The development practice project

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- UNAIDS, UNICDEF & WHO – Children and AIDS – a stocktaking report
- HIV&AIDS and the Law, AIDS Law Project
- Positive Health, Neil M. Orr
- Demographic impact HIV indicators 2007, Department of Health
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OVERVIEW

Welcome to this resource guide. This guide has been developed to provide comprehensive information to support the different workshops that have been designed to meet the Unit Standards as set out for HIV&AIDS from Level 1 – 4. The manual looks at the various aspects of HIV&AIDS in the context of your organisation and your community. Some of you may already know many things about HIV&AIDS and you are encouraged to share your experiences.

The workshops that follow are designed to not only provide information, but challenge the attitudes that people have around HIV&AIDS, as well as provide skills to help people live with and manage this disease more effectively. This means that to ensure that the programme has impact and delivers the desired outcomes of positive behaviour change in your learners, the following components will be integrated throughout:

- Knowledge and Information
- Skills and the ability to use the information in a positive and constructive manner
- Attitudes, values or beliefs that will encourage participants to use the knowledge and skills that they have acquired

Effective management of HIV&AIDS means that we need to have a good understanding of all the facts of the disease as well as how to live effectively with it.
This manual seeks to provide resource material required by the facilitator to run programmes for different levels on HIV&AIDS in order for learners to demonstrate an understanding of HIV&AIDS and all related issues.

The manual will provide facilitators with the information needed to facilitate the programmes with different groups and the workshops will allow learners to increase their knowledge around the various aspects, but also to address their attitudes and values and to learn new skills in dealing with these issues more effectively.

This manual does not contain all the information and facilitators can find additional information for the various topics on a number of very good websites. Some websites that can be used:

- [www.arfroaids.co.za](http://www.arfroaids.co.za)
- [www.redribbon.co.za](http://www.redribbon.co.za)
- [www.mrc.co.za](http://www.mrc.co.za)
- [www.unaids.com](http://www.unaids.com)
- [www.doh.gov.za](http://www.doh.gov.za)
<table>
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<th>Level</th>
<th>Specific Outcomes</th>
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ACTIVITIES

This manual does not contain activities as it is a resource manual and the facilitator will therefore be able to put together their own workshops according to the specific needs of the group with whom they will be working.

Symbols used in this workbook

**Important thought**
This sign shows an important thought or idea for you to take note of.

**Definition**
When you see this sign, a term is explained here.

**Self-test**
This designates a self-test section - this is an opportunity for you to check your understanding and if you are unclear, to discuss with your trainer.
Case studies or examples will tell you about a practical application of something that has been discussed or covered in the course.
MODULE 1: WHAT IS SEXUALITY?

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Attitudes and values

**Definition**

**Values**
Values are beliefs, principals and standards that we think are important. They are the things we prize and value.

**Attitudes**
Attitudes are our views, opinions and feelings about things.

Everyday people meet life situations in which they have to, give opinions, make decisions and take action. Everything people do and every decision made is based on conscious or unconscious beliefs, attitudes and values. The choices that people
make should be based on the values they hold, but often people are not clear about their own values.

Areas where we might experience confusion in are:

- politics
- material possessions
- religion
- personal tastes
- work
- race
- leisure-time
- war, peace
- love, sex
- death
- authority
- money

It is important to look at what determines a person’s attitudes and values as people are exposed to different value systems through their contact with others such as parents, family, school, peers, church and the media etc.
It is important to remember that everyone has different standards and beliefs and that one person’s values are not necessarily right or wrong. What is important is the process of identifying these values and then applying them to our daily lives.

**Important thought**

Forming a value system is an important part of finding out what a person’s values are and this will help when making decisions. The following steps are used when forming a value system:

- **prizing** our beliefs
- **cherishing** our beliefs
- **publicly** affirming our beliefs
- **choosing** our beliefs
- **choosing** from alternatives
- **choosing** after consideration of consequences
- **choosing** freely
- **acting** on our beliefs
Sexuality

Definition

Sexuality

Sexuality is much more than “sex” or “sexual intercourse”. Sexuality is our entire self as girl or boy, man or woman including sexual thoughts, experiences, learnings, ideas, values and imaginings, as these have to do with being male or female. Sexuality includes gender identity (the core sense that we are female or male) and gender role (the idea of how we should behave because we are male or female). Sexuality is a basic part of who a person is and affects how they feel about themselves and all their relationships with others.

Important thought

Our basic nature as sexual beings cannot be changed but people can make choices about how they express their sexuality and it is shared with others. Sexuality affects all areas of our lives and it includes:

- the physical body
- feelings and attitudes
- the way people walk, dress and behave
- the decisions we make
• our beliefs and values
• sexual intercourse
• inherited characteristics
• relationships between people
• social aspects of people’s lives
• spiritual aspects of people’s lives

Factors that influence sexuality:
• Parents
• Friends
• Media
• Teachers
• Religious institutions
• Culture
• Society
Gender roles

Gender roles are those that society assigns to men and women based on their gender. They especially influence relationships between men and women.

Gender roles have been changing in society over time and generally have become more flexible. However, traditional gender roles still have some influence.

For example, it used to be expected that men would experiment sexually before marriage, but that women would not. Women who went against this expectation were considered "loose" women, while men who went against the expectation were considered less than manly. The rules are therefore different for men than they are for women.

Other traditional gender roles are:

- Women are supposed to get married and stay home to raise a family.
- Men are expected to go out to work to support his family.

Today there is more sharing of family and household responsibilities and both men and women are not as restricted by traditional roles. There are more shared
resolutions and men and women are working in less traditional careers, e.g. we have male and female nurses, fire fighters, engineers, dentists, etc.

In the sexual arena, however, things are still not as flexible as they might be. Many people still expect the man to take responsibility for initiating and ending sexual activity and for carrying a condom. Women are expected to be less sexually aggressive than men, even though women's sexual feeling can be just as strong as men's.

 Sexual orientation

Sexual orientation is an important part of human sexuality. We are all attracted to others. Most people are attracted to the opposite sex. About 10% of us are attracted to the same sex and even more people are attracted to both sexes.

- **Heterosexuality** refers to sexual behaviour with or attraction to people of the opposite sex, or to a heterosexual orientation.
- **Homosexuality** refers to sexual behaviour with or attraction to people of the same sex, or to a homosexual orientation.
- **Bisexuality** refers to *sexual, asexual* or *romantic* attraction toward members of both sexes. It is one of the three main classifications of *sexual orientation*, along with a *hetero* and *homo* orientation.

- **Transvestism** is the practice of *cross-dressing*, which is wearing the clothing of the opposite sex. **Transvestite** refers to a person who cross-dresses.

- **Transgender** is the state of one's *gender identity* (self-identification as woman, man, or neither) not matching one's "assigned sex" (identification by others as male or female based on physical/ *genetic sex*). "Transgender" does not imply any specific form of *sexual orientation*; transgender people may identify as *heterosexual, homosexual, bisexual, pansexual, polysexual,* or *asexual*.

- **Homophobia** is the fear and/or hatred of homosexuality and homosexuals. Homophobia results in prejudice, discrimination, harassment, and sometimes acts of violence.

**Sexuality and the Constitution**

The Constitution in South Africa contains the Bill of Rights and has been developed to protect the rights of all people living in the country. The Constitution has two sections that deal specifically with the rights of people in terms of their sexuality and sexual orientation. These are sections 9 and 10 of the Bill of Rights:
Equality

1. Everyone is equal before the law and has the right to equal protection and benefit of the law.
2. Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.
3. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
4. No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.
5. Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.

Human dignity

Everyone has inherent dignity and the right to have their dignity respected and protected.
MODULE 2: THE REPRODUCTIVE SYSTEM

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Reproductive system in terms of HIV & AIDS

In order to understand HIV better it is important to also understand how the human body works and how the working of the body has an impact on HIV&AIDS.

HIV is transmitted through different body fluids. Two of the body fluids that are considered high risk for HIV infection, are semen and vaginal fluids. Blood is also a high risk fluid when it comes to the transmission of HIV. It is therefore important to understand how the reproductive system works. In the woman’s body vaginal fluid is produced when the woman becomes sexually aroused during intercourse.

Important thought

Vaginal fluid is important for the protection of the woman’s body because it lubricates the vagina in preparation of sex - if the vagina is dry during sex it could lead to small tears or cuts, that can’t necessarily be felt, in the vagina and this could form an entry point for the HI-virus (to enter the body).
The menstrual fluid that is released when a woman has her period can also be a fluid that can transmit HIV. It is therefore a high risk to have unprotected sex when a woman is having her period.

In the man’s body it is the semen that carries the HIV. See below for an explanation of semen.

In understanding the reproductive system it is important to understand both the male and female reproductive system.

**Male reproductive system**

Although it is called by many different names it is useful to know the biological terms associated with the male reproductive system and its functioning. The biological explanations are technical but useful. Please consult the drawing below.

- **TESTES:** 2 oval shaped balls found within the scrotal sac. The testes produce sperm cells and the male hormone testosterone.

- **SCROTUM:** A soft muscular pouch (sac), containing the testicles.
- **PROSTATE GLAND**: Gland located near the base of the bladder that produces the majority of the fluid (95%), which when combined with sperm and other secretions constitute semen.

- **EPIDIDYMUS**: Tightly coiled tubes which are attached to the surface of each testicle and act as the maturation and storage chambers for newly developed sperm.

- **VAS DEFERENS**: Two narrow tubes, carrying sperm from the epididymus to the seminal vesicles. Each vas deferens is approximately 16 to 18 inches in length.

- **URETHRA**: The passage located in the penis by which urine and semen (containing sperm) passes.

- **PENIS**: The male sex and reproductive organ, consisting of a head and the shaft or body. The shaft is made up of soft spongy erectile tissue into which extra blood can flow causing the penis to erect.

- **FORESKIN**: Tissue that covers the head of the penis. It can be rolled back to expose the head of the penis.

- **BLADDER**: The organ above the prostate gland containing urine.
- **SEMINAL GLAND:** Two pouches located on either side of the bladder. It produces seminal fluid and 4% of semen.

- **CIRCUMCISION:** The surgical removal of the foreskin. This is done for traditional, medical or religious reasons.

- **EJACULATION:** The release of semen from the penis.

- **ERECTION:** Process whereby the soft spongy tissue in the shaft of the penis is filled with blood, causing the penis to enlarge and stiffen.

- **WET DREAMS:** Involuntary ejaculation of semen while a boy (approximately 11 years and up) or a man is asleep.

- **SPERM:** Very small cells produced in the testicles and ejaculated as a very small portion of semen. If a single sperm unites with an egg (ovum) fertilisation occurs and a pregnancy may follow. It is important to note that although the sperm combines with the fluids from the prostate gland and seminal glands to form semen, the sperm themselves do not contain HIV. The HIV is in the fluid.

- **TESTOSTERONE:** The most important male hormone, produced in the testicles.
Male reproductive organs

- Vas deferens
- Seminal vesicles
- Prostate gland
- Rectum
- Anus
- Penis
- Urethra
- Testicle
Female reproductive system

- **ENDOMETRIUM**: The innermost lining of the uterus.

- **FALLOPIAN TUBES**: Two thin tubes which convey ova (egg cells) from the ovaries into the uterus. It is in the front part of the fallopian tube that fertilisation of the egg takes place.

- **MIOMETRIUM**: The muscular outer layer of the uterus that gives the uterus its strength and elasticity.

- **OVUM**: Tiny egg cells in the ovaries that begin to mature during puberty. Girls are born with about 250 000 immature egg cells.

- **VAGINA**: An opening approximately 6 – 10cm long extending from the outer opening at the vulva to the cervix. It is the area where sexual intercourse takes place and also serves as a birth canal for a baby.

- **UTERUS**: An organ shaped like an upside down pear. It consists of a layer of muscle and tissue. The uterus is also known as the womb.

- **CERVIX**: The opening of the uterus.
- **OVARIAS**: Organ on each side of the uterus that produces ova (eggs) and the female hormones oestrogen and progesterone.

- **VULVA**: The entire female external sex organ.

- **CLITORIS**: Organ on the vulva consisting of a head and a body. The clitoris has a protective covering or hood which is formed by the meeting of the labia minora.

- **LABIA MINORA**: The inner lips of the vulva.

- **LABIA MAJORA**: The large outer lips of the vulva, where the pubic hair grows.

- **HYMEN**: A thin piece of skin that partially covers the entrance of the vagina. In some women the hymen is not even present or tears for a number of other reason, excluding sexual intercourse.

- **MENARCHE**: The first menstruation.

- **MENSTRUATION**: A monthly discharge of blood filled with tissue from the uterus (womb). It occurs if a mature egg is not fertilised by the sperm of the male and the endometrium is therefore not needed.
- **OVULATION**: The release of an egg from the ovaries.

*External female reproductive organs*

*Female reproductive organs*
MODULE 3: HIV AND ITS EFFECT ON SOCIETY

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HIV statistics

HIV impacts on the whole world. Since the beginning of the epidemic, an estimated 60 million people worldwide have become infected with the HIV-virus, with an estimated 36 million people living with HIV at the end of 2006. UNAIDS (United Nations AIDS programme) further estimated that 3.4 million new HIV infections occurred in sub-Saharan Africa in the past year, which means that 28.1 million Africans now live with the virus – that is 67% of all HIV positive people live in Africa.
HIV & AIDS continue to be one of the biggest challenges faced by South Africa today, alongside poverty and unemployment. In 2007, it was estimated that 5.7 million South Africans were living with HIV & AIDS.
Women are harder hit than men. Women are more likely to acquire HIV infection from an infected partner. The National Department of Health annually conducts anonymous HIV surveys in each of the nine provinces in South Africa among pregnant women attending antenatal care at the government clinics. The Department of Health then uses a model based on the results of the survey to estimate the impact of HIV in the general population.

Recent antenatal clinic data show that several parts of Southern Africa have now joined Botswana with prevalence rates among pregnant women more than 30%. However, HIV prevalence among adults continues to fall in Uganda, while there is evidence that prevalence among young people (especially women) is dropping in some parts of the continent. South Africa while regarded as having one of the highest HIV prevalence rates in the world with an estimated 4.7 million South Africans living with HIV&AIDS; prevalence among young women (below 20 years) is also dropping.
SA National HIV and Syphilis Antenatal Sero-Prevalence Survey

Prevalence by province – 2007

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<tr>
<td>KZN</td>
<td>37.4%</td>
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<td>Free State</td>
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<td>Gauteng</td>
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<td>North West</td>
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<tr>
<td>Mpumalanga</td>
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The impact of HIV on the economy, education and health services

Like a pebble dropped in a pool, HIV sends ripples to the edges of society, affecting first the family, then the community and workplace, then the nation as a whole.
The seriousness of the impact depends not only on the numbers infected and directly affected by HIV, like family members, but also on the resources available to cope with the situation, whether at family, community or national level.

**Important thought**

HIV&AIDS impacts not only on the physical health of people, but also on all other aspects of their lives.

**The economic impact of HIV & AIDS**

**Important thought**

South Africa faces one of the world's most severe HIV&AIDS epidemics. In the beginning it was seen as a serious health problem, it is now clear that the epidemic also holds economic consequences for the country. HIV infected individuals and households will be the first to experience the economic impact of AIDS, thereafter the effects will ripple outwards to businesses and eventually the larger economy.

The economic impact of AIDS on households primarily stems from its impact on household income and expenditure. The loss of a breadwinner could permanently
lower the income of a household, particularly in the case of already poor households. The financial impact may well be made worse if another member of the family has to stop working to care for the sick. Many households may become entirely dependent on an old age pension or other social support grants. AIDS may well worsen poverty, as poor households appear to be more vulnerable to the epidemic and have fewer resources available to cope with the disease.

The AIDS epidemic will affect household spending patterns, as HIV&AIDS infected households will be burdened by:

- higher health care costs;
- transport costs to and from health services
- funeral expenses.

Households may have to take funds away from savings or other areas, such as children's education or non-essential spending.

AIDS deaths also mean that there will be less people to buy goods and take part in the economy. That could affect the total economy negatively. Similarly fewer households will be saving and planning for the future.
AIDS related illnesses and deaths of managers, employees and their family members could have a significant impact on business. The impact of HIV and AIDS on companies will include the following:

- Disability benefits
- Death benefits
- Member withdrawal benefits
- Funeral benefits
- Cost of medical aid
- Absenteeism: sick leave, funeral attendance
- Productivity
- Skills and training costs
- Recruitment costs
- Retraining costs
- Client dissatisfaction
- Possibility of serious mistakes + accidents (dementia): liability to Company

The vulnerability of different companies will vary, depending on factors such as:

- how many people are employed at the company;
- how the workplace puts the employees at risk;
- the skills of affected employees and whether other employees can replace them easily;
- the structure of employee benefit schemes;
  - If companies have strategies to cope with HIV&AIDS in the workplace.

The HIV&AIDS epidemic will put special pressures on the government. One of the most obvious results of the epidemic will be an increase in the number of people looking for medical care at state hospitals. The financial strain on the public health sector could be severe, not only as a result of the large number of people seeking health care, but also because health care for AIDS patients is more expensive than for most other conditions.

An important challenge for the government will be the increased financial cost because of higher public health care and other social spending such as foster grants.
and institutional care for orphans. This will probably happen at the same time as a lowering in income from taxes.

Given all the potential impact channels, it can safely be stated that HIV&AIDS will more likely than not reduce the total income growth in countries with high figures. However, predicting the extent of the impact of the HIV&AIDS epidemic on macro-economic growth is no easy task. The biggest impact is likely to be felt years from now and projections of the economic impact of HIV&AIDS are subject to limitations:

- the difficulty in estimating the size of the epidemic,
- difficulty in predicting how big the problem will be in the future and estimating the economic cost of the demographic,
- difficulty in costing the loss of labour hours and health care cost of the epidemic.

Specific impact of HIV on companies

- HIV&AIDS has lowered labour productivity or increased absenteeism and raised the cost of employee benefits
- Higher labour turnover rates
- Lost experience and skills
- Recruitment and training costs due to the epidemic
- There are clear differences between the responses of large, medium and small companies. More than 75% of large companies indicate that HIV&AIDS has led to lower labour productivity or increased absenteeism, higher
employee benefit costs and higher labour turnover rates. Less than a third of small companies have noted any of these impacts.

Important thought

A survey (2003) indicated that companies located in KwaZulu-Natal and Gauteng are worst affected. More than 40% of companies operating in KwaZulu-Natal and Gauteng indicated that HIV&AIDS has led to lower labour productivity or increased absenteeism. Companies based in the Western Cape have experienced a much smaller impact, with less than 20% of these companies noting an AIDS induced adverse impact on the production side of their business. These results are consistent with estimates of HIV prevalence among pregnant women visiting antenatal clinics, which suggests that HIV prevalence is highest in KwaZulu-Natal, followed by Gauteng, and lowest in the Western Cape.

Close to 40% of all companies operating in KwaZulu-Natal and Gauteng indicated that HIV&AIDS has already had a negative impact on their profits. The corresponding figures for the Western Cape and Eastern Cape are 25% and 27% respectively.
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HIV orphans and its impact

Twenty-eight years into the AIDS epidemic, the children in its path remain at grave risk. It is estimated that 2.3 million children under 15 years old are infected with HIV, 15.2 million children under 18 have lost one or both parents to AIDS, and millions more have been made vulnerable. Children affected by AIDS may experience:

- poverty
- homelessness
- school drop-out
- discrimination
- loss of life opportunity and
- early death.

