Educators uniting against HIV and AIDS

Hlanganani

Hanging by a moment

MARYANN Segwane may only have a CD4 count of 63, but this is one very strong woman who says she is "still a human being" and a confident one at that.

Segwane is not wallowing in misery. She has accepted that she is HIV positive, and says the virus has given her the chance to rethink her goals and dreams, and has made her into a much more confident person.

She is a teacher who has lived with HIV since 2003 when she fell very ill with shingles and went to her local doctor.

Educator MaryAnn Segwane tells the PCTA of the need for support for those living with HIV and AIDs

Unfortunately, she was not offered any pre- or post-test counselling. She was just told she must take an HIV test.

That's why she is so supportive of the PCTA programme because she says other educators and their families who go for testing will have it done properly.

"Thank goodness for my two daughters. They have been my support, along with my colleagues and my principal who have always been there for me.

"They even gave me money to buy medicines when I was sick because I did not have a medical aid scheme," Segwane remembers.

She says that when she looked in the mirror when she was at the hospital, she saw herself "hanging" off her own shoulders, "just like looking at a hangar."

Segwane says she is proof that HIV and AIDS is no respecter of your age, your income, or what job you do.

"It happens to teachers too and we need to spread that message to all our teachers so they can look after themselves properly, and stop hiding in corners," she says.

The virus is not even beyond God, she warns.

But it is a disease just like high blood pressure or diabetes, and there is help.

"We need to help each other," she says.

Investing in the future

IN what has been called 'a health investment with massive returns', approximately 2000 educators and their spouses are to be the frontrunners in a unique HIV and AIDS treatment programme.

The result of an unprecedented co-operation between eight South African and United States non-government organisations, the pilot programme is a bold response to local research that showed that about 4 000 of South Africa's educators lost their lives to AIDS-related illnesses last year.

The two-year pilot programme is expected to significantly alter the impact of the HIV and AIDS pandemic on the education sector generally, but more specifically on individual educators.

More than 100 private doctors, all members of the South African Medical Association, have jumped to offer their services to the country's teaching profession, and from November they started treatment with antiretrovirals for HIV-positive educators and their spouses in three targeted provinces.

"The situation where educators are going without access to lifesaving drugs should not be acceptable. This way we are going to keep teachers alive, so the entire country can enjoy the benefit of their talents and skills," said Dr Kgosi Letlape, head of the South African Medical Association (SAMA).

The Tshepang Trust, a SAMA initiative that has been tasked with delivering a comprehensive AIDS intervention strategy, has identified the doctors with the necessary skills to dispense the ARV treatment. The pilot programme runs for two years in the three provinces identified in a recent Education Labour Relations Council (ELRC) study as being most critical – KwaZulu-Natal, Mpumalanga and the Eastern Cape.

South Africa's four national teacher unions have pledged their unequivocal support for the programme, making it clear that the fight against the pandemic should take precedence over any specific union affiliation.

Willy Madisha, head of South Africa's biggest teacher union, the South African Democratic Teachers' Union (SADTU), said unifying the unions in the battle against HIV and AIDS that is devastating the ranks of their membership was paramount.

"South African teachers are being ravaged by the AIDS disease. We are facing a crisis in our education system of immense proportions," he said.

Other than the goal of providing ARVs to qualifying HIV-infected educators, the programme focuses firmly on prevention and care. In terms of the target of preventing 7 000 new HIV infections among educators, the Solidarity Centre said the programme would provide access to care for 15 000 teachers affected by HIV and AIDS, providing access to community-based voluntary counselling and testing services for educators and their families.

The unions are training 10 000 educators in the three provinces to provide guidance on issues such as dealing with stigma affecting those living with HIV and AIDS, access to HIV testing and antiretroviral treatment, and workplace policies. These educators will encourage their colleagues to undergo voluntary counselling and testing.

Sixty educators have qualified as 'master trainers' after a 14-day training session and will leave their schools for five months to train a representative in 10 000 schools in the three provinces.

School representatives engage in peer group education with their fellow educators on prevention, as well as access to treatment for teachers living with HIV and AIDS.

Renee Saunders, HIV and AIDS programme director for the Solidarity Centre in South Africa, said the programme was a unique chance to build on 10 years of collaboration between South African and US educator unions. This dates back to 1996 when a programme focused on limiting the spread of HIV among pupils was launched.

Letlape called the programme – which will follow the national Health Department's protocol of starting ARV treatment only on HIV-positive educators with a CD4 cell count below 200 – 'a health investment with massive returns'.

"There can be no development in any nation without education.

"For us this is very exciting. The teacher unions themselves are priority partners, they are making this possible, and that sense of personal responsibility is groundbreaking," he said.

Treatment will be by private-sector doctors which Letlape said was a response to the need for privacy that educators especially had indicated.

Recruiting the doctors had been an easy task: 'There is an abundance of human resources if the funds are available.'

Madisha also hailed the American trade union movement, especially rank and file educators who he said the American Federation of Teachers has mobilized to help South African educators in their battle against the pandemic.

Renee Saunders, Director, Solidarity Centre HIV and AIDS Programme addresses PCTA launch

HIGHLIGHTS OF ELRC STUDY

The Education Labour Relations Council commissioned the Human Science Research Council to undertake the most comprehensive 'supply and demand' study of educators ever conducted in the world.

- In 2004 it is estimated that 4000 South African educators died of AIDS-related illnesses.
- A total 12,7% of South Africa's educators in primary and secondary government schools are HIV positive.
- KwaZulu-Natal has the highest prevalence rate of educators who are HIV positive (21,8%), Mpumalanga is second (19,1%), and the Eastern Cape third (13,8%).
- Nearly a quarter of the HIV-positive educators are between the ages of 25 and 34.
- About 23 500 educators should be taking ARVs drug treatment today.
- Only about one-third of educators used a condom the last time they had sex.
- Only one-third of educators who know they are HIV positive use a condom consistently with their regular partner.
- Nearly half of all educators have lost at least one relative or friend to the disease in the past two years, and nearly a quarter attend at least one funeral per month.

