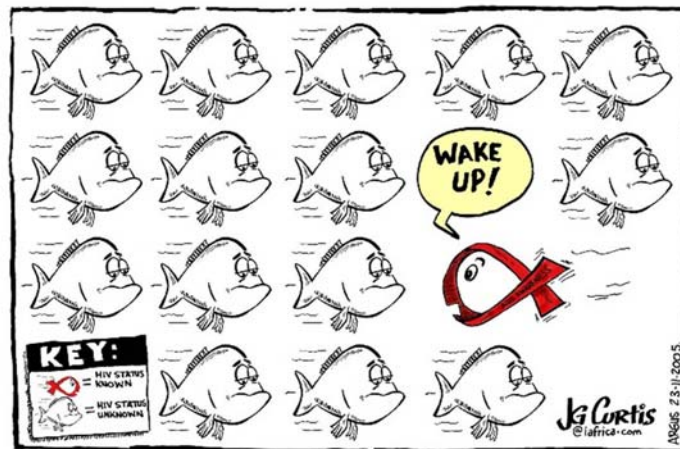


Learning about HIV and Aids



What do the statistics say?

We all know that the HIV and Aids pandemic is a real threat in countries all over the world. But do we realise the true magnitude of the disease? These statistics tell the story.

Global statistics on HIV and Aids (December 2008, UNAIDS):

- Adults and children estimated to be living with HIV: 33,4 million
- Children younger than 15 estimated to be living with HIV: 2,1 million
- Estimated number of adults and children newly infected with HIV: 2,7 million
- Estimated child and adult deaths from Aids: 2 million
- Since the beginning of the epidemic, almost 60 million people have contracted the virus and 25 million have died of Aids-related causes
- Of all new infections among children, 91% occur in Sub-Saharan Africa
- In Sub-Saharan Africa the epidemic has orphaned more than 14 million children
- Young people account for 40% of all new adult (15+) infections worldwide



Reality check: An unequal burden

Sub-Saharan Africa has 10% of the world's people but only 1% of the money – and 67% of everybody living with HIV and Aids.

What does the picture look like for South Africa?

- In South Africa around 5,7 million people are living with HIV and Aids (2008)
- This means that South Africa is home to the world’s largest population of people living with HIV – 17% of everyone on the planet with HIV lives in South Africa
- Prevalence among people older than 15: 15,83%
- The government’s antenatal survey for 2006 indicated a lower prevalence of HIV among people younger than 20; this may suggest a decline in incidence (new infections) as people are hopefully delaying their first sexual encounter, or having protected sex as a result of the education that is taking place (also in schools through life skills education)
- There are 1 700 to 2 000 new infections every day
- South Africa has around 1 000 Aids related deaths every day

Back to the basics

- HIV and Aids are some the most familiar terms used daily in South Africa, in the media, in the educational sector, in doctor’s rooms and in community centres. It is, however, also some of the most misunderstood terms. These misinterpretations often have drastic and tragic consequences.
- So, to start with, we are firstly going to shed some light on the basics, the must-know facts about HIV and Aids.
- A very important lesson to learn right at the beginning is that being HIV positive does NOT necessarily mean that someone has Aids. HIV infection and having Aids are not synonymous.

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Word wizard:

HIV = Human immunodeficiency virus

Once the HI virus is inside a person's body, the virus uses the CD4 cells (a type of white blood cell) to replicate itself, and in the process destroys these cells. CD4 cells coordinate the body's immune system, protecting us from illness. As HIV increases in the body, these protective cells decrease. This makes our immune system weaker and weaker, putting us at a greater risk of becoming ill.

Aids = Acquired immune deficiency syndrome

Acquired – Not inherited, but caused by a virus that enters the body from outside.

Immune – The body's natural ability to defend itself against infection and disease.

Deficiency – A shortcoming; in this case a shortcoming of the immune system so that it can no longer defend itself against infections.

Syndrome – A medical term for a collection of specific signs and symptoms that occur together and that are characteristic of a particular condition.

As HIV weakens the immune system, the person with HIV develops diseases that the body would normally be able to fight off. These are known as opportunistic infections. When a person's immune system has weakened so much that he or she falls ill with life-threatening and unusual illnesses, the person is said to have Aids. Aids is therefore the collection of diseases acquired from having HIV infection.

