HIV/AIDS FACT SHEETS

Facilitating an HIV/AIDS Session

The HIV/AIDS epidemic is demanding new, creative responses and innovative ways of doing things. To be effective, facilitators will need to:

- Acquire a comprehensive knowledge of HIV/AIDS and constantly update this.
- Critically confront attitudes and prejudices, in themselves and others.
- Internalise and use terminology that is supportive and not offensive to infected and affected persons, families and communities.
- Develop new skills and embrace alternative methodologies to ensure that participants' learning experiences are optimal.
- Practice discussing sensitive subjects, such as sexuality, different sexual practices, drug use and other risk behaviours.
- Always remember that there will be people in the sessions who are infected and affected and the session must not compromise or threaten them in any way.

Fact Sheet: HIV/AIDS AND THE IMMUNE SYSTEM

HIV stands for the **H**uman **I**mmunodeficiency **V**irus

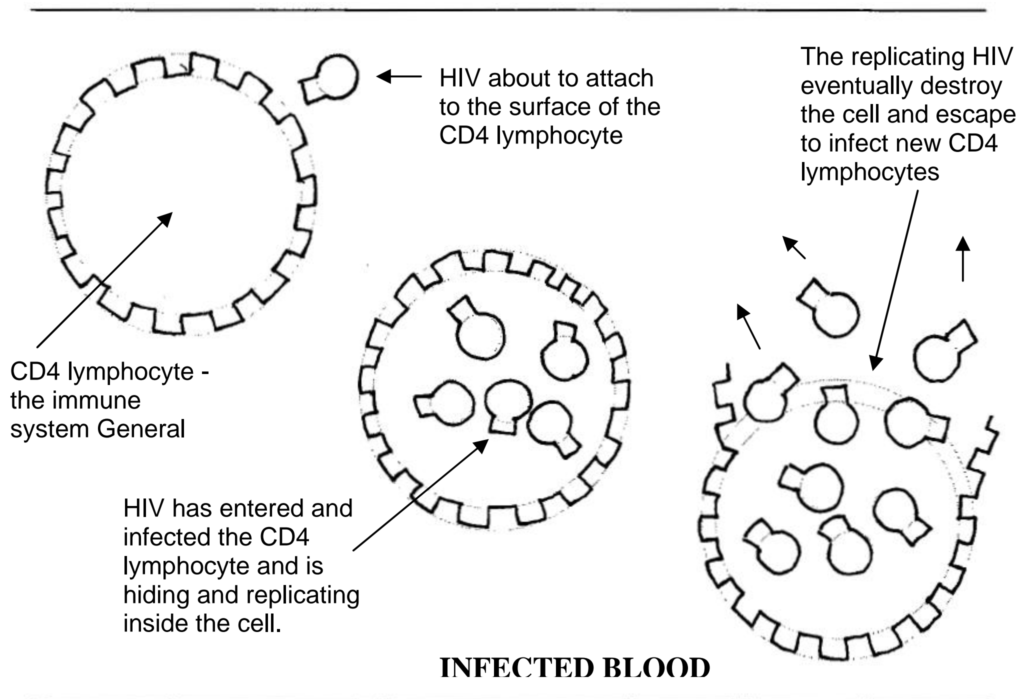
AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome

There are two types of HIV:

- HIV-1, the most common type
- HIV-2, found mostly in West Africa

HIV affects the body by affecting the immune system. The immune system is the body's defence against infection by micro-organisms (bacteria and viruses) that cause disease.

Amongst the cells that make up the immune system is one called a CD4 lymphocyte. HIV is able, by attaching to the surface of the CD4 lymphocyte, to enter, infect and eventually destroy the cell.



Over time this leads to a progressive and finally a profound impairment of the immune system, resulting in the infected person becoming susceptible to infections and diseases such as cancer.

In **adults**, the typical course from HIV infection to AIDS is as follows:

- About 6 weeks to 3 months after becoming infected a person will develop antibodies to HIV. At this time some people will experience a 'flu-like or glandular fever-like illness.
- There is usually thereafter a long 'silent' period - up to 8 years - during which the person may have no symptoms.
- Following that almost all (if not all) infected persons progress to HIV-related disease and AIDS. They may develop skin conditions, chronic diarrhoea, weight loss or they might develop one or more opportunistic infections such as tuberculosis, pneumonia, fungal infections, meningitis and certain cancers.