(See page 6 for a more detailed look at the results.)

Unions launch PCTA

THE Prevention, Care and Treatment Access (PCTA) programme is an alliance of eight South African and United States non-government organisations, all with experience in managing HIV and AIDS programmes in the education sector.

They are co-operating in the two-year pilot programme which aims to lessen the impact of HIV and AIDS on educators, and on the whole of South Africa's education sector.

The programme is an integrated approach, taking in prevention of HIV transmission, treatment of AIDS and its associated conditions, as well as care for educators who are HIV positive.

The majority of the funding for the project, $5,3million over two years, comes from a United States government PEPFAR grant through the Centre for Disease Control and Prevention, but the PCTA partners also help out with "in kind" support.

The Solidarity Centre's South Africa office oversees the funding and co-manages the project with the South African Democratic Teachers' Union and the American Federation of Teachers Educational Foundation. But also included are the three other teacher unions - the National Association of Professional Teachers of South Africa, the Suid Afrikaanse Onderwysersunie and the National Teachers' Union, as well as the Academy for Educational Development and the South African Medical Association's Tshepang Trust.

The programme is supported by South Africa's Education Ministry and the departments of education.

The targets of the programme are:

- Prevention of 7 000 new cases of HIV infection among educators.
- Access to information for 100 000 educators affected by the disease.
- Access to community-based voluntary counselling and testing services for 15 000 educators and their families.
- Access to ARVs, including ARV treatment for at least 2 000 HIV-positive educators and their spouses.

The programme will run in 10 000 schools in KwaZulu-Natal, the Eastern Cape and Mpumalanga, the three provinces that the ELRC research found to have the highest rates of HIV infection among educators.

The idea for the programme dates back to 2002 when the teacher unions and the Department of Education developed a strategic plan and a framework to implement a prevention education programme for educators working with and affected by HIV and AIDS.

This plan provides the framework for the PCTA programme activities now, along with ways of monitoring and evaluating how well it works.

The programme Director Kyanyi Zwane works with a provincial task team in each province that oversees the programme. The provincial task team includes representatives of all the South African PCTA organisations, and is organised by provincial AIDS co-ordinators.

The Solidarity Centre trained approximately 20 Master Trainers recruited by the unions in each of the three provinces, and the total 60 Master Trainers will then train nearly 10 000 school representatives in groups of 20 to 30 for a 20-week period.

Following training, a prevention peer education and HIV and AIDS management programme will reach into schools where trained school union representatives will hold frequent discussion groups among teachers for the next six months to a year.

PCTA Officials, Khanyi Zwane, Programme Director, and Solly Mabusela, Chairman, Management Comittee, confer at the 04 October PCTA launch.

Makayi - EC Master Trainer

NOMXOLISI Makayi, 39, is a PCTA Master Trainer and very proud of it.

She has tested twice for HIV, and knows she is negative, but she nursed her older brother until he died of AIDS, and she is desperate for the chance to help others through the same difficult times.

An educator in Lady Frere in the Eastern Cape, Nomxolisi says she spent a long time taking care of her brother who died on 27 May this year.

"I had accepted his status a long time before that. I showed him how much I loved him.

"But I tell you, that was a terrible day for me," she remembers.

Nomxolisi jumped at the chance to become a Master Trainer for the PCTA programme because she says she wants to help make other people aware, to share her knowledge.

She says the problem, especially in African communities she is familiar with, is that people don't want to talk about HIV and AIDS.

"People are dying every day, but they feel shame so they don't want to talk about it. They are scared of being stigmatised."

She says people are going to have to listen to her, though.

"I am extremely dedicated and I want to look them in the eye and tell them about this disease."

Nomxolisi has had herself tested twice for HIV, and remains negative, for which she says she is extremely grateful.

"But it means I will be here a very long time to keep spreading this message, to get people talking, because then I think they will start agreeing to go and get tested too," she says.

Makayi is one of 60 'master trainers' who have completed an intense two-week training and is now training school representatives in the PCTA peer educaiton course in the three targeted provinces.

Union presidents support PTCA

Willy Madisha - SADTU

The South African Democratic Teacher's Union has taken a tough and clear stance on the fact that South African teachers are being ravaged by HIV and AIDS.

I call on all SADTU leaders, shop stewards and activists to join with their comrades in the other teacher unions to respond to the needs of our educators working with and affected by HIV and AIDS.

We must all put our members first because the evidence in the hospitals and our cemeteries, the funerals we all attend every weekend, confirms that our members are dying. Where antiretrovirals are applied, life is clearly extended, and where they are denied, as day follows night, so a premature death.

We have enlisted the help of SAMA's Tshepang Trust to provide treatment through their network of trained private doctors in the three provinces for teachers and their spouses.

The PCTA is not only about ARV treatment. The other interventions of prevention and care and creating a workplace environment in our schools that is free of stigma, will provide the holistic approach needed to stem the spread of AIDS among our members, the nation's teachers.

Steve Roux - SAOU

We knew there were problems, but we didn,t know how serious they were until the ELRC results showed that an alarming 12,7% of educators in South Africa are HIV positive.

Based on the results of this research, we are mobilising our members to work with all their colleagues, regardless of union affiliation, to confront the impact of HIV and AIDS on our education system.

Amongst our members the percentage is not particularly high. But that doesn,t mean the issue does not concern us.

Even if the percentages are low, we have to do something to get even that number down.

We have appointed a co-ordinator for the master trainers in the three provinces, KwaZulu-Natal, the Eastern Cape and in Mpumalanga. They will be carrying out workshops on prevention, education, testing and treatment to all of our members.

This is what we have to do. We do not have an option.