The history of HIV

- The first recognised cases of Aids occurred in the USA in 1981 when rare forms of various diseases suddenly appeared simultaneously in patients who all had damaged immune systems.
- Soon afterwards a new disease which undermined the immune system and caused diarrhoea and weight loss was identified in central Africa.
- The causes and modes of transmission of the disease could not immediately be identified. Only in 1983 it was discovered that it was caused by a virus which was named HIV in 1986.
- The first cases of HIV in South Africa were identified in 1982.
- Since 1994 the epidemic has really started spreading fast in the country – mainly among heterosexual people, although many people often think it is a homosexual disease.

Where did it come from?

- There are still many theories and much speculation, and chances are that we may never find the answers about where and when it exactly originated.
- Today scientists are fairly sure that HIV developed from SIV (simian immunodeficiency virus); this is a virus that infects primates and it probably crossed over to humans and developed into HIV when some of these species were slaughtered and the blood entered human bodies.
- Knowing the origin of HIV is however not going to make it disappear – the important fact is that it is here now and we must deal with it in terms of preventing new infections and managing the progression of the infection or the disease.

How does a person get infected with HIV?

- The HI virus lives in all human body fluids.
- However, it is only in blood, sexual fluid and breast milk that there is enough of the virus so that another person can become infected if they get in contact with these fluids from the body of someone who has the virus.
- Because HIV attacks CD4 cells, it wants to enter the bloodstream of a person – it can only do so through an opening on or in the skin, such as a cut or a tear or a sore, even a tiny one.
- Following from this, a person can only get HIV in the following ways:
 - From unsafe sex with a person who already has HIV, e.g. without a condom
 - From direct contact with the blood of an HIV positive person, e.g. an open wound.
 - From mother to child – an HIV positive pregnant woman can pass the virus on to her unborn child in the womb; however, the real risk is during birth, when the mother’s blood may enter the body of the baby, maybe through a tear in the skin; that’s why Caesarian sections are recommended for HIV positive pregnant women; HIV positive mothers should also not breastfeed their babies



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Something to think about: How a person CANNOT get HIV

Part of the ignorance surrounding HIV, is about the ways the virus is transmitted.

Let's clear the air for once and for all!

- *You cannot get HIV through social contact, in other words through shaking hands, hugging or kissing.*
- *You cannot get HIV from airborne routes such as coughing or sneezing. However, when someone also has TB a mask should be worn when the sputum contains blood.*
- *You cannot get HIV through all body fluids; there is almost no chance that you can get HIV through urine, saliva and sweat; the risk can slightly increase in the case of deep kissing, if there are cuts or sores in the mouth.*
- *You cannot get HIV from sharing food, water, plates, cups, spoons, toilet seats, showers or baths with an HIV positive person.*
- *You cannot get HIV from public swimming pools.*
- *You cannot get HIV from sharing telephones, drinking fountains or public transport with HIV positive people.*
- *You cannot get HIV from a mosquito.*

The progression from HIV to Aids

HIV does not progress to Aids overnight – it is a gradual process than can happen over many years. It is a process that can be managed so that the progression can be slowed down, through building the immune system and using antiretroviral medication at the necessary stage.

The process can be divided into four stages:

- *Stage 1: Asymptomatic*

There are few or no signs that someone is infected.

- *Stage 2: Minor symptoms*

There are symptoms such as skin problems, head or chest colds and weight loss.

- *Stage 3: Major symptoms*

There are more serious problems, such as oral thrush, pulmonary TB and bacterial infections.

- *Stage 4: Full-blown Aids*

At this stage, very serious diseases are prominent, such as opportunistic infections, tumours and wasting syndrome.

The good news: You can prevent HIV infection!

Although HIV infection can be managed and the progression to Aids can be slowed down through antiretroviral medication or simply building the immune system, there is still no cure. That is why you have to do everything in your power to prevent yourself from becoming infected.

There are several ways to prevent HIV infection:

- *No sex*: To abstain from sex is the safest way to prevent infection.
- *Faithful sex*: This means having only one sexual partner, and that both partners are HIV negative.
- *Safer sex*: This means using a condom every time you have sex.
- *No blood contact*: When you are working with blood, there are several protective measures you can apply to prevent coming into contact with the blood, i.e. using gloves, disinfectant, clean needles and clean blades.