In **children** the typical course from HIV infection to AIDS is as follows:

- The majority of HIV infected infants develop disease during the first year of life and there is a high mortality rate.
- The common symptoms are:
  - An increased frequency of common childhood infections
  - Symptoms such as fever, diarrhoea and dermatitis which tend to be more persistent and severe and do not respond as well to treatment
  - Enlarged lymph nodes and liver.

Key points

🗝 HIV is a retrovirus. Retroviruses not only invade living cells, but take over and pervert their reproductive equipment

🗝 HIV infection is ultimately fatal; in adults usually following a long asymptomatic period

🗝 A person does not die of AIDS, but of one or more opportunistic infections that occur as a result of damage to the person's immune system

Fact Sheet: TRANSMISSION AND PREVENTION

TRANSMISSION

HIV is a weak virus that cannot survive outside the human body. Although present in all body fluids, HIV is only present in sufficient concentrations to cause infection in:

- blood
- sexual fluids (semen and vaginal secretions)
- breast milk

HIV can only be transmitted from an infected person by the following routes:

- Sexual intercourse (vaginal, anal or oral). This is the most frequent mode of transmission
- Contact with infected blood, semen, cervical or vaginal fluids - in situations where the infected body fluid is able to enter a person's body
- From an infected mother to her child - during pregnancy or birth, or from breastfeeding

In children and youth, sexual abuse and child prostitution are known causes of HIV transmission.

Anybody who has unprotected sex is at risk regardless of race, religion or sexual orientation.

THERE IS NO RISK OF HIV TRANSMISSION FROM EVERYDAY CONTACT WITH AN INFECTED PERSON EITHER AT WORK OR SOCIALLY.

PREVENTION

The major route of HIV transmission is unprotected sex. The safest form of prevention is thus abstinence. However, in many instances, this is neither realistic nor desirable. Options such as remaining in a mutually faithful relationship with an uninfected partner, limiting the number of sexual partners and/or using barrier methods will reduce the risk. Barrier methods commonly include the male and female condom.

Key points

🗝 Transmission of HIV can only occur where there is an 'exit point' from an infected person and an 'entry point' into an uninfected person

🗝 Prevention options include **A**bstinence, **B**eing faithful to your partner and **C**ondom use

Fact Sheet: TESTING AND COUNSELLING

TESTING

HIV antibody testing is done for the following reasons:

- To screen donated blood and blood products, tissues, organs, sperm and ova
- For epidemiological surveillance of HIV prevalence (usually anonymous and unlinked testing)
- To diagnose HIV infection

The commonly used test for HIV infection tests for antibodies to HIV, it does not test directly for the presence of the virus. The period between infection with HIV and seroconversion (when the body develops antibodies) is called the 'window period'. During this time the HIV antibody test will not detect the infection, even though the person is infected and infectious.

Usually HIV antibody testing is done using an ELISA test (Enzyme Linked ImmunoSorbent Assay). The test can be done using a number of body fluids, but is usually done using blood. The ideal testing process involves two tests, if the first is positive. This re-testing, using a different test allows for the positive test to be confirmed and excludes the possibility that the first test was perhaps a false positive.

Pre- and post-test counselling are universally regarded as necessary accompaniments to all HIV testing where the person concerned will receive his or her test result. The 3 'C's' are the standards for ethical HIV antibody testing:

- Informed **C**onsent
- Counselling
- Confidentiality

COUNSELLING

HIV counselling is defined as a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

Effective counselling requires:

- Self awareness of one's beliefs, values and assumptions
- A respectful non-judgemental attitude
- Active listening, including accurate reflection of issues and concerns
- Asking supportive questions that raise important issues
- Awareness of one's verbal and non-verbal behaviour
- Providing practical support, advice and information
- Discussing options for care, prevention and support
- Encouraging the person counselled and his/her family to make their own decisions
- A quiet, private environment
- Ensured confidentiality

Pre and post-test counselling

Counselling at the time of having an HIV antibody test has two main functions: prevention and support. It allows those tested to adopt preventive measures and, for those who are positive, to learn to live positively, accessing care and support at an early stage.