This is a national problem and we have agreed that the unions need to co-operate and work together.

We are fully committed to this initiative.

Dave Balt - NAPTOSA

This is a total and huge challenge for the whole of South Africa, and I believe the focus on both this initiative and the ELRC research must be seen as a micro-reflection of the whole of South African society.

These teachers have got to be role models who show how this challenge has got to be faced, and handled.

The leadership of NAPTOSA have all gone through voluntary counselling and testing themselves. We must be seen to be doing exactly that, and we are asking our colleagues to follow suit.

HIV and AIDS is an item on the agenda of all our conferences and meetings, no matter how small, and we will be circulating a brochure towards the end of the year which focuses on exactly how teachers can access the services now being provided especially for them.

We expected the profile we got from the research results - but that doesn't mean we're comfortable with the fact that 45 000 teachers are HIV-infected.

And the impact on the education system is going to be huge if we don't address the problems with the appropriate energy, focus and financing.

We are facing a crisis by 2008 anyway. If we don't address HIV and AIDS, we will have a crisis of major magnitude.

Siphosethu Ngcobo - NATU

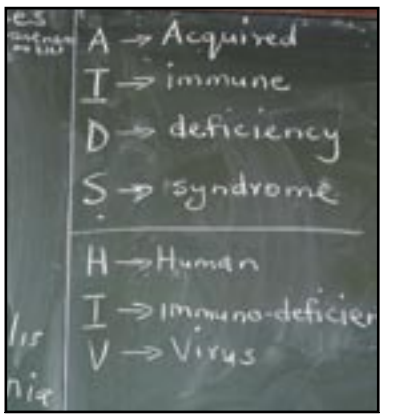
We have decided to work jointly with the other unions to save the lives of our teachers.

If teachers are trained properly to deal with this pandemic, it is going to filter down to our learners and to the general communities which means the benefits will spread much wider than only our own members.

We are based in KwaZulu-Natal, which the ELRC found to have the highest prevalence of teachers with HIV and I must say that we go to funerals every weekend, so we were not really surprised.

But now what is different is that this pilot programme will be making a direct contribution based on scientific information.

If the pilot project goes well, we believe we will be in a far stronger position to negotiate more funding for treatment, care and prevention to be spread wider.



GLOSSARY:

Adherence: the extent to which you take your medication, according to the rules of how it should be taken. This is also called compliance.
Antiretroviral: a type of drug that stops or weakens the strength of the virus in your body.
Antibody: a natural substance made by a type of white blood cell in your body called B cells. They are specially designed to fight against any germ that threatens your body.
Bodily fluids: liquid produced by the body, such as urine, saliva and tears. The bodily fluids that have a high risk for catching or passing on HIV are blood, semen, vaginal fluids and breastmilk.
CD4 cell: this is HIV's primary target in the body. These cells have a very important job of warning other parts of your immune system to fight a new infection. The decision by a doctor to start treating you with ARVs is often based on your CD4 count. Normal counts range from 500 to 1500. The weaker these cells become, the harder it will be for your body to fight off diseases and stay healthy.
Cotrimosazole: an antibiotic used to prevent and treat the opportunistic infection pneumocystis carinii pneumonia (PCP), as well as many other infections.
Enzyme: this is a molecule made by cells that allows the body to speed up chemical reactions.
Immuno-compromised, Immuno-suppressed: this is when you have a damaged immune system, and so can easily fall ill.
Lactose intolerance: inability to digest lactose, a type of sugar found in milk and other dairy products.
Metabolic rate: this is a measure of the rate of your body's metabolism. Your metabolism refers to all chemical processes in your body, especially those that cause food to be used for energy and growth.
Opportunistic infection: many viruses and bacteria are kept in check by the immune system so even if they are in your body they will not make you sick. But if your immune system is not strong, these other germs have a chance to flourish, making you sick. Some of the common opportunistic infections associated with HIV include tuberculosis and pneumonia.
Placebo: an inactive substance.
Regimen: this describes the specific doses and the specified times at which you must take your medicine.
Toxicity: the side-effects of a drug treatment can be mild and only make your irritated, but others can threaten your life.
Viral load: this is the measure of the amount of HIV virus in a sample of your body fluid, usually your blood. Special measurements are done in a laboratory and doctors can use these to check how strong the HIV is in your body, and if the treatment you are on is working well.
Virus: this is a particle which contains genetic information, so it can easily multiply. A virus is not actually a living organism because it cannot multiply by itself. It must first infect living cells. It is very difficult to design drugs to treat viruses properly.

Educator on ARVs

WHEN Eastern Cape primary school educator Nonavitsheka Jekwua first tested for HIV in 2001, she weighed just 31kg and her CD4 count was 18.

But Vivi, as she is better known, is living proof that antiretrovirals give you back your life, allowing you to get back to work, to watch your children grow up, and to live with dignity.

Today this educator from Mount Frere is proud to say that she weighs a much healthier 61,4kg, and that her CD4 count is now at 481.

She knows that she has been living with HIV for at least six years because her 'baby', aged six now, is also HIV positive.

Both take their antiretrovirals together, and Vivi says her little boy is her best treatment 'supporter'.

"We have to take our tablets at 7am and again at 7pm, and he knows when it is that time and comes running, calling me to take the tablets," she says.

Vivi's two older children, aged 18 and 17, are both HIV negative.

Vivi knows that she has been very lucky at the support she has enjoyed from friends, family and colleagues, and the medical treatment she has received.

"All the other teachers are my friends. They cry with me and laugh with me, but they help me.

"And they all pray for me, day in and day out," Vivi says.

Access to treatment for educators

GOOD news for educators and their spouses is that the PCTA offers confidential and no-cost treatment with antiretrovirals in the private rooms of doctors.

Educators and their spouses must however qualify and be properly referred, according to Dr Kgosi Letlape, Chairman, South African Medical Association (SAMA).

