



LEARNING NETWORK

HIV/AIDS Training Guide

Community Health Committee Training

The Learning Network is a collection of 5 civil society organisations based in Cape Town:

1. The Women's Circle,
2. Ikamva Labantu,
3. Epilepsy South Africa,
4. Women on Farms Project and the
5. Cape Metro Health Forum

The Learning Network serves as the umbrella body in the Western Cape and includes 4 higher education institutions:

1. University of Cape Town (UCT)
2. University of the Western Cape (UWC)
3. Maastricht University, in the Netherlands
4. Warwick University in the UK



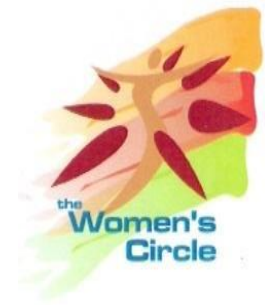
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1. What is HIV/AIDS?

Activity 1: Understanding HIV/AIDS

20 minutes

Purpose: Make sure that health committee members have a good understanding of the HIV/AIDS virus.

Method: Buzz session

Procedure: In pairs, participants take turns provide answers to the following;

1. What does the acronyms HIV and AIDS stand for?
2. Name two main purposes that the thymus gland serves throughout the life of a human?
3. What is the difference between HIV and AIDS?
4. At what stage of CD4 count are HIV patients put onto anti-retroviral.

HIV: Human Immunodeficiency Virus

HIV is a virus (a germ). It is spread through unsafe sexual contact, mother to child transmission and contact with infected blood.

Definitions

Virus: An extremely small living thing that causes a disease and that spreads from one person or animal to another, that are capable of growth and multiplication only in living cells, and that cause various important diseases in humans, lower animals, or plants.

Germs: A form of bacteria that spreads disease among people or animals. It is a germ that causes sore throats.

Bacteria: Bacteria are microscopic living organisms, usually one-celled, that can be found everywhere. They can be dangerous, such as when they cause infection,

or beneficial, as in the process of fermentation (such as in wine) and that of decomposition.

Disease: A disorder of structure or function in a human, animal, or plant, especially one that produces specific symptoms or that affects a specific location and is not simply a direct result of physical injury.

Pathogens: A pathogen or infectious agent is a biological agent that causes disease or illness to its host.

The term is most often used for agents that disrupt the normal physiology of a multicellular animal or plant. However, pathogens can infect unicellular organisms from all of the biological kingdoms. There are several ways whereby pathogens can invade a host.

The human body contains many natural defenses against some of common pathogens in the form of the human immune system and by some "helpful" bacteria present in the human body's normal flora. Today, while many medical advances have been made to safeguard against infection by pathogens, through the use of vaccination, antibiotics and fungicide, pathogens continue to threaten human life.

Diseases are spread in various ways:

An **airborne disease** is any disease that is caused by pathogens and transmitted through the air. They may be spread through coughing, sneezing, raising of dust, spraying of liquids, or similar activities likely to generate aerosol particles or droplets. Strictly speaking airborne diseases do not include conditions caused simply by air pollution such as dusts and poisons, though their study and prevention may be related.

Waterborne diseases: Carried or transmitted by water and especially by drinking water.

Sexually transmitted diseases: Sexually transmitted diseases (STDs) are infections that you can get from having sex with someone who has the infection. The causes of STDs are bacteria, parasites and viruses.

HIV is transmitted **primarily** via **unprotected sexual intercourse** (including anal and oral sex), **contaminated blood transfusions, hypodermic needles,** and **from mother to child during pregnancy, delivery, or breastfeeding.**

Some bodily fluids, such as saliva and tears, do not transmit HIV. Prevention of HIV infection, primarily through safe sex and needle-exchange programs, is a key strategy to control the spread of the disease.

There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and may be associated with side effects.

Activity 2: Means of Transmission

30 minutes

Purpose: Recognise that diseases are passed from person to person in a range of different ways.

Method: Brainstorm

Procedure: Provide two examples of each of the following diseases listed below.

5. Waterborne
6. Airborne
7. Sexually transmitted

AIDS: Acquired Immune Deficiency Syndrome

If a person has contracted HIV, they need to maintain a healthy immune system in order to prevent Aids. People who work hard at maintaining a strong immune system and live a healthy lifestyle could take more than ten years to progress to the AIDS stage. We all know that HIV is a disease that attacks the immune system and according to the general information that is available from the medical healing fraternities, **there is no cure for AIDS.**

If there is no cure for AIDs then **prevention** should be our first form of defense. We prevent in the following ways.

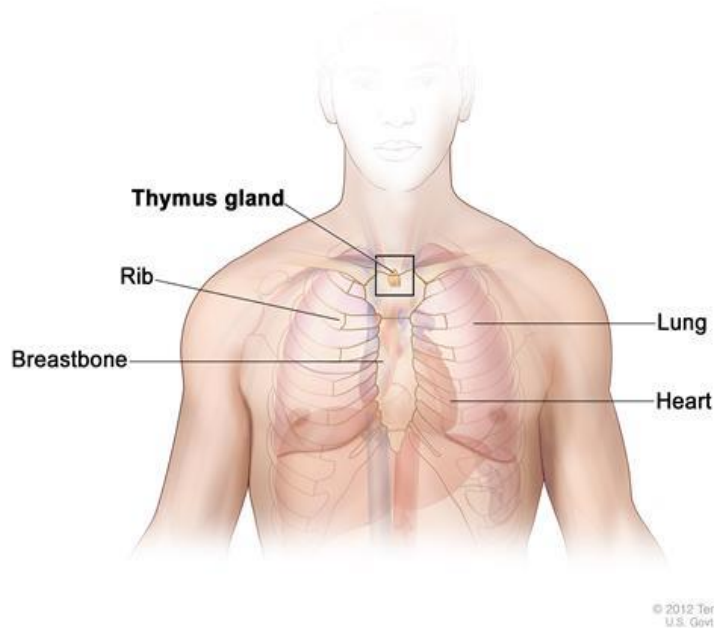
- Always wear a condom during sexual intercourse.
- Do not touch blood without using gloves.
- Pregnant moms should get tested in order to reduce the chances of their children being born with HIV.
- Live a healthy and nutritious lifestyle, walking often and drinking plenty of fresh, clean water.

FACTS

- Sex is the main form of transmission for HIV.
- It is passed on through bodily fluids such as semen and blood.
- HIV infected mothers can pass it on to their children.
- You get AIDS after being infected by HIV.
- Not everyone with HIV has AIDS.
- HIV weakens your body's ability to protect itself.
- People with HIV will eventually develop AIDS, which normally happens over a period of 5 to 8 years and with a healthy immune system, could take more than ten years.

Understanding the Immune System

Anatomy of the Thymus Gland



Anatomy of the thymus gland: The thymus gland is a small organ that lies in the upper chest under the breastbone. It makes white blood cells, called lymphocytes, which protect the body against infections.

- T-cells, developed in the thymus gland, are the main helpers that fight off HIV.
- In the young human, the thymus initially produces hormones which regulate growth.
- By the age of 18 to 19 years, growth in humans comes to a stop.
- The thymus then becomes an organ which is exclusively functioning as an immune defence, producing T-cells.
- Normally our bodies have between 800 to 1000 helper T-cells per small amount of blood. This is referred to as a CD4 count.
- When HIV is contracted, it takes approximately 5 to 8 years for the T-cells to drop to 200 - if the body does not remain strong, with adequate nutrition and sufficient exercise and rest.
- When the CD4 count reaches 350, this stage is called AIDS.

The **immune system** refers to your body's ability to fight off disease and heal itself. So, to repeat, HIV weakens the body and AIDS is the stage when the different illnesses enter the body. When the CD4 count is this low, it is easy for viruses to attack the body as the immune system is too weak to fight back.

In South Africa, Anti-retroviral (ARV) drugs were initially given to HIV patients when their CD4 count reached 200. This has now been increased to a CD4 count of 350. The aim, therefore, should be to live as healthily as possible to prevent reaching the AIDS stage. In other words, HIV patients have to maintain a lifestyle that assists the body in maintaining a strong defense mechanism against disease.

It is also important for AIDS patients to know that once they are on anti-retroviral drugs, it needs to be taken for the rest of their life. ART includes a cocktail of drugs and often has unpleasant side effects initially, which should be reported to a doctor immediately.

Activity 3: What is HIV/AIDS?

30 minutes

Purpose: Review HIV/Aids information.

Method: Group work

Procedure: In two columns write the question and answer.

1. What does the acronyms HIV and AIDS stand for?
2. Name two main purposes that the thymus gland serves throughout the life of a human?
3. What is the difference between HIV and AIDS?
4. At what stage of CD4 count are HIV patients put onto anti-retroviral.

2. Prevention, Prevention, Prevention

Get Tested: Why test for HIV?

- Knowledge is power.
- If you find out that you are HIV-positive (infected with HIV), you and your health-care providers can better plan early treatment and intervention, improving your chances of slowing down the progression of HIV disease.
- If you test negative, you may feel less anxious and can now prevent by using a condom with each sexual interaction.
- By knowing your status, you can find out whether or not you can infect others, and what precautions you might take to prevent transmission to other people. Don't forget the window period.
- Regardless of the result, testing tends to increase your commitment to overall good health habits.
- If you test positive, you can learn more about HIV and be proactive in taking care of your health.
- If you are considering having a baby, you can take advantage of treatments that potentially prevent transmission of HIV to the baby.

DEFINITION

Window Period: The window period is the period between the onset of HIV infection and the appearance of detectable antibodies to the virus. In the case of the most sensitive HIV antibody tests currently recommended, the window period is about three to four weeks. This period can, however, be longer. Any antibody-based blood tests (such as the ELISA, rapid tests and the Western Blot) conducted during this window period may give false negative results. Antibodies are produced from about three weeks after infection and usually become detectable by four to six weeks after infection. This four- to six-week period between infection and a positive test is called the window period.

Prevention:

As we know, prevention is better than cure!

- Use a condom.
- Know your status
- Know your partner's status
- Stay faithful or
- Limit your number of sex partners (always use a condom if you are not in a committed relationship).
- Knowing your partner's sexual history.
- Get tested on a regular basis. (On your day off go to the clinic just for a check-up).
- Tell your partner if you have an STI! Aids can be much more easily transmitted if you or your partner has an STI.

Sex is a Beautiful Gift of Nature

Health committee members should ensure that prevention messages should be conveyed only in relation to preventing unwanted pregnancies and diseases. The tone of messages should not be from a moral, religious or sanctimonious perspective.

All adults have a right to enjoy a healthy sexual relationship with a consenting partner of their choice. That said, in HIV/Aids education, the old ABC messages still apply, although we always have to weigh up how realistic any one of these messages are, relative to the context.

Abstain
Be faithful
Practice safe sex
Use a condom

Safe sex can protect you from many sexually transmitted diseases and an unwanted pregnancy.

The next stage in prevention is deeply imbedded in the kinds of sexual relationships that we have. These could range from our choices in sexual partners and the level of commitment that we have from and toward our intimate partners, to the level of co-receive relationships that people could find themselves in, or the extent of rape and sexual abuse experienced in the environment.

Activity 4: Relationships and HIV/Aids

30 minutes

Purpose: To examine how sexual violence and uncommitted relationships impacts on the spread of HIV/Aids.

Method: Group-work

Procedure: In groups discuss the following and then write up whether this statement is true or false, providing an explanation;

1. The prevalence of rape and the extent to which women are able to negotiate safe sex is central to reducing the spread of AIDS.
2. Multiple, concurrent relationships and sexual partners are directly responsible for the high prevalence of HIV/Aids in South Africa.
3. Patriarchal practices drive the HIV/Aids epidemic.

