. Antibodies are chemicals produced by our body. They are white blood cells fighting HIV in the body.

**Blood test results:**

**Positive result** – When the blood test finds the antibodies fighting HIV, it means that HIV got into our body. Errors in the blood test are possible. Therefore, if the blood test is positive, it should be repeated.

**Negative result** – When the blood test does not find antibodies for HIV in the body, it means that the person is not infected by HIV or is infected but it was not yet found. The period of time between infection and when the infection can be detected is called a window period. The window period for HIV is about 3 months after exposure to the infection. Therefore, the counselors should advise the clients to take the test 3 months after practicing risky behavior.

- Activity 22:** Time bomb condom
- Purpose:**
1. To review information about condoms and HIV/AIDS and assess the target groups' attitudes toward condoms and HIV/AIDS.
  2. To provide the groups with an opportunity to touch condoms and practice correct condom use.
- Time:** 25-30 minutes
- Group Size:** Do activities with the main group
- Equipment:**
1. Statement about condoms and HIV/AIDS
  2. Condoms, tissues and dildo for every activity participant
  3. Songs (use a cassette tape or CD player)
  4. Baby oil
  5. Lubricants, any brand
- Activity Process:**
1. All activity participants write about what they have heard or would like to know about condoms and give papers to the facilitator to keep for discussing at the end of activity, especially if any questions are not in the prepared discussion questions.
  2. Ask for volunteers to stand up at the front of the room (the number of volunteers depends on the desired number of statements for this activity).
  3. Give out condoms to each volunteer and a statement on a small piece of paper rolled up to keep the statement hidden.
  4. The volunteers put the statement papers into the condoms.
  5. The volunteers blow up condoms and fasten the end to make

balloons. They then give them back to the facilitator.

6. Have everyone in the group stand or sit in a circle.
7. The facilitator gives one or two balloons to the group. Then turn on fun songs and have the group continuously pass the balloons around the circle while the song is playing.
8. When the song finishes or is stopped, the member of the group who has the balloon must sit on it to make the condom pop.
9. The person(s) then must pick up the statement from inside the condom and read it to everyone and say whether that statement is true or false. The person(s) must give reasons for why they believe it is true or false.
10. Open a discussion by letting everyone in the group add information and correct misunderstandings.
11. Repeat the activity process until no more balloons are left in order to answer every question.

**Sample statements:**

1. Wearing 2 condoms provides extra safety.
2. A man should be the one responsible for condom use.
3. If a condom needs to be more lubricated, you can use lotion to increase the lubrication.
4. "Monogamy" is a certain way to be safe from the HIV virus.
5. If our partner brings their HIV test result to us and it is negative, it means that they have no HIV virus. Therefore, it is unnecessary to use a condom when having sex.

**Answers:**

1. No. Because wearing 2 condoms causes more friction between the rubber and skin and may cause the condom to break. Correctly wearing one condom is enough to prevent sexually transmitted infections, including HIV. Also wearing one condom will not cause discomfort and not waste money. Use of one condom works every time when having sex and can make everyone have safe sex lives.
2. No. Because having sex is a decision between two people. Both

males and females should share the responsibility. To decide on a method of having safe sex, a couple should consider both pregnancy and disease prevention. Condoms are the only contraceptive method that prevents both pregnancy and sexually transmitted infections including HIV.

3. No. Because the condom is made from rubber and can easily break if touching a substance containing oil or any lotions like hair and skin lotion. A condom has a water-based lubricating substance. If that is not enough lubrication, use water-based lubricants such as KY or duo.
4. No. The risk of HIV transmission through sex results from having sex without any protection with an HIV infectious person. Physical appearances cannot show who has an HIV virus infection. "Monogamy" depends on each person's sex record. If either person has ever had unsafe sex or still does, and does not use protection with a current partner, there is still a risk of contracting HIV.
5. No. The blood test result is only valid for that person's status three months ago, not for the present or future. If in the past three months, the partner had unprotected sex, there is a risk of HIV infection. The negative blood result may mean the partner has been infected but it was not found because of the window period. The couple should talk to each other to understand the "meanings of the HIV blood test and the results." They should plan together how to have safe sex lives and discuss using a condom every time and with everyone.

**Discuss:**

1. Have we ever touched a condom before and how did we feel when touching the condom in this activity?
2. How you use a condom and what are the benefits?
3. If we have to choose between condom use and contracting the HIV virus, and considering effects of AIDS, do we think we will



use a condom when having sex or not?

4. If we use condoms when having sex, who will we use them with?

Why would you use condoms with those people?

Answer the questions that the activity participants asked when starting the activity.

**Suggestions:**

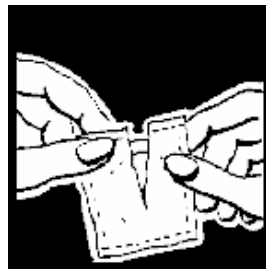
The facilitator should emphasize the benefits of wearing condoms, which can protect people from HIV infection, sexually transmission infections and pregnancy. Have all activity participants practice correct condom use after the demonstration. Also demonstrate that oil can cause a condom to burst.

**Correct condom use**

Keep the condom out of the sunlight

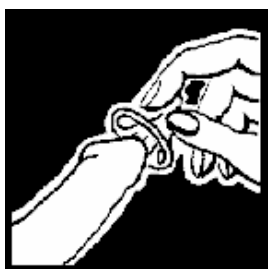


Do not use an expired condom. Be sure to use a new condom by looking at expiration date printed on the box or case.



Be sure that there is enough light to see what you are doing when you open a condom wrapper.

