

Section Six:

Fact Sheets about HIV/AIDS

- **What you need to know about HIV and AIDS**
- **How is HIV passed from one person to another?**
- **How HIV *is not* spread?**
- **Common Behaviours Related to HIV Infection**
- **How to use a male condom to prevent HIV/AIDS and other STIs**
- **The female condom: presentation**
- **How to use a female condom to prevent HIV/AIDS and other STIs**
- **Women, girls and HIV/AIDS**
- **Making a difference for women and girls**
- **The African Potato**
- **Circumcision and HIV Infection**

FACT SHEET

WHAT YOU NEED TO KNOW ABOUT HIV AND AIDS

- **AIDS** (acquired immunodeficiency syndrome) **is caused by HIV** (human immunodeficiency virus). People who are infected with HIV can look and feel healthy and may not know for years that they are infected. However, they can infect other people no matter how healthy they seem. HIV slowly wipes out parts of the body's immune system; then the HIV-infected person gets sick because the body can't fight off diseases. Some of these diseases can kill them.
- **Signs of HIV** infection are like those of many other common illnesses, such as swollen glands, tiring easily, losing weight, fever, or diarrhoea. Different people have different symptoms.
- Because HIV is contained in people's blood, semen, vaginal fluid, and breast milk, **the only way to tell if someone is infected with HIV is with a blood test.**
- **There is no vaccine** to prevent HIV infection and no cure for AIDS.
- **There are treatments** that can keep infected people healthy longer and prevent diseases that people with AIDS often get. Research is ongoing.
- **HIV slowly makes an infected person sicker and sicker.** Diseases and infections will cause serious illness, but people often get better in between serious illness.
- **Sometimes, HIV can damage the brain** and cause changes in feelings and moods, even make it hard to think clearly.
- **Someone with AIDS can feel fine** in the morning and be very sick in the afternoon.

Adapted from: *Caring for Someone with AIDS at Home: A Guide*. U.S. Department of Health and Human Services Public Health Service. Centers for Disease Control and Prevention (CDC). <http://www.hivatis.org/caring/care3.html>

FACT SHEET

HOW IS HIV PASSED FROM ONE PERSON TO ANOTHER?

- ◆ HIV transmission can occur when **blood**, **semen** (including pre-seminal fluid, or "pre-cum"), **vaginal fluid**, or **breast milk** from an infected person enters the body of an uninfected person.
- ◆ HIV can enter the body through a vein (e.g., injection drug use), the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.
- ◆ HIV infection is spread through shared use of unsterilised skin or ear piercing equipment, tattooing, sexual mutilations, shaving or cutting equipment in countries where blood screening is not routine.

These are the most common ways that HIV is transmitted from one person to another:

- by having unprotected sexual intercourse (anal, vaginal, or oral sex without a condom) with an HIV-infected person
- by sharing needles or injection equipment with an injection drug user who is infected with HIV
- from HIV-infected women to babies before or during birth, or through breast-feeding after birth
- Some health-care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood contact with the worker's open cut or through splashes into the worker's eyes or inside their nose.

Adapted from: <http://www.cdc.gov/hiv/pubs/faq/faq16.htm> Last Updated: November 30, 1998. Centers for Disease Control & Prevention; National Center for HIV, STD, and TB Prevention; Divisions of HIV/AIDS Prevention

FACT SHEET

HOW HIV IS *NOT* SPREAD

HIV is spread through blood, semen, vaginal fluids, and breast milk.

HIV is **NOT** spread by:

- Breathing air
- Drinking water
- Getting bitten by an insect
- Touching or playing with animals
- Participating in or being a victim of witchcraft
- Sharing food with someone who is HIV+
- Sharing cooking pots or pans with someone who is HIV+
- Washing or eating off of the same dishes as an HIV+ person
- Eating with knives, forks or spoons
- Sitting on or touching toilet seats
- Working with someone who is HIV+
- Sharing clothing with someone who is HIV+
- Shaking hands with someone who is HIV+
- Touching or caring for someone who is HIV+
- Kissing or hugging someone who is HIV+
- Being near an HIV+ person who is coughing or sneezing
- Participating in any other activities that do not involve coming in direct contact with blood, semen, vaginal fluids, or breast milk

Unless blood is present or mixed in it:

You **CANNOT** get HIV from touching, tasting or coming in contact in any way with the following body fluids of products:

- Faeces
- Nasal fluid
- Saliva
- Sweat
- Tears
- Urine
- Vomit

Adapted from: *Caring for Someone with AIDS at Home: A Guide*. U.S. Department of Health and Human Services Public Health Service. Centers for Disease Control and Prevention (CDC). <http://www.hivatis.org/caring/care3.html>

FACT SHEET

COMMON BEHAVIOURS RELATED TO HIV INFECTION

SEXUAL BEHAVIOURS THAT INCREASE RISK FOR CONTRACTING HIV INFECTION:

- Vaginal intercourse without a condom with an infected person
- Anal intercourse without a condom with an infected person
- Semen or vaginal fluid taken into the mouth during oral-genital sex
- Any sexual act that involves the contact of blood, semen and/or vaginal fluid between two or more persons

SUBSTANCE USE BEHAVIOURS THAT INCREASE RISK OF HIV INFECTION:

- Sharing needles with HIV-infected persons or persons who do not know their health status
- Using alcohol and other substances that lower inhibitions and increase the chances of engaging in unsafe sexual practices or substance use
- Failure to boil equipment if clean needles are not available
- Failure to clean shared needles (by rinsing them twice with water, twice with bleach, twice with water)

PERINATAL BEHAVIOURS THAT INCREASE RISK OF INFECTING THE UNBORN CHILD:

- Failure to obtain prenatal testing and treatment, when available, to reduce risk of infecting the unborn child
- Failure to assess risk of infection to child via breast-feeding

TRANSFUSION OR USE OF BLOOD PRODUCTS/EQUIPMENT THAT PRESENT RISK OF INFECTION:

- Failure to consider the degree of risk before accepting blood in countries that do not conduct routine testing of blood donations
- Receiving donated blood of unknown origin in countries that have not achieved a safe blood supply
- Using needles, syringes or other drug injecting equipment that are not sterilised

BEHAVIOUR INVOLVING INSTRUMENTS THAT PRESENT RISK OF INFECTION:

- Failure to clean instruments that may involve blood, such as tattoo, skin piercing and shaving instruments, dental equipment and medicinal drugs administered through injectors

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FACT SHEET

HOW TO USE A MALE CONDOM TO PREVENT HIV/AIDS AND OTHER STIs

- **Use a new latex condom for each act of vaginal, anal, or oral intercourse.**

Latex (rubber) serves as a barrier to HIV. “Lambskin” or “natural membrane” condoms may not be as good because of the pores in the material. Look for the word “latex” on the package.
- **Use the condom throughout sex – from start to finish.**
- **Check the expiration or the manufacturing date.**

If stored properly, condoms are good for 5 years after the manufacturing date. Condoms lubricated with spermicide may remain good for only 2 years.

Do not use a condom that is brittle or that has been stored near heat or in your wallet for a long time.
- **Put on the condom as soon the penis becomes erect, and before it comes in contact with your partner’s mouth, genitals, or anus.**

Leave a small space in the top of the condom to catch the semen, so it doesn’t spill out, or use a condom with a reservoir tip.

Pinch the tip of the condom and unroll it onto the erect penis, all the way down to the base. Make sure that no air is trapped in the condom’s tip.
- **Do NOT use oil-based lubricants**

Adequate lubrication is important to prevent condom breakage, but use **only** water-based lubricants, such as glycerin or lubricating jellies (ex: KY Jelly).

Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion or baby oil **will weaken the latex** condom and can cause it to break.
- **If you feel the condom break while you are having sex, stop immediately and pull out.**

Do not continue until after you have put on a new condom.
- **Withdraw from the partner immediately after ejaculation, while the penis is still hard, holding the rim of the condom firmly to the base of the penis to keep it from slipping off.**

Adapted from: *AIDS Prevention Guide*, Centers for Disease Control and Prevention, <http://cdc.gov/hiv/pubs/brochure/book3.pdf>, and *Condoms and Their Use in Preventing HIV Infection and Other STDs*, Centers for Disease Control and Prevention, <http://cdc.gov/hiv/pubs/facts/condoms.pdf>, September, 1999.

FACT SHEET

THE FEMALE CONDOM : PRESENTATION

The female condom is a safe and effective means – suitable for women of all ages – to prevent HIV infection and other STD.

What is a female condom?

Female condoms are made of a polyurethane plastic that is sturdier than male latex condoms, thus offering less frequent breakage, improved comfort, and longer shelf life. This device consists of a soft, loose-fitting sheath – about the same length as a male condom – with two flexible polyurethane rings at each end.