Taking the big step: Testing for HIV

- Testing for HIV can help save your life, no matter which circumstances you're in.
- If you test negative for the virus, you'll be able to adjust your sexual lifestyle so that you can avoid being infected with HIV in future.
- If you test positive, you can take various steps to manage your health and delay the development of Aids.
- If you are worried that you may be HIV positive, a test can put your mind at rest.
- If you test positive, you can make sure you protect the people who are close to you from getting the virus.
- You can get tested at government HIV service points, and at most doctors, clinics, hospitals and laboratories.



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Living a healthy and productive life with HIV

HIV infection is not a death sentence. Today it is a well-known and proven fact that one can live a normal and productive life with HIV, mainly through building the immune system and/or using antiretroviral medication, at the right time and in the right way.

Build the immune system

- Although maintaining a healthy and nutritious diet is important for everyone, people living with HIV must pay particular attention to their health. This is because a poor diet weakens the functioning of the immune system, which fastens the progress from HIV to Aids.
- Good nutrition is not a substitute for antiretroviral treatment, when it is needed.
- You can build your immune system in various easy ways:
 - Eat balanced meals: lots of protein, vegetables and fruit; little fatty foods and salt
 - Exercise regularly
 - Try to avoid alcohol or use it in moderation
- Have the right mindset – be a survivor, not a victim. This means you must believe in the future and take control. By thinking positively and having a healthy mind, you can have a healthy body.

Use medication for the virus

- The medication that is used for treating HIV is called antiretrovirals. ARVs improve an HIV positive person's quality of life and extend their lifespan through keeping away illnesses and opportunistic infections. But they are not a cure for HIV.
- The decision to start using ARVs is mainly based on the CD4 cell count and viral load. As the amount of HIV in the blood increases (viral load), the number of CD4 cells decrease. ARVs prevent the virus from multiplying in the body, which means the amount of the virus in the blood decreases. This allows the CD4 cells to increase and the body's immune system to recover.



Additional notes:

As easy as ABC

The ABC messages are useful in the HIV and Aids arena, whether we are talking about prevention infection or managing the virus or the disease.

	A	B	C
HIV negative	Abstain	Be faithful	Condomise
HIV positive	Acceptance	Belonging	Competence
Aids	ARV's	Belief	Care

It is important to know how to act out these ABC messages and the key is always that you want to prevent something, whether you are HIV negative, HIV positive or living with Aids.

If you are HIV negative, your main goal is to prevent becoming HIV positive:

- Abstain, irrespective of your sexual history
- Condomise when you have sex
- Test after the window period
- Be faithful in a relationship
- Condomise if you step outside the relationship

If you are HIV positive, your main goal is to prevent the onset of the Aids phase:

- Accept your status and stop fighting the reality of the virus
- Make sure that you belong somewhere and get support from friends, family or a support group
- Learn how to manage your virus so that you can extend your productive life

If you have Aids, your main goal is to prevent death:

- Use your antiretroviral medication correctly
- Believe in something – spiritual strength builds physical strength
- Get the necessary care

The other enemies: Stigma and discrimination



Word wizard: Stigma and discrimination

- *Stigma describes all the fears and prejudices about HIV as a sexually transmitted infection that is associated with death. These fears and prejudices largely develop because of a lack of knowledge.*
- *Stigma influences the way many people respond and act towards HIV positive people. This often results in discrimination against them.*
- *Discrimination is when someone actively acts negatively against people. In the case of some living with HIV or Aids, this could mean treating them with indignity and violating their human rights.*

Now that we have a better idea of what stigma and discrimination mean, we can look at common examples of how it takes place.

Misconceptions	The truth
Some people believe they can get HIV from casual contact. Sometimes children living with HIV, or affected by it, have been prohibited from going to school to prevent them from passing the virus on to other children.	All children have the right to go to school, whether they are HIV positive or not. HIV cannot be passed on through social contact or in the normal school environment.
If someone insists on using condoms, some people assume the person is HIV positive.	It is merely responsible to insist on a condom, whether you are HIV positive or not, in order to protect your health and your partner's health.
HIV only happens to certain people, such as gay people, black people, poor people and migrant workers.	Anyone can get HIV. Social status, wealth or belonging to a certain group does not exclude anyone from getting HIV.
Some employers believe that people with HIV are sick, unproductive and will consequently be a burden to their business.	An HIV positive person can live a healthy and productive life for many years.

The main consequence of discrimination is that people are scared to be open about their HIV status. This prevents them from seeking help when they need it and also makes it difficult to control the further spread of HIV.