The appropriate time to put on a condom is when the penis is erect, but it must be on before the penis touches the genital or mouth of a partner.



Before putting it on, squeeze the tip of the condom with the thumb and forefinger to remove excess of air from

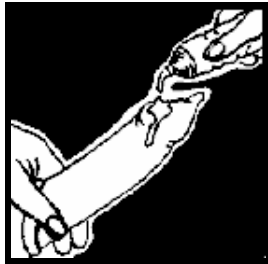


Use the other hand to roll the condom down to the base of the penis. Make sure it is rolled to the base. Be careful not to tear or

the condom.  
Forcing out this air  
will make room for  
semen.

hook the condom with  
nails or jewelry.

Be sure to roll the foreskin before putting a condom on an uncircumcised penis.



Put water-based  
lubricant all over the  
outside of the  
condom and be  
sure to have  
enough lubrication  
fluid in the vagina  
before intercourse.



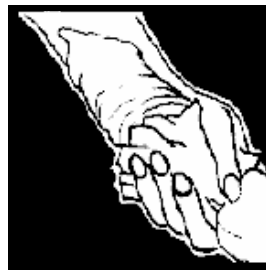
Dropping one drop of  
water-based lubricant  
on the tip of a condom  
before wearing it will  
make the penis more  
alert.

If there is not enough water-based lubrication, the condom can tear, slip off, or wound the vagina because of friction.

**Important:** use only water-based lubricants such as KY or DUO. Do not use oil-based lubricants such as Nivia, Vaseline, baby lotion, or massage oil because oil-based lubricants can damage the condom.



When finished, hold  
the rim of condom  
at the base of the  
penis to prevent the  
semen from coming  
out, and withdraw  
the penis from the  
vagina before it is  
soft.

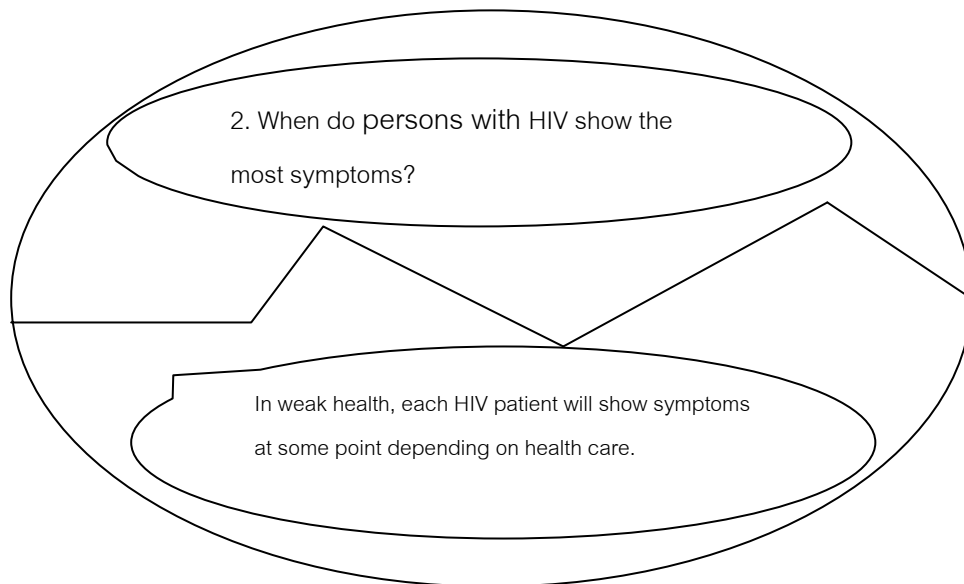
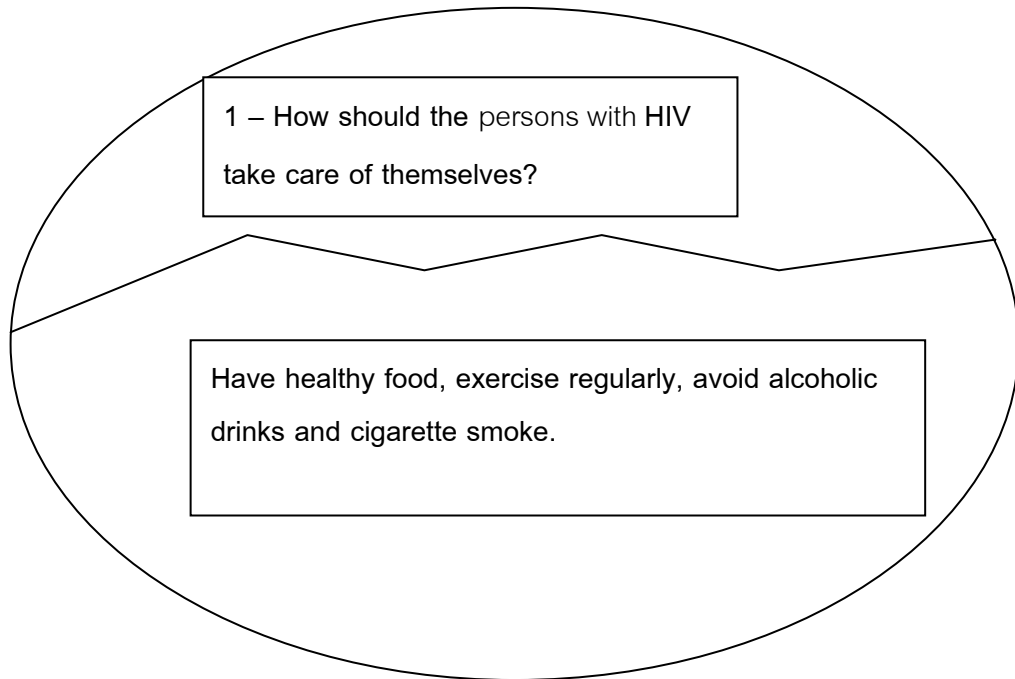


Use tissue to wrap  
around the base of the  
penis first. Then start  
rolling the condom  
from the base. When  
taking it off, use tissue  
in another hand to  
wipe the penis.