One ring is at the closed end of the sheath and serves as an insertion mechanism and anchor inside the vagina. The outer ring is slightly wider and forms the external edge of the device, remaining outside the vagina after insertion.

The female condom is prelubricated, which makes insertion easier and improves comfort during sexual intercourse. Unlike latex male condoms, which are weakened by using oil-based lubricants, the female condom may be used with any type of lubricant without compromising its strength.

Unlike male condoms made from latex, female condoms are not generally affected by atmospheric conditions, including altitude and humidity. However, this device should not be exposed to extreme temperatures, whether hot or cold.

The female condom is currently approved for a single use only.

Advantages

- The female condom does not constrict the penis, as do latex male condoms.
- Unlike latex, the polyurethane material in the female condom allows the transfer of body heat. This may improve sensation and obviate the feelings of discomfort some male partners associate with conventional condoms, which they are therefore reluctant to use.
- For a woman at risk of HIV infection or STD, the female condom, if used correctly and consistently, provides a prophylactic option should her partner refuse to use a male condom.
- The female condom can be inserted well before intercourse.
- Being sturdier than male condoms, the female condom is less subject to tearing.
- No special storage arrangements are needed because polyurethane is not affected by changes in temperature and humidity. The expiry date is 60 months (5 years) from the date of manufacture.

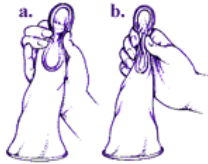
Disadvantages

- The female condom is relatively expensive (since polyurethane is more expensive than latex, and a larger amount of material is required to manufacture the device).
- During vigorous use, it may be pushed into the vagina.
- Younger girls may find it difficult to use during their first experiences of sexual intercourse.

Adapted from the following sources: Family Health International (FHI) : <http://www.fhi.org/fr/network/fv10-4/nf10410.html>, Centre Régional d'Information et de Prévention du SIDA (CRIPS) : <http://www.crips.asso.fr/webpaca/jdpaca/presof/presof.htm#fiabilité> et Doctissimo : http://www.doctissimo.fr/html/sante/femmes/sa_269_preserv_femi.htm

FACT SHEET

HOW TO USE A FEMALE CONDOM TO PREVENT HIV/AIDS AND OTHER STIs



1. How to hold the condom

- a. Hold the inner ring by squeezing it between your thumb and middle finger. Place your index finger on the condom between these two fingers, or
- b. Simply squeeze it.



2. How to insert the condom

When opening the package, avoid damaging the condom with your fingernails or, for example, with a ring. To insert the female condom, choose a position that is comfortable – squat, raise one leg on a chair, sit or lie down. Squeezing the inner ring, gently insert it into the vagina. Feel the inner ring go up and move into place. Place the index finger on the inside of the condom, and push the inner ring up as far as it will go. You have no reason to worry: the sheath cannot go too far or cause you any injury.



3. Ensure the sheath is properly placed

Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina. During intercourse, be sure that the penis is properly placed inside the sheath.



4. How to withdraw the female condom

Remove the condom before standing up. Hold the outer ring and twist it in order to seal the opening (to prevent the semen spilling out). Gently remove the condom and throw it in the garbage.

Adapted from: «Insertion diagrams» © Copyright The Female Health Company, 2001 : <http://www.femalehealth.com/>

FACT SHEET

WOMEN, GIRLS AND HIV/AIDS

FACTS AND FIGURES

- 33.6 million people living with HIV/AIDS, 14.8 million of whom are women
- 5 million adults newly infected in 1999, 2.3 million are women
- 2.1 million died of AIDS in 1999, 1.1 million of whom were women
- 12-13 African women currently infected for every 10 African men
- Half a million infections in children (under 15), most of which have been transmitted from mother to child
- 55% of adult infections in sub-Saharan Africa are in women, 30% in SE Asia, 20% in Europe and USA.

WHY ARE WOMEN MORE VULNERABLE TO HIV INFECTION?

Biologically,

- Larger mucosal surface; microlesions which can occur during intercourse may be entry points for the virus; very young women even more vulnerable in this respect.
- More virus in sperm than in vaginal secretions
- As with STIs, women are at least four times more vulnerable to infection; the presence of untreated STIs is a risk factor for HIV.
- Coerced sex increases risk of microlesions.