3. The Struggle for Women's Equality and HIV/Aids

If we are to reduce the instances of HIV/AIDs in South Africa, the relationships between men and women needs to be brought under closer examination and the unprotected, casual liaisons that have become a social norm need to be examined for its impact on the spread of HIV/Aids. Health committee members are required to have a deeper understanding of the roots of gender violence in order to assist rape victims or victims of sexual assault with the required sensitivity.

In order to do this, all people representing community interests should have a better understanding of the definitions used in defining gender relationships. It is known that women are sometimes the fiercest defenders of patriarchy, without recognising how such unequal power relations contribute towards the excesses of sexual violence that is prevalent in South Africa.

DEFINITIONS

Patriarchy: Patriarchy is a social system in which the role of the male as the primary authority figure is central to social organization, and where fathers, brothers and husbands hold authority over women, children, and property. It implies the institutions of male rule and privilege, and is dependent on female subordination.

Most forms of feminism characterize patriarchy as an unjust social system that is oppressive to women. In feminist theory the concept of patriarchy often includes all the social mechanisms that reproduce and exert male dominance over women.

Feminism: It is a social movement that seeks equal rights for women. It calls for full legal and social equality with men, including full educational opportunity and equal compensation for work done.

Misogyny: Misogyny is a cultural attitude of hatred for females, for no other reason, except because they are female.

Activity 5: Myths and Facts about Sex

30 minutes

Purpose: To examine the messages that we received about sex and its gender connotations.

Method: Brainstorm

Procedure: Participants respond to the question “*Who taught us about sex and what were we taught?*” and the facilitator writes responses in two columns;

The facilitator then goes through the messages generated by participants to identify the myths and the gender stereotyping, allowing for discussion to unpack the facts from the myths.

In addition to early socialization and myths passed on by peers and uninformed adults, the social context in South Africa contributes toward an unequal setting making it more difficult for men and women to develop relationships based on inter-personal respect and equal power relations. In order to properly examine the gender dimension of HIV/Aids, this guide has reproduced the outcomes of a national conference (below) that was held in response to the HIV/Aids crisis. The views of both civil society and Government were contained in the report.

The intention is not to blame, but to examine the facts, so that our responses are based on truth rather than denial. Many men have joined this battle and the work of **Sonke Gender Justice, Brothers for Life, Men as Partners** and **Men Against Domestic Violence**, to name just a few, is evidence of the growing number of men who are joining the struggle for a society of full equality, safety and opportunity for men and women.

The Gender Dimension

The **Joint Monitoring Committee on the Improvement of the Quality of Life & Status of Women** (JMCIQLSW) held hearings in October and November 2011 on “*How best can South Africa address the impact of HIV/AIDS on women and girls?*” The Committee’s activity on these three priorities has encompassed hearings in

Parliament; workshops in rural areas, provincial meetings and a workshop in Parliament of 200 women, most of whom came from rural areas.

This report examines:

- The extent and nature of the crisis HIV/AIDS poses to all South Africans.
- Some of the contributing factors to the spread of HIV/AIDS in SA.
- The impact on women and girls.
- Recommendations: prevention and treatment.

These were the findings;

Major Causes and Determinants of the Epidemic in South Africa: *“The immediate determinants of the epidemic include behavioural factors such as unprotected sexual intercourse and multiple sexual partners and biological factors such as the high prevalence of Sexual Transmitted Diseases (STD’s).*

The underlying causes include socio-economic factors such as poverty, migrant labour, commercial sex (workers). Also the low status of women, illiteracy, and the lack of formal education, stigma and discrimination.” (JMCIQLSW)

1. POVERTY

While women across race, class, religion and culture experience violence and HIV/AIDS, poor women are more vulnerable and have fewer options. *“African women make up 60% of South Africa’s poor”*. (Bureau of Market Research. 2011)

Poverty was seen as the major contributor toward the spread of the epidemic as it creates a very large group of very vulnerable individuals who have little choice over their own lives, safety and having safe sex.

2. STIGMA

Stigma is said to be another driver of the HIV/Aids epidemic because disclosure is discouraged, as a result. Disclosure opens people up to judgement, social isolation and sometimes attack. Recent estimates

suggest that of all people living with HIV in the world, 6 out of every 10 men, 8 out of every 10 women, and 9 out of every 10 children are in sub-Saharan Africa.

These figures provide sufficient evidence to make HIV-AIDS both a regional and a national priority. Data from the Department of Health's annual National HIV Sero-prevalance surveys of women attending Antenatal Clinics for the past 9 years provide a good estimate of HIV prevalence and trends over time in South Africa. Despite this, the stigma is so great, that very few people choose to disclose their HIV status.

The extent of the stigma was gruesomely evident when Gugu Dlamini publicly disclosed that she was living with HIV/AIDS. She was stoned to death in KZN in 1998 for "*shaming her community*".

The hearings revealed that stigma leads families to focus on opportunistic infections rather than providing the underlying cause on both death certificates and to society.

In order to address the widespread nature of HIV/Aids in South Africa, we have to address the un-speakables.

3. MISOGYNY AND RAPE

There have been various ongoing efforts to talk about the extent and level of brutality and violence against women and children, but it is hard to talk about because it is met by a consistent and loud backlash. People who speak out are labelled or accused of being anti-male.

In power dynamics the dominant group normally support each other while the oppressed group easily turn on each other. This is as evident in black/white politics as it is in male/female politics. Women are often the first to come out in defence of patriarchy and to angrily attack women who speak out.

Studies that on gender violence:

Domestic Violence in South Africa

1. At least 1 person in Gauteng is killed by her partner every 6 days. Vetten, 1995:
2. A community-based prevalence study found that 26, 8% of women in Eastern Cape, 28.4% in Mpumalanga and 19.1% in the Northern Province had been physically abused in their lifetimes by a partner or ex-partner. Jewkes et al. al:
3. Emotional and financial abuse: 51, 4% in Eastern Cape, 50% in Mpumalanga, 39.6% in Northern Province.
4. In a study of men working in Cape Town Municipalities, approximately 44% admitted to abusing their partners. Abraham et.al, 1999:
5. Indian men who physically and sexually abuse their wives were more likely engage in extra marital affairs and contract STD's, so placing their wives at a risk of STD's and HIV. Martin et.al. (in Vetten):
6. *"It is suggested that females are dying sooner of Aids than men. Answers to these questions (below) might help us understand role of domestic violence: How does living in relationships which are emotionally and physically stressful affect susceptibility to HIV-related illnesses?"* Vetten.

4. APARTHEID AND MIGRATORY LABOUR

The impact of Apartheid's migrant labour system, influx control, the homelands system and single sex hostels directly contributed to widespread poverty and gender inequality. The Committee agreed that in attempting to address HIV/Aids it is critical to acknowledge the different sexual orientations that exist in society.

Two hidden (though now well documented) aspects of single sex hostels are male homosexuality (described as 'matanyola' in rural Sekhukhune in Limpopo and 'isitabane' in KZN) and the sex-work industry that grew around the hostels. In addition, Apartheid imprisoned thousands of South Africans in appalling conditions. The practice of male rape and homosexuality are common features of prisons across the world, and several studies document these within South African prisons.

The UNDP Report on HIV/AIDS and Human Development in South Africa states that *"The migrant labour system prevented workers from settling permanently and establishing families where they worked. This resulted in oscillatory migration*

patterns, where workers in urban areas maintained links with their families in rural homesteads, and moved between urban workplaces on a weekly, monthly or annual basis, depending on distances. Oscillatory migration is a major factor in the spread of HIV and other sexually transmitted diseases in SA. Despite the demise of the apartheid government, oscillatory migration is still part of the reality of many South African's lives because of the uneven development across provinces and countries and a lack of waged work."

In gang-ridden urban communities, young men aspire to go to jail as part of the gang culture. Male homosexuality in prisons is well-known and when the gang members return home to their female partners, the common practice of men having sex with men is not openly acknowledged and seldom spoken about, even from a disease prevention perspective.

5. MALE RESPONSIBILITY IN RELATIONS AND REDUCING THE SPREAD OF HIV/AIDS.

Men, who easily accept authority in society, somehow give this responsibility to women when it comes to sexual behaviour. Women are always responsible for seducing men, becoming too drunk or wearing inappropriate clothing. In this way, men never take responsibility for sexually inappropriate behaviour.

In Janet Bujra's article, (Targeting men for a change: Aids discourse and activism in Africa) in Agenda no 44 she quotes Chenjerai Shire: "In urban areas where men were diminished as wage labourers, they "inhabited a masculinity that regarded women as... whores whose presence in male spaces such as beer halls, evoked extreme forms of misogyny. Any form of violence was legitimised within the male space of the beer hall. Male attitudes towards women in towns were reflected in the language of the beer hall: "...it's a woman, let it be beaten"...Such attitudes remained entrenched in male spaces."

Apartheid institutionalised violence, including gender based violence and gave it a respectable façade – it entrenched the **violence inherent in patriarchal religions**

and traditions – it is no surprise, therefore, that those relationships between men and women in South Africa are today characterised by a power imbalance that often manifests in violence. The hearings reinforced the fact that the spread of HIV-AIDS is driven by gender inequality, poverty and violence. Where violence is absent, it is mainly because women have accepted a submissive role.

Despite this, in many communities, women and girls are being blamed for the spread of HIV.

Activity 6: Female Role in Reducing Gender Violence

30 minutes

Purpose: To examine the role of women, in reducing gender violence.

Method: Plenary and Group-work

Procedure: The facilitator generates early socialization of boys and girls in relation to messages, chores etc. Health committees then break into groups and identify the role of mothers (if any) in the following;

1. Early socialisation of young boys and girls.
2. Acceptance of violence in the home.
3. Acceptance of any kind of tyranny in the community (Identify who and what).
4. Examples of how women defend patriarchy in their immediate environment (Reflect on treatment of husbands, fathers, sons and brothers vs girls and mothers). In other words, ask ourselves the question; *“Do we have double standards in how we raise boys and girls?”*
“What are the areas where women can take responsibility for changing the oppressed status of women?”

Other questions that need to be asked;

- Are females more or less likely to tolerate abuse in the context of HIV infection?
- How might ongoing battles with the legal system affect stress levels (e.g. custody, domestic violence)?
- How does a positive diagnosis affect a relationship over time?
- Are abusive men more likely than non-abusive men to have extra-marital affairs?
- What effect does being HIV positive have on an abusive man?
- Might such a diagnosis increase, decrease or change the nature of violence?

6. HIV/AIDS INTERSECTION WITH GENDER-BASED VIOLENCE AND POVERTY

Women's vulnerability to HIV/AIDS stem from a range of social, economic, biological, cultural and legal factors (Whelan D, Gender and HIV/AIDS: Taking stock of Research and Programs. UNAIDS 1999).

In the UNAIDS Report on the Global HIV-AIDS epidemic, June 2000 the following is reflected;

In sub-Sahara Africa, 55% of adult infections are among women.

- The highest number of new cases is among girls of 15-19.
- World-wide, women are contracting HIV at a faster rate than men.
- Many women are infected by a partner to whom they are faithful.
- Women may transmit HIV to their babies, via pregnancy or breast feeding.
- Women take the major responsibility for caring for the sick or orphans.
- Women engage in survival sex to keep families going.
- High levels of rape and coercive sex of women and children.

The hearings found that language e.g. Mother to child transmission can also reinforce the blaming in society's mind and does not convey the full picture that it is Parent to Child Transmission (PTCT). The fact as reflected above is that many women (not all) are infected by a male partner to whom they are faithful and this is how women then transmit it to their babies. The Committee recommends that the PTCT be used instead of MTCT.

7. GENDER AND POWER

Across the world women have:

- **Less access to power**, wealth and resources than men (In South Africa, where structural hierarchy has not changed much over 20 years of democracy, African women are the majority of the poorest and will therefore benefit most from the eradication of poverty through employment creation and a strong social security system).