Counselling affected children and youth

Children and youth will react to crises in life, like the death of a family member, in different ways and will need different types of support. Bereavement counselling should be available to affected children and youth *before* the death of the family member and for as long afterwards as they may need it. Bereavement counselling should:

- Give children and youth an opportunity to talk about death, about events leading up to death, about the death itself (if it has occurred) and about the observances and rituals immediately after a death.
- Reassure them that feelings of disbelief, denial, sadness, pain and anger are normal.
- Allow them to express their feelings and concerns.
- Enable them to accept their loss or imminent loss and start looking to the future.

Key points

🗝 Voluntary counselling and testing (VCT) are encouraged in many countries to enable individuals or couples to learn their HIV status and to plan for their futures

🗝 Good counselling assists people to make informed decisions, cope better with health conditions, lead more positive lives and prevent further transmission of HIV

Fact Sheet: RELATED DISEASES - TB AND STIs

TUBERCULOSIS (TB)

Tuberculosis (TB) is a serious public health problem. TB kills more people every year than any other infectious disease - yet it is curable. Correct TB treatment not only cures TB and saves lives but also prevents the spread of infection and the development of drug-resistant TB.

TB is the most common opportunistic infection and the most frequent cause of death in people living with HIV in developing countries. In 1997, there were an estimated 2.2 billion people infected with *Mycobacterium tuberculosis* (the germ that causes TB) and 30.6 million people infected with HIV in the world. In 1996, there were an estimated 9.4 million people in the world infected with both HIV and TB.

How do HIV and TB interact?

In people with healthy immune systems, only 10% of those who are infected with TB ever become sick from TB. HIV, by destroying the immune system, increases the risk of progression from TB infection to TB disease from 10% per lifetime to 10% per year. This means that over 50% of people who are co-infected with TB and HIV will get sick with TB before they die. TB also accelerates HIV disease. It is important to realise that although HIV increases the risk of developing TB, not all HIV-positive people have TB and not all people with TB are HIV-positive.

People with TB or HIV face similar problems of stigmatisation, fear and discrimination and have shared needs for counselling, care and support. HIV/AIDS is common in socio-economically-stressed communities, and these same communities are also vulnerable to TB. The symptoms of TB are the same in HIV-positive and HIV-negative people: cough for more than 3 weeks, loss of appetite and weight loss, night sweats, tiredness, chest pain and coughing blood.

TB is spread through coughing. A person who is sick with TB and is not on appropriate treatment coughs TB germs into the air and another person breathes them into their lungs. TB patients who are on appropriate treatment are not infectious and therefore it is safe to work with them, socialise with them and live near them.

The good news is that TB can be cured as effectively in HIV-positive as in HIV-negative people using the same drugs for the same amount of time.

The DOTS (Directly Observed Treatment, Short-course) strategy works. As part of DOTS, it is important that a treatment supporter encourages and observes the patient to complete their TB treatment. Treatment supporters can be health workers, employers, co-workers, shop keepers, traditional healers, teachers, and community or family members.

The risk of getting sick with TB can be decreased in people living with HIV/AIDS by taking TB preventive therapy for a period of 6 months using a TB drug called isoniazid.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

STIs are very common. In Africa as many as 1 in every 10 people will get an STI every year. Untreated STIs can cause serious health problems in both men and women. Fortunately most STIs can be cured.

The same behaviours that place people at risk for STI infection also place them at risk of HIV infection. Both are transmitted during unprotected sex.

STIs such as gonorrhoea, syphilis, chlamydia, chancroid and genital herpes cause blisters, ulcers, discharges and inflammation. In all these cases, immune system cells are present in large numbers, thus providing an immediate entry point for HIV.

It is therefore 5-10 times more likely for HIV to be transmitted from one person to another, particularly when there are ulcers present. The situation is exacerbated even further because STIs in women are often asymptomatic or 'hidden'.

The presence of HIV infection in a person with an STI may result in the STI condition being more severe and treatment being less effective.

The best way of treating STIs is known as the 'syndromic approach'. It recognises that groups of STIs produce similar symptoms and that people commonly have multiple infections. The treatment therefore is given for a group of STIs, rather than trying to isolate and then treat the exact STI or STIs.