Definition

The most commonly used definition is children under the age of 15 whose mothers have died. But orphans do not cease to have need of parenting on reaching 15. In addition, the loss of a father also has a significant impact.

In South Africa up to now the number of these orphans has been increasing quite slowly. As the epidemic grows and AIDS deaths increase the number of orphans is predicted to rise dramatically.
South Africa will face significant costs in the long term if we do not plan to look after orphans now – such costs include:

- increased juvenile crime
- reduced literacy
- increased economic burden on the state.

Orphaned children are not only traumatised by the loss of parents (whose physical deterioration they may often have witnessed), they may lack the necessary parental guidance through crucial life-stages of identity formation and socialisation into adulthood. The impact on the ability of these children to eventually participate constructively in social and economic life is likely to be significant, and will no doubt increase levels of juvenile crime. Psychosocial effects will be worsened by accompanying threats to the basic survival (food, housing, education, health care) and security (protection from exploitation and abuse) frequently experienced by orphans. Many of these costs can be reduced if action is taken now.

Models of community-based care must be further developed, and forms of state assistance to those caring for orphaned children must be expanded. It is important that the number and profile of orphans expected in future be understood if successful strategies to provide and care for them are to be developed. Orphanhood may in practice begin long before the death of a parent. This will happen where there is a sole parent and that parent becomes sick with AIDS. Often the household is without income and the parent is no longer able to support the child. This and the trauma of watching the parent slowly dying are the first stresses the orphan
has to face. Studies of AIDS orphans show that they have low self-esteem and tend to display more aggression, anxiety and depression than other children. Children alienated from or abandoned by their extended families are more likely to become street children and engage in antisocial behaviour or prostitution.

It should be noted that HIV-positive orphans constitute a relatively small part of the orphan population, since about two-thirds of babies born to HIV-positive parents will not be infected, and because most infected children do not survive long enough to make up a sizeable proportion of the orphans.

The figure below shows numbers of AIDS orphans (those whose mother died while HIV-positive) as against ‘non-AIDS’ orphans (those whose mothers were HIV-negative when they died) over time. Projections indicate that the number of non-AIDS orphans will gradually decline – mainly as a result of greater numbers of mothers dying of AIDS. However, the number of AIDS orphans is expected to rise enormously over the next decade, peaking at about 1.85 million in 2015. By 2015 more than 30% of all children between the ages of 15 and 17 will have lost their mothers.

Without significant changes in sexual behaviour or interventions, about 15% of all children under the age of 15 are expected to be orphaned by 2015. This percentage varies significantly with regard to age.
HIV and gender

More than 34 million adults are currently living with AIDS. Although HIV infection was initially concentrated in male populations, the proportion of women with HIV&AIDS has been increasing. In these areas women have very limited knowledge of the disease and effective precautionary measures. Societal misconceptions about the illness and limited access to medical resources worsen the situation.

Definition

What is gender?
Gender includes widely held beliefs, expectations, customs and practices within a society that define ‘masculine’ and ‘feminine’ characteristics, behaviours and roles and responsibilities.

Gender norms, for example, often dictate that women and girls should be ignorant and passive about sex, leaving them unable to negotiate safer sex or access appropriate services. Gender norms in many societies also reinforce a belief that men should seek multiple sexual partners, take risks and be self-reliant. These norms work against prevention messages that support fidelity and other protection measures from HIV infection. Some ideas of masculinity also make violence against women acceptable, which has a direct link to HIV vulnerability.
Important thought

Across cultures there is always a distinct difference between women’s and men’s roles, access to productive resources, and decision-making authority. Typically, men are seen as being responsible for the productive activities outside the home while women are expected to be responsible for reproductive and productive activities within the home. Women have less access over and control of productive resources than men, resources such as income, land, credit, and education. While the extent of this difference varies considerably from one culture to the next, it almost always persists.

Sexuality and Gender

Gender and sexuality are significant factors in the sexual transmission of HIV and they also influence treatment, care, and support.

Women’s Vulnerability

- In many societies there is a culture of silence that surrounds sex that dictates that “good” women are expected to be ignorant about sex and passive in sexual interactions. This makes it difficult for women to be informed about risk reduction or, even when informed, makes it difficult for them to negotiate safer sex.
• The traditional norm of virginity for unmarried girls that exists in many societies often increases young women’s risk of infection because it restricts their ability to ask for information about sex out of fear that they will be thought to be sexually active.

• Virginity also puts young girls at risk of rape and sexual coercion in high prevalence countries because of the erroneous belief that sex with a virgin can cleanse a man of infection and because of the erotic imagery that surrounds the innocence associated with virginity. Research has shown that some young women practice alternative sexual behaviours, such as anal sex, in order to preserve their virginity, although these behaviours may place them at increased risk of HIV.

• The strong norms of virginity and the culture of silence that surrounds sex, accessing treatment services for sexually transmitted infections can be highly stigmatizing for adolescent and adult women.

• In many cultures because motherhood is considered to be a feminine ideal, using barrier methods or non-penetrative sex as safer sex options presents a big challenge for women.

• Women are often financially dependent on men and this increases their vulnerability to HIV. It makes it more likely that they will exchange sex for money or favours, less likely that they will succeed in negotiating protection,
and less likely that they will leave a relationship that they perceive to be risky.

- Violence against women, contributes both directly and indirectly to women’s vulnerability to HIV. In population-based studies conducted worldwide, anywhere from 10 to over 50% of women report physical assault by an intimate partner. And one-third to one-half of physically abused women also report sexual coercion.

Research shows that the relationship between violence, risky behaviour, and reproductive health in people who have been sexually abused, are more likely to engage in unprotected sex, have multiple partners, and trade sex for money or drugs. Research also shows that physical violence, the threat of violence, and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky.

**Men’s Vulnerability**

The unequal power balance in gender relations increases men’s vulnerability to HIV infection, despite, or rather because of, their greater power.

- Ideas of masculinity that expect men to be more knowledgeable and experienced about sex, put men, particularly young men, at risk of infection
because such norms prevent them from seeking information or admitting their lack of knowledge about sex or protection and encourage them to experiment with sex in unsafe ways, and at a young age, to prove their manhood.

- In many societies worldwide it is believed that variety in sexual partners is essential to men’s nature and that men will seek multiple partners for sexual release. This seriously challenges the effectiveness of prevention messages that call for fidelity in partnerships or a reduction in the number of sexual partners.

- The idea that encourages or emphasizes sexual domination over women as a defining characteristic of manhood, contribute to homophobia and the stigmatization of men who have sex with men. The stigma and fear that result, force men who have sex with men to keep their sexual behaviour secret and deny their sexual risk, thereby increasing their own risk as well as the risk of their partners, female or male.

- Men in many societies are socialized to be self reliant, not to show their emotions, and not to seek assistance in times of need or stress. This expectation of invulnerability associated with being a man runs counter to the expectation that men should protect themselves from potential infection and encourages the denial of risk.
These traditional ideas of being a man are strongly associated with a wide range of risk-taking behaviour for example:

- substance use
- violence
- delinquency and
- unsafe sexual practices

**Power Imbalance and HIV & AIDS**

In addition to increasing the vulnerability of women and men to HIV, the power imbalance that defines gender relations and sexual interactions also affects women's access to and use of services and treatments.

There are gender differences in the decision-making that led to the use of HIV voluntary counselling and testing services.

- While men made the decision to seek VCT independent of others, women feel they have to discuss testing with their partners before accessing the service, thereby creating a potential barrier to accessing VCT services.

- Women's social and financial vulnerability and gender inequality also lie at the root of their painful experiences in coping with the stigma and discrimination associated with HIV infection. HIV positive women bear a double burden: they are infected and they are women. In many societies
being socially ostracized, marginalized, and even killed are very real potential consequences of exposing one’s HIV status.
MODULE 4: UNDERSTANDING HIV&AIDS

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What is HIV&AIDS?

**Definition**

**HIV & AIDS**

AIDS is a medical diagnosis for a combination of illnesses which results from a specific weakness of the immune system. AIDS (Acquired Immune Deficiency Syndrome) is caused by an infection with a type of virus called HIV – Human
Immune deficiency virus.
HIV is not one virus, but a family of many similar viruses. A virus is a very small germ.

How does HIV affect the immune system?

**Definition**

The immune system
The blood contains white and red blood cells. Normally the white cells fight off and kill any germs, which enter our bodies and this is our immune system. The immune system defends the body against infections and disease. They do this by eating up the germs and by producing chemicals called antibodies, which kill them. In this way the body fights off many different germs and a person stays healthy. Sometimes a person will have symptoms of illness when our white cells are fighting the germs, but usually the white cells win and the person gets better again.

When other infections or sexually transmitted infections (STIs) are present the immune system is weaker and the risk of contracting the HI-virus is greater. HIV weakens this immune system by entering and finally destroying our white cells. As more and more white cells are killed, the body becomes less and less able to fight
off the many different germs, which live around and in our bodies all the time. Finally, people with AIDS die from one of a number of serious and rare diseases, which their bodies cannot fight against anymore. HIV can also attack the brain cells and nervous system directly, causing mental and co-ordination problems.

HIV has a specific lifecycle once it has entered the body. In order for the virus to survive in the body it needs to attach itself to a cell in the body – this cell is the T-helper cell or CD4 cell. Once the virus has attached itself to the T-cell, it enters the cell and uses the DNA of the cell to change its own RNA structure – it changes itself so that it can look the same as the T-cell. Once the virus has changed itself, it then starts to multiply (making more copies of itself) – these copies then leave the T-cell and infect other T-cells. See picture.
How do you get HIV&AIDS?

The HIV can only enter the body through body fluids. These body fluids include:

- sexual secretions such as semen and vaginal fluid
- blood
- breast milk

In order for transmission to take place the virus needs:

- A entry point
- A body fluid

HIGH RISK

BLOOD

MEDIUM RISK

SEmen

NO RISK

BREAST MILK

VAGINAL FLUIDS

TEARS

SALIVA

URINE AND SWEAT
**Risk triangle**

Although HIV can also be found in other body fluids it is only in the high and medium risk fluids that the virus is in a high enough concentrate for it to be transmitted. HIV is most commonly transmitted from an infected person to an uninfected person in the following ways:

- unprotected sexual intercourse
- by sharing needles used for intravenous drug use
- from mother to child
- through contact with infected blood

**Unprotected sex**

When two people have unprotected sex the virus can pass

- from the man’s semen into the woman’s vaginal wall and vaginal fluids if there is an entry point.
- from the woman’s vaginal fluid into the man’s penis through sores on his penis
- from one partner’s sexual fluid to the other partner’s sexual fluids in the anus
- if either of the partners has a STI, it is even easier for the virus to spread

**Mother-to-child**

A mother who is HIV positive and becomes pregnant can pass the virus to her baby. The virus can pass to the baby during the birth-process when there is contact between the body fluids of the mother and the baby. After birth the virus is also
spread to a newborn baby through breast milk. Not all babies born to HIV positive mothers will be HIV positive. Many factors influence this and the mother can reduce the risk of her baby becoming infected by:

- taking medication called AZT during the last 12 weeks of pregnancy (this is very expensive) and a single dose of Nevrapine before labour;
- having a caesarean section instead of a normal delivery – this way the blood can be controlled and the risk of transmission is lower;
- bottle feeding her baby instead of breast-feeding or exclusive breast feeding.

**Infected Blood**

HIV lives in blood. When blood that is HIV positive mixes with the blood from someone who is not HIV positive, this person can become HIV positive. The risk of transmission through blood is very low in South Africa, because all donated blood and blood products are thoroughly tested for HIV.

**How you do NOT get HIV&AIDS**

HIV is not transmitted by normal day-to-day contact between people, nor is it transmitted through the air.
Important thought

**REMEMBER...** HIV is **not** transmitted in the following ways:

- through tears or saliva
- by eating food prepared by someone who is HIV positive
- by kissing, touching, coughing or sneezing
- by contact with toilet seats, eating utensils, water fountains or telephones
- by using facilities such as swimming pools, restrooms or gymnasiums
- by being close to a person who is HIV-positive
- by mosquitoes or other biting insects
- by donating blood
- by sharing cups, mugs, cutlery, food or drinks

**The stages of HIV infection**

The stages of HIV infection are set out by the WHO (World Health Organisation).

**Stage 1: A Healthy person infected with HIV**

When a person becomes infected some people may first notice flu-like symptoms but they still remain healthy otherwise. During this period the body starts to produce **antibodies**. This period is called the **window period** and it takes the body about 6 – 12 weeks (3 months) to produce enough of these antibodies, so that they can be detected in a HIV-antibody test.
Definition

Antibodies

Antibodies are small proteins. These antibodies then remain in the body for as long as the virus is present. So, if the test picks up that there are antibodies in the blood, it means the virus is there too.

Stage 2

A person is healthy during this time, but may show some of the early symptoms and if they get sick it takes a little longer than usual for them to get better. Stage 2 is also known as the A-symptomatic phase and can last on average between 2 – 10 years. Living healthily – eating well, exercising, reducing stress, resting enough, avoiding alcohol and cigarettes, can help prevent opportunistic infections and therefore the person can stay in this stage for longer.

Stage 3

HIV gradually destroys the immune system of infected people. Opportunistic infections then develop and take advantage of an HIV-positive person’s weak immune system, making them ill. During stage 3 – which is also known as the Symptomatic phase – the person will experience more serious problems such as great weight loss, chronic diarrhoea, fever, oral thrush, vaginal thrush, pneumonia
and TB. A person is advised to take medication to treat the opportunistic infections so that they can get better again.

**Stage 4**

**Definition**

This is when a person is diagnosed with AIDS and has a CD4 count of lower than 250 as well as an opportunistic infection.

Very serious diseases will occur during stage 4, such as:

- chest infections causing pneumonia and shortness of breath
- TB (tuberculosis)
- brain infections - mental confusion, severe headaches and fits, meningitis
- diarrhoea lasting many weeks
- profound weight loss
- cancers, particularly a skin cancer called Karposi Sarcoma
Signs and symptoms

Once the immune system is weak, germs get into the body more easily and are harder to fight. Because germs come from outside the body the parts of the body that are in contact with the outside world are attacked the most. So the signs and symptoms of illnesses that an HIV positive person will get are related to:

- the skin - rashes, sores
- the mouth, nose and lungs - thrush, TB, cough, pneumonia
- the digestive system - diarrhoea, weight loss

Other symptoms may include some of the following but, these symptoms could be because of a completely different disease and therefore it is important to have an HIV test to make sure that they are HIV-related.
Some of these symptoms may be:

- easy bruising, bleeding gums and nose bleeds
- continual skin problems
- fevers higher than 38 for 10 days or more
- ongoing, heavy sweating at night
- unintentional weight loss of more than 10 kgs
- unexplained tiredness that interferes with your normal activities
- continual diarrhoea
- dry cough, shortness of breath
- painful, swollen glands
- sores, or unusual marks or patches on the tongue or in the mouth
- continual vaginal infections
- continual headaches, numbness or tingling in the feet and hands
- memory, concentration, speech and/or co-ordination problems
HIV and other opportunistic infections

**Definition**

**What are opportunistic infections?**

Opportunistic infections are the diseases that take advantage of an HIV-positive person’s weak immune system, making them ill. Most of these infections are common infections which can occur in HIV-negative people as well, but they are much more severe in a HIV-positive person. These are the diseases that actually cause the death of most people with AIDS.

Most opportunistic infections can be treated. In the later stages of AIDS, the immune system can be so weak that even the medicines for treating these opportunistic infections no longer work and this is why people who do not receive sufficient treatment in time, may die from these opportunistic infections.

**HIV&AIDS AND TB**

TB (Tuberculosis) is a disease that affects thousands of people in South Africa. It usually affects the lungs.
There are a number of symptoms of TB:

- a cough that lasts for more than three weeks
- loss of weight
- sweating at night
- tiredness
- pain in the chest
- coughing up blood

There are symptoms that show a person might have TB, but the only way to be sure is to go to a clinic to be tested for TB.

TB is usually passed on when a person who has TB and who is not being treated coughs the germs into the air, and another person breathes in these germs. People who have TB, but who are being treated for the disease cannot pass on the germ by coughing. It is safe to work with them, socialise with them and live near them.

The main test for TB is a sputum test. This is a test that is done on the fluid that a person coughs up. An x-ray of the chest may also be done.
Important thought

Treatment

TB can be cured very effectively by taking drugs. These drugs need to be taken three to five times a week for at least six months. People who have very severe TB might need to be treated in hospital.

It is not always easy to remember to take the drugs for such a long time. To help people with TB, a system called DOTS (Directly Observed Treatment, Short-course) is being used. DOTS is a system where treatment supporters help people with TB to take their drugs regularly.

Preventing TB

The best way to prevent TB is for people who have TB to seek treatment as soon as possible. It is also important for people in the community to support those who have TB and to help them complete their treatment.

How TB and HIV&AIDS are related

HIV affects a person’s ability to fight disease and people who develop AIDS can easily become sick with TB.
TB is a common in people with HIV&AIDS but if a person has TB, it does not mean that they also have HIV&AIDS. TB is curable whether a person has HIV or not, and exactly the same drugs are used.

The following principles apply when managing TB patients who are also infected with HIV:

- TB in the lungs and outside the lungs is treated with the same anti-TB drugs.
- The treatment regimen for first-time TB patients differs from that of second-time patients or those in whom treatment had failed.
- A combination of drugs is always used. Specific combinations and dosages depend on whether the patient is a first- or second-time user.
- First-time users receive therapy for at least 6 months (2 months of intensive treatment and 4 months of continuation or maintenance treatment).
- Second-time users (recurrent TB - failed or interrupted treatment) receive therapy for at least 8 months.
- Treatment is usually given for 5 days a week as a daily dose.
- Compliance (taking the drugs as prescribed) is absolutely essential to avoid the development of multi-drug-resistant TB bacilli (MAR TB).
- TB treatment should not begin before there is a definite diagnosis of TB (sputum or culture).
- Weight loss should stabilise and cough and night sweat symptoms should show definite signs of alleviation within 4 to 6 weeks of commencing treatment.
- Sputum samples should be negative after 3 to 5 months.
- Side effects that arise from taking TB medication are:
Peripheral Neuropathy (numbness, tingling or pins and needles in the feet or hands)

- Hepatitis
- Fever and rash
- Renal failure
- Visual disturbances
- Hearing loss
- Bleeding tendency
- Shock

If these serious side effects occur, the drug(s) responsible should be stopped temporarily or permanently. However, it is important to note that some of these symptoms may be confused with symptoms of HIV-related disease.

- TB medications may interact with some anti-retroviral medications and result in a reduction in the levels of the anti-retroviral medication. TB should therefore always be managed by TB clinics where they are aware of these drug interactions. If the patient is already on ART, the ART regimen is usually changed to ensure it works with TB treatment.

Treatment for children with TB

- Combinations and dosages are different for the treatment of children under 8 years of age.
- Children receive treatment for 6 months (a 2-month initial phase of treatment 5 times a week, and a 4-month continuation phase).
- All children with severe forms of TB (meningitis, spine, peritonitis, military and bones) should be referred to a hospital for management.
Prevention of HIV&AIDS

Knowing your HIV status – HIV testing

A VCT service helps you decide if you want to find out if you are HIV positive (you have HIV) or HIV negative (you do not have HIV). Once you know your status, then you can make decisions about your life to stay as healthy as possible.