- **Less ownership of land** and property than men (in South Africa, African women are the majority of the homeless and landless). One of the most important pieces of legislation in this regard, “The Customary Law on Inheritance and Succession is yet to be passed”.
- **Inferior legal status** to men (South Africa faces the challenge of translating its excellent legislative framework in relation to the rights of women as well as in relation to HIV-AIDS, to lived reality through its judiciary, its police services and public awareness and commitment).
- Minimal or **non-existent representation on decision-making bodies** (while South Africa’s Parliament has led the way in ensuring 30% representation, other sectors of society have been slow to follow, e.g. religion, the media, sport).
- Women often have **little or no control over their own bodies** and fertility (This despite the Constitutional provision and such progressive legislation as the Termination of Pregnancy Act) (Legislation such as the Sexual Offences Law, Legalisation of Sex Work, Legislation against Trafficking in women and children, has yet to be passed).

The Committee therefore agreed with government that poverty eradication is of vital importance. Employment creation and the development of a strong social system are priority.

2. The Committee recommended that urgent attention be paid to:

- (a) Implementation and resourcing of existing legislation such as the Equality Act, the Domestic Violence Act, etc.
- (b) The urgent enactment of laws such as the Sexual Offences Act, and the
- (c) Legislation to examine the legalisation of sex work and the Prohibition of trafficking in women and children must be urgently initiated.
- (d) Customary Law on Inheritance and Succession.

8. BIOLOGY

Medical doctors and scientists who presented at the hearings explained why the risk of HIV infection during unprotected sex is 2-4 times higher for women than for men in terms of women and men’s physiology:

1. Women have a larger surface area of vaginal and cervical mucosa exposed to their partner’s secretions during sexual intercourse.

2. Semen infected with HIV also carries a larger concentration of the virus than vaginal fluids.
3. Male fluids remain in the female's body increasing the risk of transmission significantly.

The hearings heard that women trying to get men to Abstain, Be faithful and Condomise face rejection, beatings and even death. The hearings heard that ABC couldn't work in a context where there are so many socio-cultural barriers to women's sexual autonomy.

The committee therefore recommended that these socio-cultural barriers be addressed urgently. ANC Deputy Secretary General, Thenjiwe Mtinsto said at the opening of the special women's hearings of the TRC; *"Because always, always in anger and frustration, men use women's bodies as a terrain of struggle, as a battleground."*

- Violence against women and forced sex contribute to the risk of HIV infection.

There are at least four ways in which the dual epidemics of HIV and gender violence may overlap in women's lives. [Maman et.al. 2000: The Intersections of HIV and violence: directions for future research and interventions" in "Social Science and Medicine" quoted in CSVr submission (L. Vetten)]:

- Rape may increase the risk to women and girls of contracting HIV. Typically, rape does not occur in circumstances where a condom will be used. The violent nature of rape creates a higher risk of genital injury and bleeding (increasing the risk of HIV transmission), while, in cases of gang rape, exposure to multiple assailants may also contribute to the increased risk of transmission.
- Abusive relationships (including other forms of abuse besides that of a physical nature) may limit women's ability to negotiate safer sex.
- Women who have a history of childhood sexual abuse may engage in riskier sexual behaviour as adolescents or adults, increasing their risk of HIV infection.
- Women who receive HIV counselling and testing may be at risk of partner violence should they disclose their HIV status.

The hearings heard that ignorance about sex in women and girls is viewed as a sign of purity and too much knowledge is regarded a sign of immorality. Taking the lead sexually is part of the gender construction of being a man, willing submission is part of the gender construction of being a women.

Young girls speak of the pressure to have sex with boyfriends and the difficulty of insisting on a condom without appearing unattractively well informed about sex. The societal double standard gives men license to be sexually adventurous without taking responsibility for their actions, while controlling female sexuality, and blaming women for the spread of STD's (even though in most cases the disease was acquired from their sole sexual partners).

Child-bearing and satisfying her husband, are key expectations for a wife even if she is aware that he is not monogamous. Refusal can result in rejection, divorce and violence. It is difficult if not impossible, to persuade a reluctant man to use a condom and negotiate for safer sex. Insistence on condom use invites suspicion of infidelity.

9. SEX WORK

In the context of poverty and unemployment, many women may resort to sex work to feed their children. The Reproductive Rights Health Unit Study showed: *"In South Africa, economic survival is the central motivation for sex workers."* Most sex workers are driven by the need to generate income for themselves, their children and other family members. They supported a median of 2 dependents with their earnings.

"The attitude of some clients to violence was best summed up by the client who said, "I bought it, I own it." In another survey, 31% of the respondents had been forced to have sex against their will.

Vetten and Dladla's (2000) research shows sex workers in Johannesburg who can't afford bail and admission of guilt fines were expected by police to provide sex in exchange for release.

Abdool Karim (1998): Sex workers at truck stops faced violent reactions, loss of clients, or a cut of \pm 25% income for insisting on condom use.

10. SURVIVAL SEX

“The tendency to blame must be replaced by an acceptance of a shared responsibility between men and women, in ensuring safe sex and sexual health. The approach that targets primarily girls and women for AIDS education might not be effective, when men have more power in relationships.” Poverty, Risk and Sexual Rights. Hilda Adams and Anita Marshall. 1998.

It is commonly held that the transmission statistics are kept alive because a lot of people participate in unprotected sex for financial gain or for survival purposes. Sex for the purpose of financial or survival benefit is short-term and can have severe consequences on personal safety and self-esteem later in life.

If the relationship is not based on love but is simply a transaction to be able to feed one’s family, then condom usage is imperative. Conditions of poverty and the reality of many people’s lives, sometimes leaves them with very little other choices. Our intervention in communities should be to assist with interrupting these conditions so that women and girls will make choices that are in line with their right to dignity and the freedom to make safe choices.

Unprotected sex in an uncommitted relationship creates vulnerability to disease and pregnancy and could result in life-long responsibility of an unplanned child or HIV infection. In these cases, assisting community members with finding alternate income opportunities is a health initiative and can be counted as an HIV prevention activity.

11. PATRIARCHAL AND RELIGIOUS TEACHINGS

Patriarchal and religious teachings (churches, mosques, temples, and synagogues) reinforce all the above.

- Women and sex are often equated with sin, lust and temptation.
- Menstruation is seen as dirty.
- Sex is often presented as only acceptable for procreation.

- There is little space for women and men to discuss sex and sexuality in an open, respectful manner that honours each other.

Masimanyane's HIV Study, commissioned by the Committee, and conducted in 5 provinces, found a wide-spread lack of understanding of the disease, much confusion and the prevalence of many myths amongst participants. Participants raised the role of the Church in perpetuating silence, forbidding condoms, and spreading stigma "God's judgment."

Cultural practices that contribute to the spread of HIV/AIDS that (were detailed in the hearings as major contributory factors) were:

- Dry sex
- Polygamy
- Child marriages and
- Abducting and raping girls and women into marriage were detailed in the hearings as major contributory factors. (Ukuthwala).

Practices that oppressed women were identified as;

- Widow inheritance (or the lack of it)
- Son preference
- Virginity testing

It is clear that the subordination and oppression of women and girls has become the most urgent threat to public health.

The Committee concluded that;

- It is men who are raping children and young women and old women and sometimes boys and other men.
- It is men, normally, who take the initiative, and decide where, when and how sexual intercourse takes place.
- In many communities, men tend to also have more sexual partners than women (polygamy, use of sex workers services).
- Abstinence and monogamy are often seen as unnatural in some cultural practices, for men who are trying to prove themselves by frequent sexual encounters.

Sexual inequality is driving the spread of the epidemic. The Beijing Platform of Action (Fourth World Conference on Women; Beijing, China - September 1995.

Action for Equality, Development and Peace), states that sexual rights means that women and men, girls and boys have a right to:

- Control over their bodies.
- Only have sex when, with whom and how they want to.
- Decide about their sexuality.
- Not be forced to have sex through the use of violence or non-physical force.
- Have sexual enjoyment.
- Be protected from the risk of disease such as HIV and other sexually transmitted diseases.
- Have access to responsive services that help them deal with concerns in relation to their sexual health.
- All these must be present, they are not mutually exclusive.

12. RAPE

The South African Law Commission in 1999 estimated (on the basis that **one in 35 rapes are reported**), that 1,636 810 rapes were committed in South Africa in 1998 alone. Interpol (1999) places South Africa no. 1 in terms of reported rapes.

REPORTED RAPE CASES BY PROVINCE

Rape and attempted rape	0-11 years	12-17	Adults	Total
Eastern Cape	1 014	1 787	4 122	6 923
Free State	454	860	2 181	3 495
Gauteng	1 727	2 572	8 081	12 380
KwaZulu-Natal	1 994	2 848	4 574	9 417
Mpumalanga	637	888	2 033	3 558
North West	640	1 250	2 849	4 739
Northern Cape	164	341	1 034	1 539
Northern Province	375	1 165	2 171	3 711
Western Cape	893	1 829	4 088	6 788
Total	7 898	13 540	31 112	52 80

SAPS statistics. January to December 2000. Reported cases.

The figures are so staggering that it is a bit overwhelming to look at the national picture and comprehend just how bad it is.

As a workshop method, it helps to look at just one square on the table e.g. Eastern Cape girls between the ages of 0 to 11 years old; More than a thousand **children** were reportedly raped in this year in just one province. That is the extent of our problem. In a developed society, just one rape of a child should create outrage.

Some Statistics

Research Outcomes: Sexual Violence & Young Women

- 39% of young girls between 12 – 17 years state that they have been forced to have sex.
 - 33% are afraid to say “No” to sex.
- 55% agreed with the statement: *“There are times I don’t want to have sex but my boyfriend insists on having sex.”* Lovelife 2000.

Varga and Makubalo’s 1996 study quoted in Agenda No 28: *“Sexual Non-Negotiation”* 58% of young African girls avoided discussing or requesting use of condoms for fear of violence/ rejection by partners. In some communities, young men are expected to have sexual intercourse to prove they are not impotent.

CIET Africa’s survey (2000): 32% of young men: *“forcing sex with someone you know is never sexual violence.”*

Campbell etc. al. in Vetten: In dating relationships females requiring condom use are seen as *“loose”, “experienced”, “sleeping around”*.

- **UNAids** reported last year that in South Africa two-and-a-half times more women are infected than men because many women experience forced sex;
- **Unicef** reports that six times more girls than boys in Africa are infected with HIV;
- A **Human Sciences Research Council** study found a significant cohort of HIV-infected children whose mothers were not HIV-positive. How did they become infected?

- *In South Africa, police tell us, 41 percent of those raped are under the age of 12. In Meadowlands, Soweto, police say 90 percent of rape in that community is against children younger than 12.*

Superintendent Nico Snyman, head of that police station, says that despite a good arrest rate, only a small percentage of cases get prosecuted because families will accept “compensation” from the rapist or rapists, and the child is then prevented from testifying.

Boys and men are also victims of sexual violence. It seems, however, that men who are victims of assault also have a very hard time accessing justice and disclosure opens them up to further trauma and injustice.

Rape of Boys: Case Study

In the case of a young man raped in Wentworth, Durban, three years ago, when he was 14, the thugs who raped him offered his impoverished grandmother R3 000 to get him to drop the case. She wanted the money, but he refused despite continuing threats.

Investigating officers were changed three times, the prosecutors four times. The victim went for counselling at a well-known child counselling centre, but because he is an orphan and his grandmother unemployed, he couldn't afford bus fare to continue and no one bothered to go to him.