Throw away the used condom.

<b>Activity 23:</b>	Primary care of people with HIV/AIDS
<b>Purpose:</b>	To educate the activity participants about primary care and treatment of people with HIV/AIDS
<b>Tine:</b>	30-45 minutes
<b>Group Size:</b>	Big group of about 15-20 persons
<b>Equipment:</b>	Question cards (examples attached at the end of activity), flipchart paper, masking tape
<b>Activity Process:</b>	<ol style="list-style-type: none"> <li>1. Divide the activity participants into sub-groups with about 8 people each.</li> <li>2. Give out word cards and answer cards separately to each group so each group gets two full sets of word cards.</li> <li>3. The members of each group work together to pair the question and answer cards for every question.</li> <li>4. Each group comes forward to present their group's answers by attaching them to the flipchart paper. During the presentation on the answer pairs, have the groups give reasons for pairing each topic.</li> <li>5. Give correct answers and additonal information.</li> </ol>
<b>Discuss:</b>	<ol style="list-style-type: none"> <li>1. If we suggest that the persons with HIV take care of their own health, what do we tell them?</li> <li>2. Why do we usually give moral support to the persons with HIV to take care of themselves?</li> <li>3. Is antiviral medication a full cure? If getting better when taking the medicine, should it be stopped?</li> <li>4. Do the various diseases making persons with HIV sick or uncomfortable occur only in HIV infected people or not? Why?</li> </ol>
<b>Suggestions for the facilitator:</b>	The facilitators must emphasize that we can only give moral support and suggestions for primary care. For other concerns we should recommend that they ask for information directly from HIV/AIDS workers and doctors or the officers who provide care and treatment.

Samples of question arrangement and answers:



3 – Can HIV patients take oral drugs for a cure?

Opportunistic infections can be healed and recovered from fully, but antiviral medication for an HIV infection only stops the spread of HIV in the body. It cannot be cured entirely.

4. Can antiviral medication be stopped when feeling better?

Consult a doctor for when to start taking medications, and if you must continue taking them for life.

5. Who can opportunistic infections such as tuberculosis, chronic diarrhea, and pneumonia happen to?

Anyone, not necessarily only to HIV and AIDS patients

6. The HIV virus will not cause any diseases, what does it do?

HIV destroys the immune system and causes HIV patients to contract other diseases easily and eventually die.

## PART 8: BASIC KNOWLEDGE ABOUT TUBERCULOSIS

In the following activities, we will talk about tuberculosis, but first we need to review HIV/AIDS.

1. In the case that we accidentally find out that a detainee has HIV, what should we do?  
(Answer – Do nothing and do not tell anyone. The detainee is an HIV positive person, not an AIDS patient who needs to be transferred for treatment. The detainee can stay in the detention rooms with other detainees as usual.)
2. If a detainee wants to have an HIV test, what kind of services should we send this detainee to?  
(Answer– Send the detainee to a health service facility that has counseling before and after the HIV blood test).

Now we will talk about tuberculosis.

- Activity 24:** Introduction to tuberculosis
- Purpose:** To review our understanding of tuberculosis.
- Time:** 30 minutes
- Equipment:**
- Flipcharts and markers
  - Questions about tuberculosis as follows:
    1. Germs (bacteria) causing tuberculosis can live in our body without causing illness symptoms for many years.
    2. Airborne sputum with germs causing tuberculosis comes out when coughing or sneezing, and can live both in dark and light places.
    3. We can contract the germs that cause tuberculosis and be sick with tuberculosis after inhaling the germs only once.
    4. After exposure to tuberculosis germs, we have a high probability of becoming ill with tuberculosis within 1-2 years. After 1-2 years, the probability of becoming ill with tuberculosis will be reduced as time goes by.
    5. We can tell who is ill with tuberculosis by looking at features of

their cough.

6. Are the amount of tuberculosis germs we are exposed to and body (immune system) strength are indicative of whether or not a person will be ill with tuberculosis?
7. Good ventilation somewhere will reduce the chance of contracting tuberculosis germs.
8. Each person will become ill with tuberculosis about one week after exposure to germs that cause tuberculosis
9. Tuberculosis is an incurable disease.
10. Incorrect drug use, such as not taking medicine as prescribed by doctors, will make tuberculosis germs become drug resistant.
11. If we think we contracted tuberculosis germs we do not need to see a doctor to check for infection until having disease symptoms.
12. If we are ill with tuberculosis and have seen a doctor, we do not need to continue to take the prescribed medication if we are feeling better about 2-3 weeks later.
13. Each person can contract tuberculosis and become ill with tuberculosis many times in their lifetime.
14. People with HIV have a high risk of becoming ill with tuberculosis.
15. A cough is the only tuberculosis symptom.

**Answers:**

- |           |          |           |           |
|-----------|----------|-----------|-----------|
| 1. True   | 2. False | 3. False  | 4. True   |
| 5. False  | 6. True  | 7. True   | 8. False  |
| 9. False  | 10. True | 11. False | 12. False |
| 13. False | 14. True | 15. False |           |

**Activity process:**

1. Divide the activity participants into sub-groups with 6-8 people each.
2. Divide the questions between each group as equally as possible.
3. Give out flipcharts and markers to each group.