The consequences of stigma and discrimination can be summarised as follows:

- The epidemic remains largely invisible. Lots of people then have a false sense of security – they think there is no risk.
- People do not use condoms.
- People are scared of being tested, especially when they think they may be HIV positive.
- People who are living with HIV do not get the required care and treatment out of fear that their status will be disclosed.
- HIV positive people are placed under a lot of unnecessary stress due to stigma and discrimination, which can speed up the development of Aids.
- In short, nothing good comes from stigma and discrimination.

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Reality check: The rights of people living with HIV or Aids

Rights and responsibilities: People living with HIV or Aids have the same rights and responsibilities as all other South African citizens. The Bill of Rights contains a clause of non-discrimination towards people living with HIV or Aids.

Liberty, autonomy, security of the person and freedom of movement: There should be no restrictions on the free movement of HIV positive people. They may not be segregated, isolated or quarantined because of the status. People with HIV or Aids have the right to make their own decisions about marriage and child-bearing, although counselling on these matters should be provided.

Confidentiality and privacy: People with HIV infection and Aids have the right to confidentiality and privacy about their health and HIV status. Health care professionals are also required to keep all information about patients confidential. No-one's HIV status may be disclosed without the person's fully informed consent.

HIV testing: No-one may be tested for HIV infection without their free and informed consent. The only exception is anonymous screening programmes undertaken by authorised agencies. Anonymous and confidential HIV testing with pre- and post-test counselling should be available to all people.

Employment: A person's HIV status should have nothing to do with their chances of becoming employed or being discriminated against in an employment environment. The employer does not even have to know if someone is HIV positive or has Aids.

Health and support services: People with HIV or Aids have the same rights to housing, food, social security, medical assistance and welfare as everyone else. An HIV positive person should not be discriminated against when it comes to the provision of health services, facilities or medication because of their status.

Insurance: Insurance companies may not refuse insurance to a person solely on the basis of HIV or Aids status. They do have the right to increase the person's premium, as a higher risk is perceived – the same as with other diseases.

Equal protection under the law, and access to public benefits: People with HIV or Aids have the right to equal access to public benefits and opportunities – a person's HIV status should not be required as a precondition for eligibility to such advantages.

What is just as important is that people with HIV or Aids have the duty to respect the rights, health and physical integrity of other people.

Issues that contribute to HIV infection

HIV and Aids are not merely medical conditions that exist in isolation. There are various socio-economic and psychological issues that influence and may increase the spread of HIV infection:

- Multiple sexual partners
- Resistance to condom usage
- High levels of STIs
- First sexual contact at young age
- Mobility and migration, e.g. unprotected sex with new partners when people are away from their partners or spouses for a long time
- Social and cultural practice and prejudice
- Lower status of women, e.g. women not abstaining or insisting on safer sex out of fear of violence or abandonment by their male partners.
- Poverty and inequality, e.g. difficult access to health services (because of the distance and cost of getting to a clinic), people engaging in sex work to survive or to support their families.
- Silence and denial

Widespread influence

HIV and Aids go far beyond it being a health problem. There is no doubt that the influence of HIV and Aids is widespread, and that it has a systemic impact on all sectors of society, for example the economy and social welfare.

Here are a few factors that illustrate the extent to which the pandemic influences our society:

- People in their productive years are most vulnerable to HIV infection, which influences the economy of the country negatively.
- People who are not able to work because of HIV or Aids experience a loss of disposable income.
- The ongoing cycle of poverty reinforces the occurrence of HIV infection, as people will sometimes feel they do not have a choice in staying away from things such as sex work.
- The surviving family members of people who died as a result of Aids are traumatised.
- There are more child-headed households because of parents dying as a result of Aids.
- The high number of orphans leads to an increase in street children and crime.
- The high number of HIV infections places a greater demand on health services.
- Parts of the budget designated for specific projects will have to be used for HIV and Aids.

The last words of wisdom: Beat the silence!

- Although there is no cure for Aids yet, there is a cure for arrogance, ignorance & prejudice. These are the greatest enemies in the battle against HIV and Aids and play an integral role in the measure of success we reach in this battle.
- There are almost 6 million people in South Africa living with HIV and Aids, but there are about 40 million people who are still HIV negative – if we take hands, we can still overcome this epidemic and its influence on our society.
- Former president Nelson Mandela once said the silence is as serious as the disease. Let's learn the lesson before it's too late!



Additional notes:

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Sources

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** Material for HIV and Aids education from various training colleagues.*