Economically

- Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex
- Many women have to exchange sex for material favours, for daily survival. There is formal sex work but there is also this exchange which in many poor settings, is many women's only way of providing for themselves and their children.

Socially and culturally

- Women are not expected to discuss or make decisions about sexuality
- They cannot request, let alone insist on using a condom or any form of protection
- If they refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity
- The many forms of violence against women mean that sex is often coerced which is itself a risk factor for HIV infection
- For married and unmarried men, multiple partners (including sex workers) are culturally accepted
- Women are expected to have relations with or marry older men, who are more experienced, and more likely to be infected. Men are seeking younger and younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases.

FACT SHEET

MAKING A DIFFERENCE FOR WOMEN AND GIRLS

WHY MUST THE RESPONSE BE GENDER-BASED?

Three main reasons:

1. Unequal gender (social, economic, and power) relations are driving the epidemic
2. Women are disproportionately affected by the epidemic
 - They are highly vulnerable to infection
 - They bear the psychosocial and physical burden of AIDS care
 - They suffer particular discrimination; are often blamed for spreading infection
3. Sex differences in pathology. Clinical management, for too long based on research undertaken on men, must be tailored to women's particular symptomatology, disease progression, HIV related illnesses etc.

WHAT WILL MAKE A DIFFERENCE?

Physical and material independence and security for women which is independent of the "protection" of a man or men

- Women must be empowered so that they are able to control their own lives and in particular their sexual relations

This implies a profound shift in social and economic power relations between men and women. It cannot be achieved tomorrow but action must start today, through:

- Increased educational and employment opportunities for girls and women
- Public education campaigns on the harmful - fatal, in the case of AIDS - effects of unequal gender relations.

MICROBICIDES: OUR BEST HOPE

The development of a prevention method which is cheap, safe and effective and under women's control, is essential.

- In the absence of a vaccine, this is a method likely to have an immediate and significant impact on the alarming rate of new infections in women.
- A massive investment in international research and development of a microbicide is required.
- A microbicide for preventing both pregnancy and STIs including HIV (dual protection), *and* a microbicide which is *not also a spermicide* must be developed to accommodate the desire for children.

TREATMENT AND PREVENTION OF STIs:

- women are more vulnerable to STIs; the consequences are more serious
- many STIs are asymptomatic in women, so go untreated
- syndromic management of STI in women is more difficult than in men
- stigma associated with STIs is greater for women (suggests promiscuity), so they are often afraid or unwilling to seek care.

SAFE BLOOD

Women and children are the chief recipients of transfusions; women - during and after delivery. The following action is required:

- Antenatal care and adequate nutrition to reduce some of the need for transfusion
- Appropriate clinical use of blood to avoid unnecessary transfusion
- Screening of all blood as the ultimate aim.

EDUCATION FOR PREVENTION INCLUDING THE USE OF CONDOMS

Condoms, male and female, are currently the only protection methods available.

They need to be more widely accepted, available and used.

- Education to promote their use
- Increasing access through free distribution, subsidies, or social marketing so that they are really affordable.

It has been shown that even in the most favourable circumstances, condom use (male and female) and acceptability is low. The female condom is, if anything, more cumbersome than the male condom and considerably more expensive. Furthermore, women cannot control their use. Impact will continue to be low if people's preferences, and therefore their actual use of methods, are not given due attention.

WOMEN AS CAREGIVERS

- Women are responsible for the health care of all family members.
- Care is only one of the many productive and reproductive activities of women which include farming, food preparation, collection of firewood and water, child care, cleaning, etc.
- Care is provided free but has a cost! During illness, women's productive labour is lost; this has serious impact on long term wellbeing of the household.
- Care doesn't end with death of husband/child/sister. Care of orphans lies with grandmothers and aunts.
- Women caregivers are often HIV positive themselves.

MAKING MEN MORE RESPONSIBLE

- Little attention has been paid to men's participation in efforts to protect women
- Men are hard to reach and educate but some are concerned about sexual health – their own and their partners
- Raising awareness of their own risk has been shown to change certain behaviours
- Interventions must be aimed at men (as well as at women) if women are to be protected.

FACT SHEET

THE AFRICAN POTATO

◆ *What is the African potato?*

The African potato looks like an overgrown onion, which is almost rotting. It is black in colour and has a lot of fibres about it. The leaves are like those of an onion but much flatter. The leaves dry off around February or March, leaving beautiful yellow flowers.

The African potato is considered to be an amazing cure.