4. After receiving the questions, flipcharts and markers, each group discusses among themselves to answer their questions.
5. In giving answers, they should not only respond “true” or “false,” but discuss why.
6. Tell each group not to be worried about whether their explanations are correct or not. The main point is to exchange opinions in groups.
7. When each group finishes answering questions and discussing, they should each send a representative forward to present to the main group.
8. Each group reads their questions and provides what they believe to be the answers. Afterwards, discuss with the main group about whether or not they agree and what different suggestions they have.
9. The activity leaders provide answers and additional information.

**Discuss:**

1. How is tuberculosis communicable?
2. What are the primary symptoms of tuberculosis?
3. If we find detainees who have the primary symptoms of tuberculosis or we are not sure if they have the primary symptoms of tuberculosis, what is the first thing we should do?
4. Because of the large number of detainees, what should we do to quickly notice their primary symptoms of tuberculosis?
5. Besides noticing the primary symptoms of tuberculosis, what we can do to reduce the chances of spreading the germs that cause tuberculosis? (Answer– Mopping the floor with anti-germ liquid once or twice a day, and if possible, adding ventilation in the detention rooms.)

**Primary information about tuberculosis**

**Tuberculosis** is an infectious disease that is caught by breathing in air with tuberculosis germs. Airborne tuberculosis germs are durable and able to live in dust. Tuberculosis germs leave a patient’s body through sputum, airborne sputum, or saliva from a cough or sneeze. Infection

will be transmitted by the inhalation of dust, spray or airborne sputum with germs.

Tuberculosis will spread from the lungs of tuberculosis patients through coughing, sneezing or spitting. These germs will go into the lungs of uninfected people, then cling to an area called the "primary focus" and may spread to the lymph nodes making them enlarged. We call the primary focus and enlarged lymph nodes a "primary complex." However, there is only a 10% chance of an infected person becoming ill with tuberculosis. Illness may occur a long time after exposure. In some cases it will take weeks and in others it will be 20-30 years later. If the person exposed to tuberculosis is healthy and has a good immune system, they will not fall ill with tuberculosis. On the contrary, if the immune system of the infected person is depleted (such as in malnutrition, diabetes, etc.), they will have a higher chance of falling ill with tuberculosis. HIV infection is currently the most important risk factor for getting tuberculosis.

When talking about tuberculosis, people normally think of the lung disease that is lung tuberculosis. Tuberculosis can actually occur in any organ of the body, including the intestines, liver, spleen, skin and meninges. The first tuberculosis symptom is only a dry cough. The symptoms will develop more when more germs grow in the lung tissue. In the next stage, there will be coughing with blood in the sputum and usually a mild fever occurring mainly in the evening and at night. Next there may be gasping for air and coughing up blood in the sputum and eventually coughing up a lump of blood. If the disease spreads to infect the lung membranes, there may be fluid in the lung cavity causing chest pain. Fluid in the lung cavity will also cause more gasping for air. Signs of tuberculosis in other organs such as the lymph nodes, usually cause fever and swollen lymph

nodes in the neck. Nodes will enlarge and become abscesses and burst with lymph fluid seeping out. If tuberculosis is in the meninges symptoms will be headache, fever, stiff neck and brain symptoms. Tuberculosis treatment must be conventional. Consult doctors at a lung hospital or tuberculosis center or a conventional clinic since tuberculosis is curable but will take a year or two to be cured. Patients have to be patient and strictly follow doctors' orders to not stop treatment unless a doctor instructs them to do so.

**Possible symptoms of tuberculosis** – An important symptom of tuberculosis is a persistent cough for more than 2 weeks. Other symptoms include weight loss, loss of appetite, fatigue, fever (usually in the afternoon, in the evening or at night), coughing up blood, chest pain, and gasping for breath.

#### **Prevention -**

1. Newborn babies from every hospital and midwife station will receive a BCG injection to prevent tuberculosis after delivery.
2. Adults may ask for a BCG injection from any public or private hospital.
3. Patients should cover their mouth and nose when they cough or sneeze and not spit on the ground.  
They should have routine lung x-rays once or twice a year.
4. Detention room floors should be mopped with anti-germ liquids once or twice a day.
5. If possible detention rooms should have more ventilation to decrease the chance of tuberculosis spreading.

#### **Information source:**

<http://www.med.cmu.ac.th/hospital/backup/wonarok1.htm>

<http://tb.batsthai.org/>

- Activity 25:** Impact of tuberculosis
- Purpose:**
1. To review the impact of tuberculosis on the activity participants, their families and their routine work.
  2. To review the impact of tuberculosis on the detainees and officers taking care of the detainees.
- Time:** 45 minutes
- Equipment:** Flipcharts, markers and masking tape
- Activity Process:**
1. Divide the activity participants into sub-groups with 6-8 people each.
  2. Give out flipcharts and markers to each group.
  3. Print and hand out the following questions to each group:
    - If there is a detainee who is ill with tuberculosis and we do not know or do not know until that detainee is very ill, how would the situation affect those of us who take care of the detainees?
      - Regarding the number of detainees that become ill with tuberculosis
      - Regarding the probability of the officers becoming ill with tuberculosis
      - Regarding the number of officers taking care of the patients who have to go to the hospital
      - Regarding the officers who remain at the detention center when other officers have to accompany detainees to the hospital
      - Regarding the amount of the budget that must be used to care for the detainees and where the money would come from
    - If we contracted tuberculosis and had symptoms, what would the effect be?
      - On ourselves
      - On our family members (wife or husband,

children or others living in the same house)

○ On our job

4. Members of each group discuss and answer the questions distributed to them.
5. When each group finishes their discussion they each have a representative come forward to present to the main group.
6. Summary and discussion.