Last week the case against the accused was dismissed for lack of evidence. The prosecutor did not add extortion to the charge sheet, nor did she bother to get anyone to testify how he the victim took rat poison after the rape and spent a week in Addington Hospital's psychiatric ward because he was so traumatised.

The investigating officer was on leave and did not testify, and no victim impact statement was used. Gangsters got away with the rape of a boy because no one cared, and this was a case the National Prosecuting Authority's Sexual Offences Unit received frequent complaints about.

A nine-year study by Cape Town's Red Cross Children's Hospital, published in the SA Medical Journal in December 2002, found that the average age of children raped was three. Research has shown that 40 percent of those raped in South Africa are at risk of becoming HIV-positive if they do not receive PEP.

Experts believe that if post-exposure prophylaxis was given immediately to rape survivors, South Africa could cut new HIV transmission dramatically. Yet little is done to advance this HIV preventive mechanism. What are the costs of providing PEP? The cost to the government of each HIV test is less than 60c, according to the department of health. PEP costs it about R60 for 28 days.

In other words, to treat 54 000 reported rapes each year would cost the government less than R600 000. A rape specialist, Dr. Adrienne Wulfsohn, says the hospital costs of treating one rape survivor who contracts HIV is around R600 000 during her shortened life.

Better treatment of rape survivors would result in more reporting and would give them the confidence to go through with their cases. What is more, most rapists are involved in other crimes - you jail a rapist and you invariably put away a dangerous criminal responsible for other offences.

The point, however, is to protect ourselves and our children, to the best of our ability from being in a vulnerable position. Training on child abuse prevention is essential to reduce the risk of children in our care being raped.

Rape is very traumatic and rape survivors need both professional support and the support of families and friends. Rape survivors also have the right to be treated with respect and dignity at all times by the doctors, nurses, police officers, prosecutors and social workers who help them after the rape.

Activity 7: Reducing and Preventing Rape

30 minutes

Purpose: To examine creative community initiatives to reduce rape.

Method: Group-work

Procedure: In health committee areas each group works on an idea for;

1. Awareness of gender socialisation in families.
2. Child protection initiatives in communities.
3. Awareness campaign on rights of and HIV/Aids prevention for rape survivors.

4. Post-Exposure Prophylaxis (PEP)

DEFINITION

Prophylaxis: Prevention

This section provides information on the following:

- Situations where PEP is administered (including exposure in the workplace and due to rape).
- What happens after exposure?
- What does PEP involve?
- Additional treatments given to rape survivors

HIV Exposure Due to Rape.

- The risk of contracting HIV disease through forced sexual acts, including both vaginal and anal sex, is high. It is commonly assumed that the risk is much greater than during consensual sex as forced sex is associated with greater trauma to the vagina or anus. If there is any tearing or damage the virus can get into the bloodstream more easily.
- The risk of HIV infection through oral sex is low. It is much lower than for other types of unprotected sexual activity, yet it is possible.
- Post Exposure Prophylaxis (PEP) treatment should be started as soon as possible after rape, especially for children, and definitely within 72 hours of the incident.

There are over 50 000 reported cases of rape a year in South Africa, with 40% involving children under 14 years (Government Statistics 2004). The AIDS Law Commission estimates that the true extent of rape is much greater and that well over a million rapes are happening each year in South Africa. Given the extent of the HIV epidemic this means

that rape is a significant cause of HIV infection. Widespread availability of PEP is therefore an important way to help reduce the infection rate and save lives.

The government has passed a law that guarantees all rape survivors' access to free PEP. However, this service is only available at the government health facilities where Antiretroviral Treatment (ART) is being provided (HIV Service Points), and some provinces are better served than others. This means that some rape survivors will not be able to access treatment within the necessary 72-hour period.

As the government's capacity to provide ART increases for both adults and children, PEP access for rape survivors will also increase. This is especially important with regard to children. Nearly half of rape survivors are under the age of 12 years but many of the HIV Service Points do not yet provide ART for children.

It is important to remember that a rape survivor does not need to lay a charge of rape in order to receive PEP.

Prevention, however, is always better than cure. S.A. has the highest rate of rape in the world. Young girls in particular, but not exclusively, need to make sure that they know someone very well before agreeing to a date. In an article by Charlene Smith, this subject is explored.

Charlene Smith, a journalist, was raped and stabbed in her home in 1999 and has since become an internationally recognised speaker on sexual violence and post-exposure prophylaxis.

Rape has become a sickening way of life in our land. September 26, 2004.
Edition 1. Charlene Smith.

“Police reported this week that they were achieving success in combating most crimes, but not rape. Jackie Selebi, the national police commissioner, said there were 115,3 cases per 100 000 people in 1994, compared with 113,7 in 2003/04.

Selebi said rape statistics might be exaggerated because many rape cases were reported on a Friday and Saturday night, only to be withdrawn on a Monday.

It’s the withdrawal of cases that bears closer examination, because it says nothing about women “lying” about rape as the ignorant might believe, but it says everything about a society that fails women and children and is allowing HIV/Aids to proliferate without check.

According to Interpol, South Africa has the highest rates of rape in the world and the highest incidence of HIV. The National Prosecuting Authority tells us that 50 percent of all cases before South African courts are for rape, except in Durban and Mdantsane, where it is 60 percent.

Although the Law Reform Commission estimates there are 1,7 million rapes a year, on average only 54 000 rape survivors lay charges each year. Why? It is because rape survivors are treated so badly by so many.

Every time a rape survivor does not lay a charge, she allows a rapist or rapists (because 75 percent of rape in South Africa is gang rape) to believe he or they can do it again and he or they will. Again and again, until a rape survivor does battle with the police, doctors, psychologists and the courts to get the justice she deserves, and to protect the next woman or child.

A Medical Research Council study into conditions for rape survivors in Gauteng in 2002 found that the treatment of survivors by police and medical and court personnel was deplorable. Two researchers were so traumatised by what they witnessed that they had to go for counseling.

The Medical Research Council reported that “26 percent of doctors and nurses who treated rape cases didn’t think them a serious medical proble.” Yet rape carries the risk of sexually transmitted diseases (STDs), including HIV, a range of other infections, pregnancy and long-term psychological scarring.

Professor Ames Dhai of the University of Natal points out that there are twice as many rape survivors at risk of sero-conversion to HIV than there are babies born in South Africa to HIV-positive mothers, yet there are few calls for PEP for rape survivors. She asks: "Is it because of residual stigma against those raped?"

Just over a month ago a 21-year-old student was forced at knifepoint into an alley off Long Street, Cape Town, and was raped. When she went to Groote Schuur Hospital she, like many rape survivors, found it difficult to use the word "rape".

She told the admissions clerk she had been attacked. Because government hospitals do not see the necessity to train staff to be sensitive towards this problem, he told her to see her private doctor. She had to wait until the next morning – and yet the administration of PEP is urgent: to prevent HIV it has to take place less than 72 hours after the first act of penetration or attempted penetration.

Her doctor, being as incompetent as most GPs in dealing with rape survivors – in part because most universities give scant training to medical students on how to deal with rape – made her wait while he tried to figure out what medicines she should take. He finally gave her a prescription for two months of PEP instead of just 28 days. It took her six hours and eight chemists to find a chemist that stocked anti-retroviral – she finally sat in the eighth pharmacy, which didn't have the drugs, and refused to move until she was told where she could find them. Only then did a chemist pick up a phone and help her to get access to them.

In the country with the world's highest rate of HIV and rape, why do so few pharmacies stock anti-retroviral, or at the very least three-day PEP starter packs for rape survivors? This failure has nothing to do with the new medical regulations: few were stocking ARVs before.

The young woman's father phoned the police from Johannesburg, and was told that the cameras on Long Street had not picked up anything untoward on that night, so there was no point in laying a charge. Failures like these lead to statistics like these:

What Happens After Exposure?

- HIV tests will be performed on all people before commencing PEP, with their permission. They will also receive pre-and post-test counseling. If a person refuses an HIV test, PEP will not be provided. People who are either known to be HIV-positive or found to be HIV-positive will not be offered PEP. They will be counseled and referred to an appropriate health facility for long-term management. If the person is HIV-negative treatment will be started immediately.
- If a rapid HIV test is not available people will be started on PEP with a three-day starter pack. If the results come back positive the treatment will be discontinued and the person will be given appropriate advice. If the person is HIV-negative the full course of the treatment will then be provided.
- Children over 14 years do not need a parent's or guardian's permission to have an HIV test or to take PEP. Children under 14 years require consent from a parent or guardian. In emergency cases such as rape, treatment can be given to children under 14 years on the authority of the doctor or hospital superintendent.

The health professionals and counselors who conduct and discuss the HIV test are bound, by law, to keep the results strictly confidential. Other people, such as families or friends, will only be told of the results with the person's permission.

Additional treatments given to rape survivors

- Antibiotic treatments to prevent other sexually transmitted infections.
- The 'morning after' pill to prevent pregnancy.

PEP is a treatment taken soon after a person has been exposed to an HIV infective source in order to prevent an infection from occurring.

For instance if someone is exposed to the HI virus, either by having unprotected sex with someone who is HIV-positive or through certain types of contact with infected blood, then an immediate course of

antiretroviral (ARV) drugs can be taken to prevent HIV disease from developing.

This treatment, which is called HIV PEP or PEP for short, must be taken for four weeks and will only be effective if it is started within 72 hours (three days) of the exposure. PEP, if taken correctly, appears to be at least 80% effective at preventing an infection from developing.

Window Period

Although it is essential to be tested for HIV immediately, there is generally a period, during which time the virus will not yet be picked up. This is called the 'window period'. It means that the person would have to be tested again after three months to make sure that the results are still negative. There have been cases where HIV infection was picked up after the three months. It is therefore recommended that another test be taken after 6 months.

Situations where PEP is administered

1) Exposure in the workplace.

Healthcare workers can be exposed to the HI virus when looking after HIV-positive people through the following situations:

- **Needle stick injuries.** These can accidentally occur when blood is being withdrawn or when injections are being given or drips set up. Infected blood can then pass directly from inside the needle (which is hollow) into the injured healthcare worker. The overall risk of contracting HIV through a needle stick injury is about 1 in 300. This means that for every 300 people who have needle-stick injuries only one will become HIV-positive. The risk is reduced if the injury occurs with a solid sharp object like a scalpel blade as the healthcare worker is usually exposed to smaller amounts of blood.

- **Exposure to infected fluids such as blood.** If infected blood is splashed into the eye or mouth, or comes into contact with skin that has cuts, abrasions or is damaged in any way, then the healthcare worker is at risk. This risk is less than with needle stick injuries. Contact with body fluids such as saliva and urine do not pose a risk, as they contain insignificant quantities of the HI virus.

Non-medical people can also be put at similar risk through accidental injury or exposure to blood when assisting at an accident in the workplace or on the road, for example.

If any such exposure occurs and the HIV status of the person who is being treated or helped is positive or unknown, then medical advice must be sought immediately. PEP, if it is indicated, needs to be started as soon as possible and definitely within 72 hours of the exposure, to be effective.

The Department of Health has undertaken to provide PEP to all healthcare workers who are accidentally put at risk. They will usually be able to obtain treatment at the place where they work or they will be referred to an appropriate facility.

A non-medical person who believes he or she may have been exposed to HIV through an accident or work-related injury should request treatment at the nearest government HIV Service Point.

Phone the AIDS Helpline on 0800 012 322 to find out the nearest facility.

PEP can also be prescribed privately and will be covered by most medical aids.

Activity 8: Post Exposure Prophylaxis

30 minutes

Purpose: To examine health committee members understanding of post-exposure prophylaxis.

Method: Buzz session

Procedure: With a partner answer the following;

- Name 3 situations that require PEP.
- Can PEP be administered even if the crime of rape is not reported? Explain.
- What is the age for parental consent in the case of administration of PEP?
- Where is PEP obtainable?