The Tshepang Trust, an initiative of SAMA and supported by the Nelson Mandela Foundation, is offering the PCTA treatment services.

The Trust works with the teacher unions to promote access to treatment for educators and their spouses, in response to the recommendations of the ELRC study.

Tshepang's commitment, Letlape says, is to treat educators who have gone for voluntary counselling, have been diagnosed HIV positive, and to provide them with antiretrovirals for those who need this treatment, through trained doctors.

The Trust has recruited groups of doctors in KwaZulu-Natal, the Eastern Cape and Mpumalanga who are willing and enthusiastic about working with the PCTA programme. These doctors are ready to come to schools to discuss the treatment programme with educators.

An educator must access the treatment services by calling the Tshepang Trust's Teachers Treatment Hotline at 0860 TTT-HOPE or 0860 888 4673.

Educators and their spouses qualify if:

- You provide your persal number.
- You provide your HIV-positive test results, and post-test counselling in writing.
- You are a first-time treatment candidate.
- You have a CD4 count lower than 200.
- You agree to sign an informed-consent form.
- You have no medical aid, or a medical aid which provides partial coverage of ARVs and related costs.
- You are prepared to disclose your AIDS status to one other person, who will provide support.
- You agree to sustain life-long treatment.
- You accept the adherence counselling provided by the doctor and his/her nurse.
- You are prepared to be referred to state health facilities should such a need arise, for example, for major opportunistic infections and complications.

Who does not qualify for treatment in the PCTA programme?

- If you are not an educator, nor spouse of.
- A CD4 count greater than 200.
- You are not able to give written informed-consent.
- You are already taking antiretrovirals.
- You were on treatment elsewhere and stopped, and now want to get into the programme.
- Children or family members other than the spouse.
- Cancer patients on chemotherapy.

Those who are currently on antiretroviral treatment, but are not responding to treatment, need to be discussed with an HIV specialist consultant, and will be referred by a Tshepang doctor to an academic centre of excellence.

What treatment is provided in this programme?

Most PWAs (People Living With AIDS) will start therapy on:

- D4T (stavudine) 30mg every 12 hours (or 40mg every 12 hours if weight is below 60kg).
- 3TC (Lamivudine) 150mg every 12 hours.

Then either:

- Efavirenz (Stocrin) 600mg at night (or 400mg at night if weight is below 40kg), or
- Nevirapine 100mg every 12 hours for the first two weeks, then 200mg every 12 hours.

When is a PWA treatment ready?

- PWAs on the PCTA treatment programme will have undergone a treatment readiness counselling session with the doctor, and subsequently by adherence counsellors assigned to each doctor.
- General education about HIV and the drugs should have been done before the person goes to the doctor, most likely when receiving the HIV test.
- A treatment adherence counsellor is identified for each PWA, and this person will be responsible for the continued home-based support and monitoring of the PWA's condition, also liaising with the doctor.

Doctor visits:

The doctor will in the first visit

- Assess treatment readiness by determining your CD4 count.
- Conduct a pregnancy test for women of child-bearing age.
- Assess the person clinically for opportunistic infections or other medical problems.
- Supply the PWA with placebo cotrimoxazole or multivitamins to assist with adherence and as part of treatment readiness.
- Arrange to see the person when the results are returned from the lab.

In subsequent visits the doctor will

- Revisit previous issues identified, and manage the patient further.
- Check blood results.
- Confirm adherence by checking on placebo previously dispensed.
- If all is well, start treatment.
- Spend time explaining the treatment and the side-effects.
- Draw blood for viral load on the day treatment starts.
- Arrange adherence counselling in two weeks.
- You return to your doctor monthly for periodic examination and to pick up your drugs.

Cost coverage:

An educator with medical aid that covers HIV and AIDS treatment

- The teacher or spouse who enrols becomes a Tshepang doctor's patient in this treatment programme. You use your medical aid benefits until they are exhausted in any one year, and then transfer to the PCTA treatment funds.

An educator without medical aid

- The educator or spouse who enrols in the programme becomes a Tshepang doctor's patient and his or her medical costs related to HIV treatment are covered by the PCTA treatment funds.

What should you know about ARV treatment?

The drugs that are used to treat HIV and AIDS are called antiretrovirals (ARVs), which are a combination of drugs which block the spread of HIV in the body.

The drugs work by blocking the so-called enzymes (this is a molecule made by cells that allows the body to speed up chemical reactions) which HIV uses to multiply itself.

The drugs allow the immune system to get strong again, and fight off opportunistic infections, like tuberculosis and pneumonia, which can make you ill if your body is very weak.

ARVs prolong and improve your quality of life if you are HIV positive, even though they are not a cure for HIV – and they must be taken every day, for life.

Once you start treatment, you should not stop unless your doctor tells you otherwise. In that case he or she will prescribe you a different set of ARVs.

The decision to start treatment with ARVs is guided by the CD4 cell count test - this is a blood test which tells the doctor how weak or how strong your immune system is, and the viral load test, which tells the doctor how much HIV is actually in your body.

A blood sample is taken to determine this, and is sent to a laboratory where it is tested. The results are sent to your doctor and he or she may not discuss the results with anyone except you.

As the amount of HIV in the blood increases (viral load), the number of CD4 cells decrease. ARVs prevent the virus from multiplying, therefore decreasing the amount of virus in the blood. This allows the CD4 cells to increase, and your immune system to recover and become stronger, even though the immune system never fully recovers.

So how will I know if the drugs are working?

The viral load test is the best way your doctor can tell whether your treatment is working. It will be very high when you start treatment, but should drop quickly once the treatment starts working. The viral load usually drops to a level where it cannot be measured, and this is called 'undetectable'.

Your immune system will begin to recover and become stronger, and your CD4 count will increase.

If the ARVs stop working, then that viral load measure will go up again, and your CD4 count will drop.