Key points

- HIV infection is the most powerful factor known to increase the risk of developing TB
- In developing countries, anyone with TB is in a high risk group for HIV
- The treatment of STIs has become one of the most important strategies for containing the HIV/AIDS epidemic

Fact Sheet: TREATMENT AND CARE

HIV/AIDS treatment and care may be defined within the following framework:

- For asymptomatic HIV-positive individuals
- For those with early HIV disease
- For those with late disease or AIDS
- For those with terminal illness

Treatment, care and support needs are very different at different stages and are not restricted only to the infected person. The primary objectives therefore are:

- For the infected person
  - to reduce suffering and improve quality of life
  - to provide appropriate treatment of acute intercurrent infections
  - where available, to provide access to antiretroviral treatment
- For families
  - to render practical support
  - to lend bereavement support

The points at which a person who is HIV infected will require treatment and care are numerous and may include:

- treatment for STDs and TB
- treatment of opportunistic infections
- prophylaxis for opportunistic infections
- palliative care
- antiretroviral therapy

Positive living

If you are HIV positive, this means taking control of aspects of your life such as:

- Eating a good diet whenever possible
- Staying as active as possible

- Getting sufficient rest and sleep
- Reducing stress as far as possible
- Staying occupied with meaningful activities
- Meeting and talking to friends and family
- Seeking medical attention for any health problems

Antiretroviral therapy

Antiretroviral drugs are used to treat HIV disease and in some instances to prevent HIV infection. There are different classes of drugs but all act to prevent replication or reduce the rate of replication of the virus and so slow the progression of the disease and prolong the survival of infected persons.

Vaccines

A vaccine is a substance that teaches the immune system to recognise and protect against a disease caused by an infectious organism or virus. Some experimental AIDS vaccines are in development, but the widespread availability of an effective vaccine is still many years away.

Key points

🗝 It is a well-established fact that living positively can delay the onset of symptoms and extend the period of wellness in a person who is infected

🗝 Options such as antiretroviral therapy which are widely used in the developed world to treat people living with HIV/AIDS are not yet routinely available in developing countries

Fact Sheet: UNIVERSAL PRECAUTIONS

HIV and other blood borne infections (like hepatitis B) can be transmitted in an accident or caring situation where there is contact with infected blood or other body fluids. The risk of a person becoming infected with HIV in such a situation is dependent on factors such as the extent of the contact or the sort of injury that allows the blood or body fluids to enter the person's body. The average risk of transmission is however low, approximately 0.3% following a needlestick-type injury.

There are simple guidelines to manage the risk of HIV transmission in an accident or caring situation.

- Create a safe working environment by identifying any risk situations and minimising such risks
- Assume that everyone is HIV positive and always take precautions in an accident or caring situation
- Ensure that personal protective first aid equipment (such as gloves) is available and that people have been trained to use the equipment
- In the event of accidental contact with blood or body fluids, follow standard first aid procedures
- Make sure that any contaminated materials are disposed of safely

Key points

🗝 Prevention of exposure to blood and body fluids should always be the priority

🗝 In an accident or caring situation, 'universal precautions' implies assuming that everyone is infectious and always taking the same precautions

Fact Sheet: WOMEN AND HIV/AIDS

Worldwide the risk of HIV infection for women is rising. Where transmission of HIV is predominantly heterosexual, women have a greater incidence of infection than men do. The reasons for this are multiple.

- The risk of becoming infected with HIV during unprotected vaginal intercourse is 2-4 times higher for women than for men. In addition, an untreated STI increases the risk of HIV transmission during unprotected sex by up to 10 times, and women with STIs are often unaware of them because the infections are 'invisible'.

- Young girls are at even greater biological risk - their physiologically immature reproductive tracts constitute ineffective barriers to HIV and other STIs. Older women also become biologically more vulnerable after menopause.
- Young girls become sexually active earlier than their male counterparts; and, at a young age, they lack the knowledge and power to control their sexual encounters, and also what happens about protection.
- The financial dependence of women on men is especially entrenched in the developing world, leaving them with little or no control over how and when they have sex. Traditionally women play the passive role in sexual encounters, which means they are unable be assertive and negotiate safer sexual practices with their partners. In Africa, simply being married is a major risk factor for women who have little control over abstinence or condom use at home or their husband's sexual activity outside.
- Condoms are incompatible with pregnancy and fertility is a powerful prerequisite to social acceptance in many societies.
- Women have less access to information and prevention measures which are available and/or distributed at work places, schools and social organisations.
- Where their lives have been disrupted by war, divorce or widowhood, or where they have lost their property because of inequitable laws and customs, women, in the absence of other viable alternatives, often turn to prostitution, with the attendant risks of infection, in order to survive.