When looking at testing and HIV&AIDS the following tests are used:

- Antibody test
- Viral Load test
- Tests used to monitor HIV disease

HIV Anti-body tests

There are three possible HIV antibody tests that can be used to test whether a person is HIV positive or not:

- HIV ELISA tests
- HIV rapid tests
- Saliva and urine tests
HIV Antibody tests

The antibody test shows if a person is infected with HIV by looking for the antibodies to HIV in the blood. When any virus such as HIV enters the body, the defence system of the body will produce antibodies in an attempt to destroy that virus.

Antibodies are small proteins. These antibodies then remain in the body for as long as the virus is present. So, if the test picks up that there are antibodies in the blood, it means the virus is there too.

HIV ELISA tests

The ELISA test (enzyme-linked immune sorbent assay) is one of the most commonly used tests to diagnose HIV infection. The ELISA test is extremely accurate in reacting to the HIV antibodies that are formed by the immune system. HIV antibodies can usually be detected in the blood 6 – 12 weeks after infection has taken place.

HIV rapid tests

The disadvantage of sending a blood sample to a laboratory for HIV testing is that the person will usually have to wait a few days for the result and must return to the
clinic or testing centre to get the result. For this reason, rapid tests to detect HIV antibodies have been developed.

Definition

Rapid tests

Rapid test to detect antibodies to HIV can enable health providers to supply definitive negative and preliminary positive results to clients at the time of testing. These tests are simple to perform and do not require any laboratory equipment so that the health care practitioner can do the test at the clinic or testing centre. These tests are also relatively cheap and demonstrate a high rate of reliability if they are correctly used. Rapid testing allows people to be counselled, tested and given test results in a single visit. This is particularly useful in rural areas where returning for test results may be costly and difficult.

Keep in mind that the test cannot detect an infection that took place within the last three months. This is called the window period. So if you had unsafe sex within the last 3 months, you will have to come back for another test.
Saliva and urine tests for HIV

**Definition**

Saliva tests detect the presence of HIV antibodies in saliva.

Saliva testing has a number of advantages over blood testing:

- It is less intrusive
- It is painless
- It avoids the potential hazard of a needle-stick injury to the person doing the test
- And it can be used where blood is difficult to take, e.g. in children or intravenous drug users

Testing for HIV antibodies in saliva or urine is slightly less accurate than testing a blood sample.

**Going for a HIV test**

If a person wants to know their HIV status, they can go to their nearest VCT clinic and talk to a counsellor who can help them decide if they want to take the test or not. The counsellor will tell you what the test is about and how it will be conducted. The counsellor will answer any questions as well as help you discuss your feelings about it.
The test is voluntary (completely your decision) and no one can be forced to be tested. You must sign a consent form before they will test you.

If you know your status it can help you make a lifestyle change, such as marriage or having a child. Some people simply want to be free of worrying. People who are in a relationship can go for testing together, as they will be able to support each other through the process. You will sign a consent form. Remember this is your decision. It is against the law for anyone to take an HIV test without agreeing to do so i.e. giving consent.

Once a person has decided to take the test, the nurse will do the test – either rapid or ELISA.

Once the person knows the result it is important to get the right advice and to talk about the result. For example, if the person is HIV negative, the counsellor will provide information on how to stay negative and protect oneself. It is possible for one person in a relationship to be HIV positive and the other person HIV negative. The couple must be committed to keeping that person HIV negative while supporting the person living with HIV. People who are HIV positive can be assisted with information about different ways to live a healthy life, such as eating a balanced diet and following an exercise programme. The counsellor will also put the person in touch with other organisations and relevant government departments for more assistance.
Viral tests

Definition

Viral tests detect the actual HI virus in the blood and do not rely on the development of antibodies. These tests are used to diagnose very early HIV infection, as well as monitor a person’s health status once they are on ART (Antiretroviral treatment) medication. There are two types of tests available to detect HIV, namely the PCR test and the p24 antigen test. Unfortunately these tests are extremely expensive and are not always available at all clinics or testing centres.

Tests used to monitor HIV disease

Definition

CD4 cell count

CD4 cells (T-cells) are a type of white blood cell. CD4 cells are also known as ‘helper T-cells’ because they play a very important role in directing the immune system to respond to infections – it tells the other white blood cells what to do.

HIV multiplies in the CD4 cells and destroys them. Initially, after infection with HIV, CD4 cells are replaced as rapidly as the virus destroys them. Over time, however,
the body cannot continue to replace CD4 cells as needed, and the CD4 cell level in the blood falls. The level of CD4 cells in the blood gives an indication of which stage of HIV disease a person has reached.

A person’s first CD4 count is known as the ‘baseline’ CD4 count. After the baseline, a CD4 count is usually done every 6 months if a person is in the early stages of the HIV disease. If they are in a more advanced stage, the CD4 count may be done more frequently.

The CD4 count is also used as an indicator for when to start anti-retroviral treatment. If a person is on ARVs a CD4 count will usually be done every 3 months to monitor if the medication is working (the CD4 count should increase).

**Definition**

**Viral load**

The viral load refers to the level or concentration of HIV in the blood. The level of the virus in the blood indicates how fast the virus is multiplying and also how well or how poorly the virus is being controlled by the immune system. There are several tests that can be used to measure the viral load. The higher the viral load, the more rapidly the virus is multiplying and the more quickly a person will develop AIDS.
The viral load also increases when another illness such as flu is present, since the other illness will divert the immune system away from control of the HIV infection. It is therefore best to avoid doing a viral load test during another illness. A viral load test may be done every six and twelve months if you are in the earlier stages of HIV disease. Along with the CD4 count, the viral load may be used to help decide when to start anti-retroviral treatment. If a person is on ARV’s it is useful for monitoring the success or failure of treatment – the test is done every 3 months. Successful treatment would usually cause at least a 10-fold fall in viral load.

### Important thought

When a person is on ARV’s the virus level may fall to below 50 copies/ml and the result is reported as “lower than detectable” – this does not mean, however that there is no HIV in the blood or that the disease has been cured!

### When to go for testing

It takes between 6 – 12 weeks for the antibodies to form in the body after infection has taken place, and therefore a person will only test positive after this period – this is called the window period.
A person should go for a test if:

- they suspect that they have been exposed to HIV
- they have any STI
- they have recently changed sexual partners
- they have had more than one sexual partner
- they have practiced unprotected sex with someone whose HIV-status they do not know
- they have been exposed to blood

Reducing and eliminating risks

People can eliminate or reduce the risk of getting HIV by avoiding certain behaviours:

**Risk elimination**

- Do not engage in sexual intercourse
- Do not use intravenous drugs
- If sexually active, remain in a relationship with only one partner who is not infected, not using drugs, not sharing needles or syringes and not having sexual intercourse with other partners

**Risk reduction**

- Openly discuss with a partner the possibility of HIV infection. Listen for clues of past or present risk behaviours
- Avoid having multiple sex partners. The more sex partners a person has, the greater the chance of contracting HIV or other sexually transmitted diseases
Avoid contact with a partner’s blood, semen or vaginal secretions

Properly use latex condoms and spermicidal containing nonoxynol9 during each instance of sexual intercourse

Do not share needles

**Universal precautions**

It is not compulsory to disclose one’s positive status to anyone. It is the person’s choice, or in the case of a child, the guardian’s choice to disclose HIV status. As you cannot see who is HIV-positive by looking at people it is important to ensure that you take the necessary precautions that will reduce the risk of becoming infected.

The universal precautions are important in the home or workplace:

- Presume everyone is HIV positive
- Blood should be handled with extreme caution
- Skin accidentally exposed to blood should be washed with soap & running water
- All bleeding wounds or when the skin is broken should be cleaned with running water & antiseptic
- Blood splashes to the face should be flushed in running water x 3 minutes
- All open wounds should be covered and secured
- All persons attending to blood spills, wounds, sores should wear protection (gloves or bags)
- Surfaces contaminated with blood or body fluids should be cleaned with running water and household bleach (1:10 solution)
- Contaminated material should be sealed in a plastic bag and incinerated or appropriately disposed of. Never re-use needles or syringes.
- Tissues and toilet paper can be flushed down the toilet.
- Contaminated instruments should be washed and soaked in strong household bleach solution for 1 hour.
- All staff should be trained in First Aid.
- Learners should be encouraged to appropriately handle their own bleeding, not touch each others’ blood, and protect sores and open wounds.
- First Aid Kits should always be available. Preferably two kits. Check weekly. A kit should be accessible at all times.
- Each classroom should have: 3 unbroken plastic bags or 1 pair of latex gloves.
- A First Aid kit should always be available at any sports event.
- All open wounds should be covered during sport. Bleeding on the field requires the learner to leave the field immediately until controlled and covered. Blood stained clothes must be changed.
- Each office or workplace should have: 3 unbroken plastic bags or a pair of gloves.
- All cleaning staff, should be well informed about appropriate precautions to take when cleaning blood or other body fluids.

**Contents of the First Aid box**

- Household bleach (JIK)
- Rubber gloves
- Latex gloves
- Plastic bags
- Container for pouring. Preferably a 2 litre ice cream dish
- Disinfectant (e.g. Dettol, Savlon, Hibitane)
- Cotton wool
- Toilet paper
- Plasters
- Bandages
- Scissors
- Mouthpiece for CPR

**Safer sex practices**

**Condom use**

**Definition**

**What is a condom?**

A **male condom** is a thin rubber sheath that fits snugly over the erect penis. It is made of a very strong, very thin, sensitive type of rubber called latex. The male condom catches the man’s sperm and stops it from going into the woman’s vagina and womb. A condom can only be used once – One round, one condom!

A **female condom** is put inside the woman’s vagina to prevent pregnancy and the transmission of diseases. It is made of very strong, thin plastic. It is open at one end and closed at the other, and is held in place by two rings, which can bend.
Important thought

The advantages of using a condom

- Male condoms are easy to use.
- Women and men who use condoms are taking responsibility for preventing pregnancy and the transmission of STI’s and HIV.
- The female condom can be put in a while before sex starts.
- You can use a female condom during menstruation.
- Male condoms are available free from clinics and can be bought at pharmacies and shops. Female condoms are available from some clinics and can be bought at pharmacies.

How to choose a condom

With all condoms it is important to check the following:

- the expiry date
- if the packet is still intact and not torn
- if the condom is still lubricated and not dried out

DO NOT USE a condom if it is past its expiry date or if it is torn or dry.
Condoms are lubricated. If you want to use more lubricant, remember you CAN NOT use the following:

- Vaseline
- oils
- creams

...as they cause holes and will break the condom. Only use a water based lubricant like KY jelly. You can also use plain yoghurt or egg white.
How to use a Female condom

1. The female condom must be put in before the man’s penis touches the woman’s vagina or the area around it.

2. Open the package by tearing at the arrow.

3. Remove the condom from the package and rub the sides of the condom together to spread the lubrication inside.

4. The inner ring helps to keep the condom in position. The inner ring must always stay inside the condom.

5. There are three main ways to put in the female condom. You can stand, squat or lie down. It is easier to put the condom in if you are relaxed.

6. Let the open end hang downwards and grip the inner ring between your fingers as shown in the picture.

7. Now slide the condom into your vagina.

8. Put your finger inside the condom and push the inner ring upwards so that it lies behind your pubic bone. The inner ring keeps the condom in place during sex.

9. Make sure the condom is not twisted inside your vagina. When you start having sex, guide your partner’s erect penis into the condom. Make sure that his penis stays inside the condom and does not go in next to the condom.

10. After sex, take the condom out by twisting it to prevent the man’s fluid from spilling.

11. Wrap the used condom up and throw it away in a rubbish bin, out of the way of children and animals. Don’t flush it down the toilet as it may cause a blockage.

What else do I need to know?

- Female condoms are not always easy to get. Ask your health worker where you can get them in your area.

- It may take a while to get used to using the female condom correctly. For the first few times that you use it, it is best to use another method of pregnancy prevention as well.

- If you want to prevent HIV/AIDS, sexually transmitted diseases and pregnancy, you must use a female or male condom every time you have sex.

- Some people find it hard to ask their partner to use a condom. Discuss the benefits of condoms with your partner.
How to use a male condom

1. Take the condom out of the package carefully to avoid damaging it. Make sure that the part of the condom which rolls down is on the outside.

2. Pull back your foreskin if you are not circumcised. Roll the condom onto the erect penis before sex, and before there is any contact between the penis and vagina. Squeeze the tip of the condom so that there is no air in it and roll it down over the erect penis.

3. As soon as the man has come (ejaculated) he must hold the condom at the bottom ring and pull out of the vagina. If you do not do this immediately the sperm may leak out.

4. Tie a knot in the condom to stop the fluid from leaking out. Wrap the used condom up and throw it in a rubbish bin, out of the way of children and animals. Don't flush it down the toilet as it may cause a blockage.
Abstinence

The main form of high-risk sexual behaviour is:

- penetrative sex at a young age
- multiple sexual partners
- erratic condom use

These behaviour patterns fuel the epidemic, but also create the opportunity to substantially change its course.

Abstinence is a conscious decision to avoid certain activities or behaviours. Different people may have different definitions of sexual abstinence. For some it may mean no sexual contact. For others, it might mean no penetration or only “lower-risk” behaviours, like fondling or petting.

Abstinence is often promoted as the only 100% effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV. However, abstinence can also fail, just like any other form of contraception, e.g. people who intended to abstain, have sexual intercourse - often without using any other
contraceptive method. The promotion of abstinence often fails to acknowledge this frequent failure, or the knowledge, attitudes and skills that are necessary if a person or couple is to succeed in making abstinence work.

Important thought

In order to make abstinence work, a person needs different skills and knowledge, as well as certain attitudes that will enable the person to abstain effectively:

- Being able to talk to each other
- Commitment
- Partner co-operation
- Assertiveness
- A positive vision for the future
- Self-esteem
- Alternatives
- Shared values
- Self control
- Ability to identify sexual situations
- Information
- Knowledge of consequences, belief that pregnancy and/or infection can happen to you too
- Awareness of your personal values
Pressure to have sex

Simply telling people to abstain is unlikely to change behaviour. Discussions on some of the major pressures facing young people are:

- Coercion in relationships – 55% of sexually experienced girls say there are times they don’t want to have sex, but their boyfriends give them no choice
- Peer pressure – 20% of sexually experienced youth say they have sex with their girlfriend/boyfriend because they fear what their friends will say if they don’t
- Sex for money – up to 16% of sexually experienced girls report having had sex for money or other favours
- Pessimism and low self-esteem – a sense of fatalism encourages risk-taking behaviour.

Safety during pregnancy: Preventing mother-to-child transmission

One of the very important methods of preventing HIV transmission is to reduce the number of infections that happen from mother to child. Together with safer sex practices and universal precautions it can greatly help to reduce the total number of HIV infections.
Important thought

Mother to child transmission (MTCT) of HIV is the major means of HIV infection in children. An estimated 600,000 children are infected in this way each year. This forms 90% of HIV infection in children.

Despite these horrendous statistics there are various ways to prevent mother-to-child transmission. Some of those methods are listed below and will be discussed in greater detail later in the module:

- Good antenatal care
- Termination of pregnancy (TOP)
- Preventative anti-retroviral treatment (prophylaxis)
- Caesarean section
- Safe infant feeding

Antenatal care

Voluntary HIV counselling and testing (VCT) should be available in all antenatal clinics. Many HIV-positive women will be diagnosed for the first time during pregnancy; therefore, this service is critical to the ongoing treatment, care and support for the mother, her family and new born child. The benefits of VCT in antenatal care include:
Knowledge of a negative result can reinforce safer sex practices.

Women diagnosed with HIV can encourage their partners to be counselled and tested.

Knowing their HIV status can help women and their partners to make more informed choices related to breast feeding and future pregnancies.

A woman (and her family) who knows she is HIV positive can be encouraged to enter into the continuum of care in order to get early medical treatment. She can also receive treatment for any opportunistic infections for herself and her child.

Widespread access to VCT can help normalize the perception of HIV in the community.

Knowledge of their HIV-positive status can enable women to access peer support.

However, prevention of MTCT is dependent upon the identification of the HIV-positive woman.

**Termination of pregnancy (TOP)**

Where termination of pregnancy is both legal and acceptable, the HIV-positive woman can be offered this option. However, many women learn of their HIV status during pregnancy. This is often too late to be offered termination. If termination is an option, the woman, or preferably the couple, should be given the information to make an informed decision without undue influence from health care workers and counsellors.
**Antiretroviral therapy**

Administration of dual therapy of zidovudine (AZT) during pregnancy and one dose of Nevirapine during labour and delivery to the mother and to the new born reduced the risk of transmission of HIV by 67%. This treatment combination has become standard practice for HIV-positive women. A short course of AZT is taken orally from 37 weeks of pregnancy through labour and delivery. This treatment does not prolong the life of the mother. It is effective in reducing transmission of HIV to the infant. The baby will also receive AZT for 3 weeks after birth.

Nevirapine is given when the mother goes into labour in a single dose and to newborns immediately afterwards.

**Labour and delivery**

About 60% of HIV transmission from mother to child is thought to occur around the time of labour and delivery. Several factors have been associated with an increased risk of mother-to-child transmission (MTCT) at the time of labour and delivery.

Vaginal deliveries are more likely to increase the risk of MTCT, while Caesarean sections have been shown to reduce MTCT.

However, the potential benefits have to be balanced against the risk to the mother. Higher rates of post operative death in HIV positive women have been reported, especially from infective complications. In addition Caesarean sections are not available to the vast majority of women worldwide.
Infant feeding

Approximately one third of infants who are infected through MTCT are infected through breast milk. Where mothers can afford it, formula feeding is preferable. HIV positive mothers should avoid or limit breastfeeding their infants. **For HIV-negative mothers, breastfeeding still remains the best option.**

Where money and resources are limited, the option of using formula feeding may be unavailable. Many communities do not have a safe water supply, have limited resources to provide sterile feeding equipment, and have no methods of refrigeration. Formula feeding is also free in all clinics in South Africa for the first 6 months until the baby can safely be put onto solid food. In addition, where breastfeeding is the cultural norm, seeing a mother who does not breastfeed her baby can lead people to suspect she has AIDS.

One must also consider additional problems associated with gastro-intestinal infections, malnutrition, stigma and discrimination. Decisions about whether to breast feed or to provide formula feeding must be made in light of the above considerations. If formula feeding is an option, breast milk substitutes include: commercial infant formula, or home-prepared formulas which are made from animal milk, dried milk or evaporated milk with additional ingredients. Once the decision has been made about whether or not to breast feed, then other considerations must be taken into account:
For the formula fed baby:

- Ensure access to an adequate supply of formula milk substitutes, with adequate funds to pay for them, adequate utensils for feeding, and fuel for sterilizing equipment and heating the milk substitute.
- Educate the mother about safe preparation of replacement feeding, correct cleaning of utensils, and methods of sterilization.
- Monitor the growth and development of the child to ensure adequate infant feeding and nutrition.
- Monitor the safe preparation of replacement feeds.
- Appropriate care of the mother’s breasts to prevent sore nipples or swollen breasts.