**Discussion:**

1. What do we think our chances of infection and falling ill with tuberculosis are if a detainee is ill with tuberculosis?
2. If we are infected and fall ill with tuberculosis, how will it affect our work and colleagues?
3. If we are infected and fall ill with tuberculosis, how will it affect our family members?
4. What should we do to reduce our chance of being infected and falling ill with tuberculosis? (Answer – We should notice ourselves or have other detainees help notice people who may be ill with tuberculosis, quickly take patients to the hospitals, mop the floor with anti-germ liquids once or twice a day, and if possible have additional ventilation in the detention rooms.)

**Activity 26:** What can be done?

**Purpose:** To review what activity participants can do in the detainees' surroundings and in the detention rooms to reduce the spread of tuberculosis.

**Time:** 45 minutes

**Equipment:** Flipcharts, markers and masking tape.

- Activity Process:**
1. Divide the activity participants into sub-groups with people from the same province or work place in the same group.
  2. Give out 3 sheets of flipchart paper and a marker to each group.
  3. Give out these question points to each group.

### Main points about the detention rooms

- Each group draws pictures on the flipcharts of the detention rooms, ventilation conditions, fans located outside or in front of the detention rooms, toilets and living conditions, sleeping areas, areas for hanging clothes, etc.
- Each group analyzes the conditions drawn in the pictures while considering how they affect ventilation, especially with respect to the spread of germs causing tuberculosis.
- Each group then draws a new picture or adds to the first picture with a different color marker to show what can be done to add ventilation and reduce the probability of tuberculosis spreading.

### Points about mopping detention room floors one or twice a day with anti-germ liquid

- Who normally sweeps and mops the floors?
- If employees are needed for sweeping the floors and wiping the detention rooms twice a day, how would it affect the employment budget and manpower?
- If the detention room floors must be swept and mopped twice a day with anti-germ liquid, what can be done to not waste the employment budget or manpower?  
(Answer: Ask for cooperation from the detainees.)

### Points about asking for the detainees' cooperation in noticing symptoms and preventing the spread of tuberculosis

- What can be done to notice symptoms of detainees who may be sick with tuberculosis (Answer – Ask for cooperation from the detainees)
- If we think we should ask for cooperation from the

detainees to notice symptoms of other people in the detention room, what should be done to help them?

(Answer – Give information about tuberculosis and other diseases like the cold that spread from coughing or sneezing.)

- What can be done on our part to help detainees protect themselves from exposure to germs that cause tuberculosis or other diseases that spread from coughing or sneezing? (Answer - Provide information about tuberculosis and other diseases like the cold that spread from coughing or sneezing.)

4. Each group discusses and answers the questions that were given to them.
5. When each group finishes their discussion have a representative from each group come forward to present to the main group.
6. Summary and discussion.

**Discussion:**

1. Do we think that improvement of the ventilation in detention rooms is possible and what are potential problems? (Answer - Budget is a possible problem. The detention centers in Ranong Province sent a written proposal asking for cooperation from Ranong Provincial Public Health and received financial support to improve detention room environment. The detention centers in Sadao District have also asked for financial support for improvement of the detention room environment. The activity leaders can encourage officers in each area to coordinate with groups like the Provincial Public Health Office to make improvements to the detention rooms that reduce the probability of tuberculosis spreading.)
2. What do we think of the possibility of providing information for the detainees?
3. If we think that officers in each area are busy with routine work,

what should we do to coordinate with working units in the area?

(Answer - Coordination is possible with organizations in the area such as Migrant Community Health Workers who come to help provide information.)

4. If we do not do anything, what will be the effects on our work related to the detention rooms?



## PART 9: TRANSNATIONAL MIGRANTS AND VICTIMS OF HUMAN TRAFFICKING

We have discussed the health and illnesses of migrants staying in detention rooms. However, in actual working environments we do not only see illegal migrant laborers. What other types of foreigners illegally entering the country do we see? Please provide examples. (Ask 2-3 activity participants for examples.)

### Activity 27

Transnational migrants and victims of human trafficking

#### Purpose:

1. To compare similarities and differences of transnational migrants and victims of human trafficking.
2. To review the screening criteria for a human trafficking victim, the relief procedure for the victims, and the relief and referral of Human Trafficking Victim Networks.

#### Time:

45 minutes

#### Equipments:

Flipcharts, markers and masking tape

#### Activity Process:

1. Divide the activity participants into sub-groups with 8 people each. If participants are from different geographical areas create groups according to the geographical area or provinces in which they work.
2. Discussion with the activity participants on the following issues:
3. Distribute the following topics to the activity participants in each group:
  - Differences and similarities between domestic and transnational migrants
  - Differences and similarities of migrants and human trafficking victims.
4. Instruct each group to discuss and to summarize the major points from both questions and propose answers to the main group.
5. Distribute the second set of questions to each sub group:

- How do you know who is a human trafficking victim?
  - What is the relief procedure for human trafficking victims? How are issues on the confidentiality and welfare of the victims related?
  - Who or which agencies provide relief and fact finding procedures, such as Relief and Transferring of Human Trafficking Victim Networks?
6. Instruct the members of each group to discuss these questions and propose answers to the main group.
  7. Review information about the Provincial Operational Center on Prevention and Suppression of Human Trafficking and related networks and their main coordinators. Review the primary check list form for screening human trafficking victims provided by the Operational Center on Prevention and Suppression of Human Trafficking.