Pumla Kobus, Programme Director, Tshepang Trust, explains the treatment plan to the PCTA.

So what you want to see, as a person with HIV, is a very low viral load level and a higher CD4. That means the treatment is working.

That's why it is important to have regular medical check-ups to monitor your CD4 cell count and viral load.

Most people starting treatment feel a lot better soon after they begin their ARV treatment. You will not get sick with other infections so often, and should start gaining weight.

A healthy CD4 count is more than 500, so you can see that if your CD4 count is below 50 your immune system must be very weak. But if your CD4 count is below 50 and your immune system is very weak, then starting treatment may at first make you feel quite sick. But this is because the ARVs are getting your immune system to start working again, fighting off those other diseases.

You also need treatment for these infections, so talk to your doctor. But don't stop taking your ARVs unless your doctor says you should.

Where your CD4 count is extremely low, and you have started treatment late, some people may not survive, even though they are taking ARVs.

To ensure the medication is most effective, it is important to know your HIV status early, and to regularly monitor your CD4 count and viral load.

Does an undetectable viral load mean that I am cured of HIV?

No. An undetectable viral load doesn't mean you're cured – there is no cure for HIV. An undetectable viral load shows rather that the ARVs are effectively suppressing the HIV.

Can I still pass on the virus while taking ARVs?

Yes. You must continue practising safe sex. You can also get re-infected with another type of HIV, which could result in the drugs you are taking not working well, or stopping working.

What is ARV resistance?

If you become resistant it means that the ARV drugs you are taking are no longer effectively suppressing the HIV, and levels in the blood will increase and the immune system weaken again. Some reasons for developing resistance are:

- After some time the virus may develop resistance to the medicines. Treatment includes several types of ARVs, which when used together decrease the chances of resistance developing.
- You may have contracted a type of the virus that resists treatment by the specific drug or drugs you are taking.
- You may have previously been on ARVs and stopped taking them.
- You may not have taken your medication every day as instructed.

If you develop resistance, you may be given another combination of medicines, and if you become resistant to just one of your medicines, that can be replaced with a different type.

But ARVs are a life commitment. Once you start, you must continue the treatment and take it exactly as prescribed for the rest of your life.

If you don't, the HIV infection can develop a resistance to the drugs and this can result in new strains of HIV developing which pose a threat to you and others, and also make it harder to control the epidemic.

Dr Kgosi Letlape Executive Director Tshepang Trust

This is a significant health investment with massive returns for education in our country. It will show that together we are strong and that there is so much we can do together to fight this pandemic.

We need to be proactive and creative to overcome this threat and even though we are up against a difficult task, this PCTA programme is an example of what can be achieved if we all pull together.

We will keep our teachers alive and well, and will be able to enjoy the benefit of the talents and skills they have to impart to young people.

We have found this an immensely gratifying project to be involved with, and we are privileged to have this opportunity.

We have an abundance of healthcare providers who are skilled and dedicated, and want to help.

The doctors have been recruited to participate openly and without any form of prejudice. They are all willing providers.

The issue of privacy for people seeking help is also something of importance that has been forgotten in our good attempts to fight HIV and AIDS. What the teachers have said is that privacy is an important component, and they highlighted the difficulties that are brought about by the lack of privacy.

When matters cannot be private, that becomes a factor that limits access to treatment.

STAFFROOM STORIES

MYTHS AND FACTS:

Myth: If you are diagnosed HIV positive you will get sick and die immediately.
FACT: People living with AIDS can lead long and productive lives.

Myth: HIV positive people cannot teach or help out at home any more because they are too sick.
FACT: People living with AIDS can make a big contribution to their families, school and communities. Their ability to do things and to contribute should be recognised and valued.

Myth: Stay away from HIV positive people. They can spread their disease.
FACT: HIV-positive people need love and care just like anyone else, and you cannot catch HIV from hugging or kissing a person living with AIDS.

Myth: If you have been diagnosed HIV positive, you may as well just give up on your life, and go home to die.
FACT: Get into a treatment programme and a support group as soon as possible because there are many infections that occur as your immune system gets weaker from the HIV germ that can be easily treated so you do not have to be sick. When the doctor says it is the right time, you can also go on antiretrovirals which have been proven to help you live a much longer and healthier life.

Myth: I don't care about who I have sex with any more because I am going to die anyway, and if they are HIV positive too it won,t make any difference.
FACT: You must be responsible for your own life and for the lives of others. Always wear a condom when having sex to protect you partner from the virus, but also to protect yourself. If your sexual partner is HIV positive you could be re-infected with another type of the virus which makes treatment for you much more difficult.

LEGAL PROTECTION

The Bill of Rights and the Promotion of Equality and Prevention of Unfair Discrimination Act protect your rights, including that you may not be unfairly discriminated against.

Labour Laws include:
- The Employment Equity Act
- The Labour Relations Act
- The Occupational Health and Safety Act
- The Compensation for Occupational Injuries and Diseases Act
- The Code of Good Practice on HIV and AIDS and Employment describes the proper management of HIV and AIDS in the workplace.

Mkhize - symbol of hope

Sibongile Mkhize encourages her fellow teachers to have an HIV test in order to know their status.

EDUCATOR Sibongile Mkhize, from the KwaZulu-Natal village of Ozwathini, was one of the first teachers to disclose that she was HIV positive.

She came out with her story way back in 2001, and since then she has gone from strength to strength, including proving the point that no-one may be fired from their job just because they are HIV-positive.

It hasn't been an easy ride for this brave woman who was physically attacked and ostracised by her family. At that time people were far less educated and accepting of HIV positive people.

She admits that being an HIV-positive educator has meant many problems for her at work too. But thanks to the intervention of her union SADTU she was reinstated in her job.

"When my colleagues found out about my status I was dismissed from the school and my husband threw me out of the house," Mkhize remembers.