For the breastfed infant:

- Teach the mother to inspect her child’s mouth for thrush and breakages in the mucous membrane (a risk for HIV transmission if there is an entry point)
- Teach the mother about the increased risk of HIV transmission should she suffer from swollen or sore breasts or bleeding or cracked nipples.
- Discuss replacement feeding after three months (to reduce some risk of transmission).
- Stop breastfeeding after 6 months when the baby can be safely weaned.
- Use expressed milk that is boiled and then cooled. (Boiling kills the virus.)
- Use the breast milk of other women who are HIV-negative (wet-nursing).
Post Exposure Prophylaxis - PEP

**Important thought**

**Post exposure prophylaxis** (PEP) is medication that is given to a person to PREVENT transmission of HIV. If a person has recently been exposed to HIV it is possible to prevent a HIV infection (if they are negative) by giving them PEP. The person has to take this medication within 72 hours of exposure, during this time the drugs can stop the virus from multiplying and the virus is eliminated from the exposed person’s body. The medication that is usually given as PEP is a combination of AZT and 3TC.

Male circumcision

**Definition**

**Male circumcision** refers to the removal of the foreskin of the male penis. It is normally done shortly after birth, during childhood or even adulthood. It is estimated that 30% of the world’s male population is circumcised.
Male circumcision and HIV prevention

According to studies “the foreskin’s inner mucosal surface is more susceptible to HIV because it has more immune cells that are vulnerable to HIV infection. The presence of the foreskin acts as a physical barrier, trapping HIV next to the surface of the penis for longer periods. In this moist environment, the HI-virus can survive longer”. After circumcision the penile shaft becomes less susceptible to viral infection.

Scientists and researchers say that “Assuming that full coverage of male circumcision is achieved over the next ten years, male circumcision could avert 2 million new HIV-infections and 0.3 million deaths. In the 10 years after that, it could avert a further 3.7 million new infections and 2.7 million deaths.

Important thought

One must remember that male circumcision is only partially effective in HIV-positive female transmission to HIV-negative circumcised males.

By now the obvious benefits of male circumcision should be clear. It can indeed lessen the transmission of HIV. There are, as always, some conditions.
This procedure should always be undertaken by trained health workers in safe, adequately equipped facilities, under sanitary conditions and further enhanced by appropriate pre and post-surgical counselling and follow-up;

Cultural, religious and traditional values will always play a part and one will have to take these into account;

Male circumcision for adults should be done with consent; otherwise it becomes a violation of that person’s human rights. In the case of a child, the parents or legal guardian should give consent; and

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**Important thought**

Male circumcision has shortcomings:

- It applies only to female-to-male transmission;
- It is not 100% safe and should be treated as an additional preventative measure; and
- Other known methods, such as abstinence, limitation to one sexual partner and the use of condoms, are still to be advocated.
Male circumcision should be part of a comprehensive HIV-prevention approach:
This will include the following:

- The provision of HIV testing and counselling services
- Treatment for sexually transmitted diseases
- The promotion of safer sex practices and
- Provision of male and female condoms and promotion of their correct and consistent use
- Need for quality and safe services. The procedure must be performed under fully hygienic conditions by adequately trained and well equipped practitioners with appropriate post-operative follow-up
- Maximizing public health benefits. The immediate up-scaling of male circumcision services and the promotion thereof is needed. Age groups with a high risk of acquiring HIV should be targeted, whilst male circumcision for younger men (even infants) should also be promoted.
- More research needed: There are some additional areas where more research is urgently needed in order to develop male circumcision programmes:
  - The impact of male circumcision on sexual transmission from HIV-infected men to women
  - The impact of male circumcision on the health of women for reasons other than HIV transmission
  - The risks and benefits of male circumcision for HIV-positive men
  - The protective benefit of male circumcision in the case of partners engaging in anal intercourse and
  - Research into the resources needed for, and most effective ways to expand quality male circumcision services
MODULE 5: UNDERSTANDING SEXUALLY TRANSMITTED INFECTIONS (STI)

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What are sexually transmitted infections?

The pictures below show how STIs attack the genital areas and the signs and symptoms that can be seen when a person has a STI. All the symptoms in these pictures are already quite advanced.
Sexually transmitted infections (STIs) are mainly spread through sexual contact, but can also be spread in other ways. These infections affect the sexual organs and can have very serious consequences.

- An STI can develop after only one sexual contact
- Many people with STIs have no symptoms at all and do not know that they have been infected
- STIs do not disappear without treatment. No signs or symptoms should ever be left in the hope that they will go away on their own. Signs may disappear, but will reappear later
- Both partners must be treated to prevent re-infection. Treatment of all sexual contacts is essential
- A person can be re-infected with the same or other organisms after treatment
- Nobody is immune to contracting a STI
- Any STI that causes open sores on the genitals increases the risk of contracting AIDS, which cannot be cured
- Early treatment lessens the risk of complications. When treatment is delayed the risk of complications is much greater
- STIs are easier to detect in men than in women
- Often women have to rely on their partners to tell them of an STI infection
- Treatment can only be given by a doctor or nurse at the clinic
Common sexually transmitted infections

The following are common STIs:

- HIV&AIDS
- Herpes
- Syphilis
- Gonorrhoea
- Candida
- Genital warts
- Chlamydia

Transmission of sexually transmitted infections

STIs are spread through:

- Sexual contact
- Needles
- Infected pregnant women to her baby
- Exposure to a virus or bacteria that causes STI

Gonorrhoea

A person is infected by having sex with someone who is already infected with the disease. The germs attack the urinary tract, the cervix and the rectum.
Three to six days after gonorrhoea germs enter a man’s body, he may get:

- a dripping discharge from his penis
- a slight, cloudy discharge
- a discharge of pus
- a burning feeling when he urinates

Symptoms in a woman may not show up for a month after exposure or can stay symptom-free for a long time. A woman’s symptoms may include:

- a light vaginal discharge and a burning feeling when she urinates
- inflammation of the cervix
- painful infection in the pelvic area
- anal irritation (resulting from anal sex)
- throat irritation (resulting from oral sex)

Untreated gonorrhoea can cause:

- sterility in women
- arthritis
- heart disease
- poor health generally
- serious infection of internal organs
- urinary problems in men, often lifelong
A pregnant woman who has gonorrhoea does not pass it on to the unborn baby. However, the gonorrhoea germs in the mother’s vagina can attack the baby as it passes through the birth canal and cause the baby to be born blind.

**Herpes**

Herpes is usually spread by having sex but it can be passed on through contact with blisters it produces and it can spread to other parts of a person’s body.

There is a tingling or burning sensation around the genitals or any other infected area.

Many tiny blisters appear on the genitals, thighs, buttocks and abdomen. Eventually the blisters burst, discharging pus, blood, or watery fluid. These open sores may range from being slightly sore to very painful. The person is infectious until the sores are completely healed. Many people have flu-like symptoms such as body aches, tiredness, fever and headaches.

A pregnant woman with herpes does not pass it on to the unborn baby. But if the infection is in an active stage at the time of the baby’s birth, she will need a caesarean delivery. Because the herpes germs in her vagina could infect or even kill the baby. Women who contract herpes may run a greater risk of developing cervical cancer.
Syphilis

The most common way that a person can get Syphilis is through having sex with someone who is already infected.

Syphilis has three stages:

**Stage I**

Ten to 90 days after the germ enters your body, a sore appears. It looks like a pimple or a wart. It may or may not have pus. One will get this sore in the area of the sexual contact that is, on the penis, inside the vagina, or in the anus or the mouth.

One may not notice this sore since it usually does not hurt or itch. However, one can now infect others if the sore touches them. After a few weeks, the sore will go away but the disease will not.

**Stage II**

Two weeks to six months after the germ enters the body, other signs appear:

- rashes on palms of hands and soles of feet, sometimes over whole body
- moist-looking welts around genital organs
- sores between toes or armpits or mouth
- low fever
- headaches
- hair falling out in patches
- sore throat

Sometimes people think that they have an allergy or even a common cold. Eventually these symptoms go away. The disease does not.

**Stage III**

Three to five years after the germ enters the body, the person is still infected but can no longer pass the disease on. During this stage, the person may feel perfectly healthy. The disease can progress and within five to 20 years, the disease will reach the heart, brain, and other organs. The result will be physical and mental crippling, possibly death.

When left untreated syphilis can eventually cause:

- paralysis
- brain damage
- insanity
- heart disease
- skin disease

A pregnant woman with syphilis in any stage will pass the infection on to her unborn baby.
Myths about Sexually transmitted diseases

- Passing urine after sex guarantees protection against STIs
- Only poor and dirty people get STIs
- You can see if a person has a STI
- You can get STIs from toilet seats
- Only promiscuous people get STIs
- You cannot get an STI if you only have sex occasionally
- Using contraception like the pill or injection protects against an STI
- All STIs can be cured
- Having sex with a child will cure AIDS

The link between sexually transmitted infections and HIV

HIV is also a sexually transmitted infection (STI). HIV is mainly transmitted through unprotected sex, although it can also be transmitted through infected blood and from a HIV-positive mother to her baby.

When a person has a STI it increases their risk for getting HIV, because:

- Having a STI probably means that the person has had unprotected sex before – that is how they got the STI and therefore the person is not practising safer sex and this increases their risk;
- Having a STI means that the person may have sores or open wounds and these form entry points for HIV. Having a STI means that the body’s immune
system is already weak, because the body is fighting off that infection the immune system is then an easy target for HIV.

**Important thought**

It is very important to remember that a STI cannot change into HIV. HIV is a separate virus.

**Signs and symptoms**

These vary according to each STI but the following are some of the common signs and symptoms. These signs do not necessarily mean that you have an STI but it is better to go for medical advice if you show any of these signs.

- **Signs and symptoms in women**
  - A discharge which is unusual in regard to colour, odour and amount
  - Pain and/or burning when passing urine, or increased frequency of urination
  - Pain and/or itching around the vagina
  - Soreness or redness around the vulva or anus
  - Sores, warts, pimples or blisters in or near the vulva
  - Rashes or bumps in the genital area or other parts of the body
- A persistent sore throat
- Any sores or blisters around the lips or mouth
- Painful sexual intercourse.

**Signs and symptoms in men**
- A discharge which is unusual in regard to colour, odour and amount
- Pain and/or burning when passing urine, or increased frequency of urination
- Soreness or redness around the anus
- Sores, warts, pimples or blisters in or near the penis
- A persistent sore throat
- Any sores or blisters around the lips or mouth
- Unusual colour of the urine, e.g. red or very dark
Prevention of sexually transmitted infections

- The safest choice is abstinence
- Both partners should have only one sexual partner
- Use a condom with every sexual contact
- If an STI is suspected or if you are being treated for one, refrain from intercourse until the treatment is completed
- Talk to your partner about past sexual histories even though this may be awkward and embarrassing, especially in new or casual relationships
- When using alcohol or drugs, people are less likely to practise “safe sex” by using condoms
- Avoid casual sexual relationships

See safer sex practices – Module 4
Treatment of sexually transmitted infections

Important thought

Treatment for STIs is very safe and effective. Treatment at government clinics and hospitals is free and of a very high quality. The sooner you get treatment for an STI, the easier it will be to treat. It is important that your sexual partner or partners also get treatment. If they do not, you could be re-infected with the STI by your untreated partner. If you have sex, you should use a condom until your treatment is finished.

It is very important that the treatment is completed. Do not stop the medicine when the signs or symptoms disappear. This could result in the infection becoming resistant to the treatment and getting worse.

If the treatment does not work, you should go back to the clinic or hospital.

Specific treatment for the 3 big STIs

Gonorrhoea
Gonorrhoea can be treated and cured but only by a health professional. The usual treatment is an injection of penicillin or another antibiotic if the person is allergic to penicillin.
A health professional will treat a person who thinks he or she may have been
exposed to gonorrhoea, even if the person has no symptoms (symptoms are not always present) and even if a test is negative (tests are still not 100% reliable).

More and more cases of gonorrhoea have been treated without symptoms. All sexually active people, especially women, should have a gonorrhoea test every year.

**Syphilis**

Syphilis can be treated and cured but only by a health professional. The usual treatment is one or more high-dosage injections of penicillin. The earlier treatment is sought, the better. A blood test will show if you have syphilis.

**Herpes**

Medical treatment can relieve the pain of herpes and make the eruption of blisters go away faster, but there is no known cure for herpes as it is caused by a virus. The disease will keep coming back. Some doctors advise special diets to help people who have herpes and recommend getting a lot of rest.
MODULE 6: TREATMENT, CARE AND SUPPORT FOR THOSE INFECTED AND AFFECTED

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Treatment of HIV&AIDS

Important thought

HIV causes AIDS if not treated. This can happen within 2-12 years from the time the person is infected until s/he becomes ill. AIDS is a chronic disease, which means a person cannot be cured from it. This implies that a person is responsible for seeking medical assistance regularly for follow up treatment.
Anti-retroviral treatment

Anti-retroviral treatment is used to treat people who are HIV-positive and they are very effective in slowing down the development of AIDS. ARVs have side-effects, but these can be managed with proper monitoring. Where serious side-effects occur, an alternative combination of drugs can be found.

There are 3 different types or classes of ARVs available at the moment in South Africa. Each of these medications fight HIV differently.

- **Nucleoside reverse transcriptase inhibitor (NRTIs)**
  These medications stops the HIV from changing its structure (RNA) into DNA once it is inside the CD4 cell/T-cell, by mimicking the normal building blocks of the HIV DNA.

  Examples of this medication are:

  - Zidovudine (AZT) - Retrovir®
  - Didanosine (ddI) - Videx®
  - Lamivudine (3TC) - Epivir®
  - Stavudine (d4T) - Zerit®
• **Non-nucleoside reverse transcriptase inhibitor (NNRTIs)**
  These medications also stop the HIV from changing its structure (RNA) into DNA once it is inside the CD4 cell/T-cell, by directly inhibiting the enzymes that enable the virus to change.

  *Examples of this medication are:*

  - Nevirapine (NVP) - Viramune®
  - Efavirenz (EFV) - Stocrin®

• **Protease inhibitors (PIs)**
  The third type of medication that is available interferes with the protease enzyme and prevents the formation of new viruses.

  *Examples of this medication are:*

  - Indinavir(IDV) - Crixivan®
  - Lopinavir/ritonavir - Kaletra®
A = NRTIs and NNRTIs

B = PIs

A combination of three drugs is given to the HIV-positive person – this is called triple therapy. Three drugs are given to prevent the virus from building up resistance against the medication too quickly. Such resistance would make the medication less effective. For this reason it is not recommended that a person start treatment during the early stages of the disease, for it can lessen future options. The person can develop resistance to the drugs and then cannot use it when s/he actually needs it most.
The combination of the drugs that are given are:

**First line regimen:** 2 NRTIs + 1 NNRTI
- e.g. d4T, 3TC, efavirenz or nevirapine
- e.g. AZT, 3TC, efavirenz or nevirapine

**Second line regimen:** 2 NRTIs + 1 PI
- e.g.ddl, AZT, Kaletra

**Important thought**

Remember that only a CD4 count can determine how far the HIV infection has progressed. It is thus very important that you go for a proper examination and CD4 count soon after you have been diagnosed as HIV positive. The only way to determine when to start with medication is by a blood test (CD4 count below 250 or coming down quickly). It is also vital to look at the health status of the person.
It is extremely important that the person does not skip even one dose / tablet. By skipping you are waking up the virus and it starts to multiply again. You should thus be ready to be highly committed to taking your medication as prescribed. Remember:

- Take the medication at the same time every day
- Do not skip or miss any medication
- Do not stop taking the medication once one is feeling better

**Side effects of ARVs**

There are some side effects of these drugs. Minor side effects include:

- nausea
- dizziness
- tiredness
- headaches
- diarrhoea
- depression within the first 3 days but this is usually not severe

Some people may experience more severe side effects. This could include: rash (usually on the 10th day after commencing treatment)

- Hepatitis (usually 2-4 weeks after)
- Peripheral neuropathy (painful pins and needle sensations in the feet)
- Pancreatitis (inflammation of the big salivary gland that lies next to the stomach)
• Lactic acidosis (liver function abnormality)
• Kidney stones
• Change of fat distribution (6-18 months after medication was started).

Definition

When a drug is used to destroy a virus, the virus often mutates (changes its form or appearance) and then the drug is no longer effective in fighting the virus. This is called drug resistance. When this happens the antiretroviral drugs that a person is taking may be less effective and the virus begins to destroy the immune system again. This happens with the use of most medicines and not only with antiretrovirals.

Resistance is a very serious problem, because:

• It reduces treatment options for the person with HIV
• Resistant strains of the virus can be passed on to other people, thereby limiting their treatment options
Government currently has anti-retroviral treatment (ARV) available across the country at most hospitals and clinics. Certain provinces are better equipped and the availability of services is better than in other provinces.

In order to be treated one must be aware of the requirements for treatment and be fully committed to taking the required medication correctly.

A person is counselled on how to protect themselves from getting diseases. They will be physically examined for the doctors to determine the best stage to start using ARV treatment. It allows you time until you are able to afford the medication. It encourages you to live a full life, while coping with HIV.

**Nutrition**

HIV affects the immune system and makes it more difficult for the body to fight opportunistic infections. Eating well plays a central role in overall health and well being. Eating the right kinds of food can give the immune system a boost and help delay illness or fight infection.

Nutrients are the good things in food that the body uses to build itself, get energy, and heal itself. By controlling eating habits and getting all the nutrients needed, one can greatly improve the quality of one’s life.
What kinds of foods should you eat?

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<tr>
<td>• 1 oz low fat spread or ½ oz margarine / butter</td>
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<tr>
<td>Use oils sparingly</td>
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<tr>
<td>Limit fried foods to 1-2 times a week; oven bake instead</td>
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<tr>
<td>Choose fats labelled 'High in Polyunsaturates' or 'High In Monounsaturates', which are healthier for your heart</td>
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<td>MEAT, FISH, EGGS, BEANS &amp; PEAS</td>
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<td>• 2 oz cooked lean meat or poultry</td>
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<td>• ½ pint of milk</td>
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<td>• 1 oz Cheddar, Blarney or Edam cheese</td>
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<tr>
<td>• ½ glass of fruit juice</td>
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<td>• 1 medium sized fresh fruit</td>
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<tr>
<td>BREAD, CEREALS &amp; POTATOES</td>
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<tr>
<td>• 1 bowl of cereal</td>
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<tr>
<td>• 1 slice of bread</td>
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<table>
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<tbody>
<tr>
<td>• 3 dessertspoons of pasta or rice</td>
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<tr>
<td>• 1 medium boiled or baked potato</td>
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</table>

Eat a large variety of foods! *This includes:*

**Foods that build the body:**

Beans, peas, lentils, eggs, meat, fish, chicken, milk, cheese, peanut butter and cooked mopane worms.
Foods for energy

**Starchy foods:** bread, maize (pap, samp, mealies rice), potatoes, sweet potatoes, pasta, wheat, rice, millet, sorghum and cereals.

**Sweet foods:** sugar and jam

**Fatty foods:** sunflower oil, margarine, oil found in tinned fish; animal fat (bacon & butter), peanuts and avocado.

### Foods that boost the immune system and help protect you from disease

Fruit and Vegetables. Remember that people with HIV need more nutrients than healthy people, because their bodies are using them up faster to fight disease.