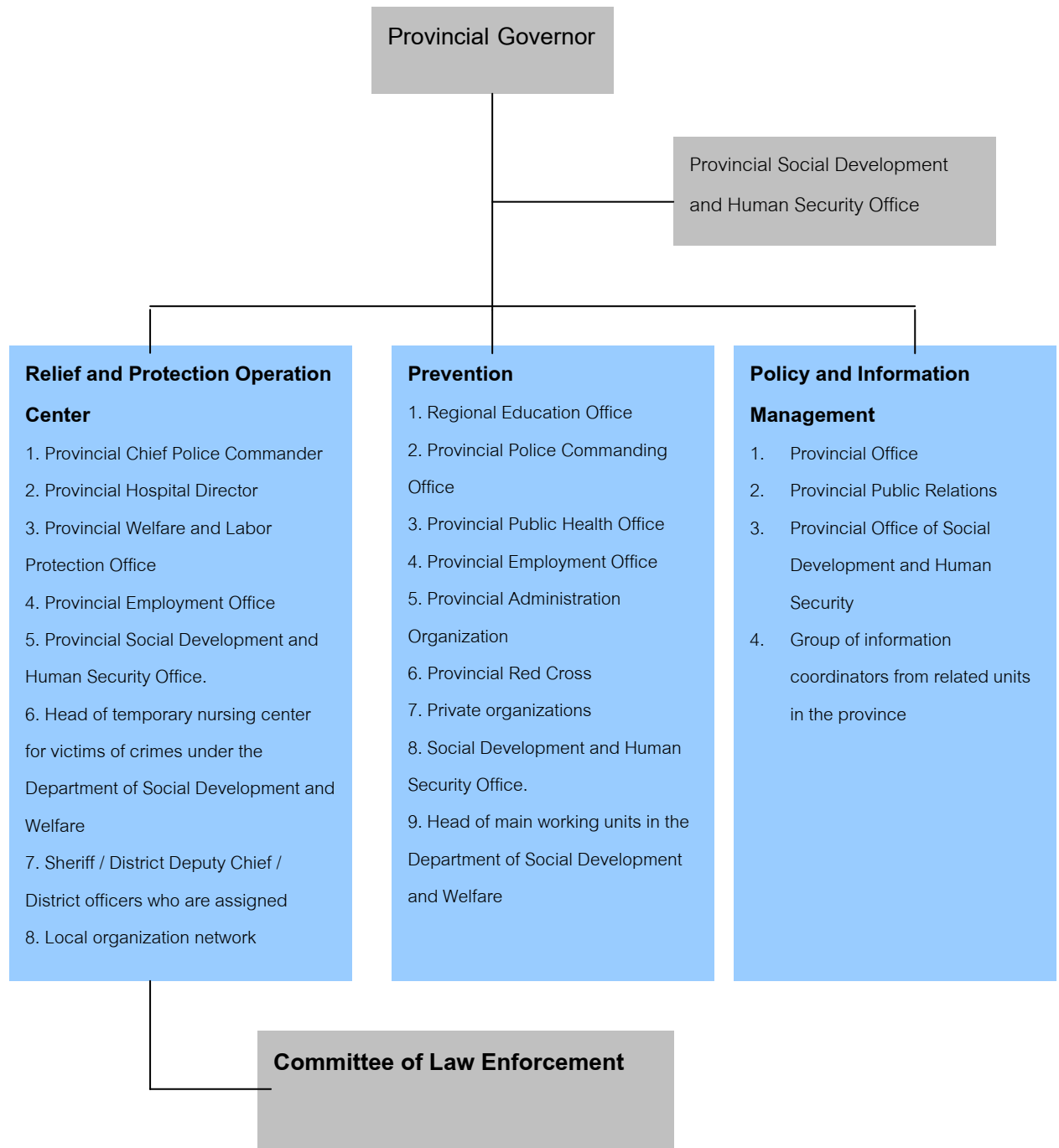
**Discussion:**

1. What are the major differences between migrants and human trafficking victims?
2. What organizations in each province are the major networks that provide relief and referral for human trafficking victims?
3. What are the connections between issues on confidentiality and safety and human trafficking victims?
4. What organizations take part in the fact-finding procedure for victim welfare?

**Additional information:**

Provincial Operational Center on Prevention and Suppression of Human Trafficking  
<http://www.humantrafficking.go.th>

Diagram of Provincial Anti-Human Trafficking Operation Center



### *Roles and Duties of Provincial Operation Centers*

- To relay any critical strategic information related to decisions regarding policymaking and measurements for prevention, protection, relief, referral and lawsuits to the provincial governors.
- To gather information on human trafficking activities.
- To lead communication and coordination with different agencies in provinces in an effective and responsible fashion.
- To consult, make recommendations, and coordinate with government and private agencies.
- Arrangement of the Information System for encouraging information exchange among related agencies in the provinces.
  - Information preparation for the Ministry Executive or government department.
  - Administration and management of information.
  - Analysis and selection of critical information, so it is accurate, sufficient, up to date, and available to government agencies through links to the operation center's system.
  - Direction and oversight of the central database for human trafficking activities.
  - Arrangement and production of reports for publishing statistics.

### **Relief and Protection Team**

- Taking reports, investigating facts and gathering any additional information.
- Rescuing victims from their environment, providing legal support at any stage of the justice system for any victims they are consulted to screen.
- Coordinating and mobilizing resources and personnel (police, social workers and interpreters) for relief purposes.
- Relaying information for the relief or protection of any agencies.

### **Protection and Rehabilitation Activities for Reintegration into Society**

- Coordination and mobilization of resources for support of services that assist rehabilitation for reintegration into society.
- Campaigns to expand preventative measures for human trafficking, public relation services and governmental sector performances.
- Coordination of charity networks, private organizations, community leaders and local government agencies.
- Follow up, assessment, and consulting for the improvement of prevention, rehabilitation and reintegration into society.