She turned to SADTU for help.

"At that time I was crying, I was ready to die. I was going to commit suicide."

But after a month of negotiations with the Department of Education by SADTU, Mkhize was back at work.

Today her life is firmly on track, and Mkhize is proud to say that she has become a symbol of hope for HIV-positive teachers.

Fear and prejudice are deadly

THERE is no shame in being HIV positive. It can happen to anyone – but that doesn't mean we're not all afraid and more than a little confused about this virus.

And that fear is because of only one thing – because we do not fully understand it, or feel like we have a lot of control over it.

But we do. We have control over our own sexual health, and we have control over how we treat people who we find out are HIV positive, whether they are family, comrades, friends, colleagues or members of our community.

It's called stigma, and it is a very sad reality in South Africa because it has the bad effect of people not testing for HIV. Then they don't know, so they cannot stay healthy, seek the correct treatment and help, and could be passing it on other people without realizing it.

The problem is that HIV is associated with death. There are many funerals in all our communities, we see people getting extremely sick, we see children orphaned – and we get scared.

But today HIV is a chronic disease just like tuberculosis or cancer. It can be treated. Finding out you are HIV-positive does not mean your life is over.

But this association with death means stigma is rife. And what is stigma exactly? It is fear and prejudice.

The result is that people living with HIV and AIDS are often treated with indignity. Their human rights might be violated.

They could suffer rejection, isolation, blaming and shaming.

The main forms of stigma are:
- Self stigma – when people living with HIV and AIDS blame and isolate themselves.
- Stigma by association – when entire families are affected by stigma.
- Discrimination – when people are seen in a certain way because of their health status, their appearance, or their type of occupation.

Basically, it means you are labeling someone as inferior to you because of something that is particular to them.

With HIV and AIDS people mark certain people as different, for example because they cough a lot. They also suggest these differences are because of that person's "negative" behaviour, like that their sickness is the result of promiscuous sexual behaviour.

The shunning, isolation and rejection is a result of trying to separate "us from them", and those people end up isolated and without self-respect.

Care, treatment and support offers more hope, and it gives people the incentive to have an HIV test and to find out their HIV status.

And this helps create a climate of openness which is an essential part of addressing and controlling the pandemic, and making sure it does not go "underground" and become an invisible disease. In the long run, this will be an even greater threat to everyone, even those who are HIV negative now.

Other than the threat of the pandemic becoming invisible, very serious threats are:
- People do not use condoms.
- People living with HIV do not seek care and treatment because they fear their status will be disclosed, or that they will be turned away from clinics and hospitals.
- Serious stress on the person living with HIV, and we all know that severe stress is not good for our general health.

People, especially those living with HIV and AIDS, should also know that there are laws which it make unlawful to discriminate against people with the virus, including South Africa's Constitution.

You must remember that your status is confidential, so only you can decide who else should know – and there are both laws and policies to protect this right too.

It is important for each and every one of us to help fight stigma, to be kind to our friends, families and members of our communities who are infected and affected by the virus.

HIV and AIDS can affect anyone, and if we all work together, only then will it become possible to beat this disease.

HOW YOU CAN HELP PEOPLE WHO YOU KNOW ARE HIV-POSITIVE

- Encourage them to talk openly with their family and friends, and listen caringly to their problems. Remember, they are very scared.
- Encourage them to get counselling from a professional because there are questions family and friends will not be able to answer.
- Encourage them to join a support group. They will be able to share their fears and feelings with other HIV positive people who will give them strength.
- Let them carry on teaching and working in their school. This will build their confidence and self-esteem.
- Help them to focus on positive thoughts - "I want to stay alive for my children."
- Talk to them about their feelings of anger. Remember that people do not get HIV because they have behaved badly or been promiscuous.
- Help them turn that anger into positive anger that will help them fight back.
- If family members gossip, remind them: "We have already told you about our son's status, and you're still talking! What's new?"
- Encourage them to eat healthily and to exercise.
- We can challenge stigma ourselves and show judgmental people that it is wrong to judge.
- Remember always that people living with AIDS also have the right to have sex, get married, have children, have jobs and friends.

HIV and AIDS is a very real threat to the teaching profession

ELRC study: AIDS impact on educators

Blossom Ndlovu, SOWETO life-orientation teacher, reviews findings of ELRC study with Marilyn Stewart, AFT Vice President.

The Human Sciences Research Council did groundbreaking research and the statistics they produced pointed to the harsh reality; in 2004 estimates are that 4 000 South African educators died of AIDS-related illnesses.

Of these, 80% were deaths of educators 45 years and younger, and about one-third were aged between 25 and 34.

Principal investigator and President of the Human Sciences Research Council, Dr Olive Shisana, called at the 2nd South African AIDS Conference in Durban in June for ARVs to be made available immediately to educators. She said the HSRC statistics indicated that at least 10 000 of South Africa's 356 700 educators needed the anti-AIDS therapy immediately.

A total 1 700 of the 21 350 educators from across South Africa who participated in the research agreed to be tested for HIV during the HSRC study, and the results showed that 12,7% were HIV positive.