### At what stage of infection does HIV begin to affect nutrition negatively?

From the moment a person is infected, HIV starts to affect nutrition negatively. Even if there are no symptoms, a person with HIV is using up energy as their body attempts to attack the virus. As a result, the bodybuilding energy and healing needs of a person with HIV are much higher than those of healthy people.

### What specific advice should a HIV+ person follow regarding their diet?

People living with HIV&AIDS are more likely to get illnesses caused or made worse by certain foods. You need to keep your food clean and make sure that the food
you eat is uncontaminated (free of germs). Here are a few hints for eating defensively:

- **Increase the number of fresh fruits and vegetables.**
  These immune boosting foods contain vitamins and minerals, which heal and protect our bodies. Try to eat a dark green leafy vegetable (like spinach or morogo), a yellow vegetable (like pumpkin or carrot) and a vegetable or fruit that has vitamin C (like orange, grapefruit, lemon, naartjie, guava, mango and potatoes) every day. Where possible, eat fruit and vegetables in their skins. The skin is rich in nutrients.

- **Try to take additional vitamin supplements.**
  If you cannot afford to buy additional vitamins, contact the Health Clinic.

- **Eat whole grains.**
  Eat samp, brown bread, oats, mabela and mielie rice, and buy wholewheat flour rather than refined foods such as white bread.

- **Eat food that is as close to its natural state as possible**
  Eat more fresh fruits and vegetables. Eat as few processed, preserved, coloured and artificially flavoured foods as possible.
- **Cook all animal foods completely.**
  Avoid soft eggs; under-done meats etc, for bacteria and germs are not completely killed in those, making it hard for the HIV-positive person's immune system to fight additional infections and viruses. Avoid frying foods. Rather grill, steam or boil.

- **Drink less caffeine** (in coffee and colas); be careful with alcohol (too much drinking makes HIV infection worse).

- **Stop smoking and quit using drugs** (Smoking and drugs makes HIV infection worse).

- **Eat more! Eat properly! Eat a variety of food!**
  A person with HIV has a constant infection, which the body is dealing with, and therefore needs more food and vitamins than HIV-negative people. The RDA (Recommended Daily Allowance) printed on the sides of vitamin and mineral packs apply to HIV-negative people. This means HIV-positive people should eat more, they should increase the minimum amounts.

- **Keep your weight up!**
  A person with HIV should try not to lose any weight unless you are very overweight (20kg+) **DO NOT LOSE WEIGHT!**
To gain weight:

- Eat more starches, butter, and fatty food, cream. Eat more food!
- Add lots of high-calorie toppings to food, such as pasteurised yoghurt, mayonnaise, peanut butter, salad dressing, coconut, crushed peanuts, grated cheese or white sauce.
- Squeeze lemon juice over fatty foods, and eat pawpaw with red meat.
- Snack between meals or eat four or five small meals instead of three big meals
- Exercise - this helps your body build healthy muscle instead of fat.

- **Avoid taking chemical substances, which harms you, or affect your ability to absorb food!**

Some people take antacid tablets for heartburn and acid stomach (indigestion). This can affect your stomach's ability to absorb good substances from your food. Rather avoid foods that cause heartburn, avoid tea, coffee, and coca-cola. Do not take lots of aspirin or other painkillers unless you eat yoghurt. Antibiotics kill good and bad bacteria in your stomach. Always take it with natural, unsweetened yoghurt.

- **Avoid sugar, fried food and spicy food!**

Sugar encourages the growth of unhealthy fungus on your tongue, vagina and stomach. More than 20 teaspoons of sugar per day (including sweets)
reduces the number of your body's fighter cells by half. This can cause weight loss, diarrhoea, fatigue and outbreaks of infection. As far as possible, eliminate sugar by not eating sweets, chocolates, fizzy cool drinks, cakes and biscuits. Keep the amount of sugar in tea to not more than half a teaspoon.

It is very difficult for your stomach to digest fried food, and can lead to stomach upsets and diarrhoea. Cooked oils, and oils from meat and milk products are not good for your body. Uncooked plant oils e.g. sunflower oil, are fine. Butter is better than margarine.

Spicy food, such as curry, peppers and chillies irritate your stomach and cause diarrhoea. Herbs such as thyme, oregano and parsley usually do not cause stomach problems and is healthy.

- **Loss of appetite**
  - Make eating fun. Get together with other people for any event that sparks interest in eating
  - Light exercise, like walking increases the appetite
  - When you feel like cooking, prepare a large amount and freeze for those times you do not feel like cooking
  - Choose food which you enjoy because you are likely to eat more, but also try to eat foods which give you energy
  - Eat as many different foods as possible
• Keep a supply of snacks - fruits, peanuts, yoghurts etc.
• If you can mix fruit with yoghurt - great

• How to prevent diarrhoea and other stomach problems

   No matter how much you try to drink clean water and ensure that you eat only clean food, you will most likely be exposed to the eggs of worms and other parasites. There are specific foods that help to keep your stomach clean and free from harmful bacteria:

   • Do not throw away pumpkin seeds, dry them out in a warm place and eat a handful once a week.
   • Raw carrots contain high levels of beta-carotene (vitamin A) and deals with worms and parasites. Try to eat up to four raw carrots a day.
   • Garlic is best chopped into pieces and eaten raw. Two to three cloves per day will prevent infections (such as ear and yeast infections), kill worms and parasites. If you inhale the fumes of chopped garlic placed in a bowl of hot water it helps for chest infections.
   • The centre or core of a pineapple can help to destroy stomach bacteria.

• Dealing with Diarrhoea

   If you have diarrhoea you will lose body fluids and this will make you weak.

   • Drink lots of fluids. Sip a re-hydration drink as often as possible. To make a re-hydration-drink take one litre of water that has been boiled, add 8 teaspoons of sugar and half a teaspoon of salt to this.
• Every time you go to the toilet, drink one cup of water, mixed with two teaspoons of sugar, a quarter teaspoon of salt and the juice of one freshly squeezed orange.

• To replace potassium and sodium lost, you can also drink a can of cola; stir it until the bubbles are gone.

• Apple, pear, peach and grape juices are the best juices (drink at least eight glasses of fluid during the day, one third (6 of it should be water).

• Eat foods that build your body and give you energy. Foods that contain fibre will bind fluids in the gut, such as oats, peeled and grated apple, ripe banana and lentils (well cooked and mashed)

• Other foods, such as hard-boiled eggs, cooked meat without fat, and plain chicken or fish eaten together with starchy foods like rice, can be eaten freely.

• When feeling ill, try drinking soup, like chicken, meat or lentil soup.

• Grate raw fruit and vegetables.

• Some people may find that the lactose in milk and other dairy products cause digestive problems. Use Soya milk. If you can't drink milk at all, make sure you get sufficient calcium from beans or muesli.

• Eat yoghurt or sour milk.

• Avoid caffeine and alcohol. Avoid gas-forming foods such as cabbage, onions, beans and fizzy drinks.

• Stay away from enemas or "cleansing" medicines.
• **Dealing with heartburn**
  - Eat more oats and bananas.
  - As with nausea, allow an hour or two after a meal before you go to bed with your head elevated and your back supported with a flatter pillow.
  - Eat small, regular meals.
  - Avoid greasy, fried, very spicy foods and pepper.
  - Avoid aspirin, alcohol, coffee, cigarettes, carbonated drinks, peppermints and chocolates.
  - Take antacid 30 minutes after eating.

• **Dealing with nausea and vomiting**
  - Eat foods that are cold or at room temperature.
  - Eat soft foods, like rice, mashed foods and eggs.
  - Eat dry salty foods like whole wheat toast.
  - Drink cold or icy beverages: lemon, lime and cold water. Make ginger water by crushing fresh root ginger, boiling it in water for 10 minutes and then leaving it to cool. If you can't find fresh ginger, mix powdered ginger with warm water and sugar. Cover and leave in a warm place for one day and drink. Or drink fresh lemon juice in hot water.
  - Eat small meals slowly in a relaxed atmosphere.
• Do not lie down immediately after eating your meal. Allow an hour or two after your meal before you go to bed. Lie with your head elevated and your back supported with a pillow while in bed.

• If you are receiving chemotherapy eat a small meal at least two hours before treatment. You should also save your favourite foods for when you are feeling well so that you do not learn to link your favourite foods with nausea (in your mind).

• Ask your doctor to prescribe an anti-emetic medication and take it as soon as you start feeling nauseous - don't wait.

• Stay away from foods with smells that make you feel sick. Eat less fatty foods, eat less sweets or spicy foods, and avoid gas-forming foods.

• **Dealing with thrush - sores in the mouth or throat**
  
  • Eat lots of foods that build the body, such as beans and grains.
  
  • Eat cold or room temperature foods.
  
  • Eat foods that are soft and moist, like mashed potatoes, scrambled eggs, puddings, custard, ice cream, shakes, ripe fruits (bananas, peaches, pears). Cook foods until soft.
  
  • If you find it hard to swallow, use a straw and tilt your head back to make swallowing easier.
  
  • Keep your mouth clean by rinsing with salty water and drink plenty of liquids.
  
  • It is important to get help as soon as possible. Treatment for thrush / candida is available from your clinic.
- Avoid sugar, alcohol and yeasty foods like bread, because they help the growth of germs. Do not eat spicy, hard (chips, nuts, seeds, raw vegetables) and sour foods (pickles, citrus fruits and juices).

- **Dealing with constipation**
  - Use food to cure constipation by gradually increasing high fibre food like whole-wheat bread, bran type cold cereal, other whole-wheat products, green vegetables, sweet corn, peas and fruits and raw vegetables with their skins.
  - Drink plenty of fluids.
  - Remember to exercise.
  - Avoid refined and processed foods. Avoid using enemas or laxatives or any "cleansing” medicines.

- **Dealing with bloatedness**
  - Chew well! Ten times a mouthful!
  - Avoid gas forming foods, like onions, cauliflower, broccoli, cabbage, brussel sprouts, beans, bean sprouts, carbonated drinks, including beer.

- **Dealing with a fever**
  - You need to replace fluids that have been lost. Make soups that are rich in foods that build the body, give energy, and heal.
Important thought

After a period of illness you should increase your food intake to help the body heal, repair the gut, rebuild the muscles and help replace the nutrients that have been lost. You may even want to eat an extra meal for a few days!

Traditional remedies

When looking at traditional or home remedies it is extremely important to ensure that the remedy does not work against any other medication that the person is taking, e.g. ARVs. Some traditional remedies are very good for treating symptoms from side-effects of medication, such as nausea.

Important thought

Certain herbs and plants can be taken with ARVs but it is important to remember that they are not medical treatment and do not replace the ARVs. It is important to consult a doctor before taking any other treatment – traditional or otherwise, to make sure that it is safe for you. Some of the traditional remedies can affect how the ARVs work or don’t work, so the person must not take them at the same time.
Take ARVs at least 2 hours before taking any plant or herb. Always start with small amounts, never take more than prescribed. If the person has a bad reaction to the treatment, stop using it immediately and get advice from a medical doctor.

**Some traditional remedies that can be beneficial when taken correctly:**

<table>
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<tr>
<th>PLANT</th>
<th>USES</th>
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| African potato (cannot be taken when on ARVs) | Strengthens immune system  
|                               | Helps to stabilise CD4 cells                             |
| Aloe juice                   | Weight gain, treating skin conditions                     |
| Sutherlandia                 | Prevents weight loss, diarrhoea                           |
| Lemons and lemon juice       | Helps with food absorption; balances immune system        |
| Garlic                       | A natural antibiotic and anti-fungal; kills worms and parasites; helps with blood pressure; reduces cholesterol |
| Honey                        | Healing cuts and wounds                                  |

**Care and support**

Caring is a central part of people’s daily lives as parents, spouses, friends, neighbours, volunteers or community members. Sometimes those we care for, care for us in return, but sometimes we offer it as a gift.
Caring can be broken down into four areas:

- Emotional support and problem solving
- Physical support
- Material support
- Spiritual support

**Definition**

**Caring** is the healing, sustaining, guiding and reconciling of persons in physical, emotional or spiritual distress. By providing the care a person needs, we can support the person.

**Support** means to offer the person guidance, but not to take the decision making power away from them. Support means to assist the person to make their own decisions, take responsibility, based on the best information available, giving them the skills to put their decisions into action and to provide the motivation that will create an attitude of hope and acceptance.
Assessing the needs

Every person is unique so it is important to take time to find out what a person’s needs are without trying to guess. Find a person’s needs by looking, by asking and by listening.

**LOOK:** Find out what a person’s needs are by looking at them and their environment e.g. how a person appears will give you information about their **physical health** and about how they are feeling. Think about how a healthy mother plays with her child. Think about how a sick mother plays with her child. It is different and this difference highlights you what they need.

**ASK:** Find out what a person’s needs are by asking some questions. Questions can help you find out specific facts. Questions can also help you clarify what was noticed by looking at or by listening to the person.

**LISTEN:** Find out what a person’s needs are by listening to what they tell you. Often one can hear how a person is feeling by what they say e.g. a person may be asked how they feel about being HIV-positive and they say “okay”. Then as they talk about their relationship with their partner you may hear that they are actually angry or very sad.
Important thought

By looking, asking and listening one can find out what the needs of a person is. People who are infected or affected by HIV&AIDS do not only have the need for physical care. HIV&AIDS affect every part of their lives and to care for people in a way that pays attention to the needs they have in all aspects of life:

- Physical health
- Emotional state
- Mental health
- Social situation
- Functioning (ability to care for themselves, to do the things they enjoy, to work and to fulfil their role in their family and community life)
- Spirituality

Physical health

The physical health of someone who is HIV positive is linked to two things. Firstly the lower their CD4 count (the number of white blood cells in their immune system) the more sick they are likely to be. It is therefore important to find out whether this person has a healthy lifestyle that helps them not to lose immune cells because the medicines help to fight the illness. Secondly, the more HIV that enters the body the sooner they will progress to AIDS. It is therefore important to find out if this person is exposed to HIV through blood or sexual fluids. If they or
their partner have a STI it is easier to transmit the virus and therefore they should always have protected sex and go for STI treatment.

*What a person needs to maintain their CD4 count is determined by:*

- Signs and symptoms
- Taking medication
- Visiting the clinic regularly
- Healthy diet
- Regular sleep
- Exercise

*A person’s lifestyle helps to maintain their CD4 count by:*

- Reducing / eliminating smoking, alcohol, drugs
- Reducing stress

*Factors that increase this person’s risk for getting more HIV are determined by:*

- Sexual activity – safe sex
- STIs
- Other high risk behaviour
**Spiritual and emotional needs**

This is a very important part of the person and one needs to find out whether the person has any spiritual needs or emotional needs so that one can refer them if necessary. Although it may be clear to see whether they are religious / traditional by looking at their home or listening to what they say, it is a good idea to always ask about their spiritual needs. People who have not been religious their whole life may have spiritual needs in the face of HIV&AIDS. People who are very religious may not be able to recognise their spiritual needs. It is therefore important to ask about their religious community and their religious leader. This is important for referral and support.

**Responding to the needs**

Once one knows what a person’s needs are, one can help them by teaching, by supporting, by caring and by referring.

- **Teach**

  Knowing the facts about HIV&AIDS can help a person to understand their illness, care for themselves and prevent HIV from being passed on to others. Knowing the facts helps a person to come to terms with HIV and accept what it means in their life. It also helps to free the person from any unnecessary worries that they had because they believed the myths about AIDS.
• **Support**
  Support the person by accompanying them at difficult times e.g. you could go with them to the clinic for their check-ups. Listening is also a way to support someone.

• **Care**
  Care for the person by using the Home-based skills, listening to the person and showing compassion. One can care for the person by helping them with things they find difficult to do because of their illness.

• **Refer**
  Refer the person when necessary for professional help or extra support in something that you are not trained for.

Many people find comfort and support in spiritual guidance and may seek this kind of support. Different people may find this source of support in the faiths or religions that they practice. Often people need this in addition to a Support Group.

**Social Support**

It is important to find out what resources are available to the person who is HIV positive. They need a social and financial support network to help them and their
families cope with HIV&AIDS. While confidentiality must be respected at all times, it is also important to find out which other family members / partners may be at risk of becoming HIV positive, those that may already be HIV positive or may have died from AIDS. When partners, family or friends are aware that the person is HIV positive it means that there is less chance of HIV being passed on to them and a better social situation. Find out what stops the person from telling others about their status and what stops others from supporting the HIV positive person.

*Social and financial support systems are determined by:*

- Where you live
- Is there a clinic nearby?
- Financial support

*Risk and the HIV status of family / partners is determined by:*

- Has your partner been tested?
- Are your children sickly?
- Deaths in the family

*Identifying who is told about the person’s HIV status is determined by:*

- *The partner*
- *Family*
- *Friends*
- *Attitude*
Emotional support

Anyone who is faced with a life threatening disease feels a lot of emotions. Psychologists have studied people’s emotions and noticed that there can be a pattern: some emotions tend to be felt before others. A person who finds out that they are HIV positive may respond with the following emotions: (remember that they may experience more than one emotion at the same time and fluctuate between different emotions)

- Shock

Even those who suspect that they might be HIV positive, knowing for sure comes as a shock.

- Denial

Particularly those at an early stage will refuse to believe they are HIV positive and continue to act as though they are not. It is too frightening for them to face the truth so they try to hide from it in this way.
• Anger

This is often the first response to the realization that one cannot deny that one is HIV positive. A person may be angry with themselves, at their partner, at God, at everyone!

• Bargaining

At this stage the person makes agreements with God or the doctor e.g. “If I am good this will be taken from me / if I go on this diet I will be cured”.

• Fear

Is the emotion that comes with the realisation that no bargaining can make the HIV go away. The consequences of this illness must be faced.

• Loneliness

Many people with HIV feel lonely because they are afraid to tell others of their HIV status or because they believe being HIV-positive makes them different from other people.

• Self consciousness

Many HIV positive people are afraid that others will “see” that they are HIV positive and discriminate against them.
• Depression
  Knowing that one may die from AIDS related illnesses or may get ill can lead to a sense of hopelessness and depression.

• Acceptance
  This emotion comes when the person is able to make peace with being HIV positive.

• Hope
  This is a crucial emotion where HIV is concerned. It is a healthy way of coping with fear and protecting oneself against depression.

Practical support

It is important for the person to find someone (or more than one person) who can provide the practical information and assistance that they may need from time to time to deal with problems, e.g. see a doctor every few months to check on health status and to provide the necessary health advice.

Most people have a need to talk to someone about how they are feeling. Remember that to share how you are feeling does not mean that they need to "fix"
you - only to listen. Providing information in the form of a pamphlet can also help the person to decide what to do in their situation.

Support can come from family, friends, support groups and trained counsellors. It is possible for people who are infected to live healthy long lives. You can help those who are infected by:

- Showing love, respect and support.
- Knowing the facts about HIV&AIDS and talking openly about the disease
- Helping to reduce stress and stressful situations
- Helping to provide balanced and nutritious meals
- Encouraging them to get treatment if they are sick. Most infections are easily treated and cured, even if a person is HIV positive.

**Care**

When someone becomes ill, especially with an illness such as HIV&AIDS, people often feel helpless or inadequate to assist the person. If this person is a good friend or relative one may say: "just call me if you need anything". Then out of fear or insecurity one dreads the call.