- Providing information for provincial governors.
- Support for research and personal development.

#### **Policy and Information Management Work**

- Arrangement of information systems at the provincial level to support provincial executives in decision-making.
- Providing an up to date, linked, efficient computer database and improvement and development of the database.
- Gathering information on problematic situations, types of human trafficking, and preventive measures in provinces.
- Analysis and recommendations for the improvement of the work system in the operation center.
- Producing, improving, and integrating work plans and projects with provincial development plans.
- Producing information for distribution and working on public relations through documentation, reports, print media, radio programs, local TV networks (cable) and provincial websites.

## *Checklist for screening victims of human trafficking*

### 1. Victims

- Female (only 18 years old and older at the date of being victimized)
- Child (both girls and boys under 18 years old at the date of being victimized)

### 2. Being victimized by one of the following acts:

- In an affair of procuring (Prevention and Suppression of Prostitution Act Section 9, Criminal Code Section 282, 283 and 312 ter)
- Luring (Prevention and Suppression of Prostitution Act Section 9, Criminal Code Section 282, 283 and 312 ter)
- Taking away (Criminal Code Section 282, 283, 283 bis, 284, 312 ter, 317, 318, 319, 320)
- Persuasion (Prevention and Suppression of Prostitution Act Section 9, Criminal Code Section 282)
- Bringing into the country (Criminal Code Section 312)
- Buying (Criminal Code Section 312,317,318,319)
- Selling (Criminal Code Section 312)
- Supplying (Criminal Code Section 312, 312 ter, 317, 318, 319)
- Taking away (Criminal Code Section 312)
- Export outside the country (Criminal Code Section 312, 320)
- Receiving (Criminal Code Section 312, 312 ter, 317, 318, 319)
- Receiving any person who is known to have someone procuring, luring, or persuading for the purpose of prostitution (Prevention and Suppression of Prostitution Act Section 9)
- Receiving any person that someone is procuring, luring or taking to satisfy sexual desire of any person.
- Conspiring to procure, lure or persuade for the purpose of prostitution (Prevention and Suppression of Prostitution Act Section 10)
- Restraint (Prevention and Suppression of Prostitution Act Section 12, Criminal Code Section 312, 320)
- Detaining (Prevention and Suppression of Prostitution Act Section 12, Criminal Code Section 310)
- Any acts that make someone lose their physical liberty (Prevention and Suppression of Prostitution Act Section 12, Criminal Code Section 310).

- Supporting the acts of restraint, detention or any acts that make other people lose their physical liberty for the purpose of prostitution. (Prevention and Suppression of Prostitution Act Section 12).
- Hiding someone who has been taken for the purpose of sexual abuse (Criminal Code Section 283 bis, 284).

**3. Any acts from topic 2 by any means of the following:**

- Deceit (Prevention and Suppression of Prostitution Act Section 9, Criminal Code Section 283, 284, 320)
- Force (Child Protection Act BE 2546 Section 26)
- Inducement (Child Protection Act BE 2546 Section 26)
- Inciting (Child Protection Act BE 2546 Section 26)
- Promoting (Child Protection Act BE 2546 Section 26)
- Threatening (Prevention and Suppression of Prostitution Act Section 9, Criminal Code Section 283, 284, 320)
- Physical attack by the use of force (Criminal Code Section 283, 284)
- Threat to commit physical attack by the use of force (Prevention and Suppression of Prostitution Act Section 12)
- Use of immoral influence against someone else's will (Criminal Code Section 283, 284, 320)
- Use of any means against someone else's will (Criminal Code Section 283, 284, 320)

**4. Any acts from topics 2 and 3 for any of the following purposes**

- To satisfy someone else's sexual desire (Criminal Code Section 283, 284, 320)
- For sexual abuse (Criminal Code Section 282, 283, 284, 317, 318, 319)
- For any illegal benefits (Criminal Code Section 282, 283, 284, 317, 318, 319)
- For prostitution (Prevention and Suppression of Prostitution Act Section 9, 10, 12)
- To be enslaved or in similar conditions (Criminal Code Section 312)
- For use as labor by way of oppression (Child Protection Act BE 2546 Section 26)
- To force psychologically for any unethical act (Child Protection Act BE 2546 Section 26)

**Note:** For the above questionnaires:

1. Females must meet the criteria in topics 1, 2, 3 and 4
2. Children must meet the criteria in topics 1, 2 and 4

## REFERENCES

### Thai

“ข้อมูลการป้องกันและปราบปรามการค้ามนุษย์แห่งชาติและแนวทางการทำงานของศูนย์ป้องกันและปราบปรามการค้ามนุษย์แห่งชาติ”, คัดลอกจาก <http://www.humantrafficking.go.th/3/th/3.1.2.php>

“ไข้ (ตัวร้อน)”, คัดลอกจาก [http://www.doctor.or.th/zone\\_handbook/01\\_firstaid/FA46056.HTM](http://www.doctor.or.th/zone_handbook/01_firstaid/FA46056.HTM)

“คลื่นไส้ อาเจียน”, คัดลอกจาก [http://www.doctor.or.th/zone\\_handbook/01\\_firstaid/FA46061.HTM](http://www.doctor.or.th/zone_handbook/01_firstaid/FA46061.HTM)

นนทธร ไชยเพชร, ภาสกร อินทุमार และคณะทำงานพัฒนาศักยภาพ, “หลักสูตรความรู้เบื้องต้นเกี่ยวกับความเปราะบางที่นำไปสู่การติดเชื้อเอชไอวีเนื่องจากการย้ายถิ่น”, Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP), มีนาคม 2550.