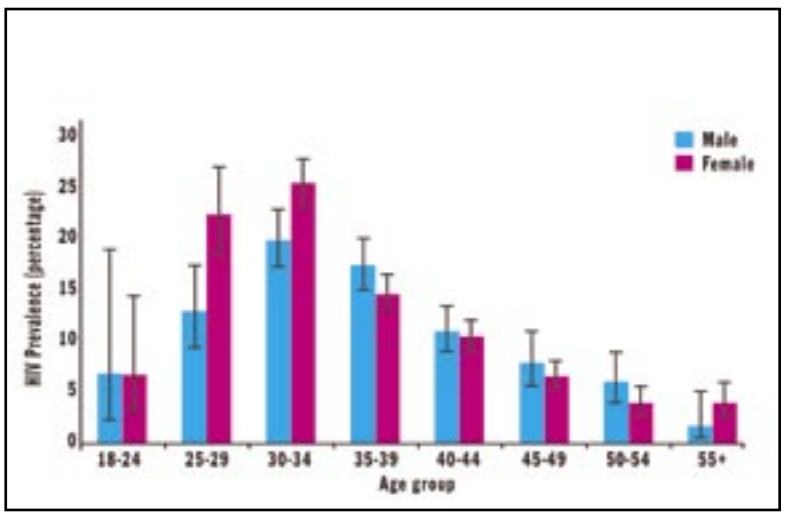
The research was commissioned by the Education Labour Relations Council and supported by the teacher unions, the national and provincial departments of education, the SA Medical Research Council, the South African Council of Educators, and academics.

Most worrying, Shisana said, was the fact that nearly a quarter of HIV-positive educators were between the ages of 25 and 34, pointing to the threat to the profession – and the future of the country's education.

"Considering that 5% of educators retire at the end of each year, the system is going to haemorrhage from both the bottom and the top," she told delegates to that conference.

Shisana said that if antiretrovirals were provided to just 60% of the educators who needed them, educator deaths due to AIDS could be cut by 18% by 2010.

The research found little difference in prevalence rates between primary and secondary school educators, but also that less experienced educators had higher prevalence (21,4%) compared to more experienced educators (2,6%).



Other key findings of the ELRC research were:

- A total 45 000 of South Africa,s educators are HIV positive.
- KwaZulu-Natal has the highest prevalence of HIV-positive educators (21,8%), followed by Mpumalanga with 19,1%, and the Eastern Cape was third with 13,8%.
- The Western Cape had the lowest prevalence at 1,1%.

Shisana said that factors driving the epidemic among educators included low and inconsistent condom use, multiple partners and mobility (educators who regularly spent nights away from home had an HIV prevalence rate of 27,6%).

HIV also affected those not infected with the disease, she reported. The research showed that nearly one-third of educators were affected by the disease in one way or another.

The study showed that educators were consistently taking days off work, either because they were ill or affected by others ill as a result of HIV. One-fifth reported attending a funeral at least once a month, resulting in a very high rate of absenteeism".

Nearly half the educators also reported the death of a relative or friend in the past two years, and a hefty percentage reported that they were depressed as a result.

Shisana said that African educators were more likely to be HIV positive when compared with other population groups. They were also likely to fall into those with the lowest income status, and were more likely to be working in rural areas away from their families.

Dhaya Govender, General Secretary, ELRC welcomes union initiative

Educators with a better education, better salaries and more work experience were less likely to be HIV positive, Shisana said.

The report also showed that the health status of educators appeared to be poorer than that of the general population – 10,6% had been hospitalised in the previous year.

"This is higher than the 7% observed in the general population in the Nelson Mandela/HSRC study of HIV/Aids.

"The most frequently reported diagnoses in the last five years before the study were stress-related illnesses such as high blood pressure (15,6%) and stomach ulcers (9,1%)," the report said.

The ELRC study recommended a targeted, positive prevention and ARV programme for educators, along with improved HIV and AIDS and related policies and programmes.

"We need to provide treatment as a matter of urgency to reduce illness and death so that educators can stay longer in their profession.

"We also need to ensure that educators internalise the information they're getting on prevention, first for themselves and then for their students," Shisana said.

The HSRC researchers also pointed to their findings as having important policy implications, explained as follows:

- First, the projected loss of nearly 4000 educators during 2004 due to AIDS suggested that the educator population was seriously affected, leading to a possible shortage of educators in the public education system.
- Secondly, the findings also suggested that the proportion of HIV-infected teachers who would need to start treatment with ARVs would increase substantially during the next five years.
- Thirdly, the finding that more than 80% of the educators who died of AIDS in 2004 were younger than 45 meant that the country could not count on very experienced teachers for the future.

The researchers concluded, the loss of experienced educators due to AIDS would inevitably have an impact on the quality of education.

Sex		
Male	6 580	32.2
Female	14 018	67.8
Race		
African	14 439	77.4
White	2 778	10.1
Coloured	2 705	8.1
Asian	623	4.4
Age in years		
18-24	272	1.1
25-34	5 135	25.4
35-44	8 965	44.5
45-54	5 189	23.9
55 and above	1 040	5.0

Union AIDS Policies

THE teacher unions take the threat of HIV and AIDS to the educator profession, and to education in general, very seriously, their separate union policies show.

The policy of the South African Democratic Teachers Union (SADTU) is not only a clear acknowledgement of the impact of HIV and AIDS on the development of South Africa, but also of the prejudice, stigmatisation and ignorance that goes with the pandemic.

The overall sense of this union's policy is to provide a strategic approach to understanding, managing, caring and supporting its members, its staff and society in general, in dealing with chronic diseases, including HIV and AIDS.

It aims at helping reduce the crippling effects that the spread of HIV and AIDS has had - and will continue to have unless there is intervention - on its members, but also on education institutions.

The SADTU policy emphasises campaigns to increase awareness of the effects of HIV and AIDS, and so contribute to changes in lifestyles of SADTU members, and ultimately the community in general.

The policy is also meant to protect its members who are affected by or infected with HIV and AIDS against all forms of prejudice, including discrimination.

The HIV and AIDS policy of the National Professional Teachers, Organisation of South Africa (NAPTOSA) provides very clear information about the disease and the pandemic.

The overall sense of this policy is to help reduce the number of new infections through awareness and support programmes.

It focuses on infected and affected NAPTOSA educators and learner members, to guarantee dignified treatment, ensure their rights are protected, and to promote a universal value system along with an environment that works well for educators and learners affected and infected with HIV and AIDS.

The policy has a programme of action which covers the objectives, the roles to be played by members in the campaign against HIV and AIDS, and grievance procedures.