- **Touch**
  
  Do touch your friend - a simple squeeze of the hand or a hug can let him or her know that you care. Remember there is no need for fear - one cannot contract AIDS by simply touching... and hugs are very reassuring.
• Shop
  Find out if he or she needs anything from the shops. Ask for the shopping list and make a delivery to the house.

• Celebrate life
  Celebrate holidays and life with your friend by offering to decorate the home or hospital room. Bring flowers or other special treasures. If possible, include your friend in your own holiday festivities.

• Give the partner a break
  Check with your friend's partner or family. They will probably need a break from time to time, even if they are not aware of it yet. Offer to care for your friend in order to give them some free time.

• Be creative
  Try to be as creative as possible. Take books, magazines, music or delicacies to share. Any of these can bring warmth and joy.
• Ask, but don't pressurize
  It's okay to ask about the illness, but be sensitive as to whether your friend wants to discuss it. You can find out by asking: "would you like to talk about how you are feeling?" Don't put pressure on your friend to talk.

• Sit together quietly
  You don't always have to talk. It’s okay to sit together quietly reading, listening to music, watching television or holding hands. Much can be expressed without words.

• Allow him / her to make decisions
  Encourage your friend to make decisions. Illness can cause a loss of control over many aspects of life. Don't deny your friend a chance to make a decision, no matter how simple or silly they may seem to you.

• Accept his / her anger
  Be prepared for your friend to get angry with you for no obvious reason, although you feel you've done everything that you could. Remember, anger and frustrations are often taken out on the people most loved because it's safe and will be understood.
• Chit-chat
Casual chit-chat can be healthy. Keep your friend up-to-date on mutual friends and other interests. Your friend may be tired of talking about, or hearing about, symptoms, doctors and treatments. Discuss current events. Help keep your friend from feeling that the world is passing by. Talk about what's in the news.

• Offer to help:
Offer to do household chores, perhaps by taking out the laundry, washing dishes, watering plants, feeding or walking the pet etc. Simple assistance like this may be very much appreciated. However, please don't do what your friend wants to do, and can do for him or herself. Ask before doing anything.

• Pray together
If your friend is religious, ask if you could pray together. Spirituality can be very important at times such as these.

• Don't allow isolation
Don't allow your friend, or the care partner, to become isolated. Let them know about the support groups and other practical services that are offered free of charge by local organisations.
• Educate yourself and others affected
  Read as much as possible regarding HIV&AIDS and how to cope and live with it. Obtain pamphlets on relaxation and teach the techniques to your friend. Discuss the tips on defensive eating, share the information regarding living with hope (nutrition to treat symptoms, the will to live, holistic healing etc).

Social support for those infected and affected by HIV & AIDS

Definition

The South African government has accepted that it has a responsibility to care for people who cannot take care of themselves. When people are too young, too sick, too old or injured to look after themselves, then government will provide social support where possible. This kind of support is called ‘social assistance’.

In January 2000, the Minister of Social Development introduced the 10 point programme to improve the welfare in the country. One of the priorities identified in the programme was to provide services to support community-based care and support for people living with HIV&AIDS or affected by HIV or AIDS e.g. orphans.
Different types of social assistance

- Old age pensions
- Disability grants
- Grants-in-aid
- Foster care grants
- Care dependency grants

Disability grants

To receive a disability grant, you must have a physical or mental disability that prevents you from generating income or getting employment. HIV&AIDS is also included under disabling conditions. People living with HIV or AIDS will therefore qualify for social assistance where necessary.

Important thought

Qualifying for a disability grant

The Social Assistance Act says that a person can get a disability grant if the person:

- is a South African citizen;
- is 18 years or older;
- Has consulted a doctor and the medical report shows that you are unable to
support yourself. If a private doctor says that the person is sick, they will not automatically qualify for a disability grant. The person has to be examined by a government doctor or district surgeon and then the medical report must be approved by the Pension Medical officer;

- Has an incapacity that means that the person is unable to get any kind of employment. The illness or disability must be permanent, or at least be expected to last over 6 months. The person will lose the grant if they become healthy enough to work;
- The spouse cannot afford to support the person and the spouse has passed the means test;
- Does not live in a government-run institution e.g. prison, a psychiatric hospital, old age home, care and treatment centre or a centre for drug dependants;
- Does not receive any other social grant.

**Definition**

**A means test**

This is a formula that the Department of Social Development uses to determine how much the person qualifies for when applying for a grant – the more you have, the less you qualify for. When you apply for a grant you have to provide information regarding your assets and income.
Having HIV or AIDS is regarded by law as a disability because the illnesses related to HIV can lead to incapacity, but a disability grant is only given to someone who is unable to work. A person living with HIV will not automatically get a disability grant. The Department of Social Development only provides benefits to a person with HIV if:

- The person has a CD4 count lower than 250
- And has a major opportunistic infection.

**Other grants related to HIV&AIDS**

Where the children are orphans as a result of HIV or AIDS, they may qualify for one of the following social grants:

- Foster care grant
- Child support grant
- Care dependency grant – this is specifically to help care for a child who is ill or needs special medical attention. Children with HIV or AIDS related illnesses qualify for a care dependency grant.
MODULE 7: LIVING POSITIVELY

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Positive lifestyle changes

Everyone needs to examine their lifestyles. Sometimes the way one lives life may not be very positive and may not be to your own benefit. It is therefore very important to look at which changes are necessary to ensure that one lives one’s life in a positive and healthy manner. For a person living with HIV&AIDS this is extremely important and these lifestyle changes can help to:

- Improve their health status
- Live longer
- Improve the quality of their life.

Important thought

If a person has been for a HIV test and knows their status they have two options:

1: If the person is negative – STAY NEGATIVE
2: If the person is positive – STAY HEALTHY
Staying negative

- Know the facts about HIV&AIDS
- Treat any STI / STD immediately
- Talk to your partner(s) about HIV&AIDS
- Use condoms every time you have sex
- Be faithful to one, uninfected faithful partner
- Explore other ways to have safer sex
- Use gloves or plastic bags to cover your hands before touching any blood
- Do not share needles, razors or any other sharp instrument that can cause bleeding

Drugs and alcohol

Definition

Drugs are substances (other than food) that affect the chemistry and function of the body and that sometimes cause addiction. Illegal drugs may not be manufactured, sold, purchased or possessed. These include drugs such as marijuana, mandrax, cocaine, and heroin. Prescription drugs are medicines, which are legal only if prescribed by a doctor. Prescription drugs (e.g. morphine and valium) can be addictive. Laws regulate both the manufacturing and dispensing of prescription drugs.
There is no single answer why people start to abuse drugs and/or alcohol. For many people, alcohol and drug use starts because of peer pressure. People naturally want to “fit in” and be accepted by their friends.

Whatever the reasons, experimentation, even once, can be dangerous. Research shows that once involvement with alcohol and other drugs begin, it very often leads to further abuse of different drugs.

Drug abuse often starts with the secret use of legal drugs and with use of alcohol (illegal for youth) and tobacco. Users often progress from these substances to marijuana.

Some users may eventually turn to other illegal drugs or combination of drugs. For this reason, alcohol, tobacco, and marijuana are frequently called “gateway” drugs.
The Physical and psychological effects of alcohol and other drugs

Important thought

Alcohol

Alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.

Consequences of too much alcohol include sedation, intoxication, or unconsciousness, depending on the amount and the way in which it is taken.

Alcohol is a “psychoactive” or mind altering drug, like heroin and tranquilizers. It can alter moods, cause changes in the body and become habit–forming (addictive).

Alcohol is called “downer” because it depresses the central nervous system that is why drinking too much causes slow reactions, slurred speech, and sometime even unconsciousness (passing out).

Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use. Some serious diseases associated with chronic alcohol use include alcoholism and cancer of the liver, stomach, colon, larynx, oesophagus, and breast.

Alcohol abuse can also lead to serious physical problems such as:
• Damage to the brain, pancreas, and kidneys.
• High blood pressure, heart attacks, and strokes,
• Alcoholic hepatitis and cirrhosis of the liver
• Stomach and duodenal ulcers, colitis, and irritable colon
• Impotence and infertility
• Birth defects and fatal alcohol syndrome, whose effect include retardation, low birth weight, small head size and limb abnormality
• Premature ageing
• A host of other disorders, such as diminished immunity to disease, sleep disturbances, muscles, oedema.

Drugs
There are a variety of drugs available in South Africa. The most common ones are tik, dagga, mandrax, sniffing glue and crack. The other drugs in this country include cocaine, ecstasy, heroin and LSD.

Seven steps to prevent drug and alcohol abuse
• Knowledge is a powerful weapon against drugs. Teachers, parents and social workers should tell children about alcohol and other drugs. Carefully explain the health consequences of alcohol and other drug use and the effect they can have on the child’s life in the future. Correct, mistaken ideas; listen carefully to children when they talk about alcohol and other drugs. Children are more likely to communicate when they receive positive verbal and non-verbal feedback from parents.
• Help children to develop a healthy self–image. Self-regard is enhanced when parents praise effort as well as accomplishments. If the child does something wrong, criticize the action not the person.

• Help children to develop a strong system of values. A strong value system can give children the courage to make decisions based on facts rather than on pressure from friends.

• Teach children how to deal with peer pressure. Explain that saying “NO” can be an important statement about self-worth. Help children to practice saying “no”. Together set up some situations for saying “no” and discuss why it is beneficial to avoid alcohol and other drugs.

• Make family or group policies that will help children to say “no”. The strongest support children can have is a strong family unit. Let children know that drug and alcohol use is unacceptable within the family and at school, and that it is a violation of the family and school rules. The consequences and punishment for such a violation must be clearly spelled out.

• Encourage healthy activities that may help to prevent children from using alcohol and other drugs. Help to make children’s lives full and active so that there is no time or place for alcohol and other drugs.
**Dealing with stress**

Stress is the reaction (physically or mentally) to the pressures being placed upon us. There are two kinds of stress: good stress and bad stress. Examples of good stress are feelings of excitement and those activities and challenges which make one enjoy what one is doing. While examples of distress would be boredom, doing things one doesn’t enjoy, being hurt and feelings of not being in control.

**Stress and the body**

There is no harm in feeling under pressure or worried for short periods of time. When one stops feeling upset the body returns to normal. However, when one worries for a long time (such as worrying about your future) it causes ones nerves and hormones to become out of balance, which suppresses the immune system. The opposite is also true. Feeling relaxed and confident about the future and having challenging goals to work towards, causes other hormones to be released which strengthens the body. The following model explains how chronic stress can affect your health:
The daily stress that one experiences in one’s life has the potential of breaking down your immune system. Being ill all the time can lead to a low quality life and even the possibility of death if one’s body is not strong enough to fight off the illnesses. A weak immune system affects everyone but especially those who might be HIV positive.

The better one’s physical fitness, the better one’s ability will be to extract and process large amounts of oxygen during exercises.

The body has a built-in ability to relax and the different ways of using the relaxation response is something that everyone can learn and apply in their daily lives. The relaxation response creates physiological responses directly opposite to the stress response and boosts the immune functions.

**Good relaxation methods**

The active role of the mind in releasing relaxation in the body is common to all relaxation methods. A common pattern for baseline stress level is for it to start off low in the morning and to rise as the day progresses. Aerobic exercise (such as running, dancing or swimming) and deep relaxation are opposite approaches to controlling stress and tension. It makes good sense to try and practice both exercise and deep relaxation as often as possible.
Effective breathing techniques

Pace and depth of breathing are part of both the stress response and the relaxation response. When in a stressful situation one’s breathing quickens and becomes shallower as one’s heart rate soars. The opposite is true – as one’s breathing slows and deepens one relaxes. There are various breathing exercises one can use to calm oneself in response to a stressful situation.

The six-second quieting response is effective as an on-the-spot tension reliever. It is a type of breathing and should be practiced as often as possible. It can be done with eyes opened or closed and is especially effective in correcting shallow breathing and releasing tension in neck and shoulders.

1. First push your stomach out, draw a long, deep breath.
2. Hold for two to three seconds.
3. Breathe out with a long breath, slowly and completely.
4. As you breathe out, let your jaw and shoulders drop.
5. Feel the relaxation flow from your neck and shoulders down your arms to your fingertips.

The breathing away tension technique is also very effective and consists of breathing calmly and slowly to calm your entire body.

1. Sit or lie in a comfortable position with hands open and legs uncrossed.
2. Be aware of the weight of your entire body on the floor, bed or chair. Your muscles need not help support your body at all.
3. Softly close your eyes.
4. Focus your attention on your nostrils, and see the air entering each side. Follow its path down into your lungs watch it swirling around, and observe it moving back up and out.

5. As it leaves, tell yourself it is carrying away the tension, pain and illness,

6. Continue for one to five minutes.

**Visualisation**

Visualisation is also called guided imagery or movies of the mind and consists of imagining oneself in some very pleasant place. Examples of such places would be a private place where one feels safe or a special place in nature. It is important to make use of all one’s senses when imagining oneself in this place. One can either take oneself there in one’s mind or allow oneself to be guided there by another person. The technique results in deep relaxation, although it can also be used as an on-the-spot tension reliever, to use the mind for healing.

**Muscle Relaxation Techniques**

Self-produced relaxation is usually practiced by focusing self-suggestions of warmth and heaviness in specific muscle groups throughout the body. One can spend anything from 10 to 60 minutes on this technique. Let both of your hands fall to your sides and become as relaxed as possible. Give yourself a while to settle into a position that feels comfortable. Let your breathing be calm and even. Now, focus your attention on your hands. Simply repeat to yourself: "my hands are warm and heavy". Let those words go over and over like an echo. There is nothing for you to try to do. Do not try to force your hands to feel warm and heavy. Simply let the
words go over and over in your mind, like the words of a simple song or nursery rhyme. You might want to imagine your hands in warm water, or in the warm sun.

The progressive muscle relaxation technique is especially useful when people find themselves maintaining tightness in a specific muscle group. If one frequently finds oneself with a tight neck or shoulders, one might find this technique particularly useful. Progressive muscle relaxation calls alternately tensing and relaxing specific muscles throughout the body for 10 seconds at a time. If practiced enough, both physiological and psychological benefits can be gained from this technique. As this is an active technique, it is recommended for those who experience anxiety in being too still.

Other muscle relaxation techniques include simple stretching, trunk rotation; head roll, jogging in place or a brisk five-minute walk.

**Meditation**

Although meditation is often linked to different religions, in reality it is simply a technique of quieting mind and body. Meditation or quiet self-reflection is a way of turning inward for relaxation, contemplation or for stillness. It is usually practiced once or twice a day for 10 to 20 minutes and involves the use of a repeated internal focus to turn down normal thought processes. The technique does not involve thinking but rather focus on an internal stimulus. Examples of a stimulus
are a silent sound (ohm), your breathing, humming or a short prayer. You can also repeat "I am" with each in-breath and "relaxed" with each out-breath.

**Meditation methods share the following guidelines:**

- Quiet place
- Comfortable position
- Eyes closed
- Accepting, non-critical attitude
- Repeated mental focus
- When aware of mind wandering, gently return to mental focus.

Meditation means to allow one’s mind to wander and to continuously return to the focus, as one becomes aware that one’s mind is wandering.

The real challenge is not so much mastering the different techniques for relaxing, but rather consistently building them into one’s daily routine. If one practices one or two of these techniques daily, over a period of time, one’s health will surely benefit.
Dealing with fear and stigma

HIV&AIDS is a condition that continues to lead to fear, misunderstanding, misinformation and discrimination. There are few people who have not been affected in some way by the disease. In addition, many people who are living with HIV&AIDS are exposed to discrimination and bad behaviour in their families, workplace and communities. Although people living with HIV&AIDS receive acceptance and love, some are still exposed to this. There are still stories of people with HIV&AIDS being shunned and isolated, forced out of their homes. That people already suffering should be subjected to such indignity is intolerable when they have been exposed to information over a long time.

Emotional, cultural, sexual, religious and legal issues

Emotional issues

- Fear of contracting HIV, becoming sick and dying from the disease.
- People witness friends, family members and other loved ones dying from AIDS.
- People witness the fear, stigma, isolation, marginalisation and discrimination that many people living with HIV experience and then treat the person living with HIV or AIDS in the same negative way.
- Often when people know their status they withhold the information form colleagues, friends and family members for fear of discrimination, isolation and neglect.
Many people find it difficult to talk about sexuality, death, drug use, prejudices, morals and religious beliefs – especially if these things are different to their own.

Cultural, sexual, religious and legal issues

Cultural, sexual, religious and legal issues often influence and make discussions about sexual practices, preferences, sexual desires, the number of sexual partners, and the use of birth control difficult. In addition, there is often a “cloak of silence” related to sexual practices and to illicit drug use. Such subjects are often taboo and associated with embarrassment, shame, guilt and rejection.

The additional fear of HIV & AIDS as a fatal illness compounds the problem of discussing these difficult subjects. In some communities, the use of condoms as a method of prevention and birth control is not seen as culturally or religiously acceptable. Finally, the cultural norms of silence regarding sexual practices, preferences and desires can become a problem. These sexual practices might include men having sex with men, sexual abuse, child abuse, rape or homosexuality.

Experiences of fear, stigma, isolation, discrimination and marginalisation related to HIV&AIDS come from:

- Misinformation about HIV transmission
- Misinformation about understanding the difference between HIV and AIDS
- Fear of contracting HIV
Fear of caring for someone living with HIV or AIDS

Religious teachings and influences related to sexuality

Cultural norms of silence regarding sexual practices, preferences and desires

Legal issues related to confidentiality and misuse of medication

Dealing with stigma and discrimination

Looking inward

Start with yourself and look at your own attitude when dealing with someone who is HIV-positive. Examine your own beliefs, values, assumptions and attitudes towards HIV&AIDS. Change can only come about through examining longstanding negative thoughts, feelings and behaviours.

Education

Make sure to know the facts!!! The irrational and often exaggerated fears associated with HIV&AIDS can be directly addressed by making sure that people are given correct and adequate information. To be successful, education programmes and information have to be sustained and supported over time. Knowledge must be updated and one needs to keep up with developments and changes.
Prevention

Prevention strategies will continue to be compromised if fear, ignorance, intolerance and discrimination against HIV infected persons persist. Everyone has a responsibility to normalise HIV so that the modes of transmission and prevention can be addressed without the emotional and attitudinal problems that limit speaking openly about the disease.

Disclosure

Important thought

The diagnosis and disclosure of an HIV-positive result is an extremely stressful event. People living with HIV may experience:

- Extreme sadness
- Anguish
- Worries
- Fear
- Resignation and hopelessness
- Helplessness
- Powerlessness and despair
The emotional well being among people with HIV infection appears to be worse than for people with several serious diseases.

Most people who learn that they have a serious illness go through several emotional reactions or stages. A person living with HIV&AIDS may also experience a range of emotions, including:

- denial
- anger
- bargaining
- depression
- acceptance, as they come to terms with the infection and/ or disease

This period can last indefinitely and could result in a very stressful and emotionally turbulent time. People going through these stages may behave in ways that they might not usually and if you are aware of this, you will be able to better understand what is happening and may then be able to provide the necessary support.

**Coping with HIV**

**Stage 1: Denial and isolation**

When people first hear that they have HIV, they might not believe it. They might think that there has been a mistake with the result or that the test is lying. They
stop listening to what is being said about HIV&AIDS and about preventing the spread of the virus.