Traditional healers use it to treat a range of illnesses and have long known of its special qualities.

Unlike its cousin, the Irish potato, the African potato can not be reproduced from its tuber. It reproduces by dying off and another one grows in its place.

◆ **What are the so-called special qualities of the African potato ?**

For the African potato to be effective, it has to be properly prepared.

It cleans the colon which is the source of ailments in man. It's an immunity booster and gives energy. It also works on people with ulcerated stomachs and helps with insomnia.

◆ **Why do people use the African potato when they are HIV positive or living with AIDS?**

Most of people are too poor to afford any kind of medication, and when it comes to HIV/AIDS, people are willing to try anything. With no prospect of treatment with the kind of expensive drugs available in Western nations, any homegrown alternative is eagerly received.

◆ **What are the dangers of the African potato?**

Studies have been done and show that while some special chemicals in the vegetable could help boost the immune system, you would have to eat kilos and kilos of the African potato to see any real effect. But it is not a cure for Aids.

There are several species of the African potato and if the wrong tuber is consumed it can lead to serious complications. There are only two species of the African potato which should be consumed, the yellow and white tubers. The other types cause continuous diarrhoea and headaches.

With HIV/AIDS epidemic, the African potato has found a ready market in Africa. Since its discovery, hundreds of people are buying it in bulk for re-sale. Unfortunately, some unscrupulous individuals have been digging up tubers that have a passing resemblance to the African potato and selling it to unsuspecting customers.

Adapted from : Zambia's amazing potato cure by Ishbel Matheson in BBC News, 7 November, 1999.

FACT SHEET

CIRCUMCISION AND HIV INFECTION

- Findings from multiple studies in Africa regarding male circumcision and its relationship to HIV transmission remain inconsistent.
- A causal relationship between the foreskin and HIV infection cannot be definitively demonstrated. Other factors such as age, sexual practices, social/cultural/religious beliefs, safety of medical procedures, hygiene, presence of genital herpes or warts, abrasions and friction during intercourse may play a significant role in HIV transmission.
- The practice of dry vaginal sex may cause damage and trauma to skin membranes in both men and women which can contribute to infection with HIV.
- Multiple factors, including the presence of STD's, have been associated with the acquisition and transmission of HIV and make it impossible to identify the significance of circumcision as a single contributing factor or intervention for HIV infection.
- The presence of genital ulcers has repeatedly proven to be a more important factor in HIV transmission than circumcision.
- Sexual intercourse is considered a proof of manhood in some cultures and often follows soon after circumcision. Because this may take place in the commercial sex market with a circumcision wound that has not completely healed, it may contribute to HIV transmission.
- In some parts of Africa, circumcision is the leading cause of tetanus (59.4% of cases).
- The use of dirty instruments and mass ritual events, including group circumcision, may increase the number of young boys contracting the HIV virus.
- Based on studies published in scientific literature, it is incorrect to assert definitively that circumcision prevents HIV infection. Even if studies are able to prove the benefits of circumcision, the procedures' risks may outweigh its benefits.
- It is dangerous to depend on circumcision to protect against HIV transmission instead of using condoms, which are proven to be effective.
- The effect of female circumcision on the reception and transmission of HIV has not been studied. Although more than 40 studies have looked at male circumcision, female circumcision remains a factor of unknown magnitude in HIV transmission and reception.
- Although the evidence increasingly suggests that circumcising men before they become sexually active does provide some protection from HIV, universal male circumcision should not be considered a proven prevention measure. Any apparent protective effects of the procedure are likely to be related not to the removal of the foreskin but to the behaviours prevalent in the ethnic or religious group in which male circumcision is practised.
- Circumcision does not act as a "natural condom." Circumcised men and their partners should not abandon safer sex practices such as condom use. While circumcision may reduce the likelihood of HIV infection, it does not eliminate it.

Information compiled from the following sources: Circumcision Information and Resource Pages. "Circumcision and HIV Infection." Viewed Feb. 15, 2001. <http://www.cirp.org/library/disease/HIV/>; UNAIDS. (2000). Male Circumcision and HIV Infection. *Report on the Global HIV/AIDS Epidemic*. Viewed Feb. 15, 2001. <http://www.circumstitions.com/HIV.html>; Van Howe, R. (1999). Circumcision and HIV Infection: Review of the Literature and Meta-Analysis. *International Journal of STD & AIDS*. 10: 8-16.