5. Nutrition and Natural Health when HIV Positive

Following a healthy and balanced diet is of utmost importance. Here are some of the most important things to know about maintaining a strong immune system in order to maintain a high CD4 count, in order to prevent HIV from moving to AIDS (CD4 count dropping to 200). HIV positive people need to develop a strong immune system. This requires that HIV positive people have a good understanding of the various foods that will assist with maintaining a strong immune system.

Essential foods include the following food groups:

1. Vitamins and minerals:

- a. Lots of green leafy vegetables,
- b. Orange vegetables such as carrots, pumpkin and butternut as it contains beta-carotene and
- c. Red fruit and vegetables such as beetroot, grapes and turnip as it contains anti-oxidants.

2. Energy foods

- a. Potatoes,
- b. Sweet potato, and
- c. Wheat.

For HIV positive people, these should preferably be eaten in the morning to sustain energy during the day.

3. Protein

- a. Fish
- b. Meat
- c. Eggs and
- d. Nuts, dairy products, beans and peas are essential protein sources.

Viruses: A low immune system means that viruses can easily develop. People with HIV have to ensure that they keep their stomach free of bugs. A stomach virus can easily lead to diarrhea which in turn will weaken the immune system. Pumpkin seeds are used to kill viruses in addition to carrots, papaya and raw garlic (3 cloves per day). They help to keep the stomach free of parasites. (Unless already on ART, in which case garlic should be avoided, as the anti-biotic components are not compatible.)

Body Temperature: Being cold for long periods brings down the body's temperature. The HIV positive person has to walk often and eat energy foods and generally keep the body warm (not hot) as our bodies can fight off illnesses much better when warm. Cayenne pepper, chilies, ginger or curry can be added to food to keep the body warm.

Shingles: Lemons and lemon juice taken with olive oil help with absorption, against herpes and shingles. A few drops of lemon juice directly on the affected area also assists.

Keeping the body free of viruses: An aspirin daily for 3 months is said to be beneficial. Aspirin is the trade name for a product derived from willow bark, (known for its anti-inflammatory properties) salicylic acid and acetyl.

"It has been established that the addition of small doses of aspirin ... very considerably slowed down the multiplication of HIV in cultures of T4 cells." 'AIDS Can Be Conquered'. Segal, Segal and Klug. Verlag Neuer Weg. 2001.

- Garlic is a natural anti-biotic and fungal killer. It kills worms and parasites. It helps with high blood pressure and reduces cholesterol. **Do not use garlic if you are already on ARV's** as the anti-biotic components are not compatible.

- Drink lots of clean water to make up for water that you lose through sweating.
- Keeping your weight up is also important. So eat a balance of the foods mentioned above including fish, chicken, liver, green, yellow and orange vegetables, fruit, beans, peas and seeds.

Avoid too much sugar as sugar makes fungus grow and can stop your body from fighting germs.

Keep alcohol use and cigarettes to an absolute minimum, if you have to use it at all.

Pregnancy: Pregnant and breastfeeding women need additional iron, vitamin B12, (meat, egg and fish), vitamin A (carrots, mango, and sweet potato) or supplements.

Overall health: Knowledge of food sources to obtain optimum health is essential to maintain health and vitality and as a prevention mechanism.

Calcium: (broccoli, yoghurt, milk cheese, maas) and **Magnesium:** (spinach, beetroot leaves, sweet potato, coconut milk, radish) and **Selenium:** (sardines, pilchards, Pronutro, peanuts, squash seeds, *epap*, sunflower and pumpkin seeds, rice) are three important minerals that the body needs, preferably every day. Selenium should be taken with vitamin E which is found in most of the foods mentioned.

Zinc: Needs special mention because studies (Cabotin et al) have found that a zinc treatment increased the amount of T-cells in seven HIV patients who had not yet reached the AIDS stage. The thymus gland needs approximately 75 mg zinc per day. A supplement is recommended but zinc can be obtained from wild spinach, *epap*,

pumpkin, squash seeds, sunflower seeds and peanuts. Zinc is not to be taken in amounts, beyond what is recommended.

Vitamin C: Is also needed daily. Vitamin C must be accompanied with food and plenty of water. Adults can take up to 3000 mg per day while children need 120 to 250 mg of vitamin C per day. Too much vitamin C could also lead to diarrhea when the body reaches the Vitamin C threshold.

A healthy mind: Is also very important. Thoughts and feelings affect nerves and hormones which in turn affects your body's ability to stay healthy. Think positive thoughts and associate with positive and productive people. Find calming things to do such as reading, gardening, writing or drawing.

Protecting the Thymus: Old, anecdotal remedies, claim that three drops of castor-oil in apple juice is good for the thymus gland. It simultaneously oils the joints and improves the auto-immune system.

Stomach Infection: (Abdominal). In cases of mild abdominal infection, a table spoon of apple cider vinegar morning and evening for three days will quickly alleviate the symptoms.

- a. (Bacterial, fungal or parasitical): Take 10 drops of grapefruit seed extract 2 to 3 times daily. It has a similar effect to antibiotics and does not damage beneficial gut bacteria.

Immune boosters: cat's claw, Echinacea, garlic, grapefruit seed extract are well-known and excellent immune boosters. Take as recommended. Add Vitamin C (at least 1000mg per day) daily.

Serious illnesses should be treated by a doctor and should not be self-medicated. It is important to recognize symptoms for opportunistic infections as these can be fatal if not treated.

De-stress!

Walking, exercise and breathing all contribute to maintaining overall health. Regular breathing exercises are also good for managing stress.

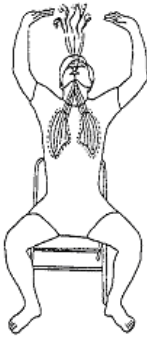



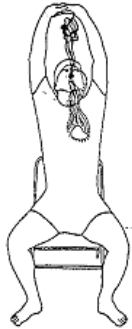

Activity 9: Breathing Exercises

15 minutes

Purpose: To share breathing exercises for releasing stress.

Method: Plenary

Procedure: Each participant takes a chair and forms a semi-circle. The facilitator guides the participants to do each of the following breathing techniques for five minutes.

 <p><u>1. Connect Nose and Lungs</u></p> <p>Sssssssssssssssss</p> <p>Smile</p> <p>Bright White Colour</p> <p>Feel quality shift from Sadness to Courage</p>	 <p><u>3. Connect Nose and Lungs</u></p> <p>Sssssshhhh</p> <p>Green</p> <p>Anger</p> <p>Frustration } Kindness</p>	 <p><u>5. Mouth and Spleen</u></p> <p>Round Mouth</p> <p>Throat breathing</p> <p>Shiny yellow</p> <p>Panic } Openness</p> <p>Worry } Fearless</p>
 <p><u>2. Ears and Kidneys</u></p> <p>Whoooow</p> <p>Gentle blue</p> <p>Fear → Gentleness</p>	 <p><u>4. Tongue and Heart</u></p> <p>Haaaaaaaah</p> <p>Red</p> <p>Hate</p> <p>Cruelty } Love</p> <p>Impatience } Joy</p>	 <p><u>6. All encompassing</u></p> <p>Heeeeeeeeh</p> <p>Breathe in through crown of head and out through soles of feet.</p>

Health committee members are often stressed due to the kinds of social issues that they face on a daily basis. It is important to understand that stress can also lead to all kinds of disease.

The incurable nature of HIV/Aids does create an underlying stress factor with patients. Regular de-stressing activities are advised. When working with community members health committee members should have some breathing techniques and stress-release activities that they can use. Here are some ideas;

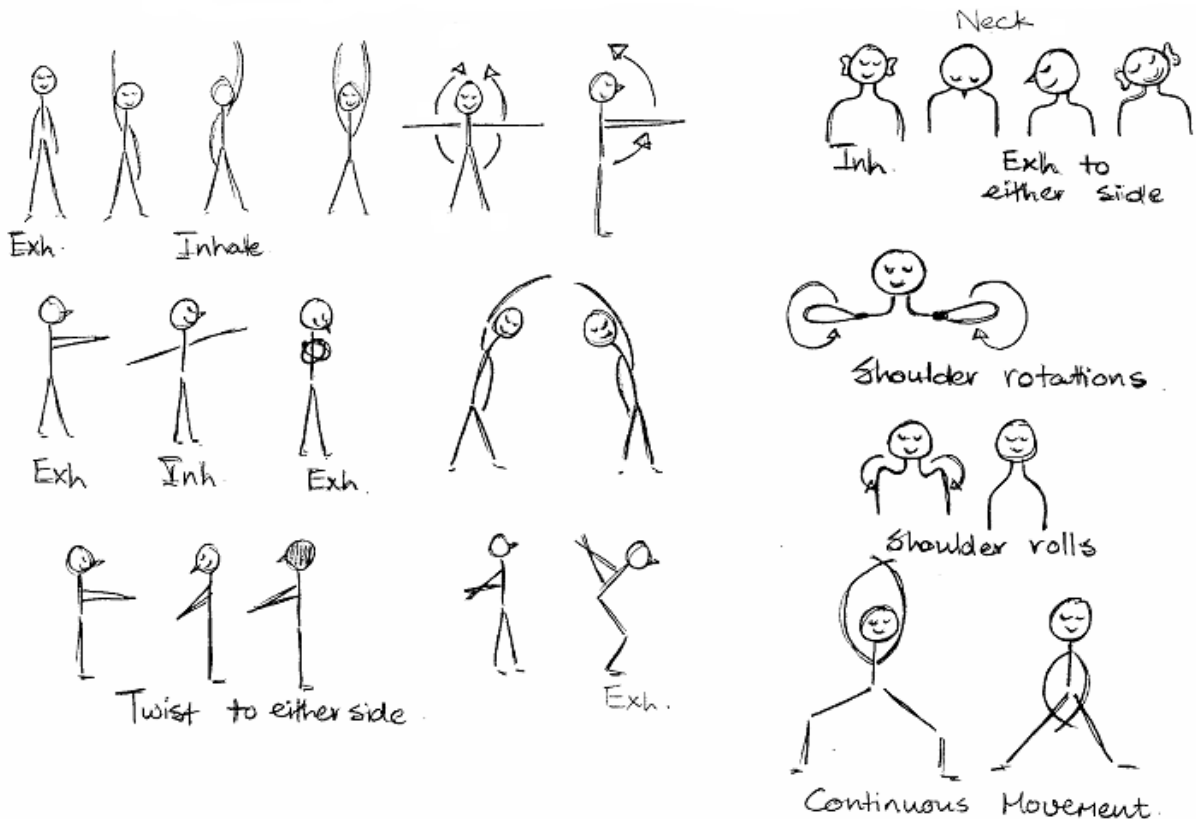
Activity 10: Breathing Exercises

15 minutes

Purpose: To share stretching, breathing and de-stressing exercises.

Method: Plenary

Procedure: Participants form a circle. The facilitator guides the participants through the following exercises.



6. Opportunistic Infections

Some of the more common opportunistic infections amongst people who are HIV positive include;

- TB (symptoms; coughing and night sweats),
- pneumonia (wet cough),
- Kaposi sarcoma (skin cancer),
- dementia (disoriented and delusional),
- thrush (white patches on tongue or private parts).
- Meningitis
- Herpes infections

Opportunistic infections are infections that attack the body when the immune system is weak. They could attack the lungs, private parts, the stomach or even the brain. All opportunistic infections are treatable or curable. The patient has to see a doctor immediately if they suspect the following opportunistic infections;

1. Tuberculosis (TB): Tuberculosis is a common, and in many cases fatal, infectious disease caused by various strains of mycobacteria. Tuberculosis typically attacks the lungs, but can also affect other parts of the body. It is spread through the air when people who have an active TB infection through a cough, sneeze, or otherwise transmit respiratory fluids through the air.