**Stage 2: Anger**

Having a serious illness like HIV can feel unfair. People could experience anger at having the virus. People with HIV often feel lonely and different from people around them who do not have the virus. The question “why me?” is often asked.

**Stage 3: Bargaining**

People will bargain with themselves to gain a sense of control over their lives and future. Sometimes people will bargain with gods, spirits, and or other religious figures promising to be or do certain things if they are “cured” from the virus.

**Stage 4: Depression**

People could feel depressed about the fact that they have the virus. These feelings could get worse as they become sick or if they are met with negative responses from others.
Stage 5: Acceptance

Once the person fully accepts that s/he is living with HIV, they often find that they have more energy and a new will to live. This can bring a sense of peace and calm to the person.

Not everyone will experience these stages, and not everyone will experience them in the same order. However, most people will experience at least some of them during their illness, and many people will experience them more than once.

Disclosure

People are often not ready to disclose their status and so will therefore not make use of any support or services that deal with HIV&AIDS. Some people feel that by attending a Support Group that deals with HIV&AIDS, others will know that they are either living with and/or affected by HIV&AIDS.

The following factors influence the person’s ability or willingness to disclose:

Limited knowledge regarding HIV and AIDS

A person diagnosed with HIV might have very limited knowledge regarding the disease. There is so much to know about HIV&AIDS and the more knowledge one has the better informed and equipped one is to make decisions. For example, the
newly diagnosed person might not know that s/he could, with proper attention and care live for many years. This lack of knowledge might contribute to the emotional distress and could result in decisions and behaviour that places the person at even more risk. For example, they may continue to have unprotected sex, not seek medical help for treatable medical conditions, etc.

**Stigma**

HIV&AIDS is a disease surrounded by social stigma. This often contributes significantly to whether or not disclosure will occur, as rejection and discrimination are real consequences. The secrecy and silence regarding a positive diagnosis make it difficult to obtain support.

**The impact on the family/household**

A huge concern for people living with HIV is their own future but also that of the household. The person living with HIV&AIDS might worry about what would happen if s/he becomes too ill to contribute to the household, what will happen to the children etc. Also, an HIV diagnosis affects the total household as a result of the stigma attached to HIV&AIDS.

**Financial concerns**

In South Africa many people live in very poor conditions and HIV&AIDS can contribute to the financial burdens of a family who is already struggling.
Sometimes, families might need to spend more money on the illnesses associated with HIV&AIDS. People living with HIV often worry about the financial future of those they leave behind. If the person living with HIV is the breadwinner of the household s/he could feel a huge sense of responsibility towards maintaining this role.

**Access to comprehensive treatment and care**

In South Africa, access to comprehensive HIV&AIDS care, management and treatment is becoming increasingly available in the public health service. Information regarding these services is important for all those living with HIV &AIDS in order to ensure access. Often lack of access contributes negatively to the person’s already compromised emotional state.

**Sexuality**

Many people may need help with their own feelings and perceptions of themselves as sexual beings and adapting their sexual activities, as they come to terms with their HIV positive status. They may be concerned with developing social and communication skills necessary to negotiate sexual experiences and relationships. There could also be the fear of infecting their partner.
Intimacy

Intimate relationships fulfil basic human desires for love and affection. As the person living with HIV accepts their HIV positive status, issues regarding intimacy are often experienced. For some it would be the fear of intimacy – not wanting the kind of closeness with someone that would require disclosure. Often disclosure is met with rejection and this could therefore dissuade closeness and disclosure. The fear of infecting the other person could also be a concern. Intimacy is then avoided because of fear of rejection or possible infection of the other person.

Death and dying

People living with HIV have to deal with the reality of coping with a terminal illness and the likelihood of death and dying. This could raise all kinds of feelings of despair and distress. It is important that these feelings are acknowledged and dealt with in a manner that prepares the individual for this.
Lifeskills for living positively

Verbal communication

Definition

Good communication involves a SENDER and a RECEIVER. The aim of good communication is to improve the atmosphere one lives in by:

- improving our understanding of each other
- helping us appreciate other people and to feel appreciated by them
- improving the way you feel about yourself and those around you

If communication is poor we feel misunderstood and unappreciated and this leads to feelings of frustration and anger.
GOOD SENDER

Shows cooperation and appreciation

Shows caring and concern

Receiver feels understood and appreciated

POOR SENDER

Frustrated and angry

Judgemental and blaming

Receiver feels misunderstood and unappreciated
Good Communication

(sender and receiver)

- Clear and simple messages
- Respect
- Genuineness
- Empathy - understand the other persons point of view
- Balance - give each other a chance to speak

Poor communication

(sender and receiver)

- Not listening - sticking to preconceived ideas
- Not balancing - not allowing the other person a chance to speak
- Loaded words - using words that are:
  - blaming
  - judging
  - condescending
Non-verbal communication

**Definition**

Non-verbal communication is all the ways in which we can communicate or send messages without using words.

- Eye contact
- Facial expression
- Hand gestures
- Posture
- Appearance
- Vocal cues
- Tone of voice
- Proximity
- Orientation

**Functions of Non-verbal Communication**

- Replaces verbal messages
- Reinforces verbal messages
- Contradicts verbal messages - say one thing and feel another
- Sends ambivalent signals - feel two things at the same time
Problems in communication

*Mistakes the communicator makes*

- Verbal & non-verbal behaviour differs
- Message isn’t clear
- The message isn’t direct
- Over-generalises - use words like always, never
- The communicator doesn’t show their true underlying feelings, shows aggression or withdraws when hurt
- Rejects the person instead of the behaviour
- The communicator doesn’t ask for feedback, although they realise that they could be misunderstood

*Mistakes the receiver makes*

- Doesn’t listen carefully, thinks about other things or what to answer
- Listens in a critical or evaluative way
- Bad self-image, hypersensitive towards any feedback
- Doesn’t show empathy and clings to their part of the truth
- The receiver doesn’t make sure that they interpreted the message correctly
- Doesn’t express the hurt or sadness and withdraws

*Difference between men and women*

- Women have a need for empathy when they complain. She’s not seeking a solution. Men believe it’s their role to help her solve her problems, by giving a solution.
• Women utter little understanding sounds while the other person talks, to show that they really care, men are usually silent
• Men want facts, not emotions when they try to prove a point. Women concentrate on their feelings about a situation
• Both men and women have different personalities, backgrounds and are of the opposite sex, and both should accept that they may feel differently about things, but understand the other person
Important thought

Effective communication is when the receiver of the message interprets the message exactly in the way that the sender of the message meant it.

Negotiating safer sex

*Be selective when you choose a sex partner*

- Have sex only with a partner who will increase your pleasure and comfort by making you feel secure about your health concerns.
- Have sex only with a partner whose name and phone number you know.
- Have sex only with a partner who has no genital bumps or sores or other apparent signs of infection.

*Limit your number of sex partners*

- It is safest to have sex with only one person who is only having sex with you.
**Talk with your partner before sex**

- Talk about both your health concerns (yours and your partner’s).
- Find out about your partner’s health and sexual history.
- Be direct. Talk about your sexual needs and expectations.
- Be prepared to talk about your past experiences.
- Be persistent. Don’t let your partner remain silent on these issues.
- Make conversations about health as a natural part of your sexual relationship.

**If you have sex with more than one person, or if your partner does, protect yourself while having sex**

- Use condoms every time to give yourself a high degree of protection against STDs and infection with HIV, even if you are using another family planning method.

**Keep medically fit**

- Have a check-up for STDs at least once a year if you have sex with more than one person or if your partner does.
- Have an annual physical exam.

**If you think you have been exposed to a STI, be responsible**

- Go to your doctor, clinic, or health department for testing and treatment.
Tell your sex partner/s as soon as you know you have been infected and urge your partner/s to get treatment, too.

Use all the medication that is prescribed – even if the symptoms disappear, you may still be infected.

Do not have sex until you and your partner have been cured.

If you think you have been exposed to HIV, don’t panic, there are options

You may want to get tested in order to take advantage of all the medical treatment and other options available to you. Although there is no way to eliminate HIV infection from your body once you’ve picked it up, you can still lead a good and healthy life.

Get in touch with people you’ve had sexual contact with or share needles with so they can also be tested and receive the necessary care and treatment.

If you do test positive for HIV, remember your partner’s life and health depends on if you are using a condom every time you have sex.

If you don’t test positive for HIV, make sure you stay un-infected by practising safer sex and using universal precautions in terms of dealing with body fluids like blood.
Stay in charge

- Good judgement and self-control are the basis for safer, healthier sex. Alcohol and drugs weaken them. Don’t let alcohol or drugs jeopardise your self-control.

Decision-making

Life without making decisions is as inconceivable as living without breathing. All of us make many decisions every day, most of them are not conscious and others we are barely conscious of making.

Steps to take when making a decision:

1. Define the problem
2. Consider all the alternatives
3. Consider the consequences of each alternative
4. Consider values
5. Think about how the decision may affect other people
6. Choose one alternative
7. Implement the decision
Important thought

When making a decision it is important to consider the following:

- Be clear about what the decision is
- Be clear about what you need to know
- Be clear about what is important
- Be clear about options
- Be clear about risks
- Be clear about pros and cons
- Decide
- Do it
- Work out whether it was the right decision and why

The decisions that we take are influenced by the following:

- The decision itself
- The information that we have available to make the decision
- Our values and the values of others involved in the decision
- The risks that the decision entails and the risks that we are prepared to take when we make a decision
- The pros and cons of the decision and its consequences
- Once you have decided, you must take action and implement your decision.
Decisions also need to be \textbf{reviewed} from time to time to see if they are still relevant and practical.

\section*{Goal setting}

There are so many choices in life. Here are some questions to think about. They might also help you in setting goals.

\begin{itemize}
  \item What do you want to do better?
  \item What more do you want out of life?
  \item What do you want to have?
  \item What do you want to achieve?
  \item With whom do you want to spend more time?
\end{itemize}

When setting goals, it is important to remember the following guidelines to making sure that it is a better goal:

\textbf{Conceivable}

That is, if one can clearly imagine the goal and understand it, one will then be able to plan the first step or two towards reaching it.
Believable

One should be able to believe that this goal can be achieved and that one can achieve it.

Achievable

The goals one sets must be within one’s abilities. For example, if one is an overweight 50-year old, it would be foolish to set a goal of becoming tennis champion within a year.

Controllable

One should be able to control one’s goal or one may never be able to reach it. For example, a controllable goal would be “I am going to invite Sue out to the movies on Saturday night”, because you can control the inviting. A goal one could not control would be “To get Sue to the movies with me next Saturday night”, because Sue might refuse.

Measurable

It is better if the goal can be measured in time and quantity. Suppose one’s goal was to start looking for a good used car this weekend. One could state this goal in a measurable way, by saying “On Saturday I am going to visit four used car lots to look for a good used car.”
Desirable

It is better if the goal is something one very much wants to do, rather than something that one feels one should do. Naturally, there are many things in life that each person has to do. Life is much richer and more balanced if one can see value in doing these things.

Stated with no alternatives

It is better if one has one clear goal in mind. For example, “I intend to do X,” rather than “Well, I would like to do X, but if that doesn’t work, then I’m have a go at Y and if that’s no-good, then I’ll try Z.” Naturally, it’s important to be able to change goals if you find the old one ‘doesn’t fit’ any longer. However, it is better to aim for one clear goal at a time.

Self-fulfilling

A goal should never be destructive to oneself, to others or to society.

Seven steps to goal setting

1. Step one is to decide what you want, both short and long term
2. Step two is to brainstorm every method of reaching your important goals
3. Step three is to evaluate each method of activity towards reaching your goal
4. Step four is to select the best methods to use to reach your goal
5. Step five is to write a plan of action - the how, when and where of goal setting

6. Step six is to check from time to time on your plan, and see how you’re going

7. Step seven is, once you’ve reached your goal - CONGRATULATIONS
MODULE 8: HUMAN RIGHTS OF THOSE INFECTED AND AFFECTED

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HIV and Human rights

**Definition**

Discrimination, degradation, assaults, dehumanisation are all important human rights issues for society to be able to address those of HIV&AIDS. It is important for people suffering from HIV&AIDS to be respected as equal human beings. It is only through the creation of a non-discriminatory environment that people suffering from HIV&AIDS will voluntarily disclose their HIV&AIDS status. Respect for human rights is an important prerequisite for the prevention of HIV&AIDS.
Stigma and discrimination in relation to AIDS (and all STIs)
Discrimination is far stronger against women who risk violence, abandonment, neglect (of health and material needs), destitution, ostracism from family and community. Furthermore, women are often blamed for the spread of disease, even though the majority have been infected by their only partner or husband.

Important thought

The risk of HIV infection and its impact feeds on violations of human rights, including discrimination against women and marginalised groups such as sex workers, people who inject drugs and men who have sex with men. HIV also frequently leads to human rights violations such as further discrimination and violence. Over the past decade the critical need for strengthening human rights to effectively respond to the epidemic and deal with its effects has become clearer.

Protecting human rights and promoting public health are mutually reinforcing.

Several countries still have policies that interfere with the accessibility and effectiveness of HIV-related measures for prevention and care. Examples include:

- Laws criminalizing consensual sex between men
- Prohibiting condom and needle access for prisoners
- Using residency status to restrict access to prevention and treatment services
At the same time, laws and regulations protecting people with HIV from discrimination are not enacted, or fully implemented or enforced.

The protection of human rights, both of those vulnerable to infection and those already infected, is not only right, but also produces positive public health results against HIV. It has also become increasingly clear that:

- National and local responses will not work without the full engagement and participation of those affected by HIV, particularly people living with HIV
- The human rights of women, young people and children must be protected if they are to avoid infection and withstand the impact of HIV
- The human rights of marginalised groups (sex workers, people who use drugs, men who have sex with men, prisoners) must also be respected and fulfilled for the response to HIV to be effective
- Supportive frameworks of policy and law are essential to effective HIV responses
Applying Human rights

Important thought

To empower rights-holders to claim their rights, to protect human dignity and to prevent the transmission of HIV, the following rights should be protected so that people will come forward for HIV information, education and means of protection, and will be supported to avoid risky behaviour:

- **Non-discrimination**: protected against discrimination if one seeks help or is HIV positive
- **Right to privacy**: protected against mandatory testing; HIV status kept confidential
- **Right to liberty and freedom of movement**: protected against imprisonment, segregation, or isolation in a special hospital ward
- **Right to education/information**: access to all HIV prevention education and information and sexual and reproductive health information and education
- **Right to health**: access to all health care prevention services, including sexually transmitted infections, tuberculosis, voluntary counselling and testing, and condoms (male and female)

Vulnerable populations

Depending on the legal and social situation and the nature of the epidemic in the country, some groups may be more vulnerable to infection and impact because of
their legal status or lack of human rights protection, e.g. women, children, minorities, indigenous people, poor people, migrant-workers, refugees, sex workers, people who use drugs, men having sex with men, and prisoners.

These groups should:

- Have equal access to HIV prevention information, education, and commodities, and to HIV care, support and anti-retroviral treatment;
- Not be subject to sexual violence or coercion, and should be able to participate in the formulation and implementation of HIV and AIDS policies that affect them.
- Have equality before the law: same access as others to services (non-discrimination)
- Have rights to education and health: same access to HIV prevention education and information, and health care services, including STI services and condoms
- Have liberty, security of person and freedom from cruel, inhuman and degrading treatment: freedom from violence, including sexual violence, freedom from mandatory testing
- Have a right to participate in public life: participation in the formulation and implementation of HIV policy

For those living with HIV or otherwise affected by it, the following rights should be protected:

- **Non-discrimination and equality before the law**: right not to be mistreated on the basis of health status i.e. HIV status
- **Right to health**: right not to be denied health care/treatment on the basis of HIV status
- **Right to liberty and security of person**: right not to be arrested and imprisoned on the basis of HIV status
- **Right to marry and found a family**, regardless of HIV status
- **Right to education**: right not to be thrown out of school on the basis of HIV status
- **Right to work**: right not to be fired on the basis of HIV status
- **Right to social security, assistance and welfare**: right not to be denied these benefits on the basis of HIV status
- **Right to freedom of movement**, regardless of HIV status
- **Right to seek and enjoy asylum**, regardless of HIV status

Public health policies for the prevention, education and treatment of HIV&AIDS should take into account respect for human rights as the core to the challenge of HIV&AIDS. The South African Constitution respects the human rights of all people. The reaction to HIV&AIDS in our country has resulted in the infringement of many of the fundamental freedoms and human rights the constitution affirms.

**Factors that contribute to human rights violation of women**

- Lack of control over own sexuality and sexual relationships
- Poor reproductive and sexual health, leading to serious morbidity and mortality. Rates of infection in young (15-19 year old) women are between 5 and 6 times higher than in young men of the same age
Neglect of health needs, nutrition, medical care etc. Women’s access to care and support for HIV&AIDS is much delayed (if it arrives at all) and limited. Women, even when infected, are the ones who provide all the care.

All forms of coerced sex – from violent rape to cultural/ economic obligations to have sex when it is not really wanted, increases the risk of micro-lesions and therefore of STIs/ HIV infection.

Harmful cultural practices: From genital mutilation to practices such as "dry" sex.
HIV and the Constitution

The Constitution provides the opportunity for a culture of non-discrimination and equal rights. There are many organisations working towards eliminating discrimination, but it is every individual’s responsibility to contribute to the fight against discrimination.

An important right in the Bill of Rights is the right to equality. Therefore no one may discriminate against another on the grounds of:

- Race, gender or sex
- Pregnancy or marital status
- Ethnic or social origin
- Age, disability, sexual orientation or religion
- Belief, culture, language or birth

The Constitution in South Africa contains the Bill of Rights that has been developed to protect the rights of all people living in the country. The Constitution has two sections that deal specifically with the rights of people in terms of their HIV status.

These are sections 9 & 10 of the Bill of Rights:

**Equality**

- Everyone is equal before the law and has the right to equal protection and benefit of the law.
- Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures
designed to protect or advance persons’, or categories of persons, disadvantaged by unfair discrimination may be taken.

- The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.
- Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.

The Equality clause and the Equality Act can protect people living with HIV&AIDS in a number of ways:

- HIV&AIDS may be interpreted as a disability
- HIV&AIDS may be added to new laws as a separate listed ground for non-discrimination
- HIV&AIDS may be treated as an ‘other ground’

**Human dignity**

Everyone has inherent dignity and the right to have their dignity respected and protected.
The Bill of Rights in the Constitution has a list of the fundamental rights of all people living in South Africa. In addition to the right of equality under the Equality Clause, these rights are also extremely important for people living with HIV&AIDS.
MODULE 9: HIV IN THE WORKPLACE

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HIV and the Law

There are a number of laws and guidelines relating to people who have HIV& AIDS in the workplace. The following are important laws to look at when considering HIV in the workplace:

- The Constitution
- The Labour Relations Act
- The Employment Equity Act
- The Occupational Health and Safety Act
- The Mine Health and Safety Act
- The Compensation for Occupational Injuries and Diseases Act
- The Basic conditions of Employment Act
- The Medical schemes Act
These laws seek to:

1. Protect employees from unfair dismissal.

2. Protect employees from being unfairly discriminated against in respect of benefits, promotion, training and other work related opportunities.

3. Allow for dismissal only if it is fair - related to an employee’s conduct or capacity or is based on the employer’s operational requirements.