นนทธร ไชยเพชร, “คู่มือกิจกรรมพัฒนาทักษะชีวิต - เอชไอวีและโรคเอดส์” ส่วนหนึ่งของสื่อชุดการโยกย้ายถิ่นฐานอย่างปลอดภัยจากเชื้อเอชไอวีและโรคเอดส์ ในชื่อชุด “For Life, With Love”, เสนอต่อ IOM – International Organization for Migration, กุมภาพันธ์ 2550.

พ.ญ.เชิดชู อริยศรีวัฒนา, “เป็นไข้แล้วเมื่อไรควรจะไปปรึกษาแพทย์”, โครงการเผยแพร่ความรู้สู่ประชาชน สถาบันสุขภาพเด็กแห่งชาติมหาราชินี, หนังสือพิมพ์เดลินิวส์, คัดลอกจาก <http://www.school.net.th/library/create-web/10000/technology/10000-680.html>

“เมื่อลูกเป็นไข้ควรทำอย่างไร?”, คัดลอกจาก [http://www.mccormick.in.th/health%20tip\\_baby\\_hot.htm](http://www.mccormick.in.th/health%20tip_baby_hot.htm)

“ปวดหัว”, คัดลอกจาก [http://www.doctor.or.th/zone\\_handbook/01\\_firstaid/FA46091.HTM](http://www.doctor.or.th/zone_handbook/01_firstaid/FA46091.HTM) และ [http://www.bangkokhealth.com/pain\\_htdoc/pain\\_health\\_detail.asp?number=1102](http://www.bangkokhealth.com/pain_htdoc/pain_health_detail.asp?number=1102)

“อาการท้องเสีย”, คัดลอกจาก <http://www.pharm.chula.ac.th/osotsala/otcproject/diarrhea.html>



## English

AAHSA, and AED, *“Preventing TB – Training modules for staff developers working in long term care”*, AAHSA, and AED, December 2005.

Burns, A. August., Lovich, Ronnie., Maxwell, Jane., and Shapiro, Katharine., Edited by Niemann, Sandy., and Metcalf, Elena., - assistant editor, *“Where Women have no Doctor,”* Hesperian Foundation, California, USA, 1997.

Carl, Greg. *“What do we know about Tuberculosis,”* developed for UNICEF (2007). *Healthy Living and HIV Prevention: Peer Education for Out-of-School Youth* [draft]. UNICEF Myanmar.

Carl, Greg. *“Provider Initiated Testing and Counselling in TB Settings [draft]”* developed for Training Course IV: Provider Initiated Testing and Counselling. Based on WHO (2004). *Voluntary HIV Counselling and Testing: Training of Trainers, Part 1*. WHO SEARO.

Carl, Greg., Chaipheth, Nonthathorn., *et al.*, *“Friends Tell Friends on Streets”*, Thai Red Cross AIDS Research Centre, Bangkok, 1<sup>st</sup> printing in October 2000, and 2<sup>nd</sup> printing in August 2002.

College of Agricultural Sciences, Cooperative Extension, *“Diversity Activities for Youth and Adults,”* Pennsylvania State University, 1999.

Curriculum Corporation, *“Enhancing Resilience 2: Coping”*, Curriculum Corporation – Mind Matters, VIC – Australia. [www.curriculum.edu.au](http://www.curriculum.edu.au)

Department of Educational Planning and Training, Ministry of Education, Myanmar. (2003) *School-Based Healthy Living and HIV Prevention Education*. UNICEF Myanmar.

Health Protection Agency, *“Hand Hygiene”* from <http://www.hpa.org.uk/cumbriaandlancashire/factsheets/Hand%20Washing%20for%20general%20public.pdf>

Khanal, S. et al., *“The Joy of Learning: Participatory Lesson Plans on Hygiene, Sanitation, Water, Health and the Environment,”* International Water and Sanitation Center – IRC, 2005.

Peace Corps, *“A New Beginning – The Child Health Manual”*, US Peace Corps, Washington, D.C., 1999.

Peace Corps, *“Building Bridges – A Peace Corps Classroom Guide To Cross-Cultural Understanding”*, US Peace Corps – Worldwide Schools, Washington, D.C.,  
[www.peacecorps.gov/www/](http://www.peacecorps.gov/www/)

Regional of Peel, *“Tuberculosis – Fact Sheets”*, [www.region.peel.on.ca/health](http://www.region.peel.on.ca/health)

Samaritans, *“Youth Pack – Helping Young People: Stress – Coping with Living”*, Samaritans, UK.  
[www.samaritans.org](http://www.samaritans.org)

Teaching Tolerance, *“Mix It Up – 2005 Edition,”* Alabama, USA. [www.tolerance.org](http://www.tolerance.org)

The Toronto Public Health, *“Heart Health ESL Curriculum Resource: Stress – Higher level”*, The Toronto Public Health, Toronto, 2002.

UNICEF, Southern Sudan Office, *“Life Skills for Southern Sudan – Health & Sanitation: Mentors’ Information and Activity Book.”* UNICEF – OLS (Southern Sudan), 2003.

Werner, David., Thuman, Carol., and Maxwell, Jane., *“Where There is No Doctor – A Village Health Care Handbook”*, Hesperian Foundation, California, USA, New Revised Edition – eighth printing, 2006.

World Health Organization, Swedish International Development Agency, UNDP-World Bank – Water and Sanitation Program, *“PHAST: Step-by-step Guide: A participatory approach for the control of diarrhoeal disease,”* World Health Organization, 1998, Reprinted 2000.