Most infections do not have symptoms, known as latent tuberculosis. About one in ten latent infections eventually progresses to active disease which, if left untreated, kills more than 50% of those so infected. The classic **symptoms** of active TB infection are a **chronic cough** with **blood-tinged sputum, fever, night sweats, and weight loss.**

Infection of other organs causes a wide range of symptoms. Diagnosis of active TB relies on radiology (commonly chest X-rays), as well as microscopic examination of body fluids. Diagnosis of latent TB relies on the tuberculin skin test (TST) and/or blood tests. Treatment is difficult and requires administration of multiple antibiotics over a long period of time. Antibiotic resistance is a growing problem in multiple drug-resistant tuberculosis (MDR-TB) infections.

2. Pneumonia: This is an infection of the lungs and is very common in people with HIV. Pneumonia can occur at any CD4 count but most often occurs with a low CD4 count. Symptoms include a cough, shortness of breath and fever. There are different germs that can cause pneumonia but all can be treated.

3. Meningitis: Is a swelling of the lining or covering of the brain. Someone with meningitis often has a severe headache, fever, nausea and can be dizzy and confused. It is important to get someone displaying these symptoms to the doctor as soon as possible.

4. Thrush: This infection often affects the mouth or throat and in women can affect the private parts. Thrush looks like white patches of milk on the tongue and throat. Someone with thrush can have problems eating and talking because of the pain. It is caused by a fungus called candida that normally grows in the body but is kept under control by the immune system. If it is just in the mouth it can be treated with mouth washes and lozenges. If it spreads deeper into the throat it needs medication which can be obtained at a clinic. Vaginal thrush needs some medical intervention through a visit to your local clinic.

5. Herpes: Herpes is a germ that can attack the private parts or the nerves of the body. It resembles blisters which are often painful either on the penis or the vagina. They often come and go.

When it attacks the nerves it can come out like a rash or blisters on the skin. This usually happens on the chest, back or arms but can occur anywhere. It mostly stays on one side of the body. These are very painful and medical attention should be obtained as soon as possible. There are other opportunistic infections but they all are treatable. See a doctor as soon as possible. Once HIV has reduced the immune system to a CD4 count of 350, the HIV positive patient should receive antiretroviral treatment.

Activity 11: Opportunistic Infections

30 minutes

Purpose: To re-enforce participants knowledge base of opportunistic infections.

Method: Buzz session

Procedure: With a partner, reflect on which opportunistic infections are life-threatening and which ones can be managed by the patient. In a plenary setting, share the findings.

7. Antiretroviral Therapy (ART)

Anti: Against
Retro-virus: Type of virus that HIV belongs to.
Therapy: Treatment

What does ART do?

Antiretroviral therapy is a combination of three drugs that helps AIDS sufferers to maintain a stronger immune system. These are the main benefits of ART;

- a) Stops the virus from multiplying in the body.
- b) Helps the immune system grow and stay strong.
- c) Reduces the number of infections such as pneumonia, oral thrush etc.
- d) Reduces the number of times people get sick and need to be hospitalized.
- e) Help HIV positive people live longer and healthier lives.

How do the Medicines Work?

Three different medicines are used together: The virus has the ability to mutate (Changes within the chemical structure). Most of the mutations either are inferior to the parent virus (often lacking the ability to reproduce at all) or convey no advantage, but some of them have a natural selection superiority to their parent and can enable them to slip past defenses such as the human immune system and antiretroviral drugs.

Combinations of anti-retroviral create multiple obstacles to HIV replication to keep the number of offspring low and reduce the possibility of a superior mutation. If a mutation arises that conveys

resistance to one of the drugs being taken, the other drugs continue to suppress reproduction of that mutation.

With rare exceptions, no individual antiretroviral drug has been demonstrated to suppress an HIV infection for long; these agents must be taken in combinations in order to have a lasting effect. As a result, the standard of care is to use combinations of antiretroviral drugs. Antiretroviral do not cure AIDS but can control it.

Side Effects:

Some people develop side effects which include; tiredness, nausea, vomiting, diarrhea, skin rash, stomach ache, tingling painful feet, problems with sleeping, dizziness, losing fat or gaining weight.

- Most side effects are mild and improve after some time on treatment.
- Seek medical advice.
- Stopping medication should only be done on advice of the medical practitioner.
- They will conduct blood tests to establish the cause of the severe side effects.
- It is advised not to use traditional and alternate medicines once on ART.

Some side effects are severe enough for a doctor to recommend that it not be taken any longer.

Adherence, however, is an important aspect of ART. Good adherence requires that a patient not miss more than 3 doses in a month.

If three or more doses have been missed the virus learns to resist the medication and the virus starts multiplying again. The patient's drugs will then need to be changed if drug resistance develops.

Some methods to maintain adherence:

- a) Fill in a diary card which is kept next to the patient, recording, date and time.
- b) Use alarm clocks as reminders.
- c) Colour code medication if required to ensure that correct medication is taken in the right doses.
- d) Develop a buddy system with someone else in the house or with another care-giver for those occasions when it is not possible to monitor the patient's adherence.
- e) If the patient is relocated for any reason, make sure they have sufficient medication till the next hospital visit.
- f) Do not share medication amongst patients. Each patient must have their own medicines.
- g) If the patient runs out of one medicine, all the others must be stopped. It is vital to ensure that this never happens.
- h) The care-giver must contact the clinic immediately.

Activity 12: Antiretroviral Therapy

15 minutes

Purpose: To recognise the importance of using Antiretroviral therapy to live a long and healthy life.

Method: Group-work

Procedure: without looking at the manual, each group

- Writes up the 5 different ways in which antiretroviral therapy assists Aids patients.
- 3 adherence strategies.
- Each group shares their outcomes in plenary.

8. Myths and Facts

Activity 13: Recognising Myths from Facts

30 minutes

Purpose: Health committee members have a good understanding of the myths surrounding Aids and sufficient information to contradict these.

Method: Plenary

Procedure: Participants take turns reading through the myths and facts in the column below and the facilitator assists with discussion where necessary.

Myth	Fact
Having sex with a virgin can cure AIDS.	There is no cure for AIDS.
Sperm can penetrate a condom.	Sperm can only penetrate a condom if the condom breaks.
You can see when someone is HIV positive.	Many HIV positive people look healthy for many years before they have AIDS symptoms. Only testing can determine an HIV status.
If the man pulls out before ejaculation it will prevent AIDS.	Any exchange of bodily fluids through sex can transmit AIDS.
People in monogamous relationships cannot contract AIDS.	Even if you are in a monogamous relationship, your partner could be unfaithful.
Men can have sex with multiple partners without contracting HIV if they go to a sangoma.	There is no spiritual intervention that can prevent AIDS.
AIDS and HIV is the same thing.	HIV leads to AIDS. HIV is when we have contracted the virus and AIDS is when we are ill.
You can pass on AIDS through kissing.	AIDS cannot be passed through kissing. There is insufficient exchange of fluids for HIV transmission.

An HIV positive mother cannot have a HIV negative child.	Mother to child transmission of HIV can be prevented through use of ART during pregnancy and shortly before birthing.
Some people are immune to HIV.	Nobody is immune to HIV.
If both people are already HIV positive they need not practice safe sex.	Safe sex must be practiced even between HIV positive partners to prevent further infection. (Increased chance of mutations and developing a resistant strain).
All people with TB have HIV.	Many people with TB are not HIV positive.
A negative HIV test is always correct.	An HIV test can show up as negative during the window period which lasts for 3 months. A further test is needed after 6 months.
More women are infected due to poor social habits.	Biological construction means that women are more susceptible to HIV infection than the other way around.
Men do not need to condomise as women are more likely to be infected by men.	Every unprotected sexual encounter with an HIV positive person is like playing Russian roulette.

Add your own myths and facts in the table below.

Myth	Fact

Transmission Myths

Many people believed that HIV and AIDS could be transmitted by a mosquito bite, by sharing a drinking glass with someone with AIDS or by being around someone with AIDS. Some people believe that HIV can be passed on by coughing, hugging or kissing someone with AIDS.

Transmission can only occur if someone is exposed to blood, semen, vaginal fluid or mother's milk from an infected person. There is no

documentation of transmission from the tears or saliva of an infected person.

Myth: A woman with HIV infection can't have children without infecting them.

Reality: Without any treatment, HIV-infected mothers pass HIV to their newborns about 25% of the time. However, with modern treatments, this rate has dropped to only about 2%.

Myth: HIV is being spread by needles left in theater seats or vending machine coin returns.

Reality: There is no documented case of this type of transmission.

Myths about a Cure

It can be very scary to have HIV infection or AIDS. The course of the disease is not very predictable. Some people get very sick in just a few months. Others live healthy lives for 20 years or more. The treatments can be difficult to take, with serious side effects. It's not surprising that scam artists have come up with several "cures" for AIDS that involve a variety of substances. Unfortunately, none of these "cures" work.

A very unfortunate and unbelievable **myth in S.A.** is that having sex with a virgin will cure AIDS. As a result, many young girls have been exposed to HIV and have developed AIDS. There is no evidence to support this belief.

Myth: Current medications can cure AIDS. It's no big deal if you get infected.

Reality: today's medications have cut the death rate from AIDS by about 80%. They are also easier to take than they used to be. However, they still have side effects, are very expensive, and have to be taken every day for the rest of your life. If you miss too many doses, HIV can develop resistance to the drugs you are taking and they'll stop working.

AIDS Is a Death Sentence

In the 1980s, there was a very high death rate from AIDS. However, medications have improved dramatically and so has the life span of people with HIV infection. If you have access to a healthy lifestyle, antiretroviral drugs (ARVs) and to medical monitoring, there's no reason you can't live a long life even with HIV infection or AIDS.

Myths about Medications

It has been very challenging for doctors to choose the best anti-HIV medications (ARVs) for their patients. When the first drugs were developed, they had to be taken as many as three times a day. Some drugs had complicated requirements about storage, or what kind of food they had to be taken with (or how long you had to wait after eating before taking a dose). The reality of ARVs has changed dramatically. However, there are still some myths:

Myth: You have to take your doses *exactly* 12 (or 8, or 24) hours apart.

Reality: Medications today are fairly forgiving. Although you will have the most consistent blood levels of your drugs if they are taken at even intervals through the day, they won't stop working if you're off by an hour or two. However, people taking Crixivan[®] (indinavir) without ritonavir need to be very careful about timing.

Myth: You have to take 100% of your doses on time or else they'll stop working.

Reality: It's very important to take AIDS medications correctly. In fact, if you miss more than about 5% of your doses, HIV has an easier time developing resistance and possibly being able to multiply even when you're taking ARVs. However, 100% adherence is not realistic for just about anyone. Do the absolute best you can and be sure to let your health care provider know what's going on.

Myth: Current drugs are so strong that you can stop taking them (take a drug holiday) with no problem.

Reality: Ever since the first AIDS drugs were developed, patients have wanted to stop taking them due to side effects or just being reminded that they had AIDS. There have been many studies of "treatment interruptions" and all of them have shown that stopping your ARVs is very likely to cause problems. You could give the virus a chance to multiply or your count of CD4 cells could drop; a sign of immune damage.

Myth: AIDS drugs are poison and are more dangerous than the HIV virus.

Reality: When the first AIDS drugs became available, they weren't as good as current medications. People still died of AIDS-related conditions. It's true that some people get serious side effects from AIDS medications, but the death rate in the US has dropped by about 80%. Researchers are working hard to make HIV treatments easier and safer to use.

9. HIV Symptoms & STI's

Firstly: **Do not to rely on any HIV symptoms** to establish whether or not you are infected with the HIV virus as these symptoms are similar to many other diseases symptoms. Especially don't rely on the early symptoms since they are flu-like symptoms. The only way to ensure whether you are infected is to have a HIV test.