4. Get the employer to allow an employee who no longer has the capacity to perform their function to:
   - Investigate the extent of the employee’s incapacity
   - Investigate alternatives to dismissal
   - Investigate adapting the employee’s duties
   - Investigate accommodating the employee’s disability.

**Rights of the HIV positive worker**

The most important right of a HIV positive employee is that s/he has **exactly the same rights** as an employee who is HIV negative.

- An employee cannot be fired, retrenched or refused a job simply because they are HIV positive.
- HIV positive employees are also entitled to the same training, development and promotion opportunities as any other employee.
• No employer can insist that a job applicant have an HIV test before they are employed.

Confidentiality at the Workplace

The difference between confidentiality and secrecy

**Definition**

**CONFIDENTIALITY** is respecting the fact that everything that a person tells one is confidential – just between the two of you. One cannot tell anyone else about the person’s status or problems without their permission.

**SECRECY** is about hiding something from others. People who are secretive about their HIV status are often motivated by fear. They hide the fact that they are HIV positive because they are afraid of admitting to themselves that they are ill, they are afraid of what others will think of them and of how others will react towards them.

The consequences of secrecy can be isolation, lack of support as well as the spreading of HIV. It is important to encourage a person who is HIV positive to be able to tell those closest to them about their HIV status.
The Constitution, in section 14, states that everyone has the right to privacy. This means that every individual has the right to decide which parts of his or her personal life should be kept private, and which can be made public. This right applies to aspects of people’s lives such as their religious beliefs and also includes their health status. This right is often ignored when a person’s HIV status is the issue. Employers should respect the right to privacy and confidentiality regarding a person’s HIV status as a strict rule.

The right to informed consent and confidentiality

Testing for HIV can occur either at a person’s request or on recommendation of a doctor. In both cases the test must be done WITH THE PERMISSION of the person. Consent to an HIV test must be expressed not implied and be specific not general. An HIV test carried out without informed consent is an unlawful infringement of a person’s rights and an invasion of his/ her privacy. A person can give informed consent only after a proper explanation of the nature and likely consequences of the test. The implications for the person being tested are far-reaching personally and socially.

Informed consent means not only agreement to the HIV test itself, but also an understanding of the implications a positive or negative result will hold for the future. It is therefore essential that a person receive proper pre-and-post test counselling.

The test result is also confidential (no one except the person and the doctor or nurse will know the result). Result may not be given to an employer or anyone else without the permission of the person involved.
Stigma and discrimination in the workplace

Forms of discrimination

- Being denied employment or membership to employee benefit schemes
- Denied insurance and home loans
- A denial of proper medical care, or access to medical aid schemes
- Victimisation of children and orphans if they or their parents are living with HIV&AIDS or have died
- Breaches of confidentiality i.e. telling someone’s status to another without consent, and being tested without giving informed consent

The Constitution provides the opportunity for a culture of non-discrimination and equal rights.

Easy ways to deal with HIV&AIDS in the workplace

There are many positive steps employers and employees can take to deal with the HIV&AIDS epidemic. These include:

- Develop a workplace policy on HIV&AIDS
- Negotiate benefits such as medical aid, insurance, retirement benefits and disability cover in the interests of all employees
- Develop a workplace programme that includes awareness campaigns, condom distribution, treatment of sexually transmitted infections (STI) and care for all HIV-positive staff members
• Set up a HIV&AIDS Task team from all levels of staff to deal with these issues.
• Conduct Peer Education and Peer Counselling programmes to assist staff to support and educate fellow employees.

HIV&AIDS policies and code of conduct

Every sexually active adult is at some risk of HIV infection. The workplace gives us all an opportunity to educate ourselves about HIV&AIDS and about how transmission does and does not take place. This is why it is so important for every workplace (no matter how big or small) to have a HIV&AIDS policy and programme. This policy should addresses specific issues and should:

• Be directed by the CEO & accountabilities in each department
• Be congruent with LRA, EEA, Medical Schemes Act and Occupational Health and Safety Act
• Include Medical benefits
• Protect Privacy
• Ensure an environment free of isolation or victimisation
• Look at tailored workload
• Provide for long-term disability assistance
• Provide counselling and support
• Provide education
Functions of a HIV policy

- Define an organisation’s position on HIV&AIDS and provide clear guidelines on how HIV&AIDS will be managed within the workplace.
- Align the workplace response to the legal framework.
- Ensure fairness.
- Identify and protect the rights and responsibilities of employers and employees with regard to HIV&AIDS.
- Set standards of behaviour expected of all employers and employees.
- Establish consistency within the company.
- Set the standard for communication about HIV&AIDS.
- Provide a good foundation upon which to build an HIV&AIDS workplace programme.
- Inform employees of the assistance available for HIV&AIDS.
- Send a strong message that HIV&AIDS is a serious issue in the workplace.
- Indicate commitment to dealing with HIV&AIDS and.
- Ensure consistency with national and international practices.

Elements to include in Policy

- Philosophy
- Scope
- Education, Awareness and Prevention Programmes
- Job Access, Status and security
- Workplace testing and confidentiality
- Employment Benefits
• Risk Management, First Aid and Compensation
• Treatment and Consent for Disclosure
• Protection against Victimisation
• Grievance Handling
• Monitoring and Review

**HIV prevention programmes in the workplace**

Current levels of understanding and awareness amongst employees are generally not sufficient to ensure that programmes are sustainable as they do not focus on a holistic approach to wellness. Without appropriate training the misconceptions and negative attitudes that lead to discrimination and disruption in the workplace cannot be adequately addressed. In order to ensure that the outcome of training is positive behaviour change, the combination of the following elements within the training programme is essential, namely KNOWLEDGE, SKILLS AND ATTITUDES.

The programmes focus on all the components needed to ensure a successful and sustainable intervention within the workplace. The following diagram describes the process that will be followed, to ensure that each programme is specific to the needs of the particular workplace.
Aim of programme

Support

Knowledge

Skills

Values and attitude

Behaviour change

Environment

Aim of programme

Behaviour change

Knowledge

Skills

Values and attitude

Support

Environment

Components of holistic management

Anywhere in country

Equitable yet confidential

Clinical management

Voluntary Counseling & Testing

Education & Training

Funding model

• Any GP
• Any lab
• Any collection point

• No distinction between management and workers
• Same policy irrespective of medical aid
• Confidential at every point – especially funding
• Compliance with legal framework

• Treatment of Opportunistic infections
• ART treatment
• STI management
• 24-Hour Medical and Counseling Assistance
• Management by own GP
• MTCT & post rape prophylaxis

• Tax deductible
• Controlled costs
• Not an insurance pay-away

• Industrial Theatre
• HIV/AIDS Training Workshop
• Peer Education programmes
• Quarterly Newsletters
• Internet – e-learning program

• Pre-test counseling and signed consent
• HIV Test
• Post-test counseling

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Key elements of a HIV programme in the workplace

- AIDS Training and Education
  - Guerilla Theatre
  - HIV&AIDS Training Workshop
  - Quarterly Newsletters
  - Internet – e-learning program
- Voluntary Counselling and Testing (VCT)
  - Pre-test Counselling and signed consent
  - HIV Test
  - Post-test Counselling
- Clinical Management and Treatment of HIV&AIDS
  - Pre- ART treatment (nutritional supplements) and disease progression monitoring (CD4 Count & Counselling)
  - Anti-Retroviral Drug Therapy with monitoring of CD4 Count and Viral Load
  - 24-Hour Medical and Counselling Assistance from one toll-free number
  - Management by own general practitioner in liaison with specialists in HIV at Right to Care
- Ongoing Actuarial Assessment, Cost Benefit Evaluation and Audited Financial Statements
- Absenteeism Management
- Cost Effective Funding Options
  - Tax deductible
  - Controlled costs
  - Not an insurance pay-away
MODULE 10: HIV COUNSELLING

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Basic counselling skills

What is HIV Counselling?
HIV counselling is a discussion between a client or patient and a counsellor. Pre and post-test counselling is a very important component of this process as it deals with issues around HIV testing.

Aims of Counselling
The aims of the counselling must always be based on the needs of the client. The aims of counselling are:

- **the prevention** of HIV transmission and
- **the support** of those affected directly and indirectly by HIV
- **Prevention**
  - determining whether the lifestyle of an individual places him/her at risk
  - working with an individual so that s/he understands the risk
  - helping to identify the meaning of high risk behaviour

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- helping to define the true benefits of behaviour change
- working with the individual to achieve and sustain appropriate and chosen changes in behaviour

- **Support**
  - Help clients manage their problems more effectively and develop unused or underused opportunities to cope more fully
  - Help and empower clients to become more effective helpers in the future.
  - Individual, group and family counselling to prevent and reduce psychological impact
  - Assist the individual to deal with his/her status
  - Assist the individual to convey the information to the relevant persons, such as partners, family, employer etc.

**Basic Counselling principles**

HIV&AIDS has forced us to accept a change from curing toward caring. Because there is no cure for HIV&AIDS, the focus of interventions have to be on caring for the physical as well as the psychological welfare of the HIV positive individual as well as his/her family or friends.
Important thought

Helping is about constructive change and making a difference to the life of the client. But only the client can make the difference: the counsellor is merely an instrument in this process.

Requirement for HIV&AIDS counselling

The following aspects should be taken into consideration as requirements for ensuring that HIV&AIDS counselling is done effectively:

- A suitable counsellor
- Suitable venue – private and informal atmosphere
- Sufficient time
- Sufficient knowledge
- Information must be given – written and oral
- Informed consent forms
- Suitable laboratory forms
- Confidentiality
- Referral system:
  - medical
  - dental
  - supportive group or individual counselling
  - other aspects such as legal, religious, family therapy
Who is the counselling for?

- People who are worried that they might be HIV positive
- People considering being tested for HIV
- People who have been tested for HIV (infected or non-infected)
- People choosing not to be tested despite past or present risk behaviour
- People unaware of the risks involved in behaviours they are, or have been, engaged in
- People with HIV infection and disease, including AIDS
- People experiencing practical and emotional difficulties as a result of HIV infection
- Family, loved ones, friends and colleagues of people with HIV
- Health workers and others in regular contact with people with HIV

Organising the Counselling

Although the pattern of counselling may differ from person to person, the following general considerations are well worth bearing in mind:

- Counselling should be available at the time the test results come back. A person that was tested for HIV, should never have to get their results and then come back the next day for the counselling.

- It is often impossible to get through everything during a single counselling session of an individual. The counselling may have to be split over two or more sessions. When people have been given bad news they are often shocked and may not take in information as well as they normally would. It is important, especially when discussing factual information, to check that
the person has understood what was said.

- A person who has had bad news may be unable to take everything in. A counsellor should never be afraid to review what was done in the last session before starting with the new one.

- Good counselling also implies good medical back up. It is important that a person who has had a positive result should be able to have a medical as soon as possible to reassure him that he is physically well or to uncover any possible health difficulties.

- It is extremely helpful to have at least two sessions with a client, the second 7 to 14 days after the first. This allows the person time to try out some of the things s/he must do and to let the information sink in and to come up with any questions that s/he may have. It also allows the initial shock to wear off. The counsellor and person will then have a better idea of how the person is taking it. It will be possible to see if the person is anxious or depressed, which is rather difficult to assess in someone who is shocked.

- At the second session the situation can be reviewed and a decision can be made if extra time is needed to spend in counselling. A follow-up at three months should always be arranged to see how things are going. Regular medical follow-ups should be arranged,
• The patient should be encouraged to get in touch with the counsellor if they experience any problems.

• Some people need relatively little in the way of counselling. They have thought through the implication of the test before taking it. Even so, it is necessary to ensure that they have thought about all the issues. It is not unusual for someone to handle the test result well at the time but to have difficulties later. Even for someone who needs little counselling at the time, the booking of a follow-up counselling session is essential. Make it clear that s/he is very welcome to come back if they have any difficulties.

**Characteristics of a Good Counsellor**

A good counsellor should have the following qualities and characteristics:

• Empathy
• Good communication and listening skills
• Be non-judgmental
• Be trustworthy and able to establish trust and confidentiality
• Be knowledgeable etc.

**Pre and Post test counselling**

**Pre-Test Counselling**

**Aims of Pre-test Counselling**

• To ensure that any decision to take the test is fully informed and based on
an understanding of the personal, medical, legal and social implications of a positive result

- To provide the necessary preparation for those who will have to face the trauma of a positive result. Such preparation is vital in that patients who have been prepared for a positive result are able to face the result
- To provide the individual, if he elects not to be tested with necessary risk information i.e. how he can reduce the risk of either acquiring HIV infection or of passing it on to others

**Areas covered in the Pre-counselling**

**Sexual history and assessment of risk**

The first stage is to make an assessment of the level of risk of the individual. The most important risk factors may vary somewhat from person to person. It is necessary to carry out a comprehensive sexual and lifestyle history. This should cover:

- The sexual behaviour of the individual and, where known to the individual, the sexual behaviour of any partners
- Any history of injecting drugs
- Past blood transfusions prior to the introduction of screening of donations
- Use of blood products for treatment of haemophilia prior to the introduction of screening and/or heat treatment
• Invasive procedures carried out under non-sterile conditions, such as cosmetic procedures, rituals or circumcision. This will also include repeated injections carried out with inadequate sterilisation procedures.

**Psychosocial and knowledge assessment**

• Why is the test being requested?
• What particular behaviours are of concern to the person?
• What does the person know about the test and its uses?
• Has the person considered what to do or how s/he would react if the result were positive or negative?
• What are the person’s beliefs and knowledge about HIV transmission and its relation to risk behaviour?
• Who could provide (and is currently providing) emotional and social support?
• Has the person sought testing before and if so when, from whom, for what reason and with what results?

**Discussing the test**

The following information is very important to convey to the person:

• it is not a test for AIDS
• necessity of sufficient time elapsed for sero-conversion to have occurred
• indicates only previous exposure to HIV
• gives no indication of prognosis, severity of infection or infectiousness

**Important thought**

**Thinking through possible results**

People coming for the test have often thought through what a negative result would mean for them, but have not thought through the repercussions of a positive result. The advantages and disadvantages of being tested for the particular individual have to be fully explored. In the end it will be that person’s choice whether to be tested and the process of choosing will involve a self-assessment of their ability or desire to cope with the knowledge of being HIV-positive.

**Who should the individual talk to about the test?**

Thought (taking into account the prejudices of people and the level of discrimination that is experienced) needs to be given in advance to who the individual can rely upon for support and total discretion during the time when the test is being considered. The person should also start thinking about the issue of sexual partners and which of them will need to be told and how.
**Advantages of the test**

There are many advantages to being tested and they include:

- when there is discontinuation of previous risk behaviour
- reducing uncertainty
- helping in behaviour change

**Taking a decision**

Written material summarising the main points covered in pre-test counselling should be available for all. This is useful for those who need more time to consider before reaching a decision.

**Reducing risk**

Whatever the decision with regard to taking the test, everyone who has felt himself or herself to be at risk should be counselled about how to reduce their risk, regardless of how high or low the risk is perceived to be. Individual behaviour can and does change. Issues to be covered:

- safe sex
- non-sexual modes of transmission e.g. drug use, mother-to-child
- fears and myths
Post-Test Counselling

Aims of Post-test counselling

- To provide the individual, who was tested and is found to be positive with necessary support
- To provide follow-up to the person and the partner once the result of the test has been obtained
- To provide a referral source for the person if necessary

Areas covered in Post-test counselling

- Breaking the news
- Listening carefully to the person’s response and helping him to talk through what it means to him
- Dealing with questions – HIV&AIDS block, transmission block, infection control block
- Providing the facts about HIV&AIDS, transmission, infection control
- Reducing personal transmission risks
- Dealing with anxiety, depression, guilt and obsessive disorders
- Safe sex and helping the person to implement strategies for safer sex
- Relationships
- Telling sexual partners
- How to tell others
- Social support
- Keeping well – positive health boosting
• Services in the community
• Follow-up or referral

Other components of Counselling

Living with HIV&AIDS

It is important to help the person who has tested positive understand that they can still lead a normal, healthy life for many years. This means looking at ways to stay healthy such as:

• taking care of their health
• being positive about life
• getting support from those around them
• practicing safe sex

Treatment

It is very important to make sure that the person coming for testing or who has been tested understands that there is no cure for HIV&AIDS. The different methods of treatment that are available, as well as means of staying healthy should be part of the counselling process.

Safe Sex
When discussing safe sex the following should be covered:

- Condom use
- Masturbation
- Body rubbing
- Massage
- Kissing
- Other alternatives

**Self-care**

The following aspects should be dealt with:

- healthy nutrition and exercise
- dental care
- stress reduction and rest
- general hygiene and risk reduction
- home care
- symptom management
Bereavement counselling

Definition

The bereavement experienced by a person who has lost a loved one and the bereavement experienced by a terminally ill or dying person is very similar. Both people experience a grievous sense of loss: in the first case, one experiences the loss of the loved one and in the second case, one experiences the loss of one’s future, one’s hopes, one’s loved ones, one’s health, self-esteem, well-being and one’s dignity as a human being. In either case, people are confronted with their own mortality.

Terminally ill persons are directly confronted by their own imminent death – the imminence of which becomes more pressing as the disease progresses – while other persons who have lost a loved one are indirectly confronted with the possibility and spectacle of their own future death through the death of the loved one. It is therefore understandable that the process of bereavement is often very similar for both those who are dying and those who are forced to witness death.

In all cases where HIV-infected persons are still leading relatively normal and healthy lives for long periods, the counsellor needs to facilitate a process of reinvestment in life. This is also an important element in the counselling of a person who has lost or is in the process of losing a loved one.

Bereaved people should actively work through their grief in their own time – bereavement is a process that cannot be rushed.
Feelings associated with dying and bereavement

Anyone who is faced with a life threatening disease feels a lot of emotions. A person who finds out that they are HIV positive may respond with different emotions. Remember that they may experience more than one emotion at the same time and fluctuate between different emotions:

**SHOCK:** even for those who suspect that they might be HIV positive, knowing for sure comes as a shock.

**DENIAL:** particularly those at an early stage will refuse to believe that they are HIV positive and continue to act as though they are not. It is too frightening for them to face the truth so they try to hide from it in this way

**BARGAINING:** At this stage the person makes agreements with God or the doctor, e.g. “if I am good this will be taken away from me” or “if I go on this diet I will be cured.”

**ANGER:** This is often one of the first responses to the realization that one cannot deny that one is HIV-positive. A person may be angry with themselves, their partner, at God or anyone else!
**DEPRESSION:** Knowing that you could die of AIDS related diseases leads to a sense of hopelessness and depression in some people. If a person feels isolated or discriminated against they may also experience feelings of depression.

**FEAR:** This is the emotion that comes with the realization that no bargaining can make the HIV go away. The consequences of the illness have to be faced. Many people also experience a great deal of fear towards death and dying. Fear of being isolated, discriminated against and treated differently is also very real.

**LONELINESS:** Many people who are HIV-positive feel lonely because they are afraid to tell others of their status or because they believe that being HIV-positive makes them different from others.

**SELF-CONSCIOUSNESS:** Many HIV-positive people are afraid that others will know that they are HIV-positive and discriminate against them.

**HOPE:** This is a crucial emotion when it comes to being HIV-positive. It is a healthy way of coping with fear and protecting oneself against depression.