The demands on women resulting from the epidemic are also significant.

- Women are the caregivers; of infected spouses, often whilst being infected themselves, of infected children, and of 'AIDS orphans'.
- They are also predominantly the educators and health professionals who have to spearhead and staff AIDS prevention and care programmes.
- There is a great burden on elderly women to care for and bring up grandchildren whose parents have died of AIDS.

Key points

🗝 AIDS spreads more quickly where women are economically dependent on men, are unable to read and have limited legal rights for divorce, inheritance and child custody

Fact Sheet: CHILDREN AND HIV/AIDS

In the context of HIV/AIDS, children may be classified as infected or affected.

- Almost all HIV infections in children under 13 are the result of transmission from mother to child; during pregnancy, birth or from breastfeeding. Other modes of transmission are sexual transmission and transmission from unsafe health practices.
- The AIDS epidemic is producing large numbers of affected children and orphans and resulting in increased hardship, particularly for impoverished families. Children from households with infected family members are frequently forced to assume care and other adult responsibilities.
- Adolescents at risk of HIV infection have high levels of knowledge about HIV/AIDS, but do not perceive themselves to be at risk and do not take the need for safer sex seriously.
- Certain groups of children are particularly vulnerable:
  - Children who are sexually exploited (either commercially or at home)
  - Street children, not necessarily because of a lack of knowledge and awareness, but rather because of their low status, powerlessness and social conditions
  - Children in detention, who are often exposed to violence, abuse and unwanted sex.
- Children from uninfected households living in affected communities are also affected, either directly, for example through day-to-day contact with their peers who have been personally affected, or indirectly by the sequelae of the epidemic such as deteriorating levels of education and health care.

The toll that the epidemic is exacting on the world's children is thus enormous and growing daily.

Affected children have multiple needs.

Physical and material needs

Food and food security

These children are vulnerable to malnutrition and under-nutrition, due both to the scarcity of food and to the weak position they occupy within guardians' homes in the household resource distribution process.

Housing, clothing and bedding

Elderly grandparents and children often cannot maintain their homes in good repair. Poverty within the extended family frequently results in repairs being neglected. Often the family's supply of bedding is reduced because the deceased parent was bedridden and incontinent before death and it is common for children to sleep on sacks on the floor. Many children have no footwear at all and own only one set of clothes.

Health care

Immunisation and simple medical care may not be reaching these children, and children under the age of five are particularly vulnerable.

Intellectual needs

Educational needs

These include books, school fees, uniforms, shoes and school trip funds. For the younger children there is also the need for after-care facilities.

Income generating skills

There is a need to provide older children with simple, marketable skills.

Psychosocial needs

Parenting

Most children have not come to terms with the reality of being orphaned and feel the loss of parental attention and of physical and social security. With the death of their parents, the normal grief process is aggravated by guilt that they were unable to save their parents, often resulting in behavioural problems.
Because the independence of the nuclear family has been compromised, they are unable to participate effectively in the kinship network where they are perceived as a liability and many, as a result, show socialisation problems.
Child heads of households confess to being ill-equipped to provide proper parental guidance and discipline to their siblings, let alone the love and care which they themselves need. There is also no moral and ethical guidance for these children, where the only adult attention may be in the form of irregular and inadequate supervision.

Friends and recreation

Most children report having lost their social friends due to their rigid time budgeting which does not allow them time for play.

Non-discrimination and legal protection

Freedom from discrimination within school, foster families, orphanages etc is another need. Where an infected parent may have been ostracised or rejected, after death the stigma may continue to cling to the orphaned children.
These children require legal protection, with respect to inheriting land and other material goods as well as protection from unscrupulous guardians, relatives and others who may abuse their rights in any number of ways. They also require a peaceful, violence and crime-free environment.

Key points

⊶ All children have physical and material needs, intellectual and educational needs and psychosocial needs. Children affected by HIV/AIDS are particularly vulnerable in all these areas, as they take on adult household, parenting and caring responsibilities. Typically these children experience a lack of supervision and care, stunting and hunger, educational failure, inadequate health care, psychological problems, disruption of normal childhood and adolescence, exploitation and discrimination.