The symptoms of HIV vary from patient to patient and depend on the stage of the illness. In general there are 3 major stages of infection. These phases and the related symptoms are listed below in chronological order.

1.) Primary HIV Infection

- fever
- headache
- pain in the limbs
- sore throat
- swollen lymph nodes
- fatigue
- loss of appetite
- diarrhea
- skin rash

Those early symptoms occur within the first weeks after the infection with the virus took place. At this stage though, the HIV antibody test is ineffective because the infected person's immune system hasn't developed any antibodies to the virus yet. It usually takes about 3 months until antibodies are detectable.

2.) Asymptomatic HIV Infection

In this phase, which can last 5 to 9 years, there are no symptoms at all. Nevertheless, in this period of time the HIV virus is reproducing itself and keeps destroying the immune cells.

3.) Symptomatic HIV Infection

- long-lasting swollen lymph nodes
- permanent night sweat
- long-lasting diarrhea
- persistent fever
- severe weight loss
- fungal diseases
- dermatitis (skin disease)
- dry cough and breathlessness
- chronic fatigue (constant tiredness)

This stage lasts about 1 to 3 years. If other severe infections like pneumonia, neurological diseases or Kaposi sarcoma (skin cancer) occur, then we are talking about full blown AIDS.

Sexually Transmitted Infections.

Sexually transmitted infections (STI's) are infections of the reproductive system and sex organs. There are many types of STIs, but the most common ones are: Chlamydia, Gonorrhoea, Genital Herpes, Genital Warts, Syphilis, Hepatitis B and HIV.

Signs and Symptoms:

Many STI's do not have signs. This is why it is transmitted so rapidly. Some signs include;

- Itching and/or burning in the genital area when you urinate.
- Sores or blisters that appear on the genital area.
- A bad smell.
- A discharge or drip from the genitals that may have an odour.

- Discoloured discharge.

We will cover the symptoms individually as we talk of each STI.

A. Genital Warts: Although safe sex does not completely prevent transmission of the **Human PapillomaVirus (HPV)** or genital warts, it reduces the risk. HPV can be transmitted through skin to skin contact.

Condoms will not completely protect you from genital warts if they appear in the area not covered by the condom. A condom should be used on the penis during sex.

HPV/Genital Warts

- At least 50 percent of sexually active men and women acquire genital HPV at some point in their lives. It is more common in women than in men, with 80 percent of all women developing genital HPV by the age of 50. Most HPV infections have no symptoms and therefore, most people do not know they are infected. The virus can be transmitted to another person even if there are no symptoms.
- There is no cure for HPV and it remains in your system for life. However, most people do not require treatment, because the body's immune system controls the virus. Less than one percent of patients with HPV infection develop problems, according to the National Women's Health Resource Center.
- Most cases of HPV are harmless, but some types can lead to cervical cancer. The American Cancer Society (ACS) estimates that more than 11,000 cases of cervical cancer are diagnosed in the United States every year. A Pap smear is the best way to be screened for cervical cancer.

- Genital HPV cannot be entirely prevented by condom use. However, condoms do reduce risk. Spermicidal creams and jellies are not effective in preventing the spreading of genital HPV.

2. Chlamydia

Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium called *Chlamydia trachomatis*. If left untreated, it can cause numerous medical problems, including serious damage to the reproductive organs.

Both women and men are affected, although there are far more reported cases of chlamydia in women than in men. It is transmitted through vaginal, anal and oral sex, but can also be passed from an infected mother to a newborn during vaginal childbirth. Younger men and women and those with multiple sexual partners are among those at a higher risk for chlamydia infection.

Most people with chlamydia do not usually have any symptoms. When they are present, signs and symptoms may include discharge from the vagina or penis, genital itching and lower abdominal pain. Because of the similarity in their symptoms, chlamydia is often mistaken for gonorrhea.

Chlamydia can be diagnosed through a urine test and by analyzing a fluid sample collected from the cervix or penis. The condition is easily treated with antibiotics. If left untreated, women with chlamydia may develop a serious infection of the uterus, fallopian tubes and other reproductive organs known as pelvic inflammatory disease (PID). In men, chlamydia can lead to a painful disease called *epididymitis*, which causes the testicles to swell. Both of these complications can lead to infertility.

3. Genital Herpes

Genital herpes is mostly caused by a virus called herpes simplex 2 (HSV-2). In rare cases, it can also be caused by herpes simplex 1 (HSV-1), which is the same virus that causes cold sores and fever blisters.

Genital herpes is spread through sexual contact (vaginal, oral or anal) with an infected partner. It can be spread even if the infected person is not experiencing symptoms. Many people with genital herpes experience no symptoms. When present, early symptoms include itching or burning in the genital or anal area and flu-like symptoms. Later symptoms include blisters or sores and in women, vaginal discharge.

Genital herpes may be diagnosed during a physical examination or a routine gynecological examination. Laboratory tests may be performed to confirm the diagnosis.

There is no cure for herpes because the herpes simplex virus remains in an individual's body for life. However, antiviral medications can ease symptoms, reduce the number of outbreaks and help prevent transmission of the virus.

Using a latex condom during sex can help reduce the risk of spreading the virus. However, herpes sores can occur in areas not protected by condoms. People with herpes should refrain from sexual activity during an outbreak.

4. Bacterial Vaginosis

Bacterial vaginosis (BV) is a very common bacterial infection of the vagina.

How do you get bacterial vaginosis? Bacterial vaginosis is caused by increased production of bacteria in the vagina and is spread through vaginal sex.

Can you protect yourself from bacterial vaginosis? Yes. The best ways to avoid bacterial vaginosis are: No sex (abstinence), No drugs, condoms or alcohol which can impair your judgment.

What are the symptoms of bacterial vaginosis? Fifty percent of women have no symptoms. When symptoms are present, they may include: Discharge from the vagina, odor from the vagina, burning or itching in or around the vagina.

How do you treat bacterial vaginosis? Antibiotics are used to treat and cure bacterial vaginosis.

5. Gonorrhea

Gonorrhea is a sexually transmitted infection (STI) that infects both males and females.

How do you get gonorrhea? Gonorrhea is spread: through sex, from mother to baby (during birth).

Can you protect yourself from gonorrhea? Yes. The best ways to avoid gonorrhea are: No sex (abstinence), no drugs, condoms, or alcohol which can impair your judgment.

If you are having sex: Limit your number of sex partners. One lifetime partner is best. Be sure that your partner is a) faithful and b) has no infection. C) Use a condom correctly each time you have sex. Remember, condoms are not 100% effective to prevent gonorrhea. Therefore always ensure that you know your partner's sexual history.

What are the symptoms of gonorrhea? Most people have no symptoms. When symptoms are present, they will usually appear two to eight days after sex.

In both males and females symptoms may include:

- Painful pee-ing or bowel movements.
- Yellow or clear discharge from penis, vagina or anus.
- Sore throat (from oral sex).
- Itching in the genitals or anus.

Females may also have:

- Fever.
- Abnormal bleeding from the vagina.
- Stomach pain.

Is gonorrhea dangerous? Yes. For newborns gonorrhea may cause eye infections, which can lead to blindness. For teens and adults gonorrhea can cause serious damage to the sex organs and may make them unable to have children.

How do you treat gonorrhea? Antibiotics are used to treat and cure gonorrhea.

How do you know you have gonorrhea? All you need is a simple exam and lab test. Go to a clinic or see your doctor.

Can you still have sex? You should not have sex until:

- You have finished the medicine.
- The person/s you're having sex with has finished the medicine.

6. Hepatitis B

Hepatitis B is a common, serious liver disease that is usually caused by a virus (HBV).

How do you get HBV? HBV is spread by contact with infected body fluids (blood, semen and vaginal fluids). HBV is usually spread through: sex, sharing needles to inject any kind of drug, sharing needles for

tattooing and/or piercing, sharing personal care items (razors, toothbrushes), mother to baby during birth, infected blood or blood products.

How can you tell if you have HBV? It may take six weeks to six months for symptoms to appear. Symptoms of HBV can vary from one person to another and include:

- Tiredness.
- Fever.
- Loss of appetite.
- Yellow eyes and skin (jaundice).
- Flu-like aches and chills.
- Dark urine.
- Nausea and stomach aches.
- Light-colored bowel movements.

Many people who are infected never have symptoms. You can't tell for sure if a person is infected by their appearance.

How long can an infected person spread the virus? Anyone with HBV can spread it to others:

- Before symptoms appear.
- For an unknown time after symptoms go away.
- Even if symptoms are not present. Some infected people suffer from a chronic infection (infected for a lifetime) and they:
 - Can infect others.
 - May have no symptoms, or just feel tired and weak.
 - May have severe liver problems, especially liver cancer.

How is HBV treated? Most people recover completely from HBV with proper care, rest and diet. However, there is no cure for HBV.

Can you protect yourself from HBV? Yes. The best ways to avoid HBV are:

- Never share needles to inject illegal drugs, inject medications (such as insulin), have a tattoo made or pierce a body part.
- Never share personal care items such as toothbrushes, razors, manicure items.
- No sex (abstinence), condoms, one (faithful) partner.
- No drugs (including alcohol), which can impair your judgment.
- Get the HBV vaccine.

If you are having sex: Use a latex condom every time you have vaginal, anal or oral sex. Remember, condoms are not 100% effective in preventing the transmission of HBV.

- Limit your number of sex partners. One lifetime partner is best.
- Take extra steps if you have HBV:
- Do not donate blood, plasma, sperm (semen), organs or other body tissue.
- Cover cuts, sores and any other breaks in your skin. An HBV vaccine is available that is safe and effective for everyone, including pregnant women and children. The vaccine is given in three doses (a series of three shots).
- You need to get all the shots to be fully protected.

10. Talking With Children about HIV and AIDS

As upsetting and confusing as it can be to bring up the subject of AIDS with young children, it's essential to do so, if children are living with HIV positive parents or family members.

By the time they reach third grade most children have already heard about the illness. Yet, while children are hearing about HIV/AIDS early on, what they are learning is often inaccurate and frightening. You can set the record straight -- if you know the facts yourself.

HIV is transmitted from person to person through contact with blood, semen, vaginal fluid or breast milk.

HIV can be prevented by using;

- Abstinence, Be faithful, Condoms during sex,
- Not sharing "drug needles," and
- Avoiding direct contact with another person's bodily fluids.

It is therefore essential to stay informed. Sharing this information with your children can keep them safe and calm their fears. Finally, talking with children about AIDS lays the groundwork for any future conversations about AIDS-preventative behavior. Here are some tips on how to get started:

1. Initiate discussion

Use a "talk opportunity" to introduce the subject of AIDS to the child. For example, try tying a discussion into something the child sees or hears, such as a television advertisement about AIDS. After reviewing the advertisement ask the child if she or he has heard about AIDS before: "*Have you heard about AIDS before? Well, what do you think AIDS is?*" This way, you can figure out what he or she (they) already understand and work from there.

2. Present the facts: Offer honest, accurate information that is appropriate to a child's age and development. To an 8-year-old you might say: *"AIDS is a disease that makes people very sick. It's caused by a virus, called HIV, which is a tiny germ."*

An older child can absorb more detailed information: *"Your body is made up of billions of cells. Some of these cells, called T-cells, help your body stay healthy by fighting off disease. But if you get a virus called HIV, that virus kills the T- cells. Over time, the body can't fight disease anymore and that person has AIDS."*

Pre-teens should also understand how condoms could help protect people from getting AIDS and that the disease can be transmitted between persons who share drug needles. If you have already explained sexual intercourse to your children, you might add; *"During sexual intercourse, the semen from the man's body goes into the woman's body. That semen can carry HIV."* With teenagers, you may want to add; *"HIV is also transferred through sharing needles amongst drug users."*

If you have not yet talked about sex, don't bring it up during initial discussions about AIDS. It's not a good idea for your child's first information about sex to be associated with such a serious disease.

3. Set them straight

Children's misconceptions about AIDS can be pretty scary, so it's important to correct them as soon as possible.

Suppose your 8-year-old comes home from school one day, tearful because she fell down on the playground, scraped her knee and started bleeding -- and the other kids told her she would get AIDS.

As a parent, you might explain: *"No, you don't have AIDS. You're fine. You can't get AIDS from scraping your knee. The way you can get AIDS is*

when the fluids from your body mix with those of someone who has AIDS.

If someone has a bleeding wound, it is important to protect yourself by using gloves if you have to assist them? If no gloves are available, cling wrap or plastic bags could serve the same purpose. This is important especially when the person is a stranger and you do not know their HIV status."

After such a discussion it is also wise to check back with your child and see what he or she remembers. Remember, understanding AIDS, particularly for young children, takes more than a single conversation.

4. Early Prevention. Build self-esteem

Praising our children frequently, setting realistic goals and keeping up with their interests are an effective way to build self-esteem. Show them what real love looks like and feels like. Talk with respect, don't shout. Listen and acknowledge their thoughts and ideas. Provide guidance through your own lifestyle. Choose friends and partners that treat you with respect so that your children know what it looks like.

And that is very important, because when children feel good about themselves, they are much more likely to withstand peer pressure to have sex before they are ready, or to not do drugs. In short, they are less likely to engage in behavior that could put them at risk for AIDS.

Early Prevention: Positive Parenting

Shared Identity, Love & Belonging: How do you hold a family together? How do you make children WANT to spend time with the family? How do you give your children the motivation to work things through with their siblings and with you? Much of the answer has to do with the family culture you create.

Some ideas:

1. **Consciously create a family identity.** Obviously, you want this identity to be positive and expansive, not limiting. Is yours an athletic family? Do you all follow current events? Talk about who's reading what? Most families have several identities:

2. **Eat dinner together whenever possible.**

3. **Seize any excuse to celebrate and have fun together,** whenever possible.

4. **Find ways to enjoy each other.** Your children's music choices may sound like noise to you, and they may have no interest in that stroll on the beach that makes you happy just to be alive. But if you put a little energy into it, you will find ways to enjoy each other, whether it's making pap and steak together on Sunday morning or a shopping trip together.

5. **Honor each other's passions.** Take an interest in each other's fascinations. Do you know what your children's interests are?

Activity 15: Know Your Child

15 minutes

Purpose: To recognise the importance of healthy relationships with children in HIV/Aids prevention.

Method: Buzz session

Procedure: With a partner, taking turns, tell them about your child's interest/passion and what you (or anyone else in your family) do to support this interest.

6. **Keep the tone loving.** Every household has an emotional tone, which changes but tends toward a particular range of notes. Notice what creates discord and avoid that. If drinking leads to fights and shouting, don't buy alcohol on a Friday. Create sufficient space for the children to do what they love. Many homes focus only on the needs of the adults.

7. **Develop family rituals.** Rituals, through their repetition, reinforce particular feelings and values. They may be the single most effective tool in creating family culture.

Activity 16: Develop a Family Mission Statement

15 minutes

Purpose: To include children in planning the family strategy for fun and progress.

Method: Individual

Procedure: Each person draws a vision for their family and writes up a mission statement (steps to get there). In plenary, discuss how you will put this in practice with your family.

If a family has worked together on a Mission Statement, keep it in a visible place where the family can evaluate (annually?) how far they have progressed.

Example: Sylvester Family

Our family vision is...

Our mission statement includes...

Roles and responsibilities of different family members by name and age...

Some ideas;

"Each member of our family is valued and supported in their endeavours." or

"Our family strives to live with love and goodwill to each other."

"Our family strives to solve problems by using innovation."

"Our family strives to give unlimited opportunity to the women in our family, as we do for the men in our family."

"Our family intention is to improve our educational status, by supporting Crystabel to become a nurse and Trevor will get support with his ambition to play the guitar."

"Our family will at all times live with honesty and integrity."

"Our family mission is to live peacefully and not allow or support violent words or behaviour."

5. Put Your Child's Safety First

Some adults mistakenly believe that AIDS is only a disease of single people, young people or men who have sex with men or sex workers. Whatever your beliefs, try not to let your opinions or feelings prevent you from giving your child the facts about AIDS and its transmission -- it is information that is essential to their health and safety.

In addition, if someone in your environment, even a partner or family member, could harm your child, put your child's needs first. This way children recognise that they are valued.

Be prepared to discuss death: When talking with children about AIDS, questions about death may come up. So get ready to answer them by reading books available at libraries or bookstores. In the meantime, here are three helpful tips:

- **Explain death in simple terms.** Children have to understand that when someone dies, they are gone forever. Explain that when someone dies, they don't breathe, or eat, or feel hungry or cold, and you won't see them again. Although very young children won't be able to understand such finality, that's okay. Just be patient and repeat the message whenever appropriate.
- **Never explain death in terms of sleep.** It may make your child worry that if he falls asleep, he'll never wake up.
- **Offer reassurance.** If appropriate, tell your child that you are not going to die from AIDS and that he won't either. Stress that while AIDS is serious, it is preventable.

Questions & Answers

Providing children with age-appropriate information is not always easy. Here are some tips for talking to young children;

<p>1. What is AIDS?</p>	<p>AIDS is a very serious disease that is caused by a tiny germ called a virus. When you are healthy, your body can fight off diseases, like Superman fighting the bad guys. Even if you do get sick, your body can fight the germs and make you well again. But when you have AIDS, your body cannot protect you. That's why people with AIDS get very sick.</p>
<p>2. How do you get AIDS?</p>	<p>You can get AIDS when the fluids from your body mix with those of someone who has AIDS. You can't catch it like the flu and you can't get it just by touching or being near someone with AIDS, so you and I don't have to worry about getting it.</p> <p>NOTE: If you have already talked with your child about sex, you should also add, "<i>You can also get AIDS by having unprotected sexual intercourse with someone who has the HIV virus. This could happen when teenagers experiment with sex or through early sexual interaction which is forced, coerced or through mutual consent.</i>"</p>
<p>3. Can Children get AIDS?</p>	<p>Very few children get AIDS. But if they were born to a mommy who had AIDS, they could get AIDS when they were born. AIDS is mostly a disease of grown-ups, as long as you are careful not to touch someone else's blood. If you have to help someone, use gloves, like nurses do in hospitals or grab a plastic bag if there are no gloves around.</p>
<p>4. How can you tell from looking at someone if they have AIDS?</p>	<p>You can't. Anyone, regardless of what they look like, can have AIDS. People find out if they have AIDS after being tested by a doctor. Therefore, the only way to know if someone has AIDS is to ask whether they have been tested and to share the test results.</p>

11. The Role of the Health Committee

Activity 16: The Role of the Health Committee

30 minutes

Purpose: To understand the role of the health committee in relation to HIV positive patients.

Method: Group work

Procedure: In health committee groups discuss the following;

1. What is the role of the health committee members in supporting HIV positive patients at the health facility?
2. What is the role of the health committee members in supporting HIV positive patients in the community?
3. In which way can health committee members assist rape victims at facility or community level, to prevent HIV/Aids?

Health Committee members, who should have a general knowledge base, although they are not expected to be experts, have a very important role in supporting community awareness to undo myths and create awareness of healthy lifestyles and HIV prevention.

Health Facility: At a facility level the health committee members, who are trained to recognise discrimination and are aware of human rights, could act as the community voice and work towards the establishment of user-friendly health facilities. Different types of discrimination observed can be raised at health facility meetings and when an incident occurs. This will contribute toward developing an establishment that treats all patients with dignity and care. Condoms should be easily available at all health facilities. Health committee members can ensure that the distribution points are always kept filled.

Community: A lot of myths regarding HIV/Aids exist and community members need ongoing educational events in order to have an accurate understanding of HIV/Aids and the associated risks. Schools should have regular and ongoing updates for young people who are sexually

active or just about to be, so that prevention information is commonplace.

Referral: Health Committee members can assist patients who are victims of sexual assault or rape, through the referral system to ensure that, where required, they receive PEP within 72 hours and have access to counselling.

Emergency Contact Details

Phone the AIDS Helpline on 0800 012 322 to find out the nearest government HIV Service Point. If the rape involves a child remember to check that the facility offers PEP for children.

Rape survivors can get help from a number of organizations. Here are some numbers.

- Powa: 011 642 4345
- Rape Crisis: (021) 447-1467

The website www.speakout.org.za offers extensive advice for rape survivors, as well as a list of all PEP sites throughout the different provinces.

List of Thuthuzela Care Centres (Violence and Rape)

1. Eastern Cape Province

Libode TCC Ms Nomonde at St Barnabas Hospital, Umtata Tel: 047-568 6274

Mdantsane TCC at Cecilia Makiwane Hospital, East London Tel: 043-761 2023

Bizana TCC at St Patricks Hospital (*not fully operational*)

Port Elizabeth TCC at Dora Nginza Hospital

2. Free State Province

Tshepong TCC at National District Hospital, Bloemfontein Tel: 051-448 5028

Welkom TCC at Bongani Hospital

3. Gauteng Province

Mamelodi TCC at Mamelodi Hospital Tel: 012-801 2717

Sinakekelwe TCC at Natalspruit Hospital Tel: 011-909 1002/3/6/9

Nthabiseng TCC at Chris Hani Baragwanath Hospital, Diepkloof,
Soweto Tel: 011-933 1229 / 3346

Kopanong TCC at Kopanong Hospital, Duncanville Vereeniging Tel: 016-
428 5959

Masakhane TCC at Tembisa Hospital Corner, Olifantsfontein Tel: 011-
923 2106

Laudium TCC at Laudium Community Health Centre

4. Kwazulu Natal Province

Umlazi TCC at Prince Mshiyeni Hospital Tel: 031-907 8496

Phoenix TCC at Mahatma Gandhi Hospital Tel: 031-502 2338

5. Limpopo Province

Mangkweng TCC at Mangkweng Hospital, Polokwane Tel: 015-286 1261

Tshilidzini TCC at Tshilidzini Hospital, Thohoyandou Tel: 015-964 3257

6. Mpumalanga Province

KaNyemazane TCC at Themba Hospital, KaNyemazane Tel: 013-796
9412

7. Northern Cape Province

Galeshewe TCC at Kimberly Hospital Tel: 053-830 8900

Kakamas TCC at Kakmas Hospital Tel: 054-431 0057

De Aar TCC

Springbok TCC

Kuruman TCC

8. North West Province

Mafikeng TCC at Mafikeng Provincial Hospital Tel: 018-383 7000

Rustenburg TCC at Job Shimankane Hospital

Taung TCC

9. Western Cape Province

Mannenberg TCC at GF Jooste Hospital Tel: 021-691 6194

Belville TCC at Karl Bremmer Hospital

George TCC at George Hospital

Sources of Information and Bibliography

- HPV/Genital Warts: Fast Facts. Reviewed By: Timothy Yarboro. M.D.
- Post-Exposure Prophylaxis (PEP) taken from AIDSbuzz.
- Poverty, Risk and sexual Health. Hilda Adams and Anita Marshall. 1998.
- UNAIDS Report on the Global HIV-AIDS epidemic, June 2000
- Joint Monitoring Committee on the Improvement of the Quality of Life & Status of Women (JMCIQLSW). S.A. Government, Inter-departmental initiative.
- HIV/Aids and Life Skills Manual. Anita Marshall. 2008.
- SA Medical Journal. December 2002.