NAPTOSA's policy is addressed at all branch meetings so the information reaches all its members. It also outlines plans to evaluate the programme's effectiveness.

USEFULL PHONE NUMBERS

- AIDS Helpline 0800 012 322
- AIDS Consortium (011) 403 0265
- AIDS Law Project (011) 717 8600
- Commission for Conciliation, Mediation and Arbitration (CCMA) (011) 377 6600
- Health Professions Council of South Africa (HPCSA) (012) 338 9300
- South African Nursing Council (SANC) (012) 420 1000
- South African Human Rights Commission (011) 484 8300

WHAT IS YOUR RISK?

I do not have sex at all.
RISK: You are very low risk.

I know for certain that my partner is HIV-negative.
RISK: You are at lower risk, but remember that while you know for certain whether you only have sex with your partner, you can never be 100% certain that he or she is not having sex with someone else too.

I have only had sex with one partner in the last year.
RISK: You are at lower risk, but again, remember that your own actions are the only actions of which you can be 100% certain.

I always use a condom when I have sex.
RISK: You're definitely at lower risk of HIV infection.

I have had a sexually-transmitted disease in the past year.
RISK: You are at higher risk. If you contracted a sexually-transmitted disease it means that you have had unprotected sex. HIV and other sexually-transmitted diseases are passed on in the same way.

I live away from my family or partner for more than one weeks of each month.
RISK: You are at higher risk. It has been shown that in a situation like this there is a risk that you or your partner could have other sexual partners.

I live in a rural community.
RISK: The statistics show that people who live in rural areas are at higher risk for HIV.

I am older than 40.
RISK: You are at lower risk, but that does not mean you don't have to be careful.

I have never had sex with someone who is HIV-positive.
RISK: You are at lower risk, but remember you can never be certain of someone's HIV status unless you see their test result.

I have never been tested for HIV.
RISK: The risk here is difficult to determine, but everyone should be tested for HIV because that is the only way to know your status for sure.

I drink more than five alcoholic drinks a week.
RISK: You are at higher risk. People who become intoxicated are not always responsible about having safe sex.

I do not use any drugs.
RISK: You are at lower risk.

I have had sex with someone I do not know very well.
RISK: You are at higher risk, especially if you did not use a condom.

Remember that these are only guidelines, but they will give you some idea of how to stay safe from HIV.

QUESTIONS & ANSWERS

HIV tests, reliable and effective

So what is voluntary counselling and testing – also known commonly as VCT – which has been getting so much attention?

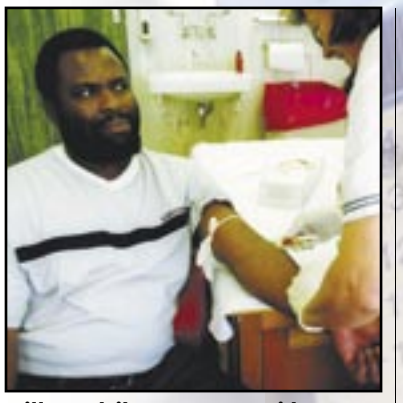
Basically, it refers to the process of giving people professional counselling before and after they have their HIV test.

And it is extremely important, because most people are scared of having an HIV test and this process will help you prepare for and understand the results.

If you're negative, you can learn ways to make sure you do not become infected in the future. If you are positive, you can learn how to live a longer, healthier life, and make sure you do not pass on the infection to anyone else.

This is how it works:

- First you will have an introductory session with a counsellor or your doctor during which your risk for HIV will be assessed and you will talk about ways of reducing that risk. Then you will undergo preparation for your HIV test.
- Then a doctor, nurse or other healthcare worker will take a sample of your blood. With a rapid test, all it needs is a prick to your finger and a drop of blood is placed on the test kit. A special solution is then added, and you will get your result in 10 to 15 minutes. If the test is positive, the same test will be repeated to confirm the diagnosis. But if the first test is positive and the second one is negative, a blood sample will be taken and sent away to the laboratory for a different test to confirm the result. Sometimes the rapid test is not available and then blood will be taken from your vein and sent away for testing. You will need to return later for your results because this takes some time for the provider of the test to get the results back.
- Depending on whether you are positive or negative, your post-test counselling will be different. If you are negative the counsellor will discuss ways to stay negative and teach you ways that you can negotiate with your sexual partner. If you are positive, your counsellor will still discuss risk reduction issues, but also point you in the direction of support services, and discuss antiretroviral treatment too. Not everyone who is diagnosed HIV positive starts treatment immediately. Your CD4 count may be below 200 before you will start taking these drugs.



Willy Madsiha, SADTU president, receives his HIV test

What most HIV tests check for is evidence that HIV has entered your body and that your body is trying to fight it off.

But remember that these tests can only detect the antibodies when enough have been produced. So the doctor or counsellor will advise you whether there is still a chance you are HIV positive, but that it may not yet be showing up in your blood. This will depend on the date of the last time you had unprotected sex, and you may have to return later for a second test. The usual time is three months.

Remember that all HIV tests are very reliable and effective.

Your private doctor is not the only place you can have an HIV test, so if you prefer to go to your local clinic or other HIV clinic in your area, that is also okay. This is your choice.

If you find out you are HIV positive, the next step is to find out what stage your disease is at.

The doctor will do a test called a CD4 test which will tell him or her how strong your immune system is. As the HIV gets stronger, your immune system gets weaker so this helps the doctor decide the stage of your disease. A viral load test will also be done. This tells the doctor how much HIV is present in your body.

These are the disease stages:

- **Stage 1** – HIV enters the body and then multiplies quickly in the CD4 cells. There are few or no signs that you are infected. Swollen glands are common, but are usually not a reason to be worried.
- **Stage 2** – Here you may have minor skin problems, head or chest colds and start losing weight. Something called herpes zoster, known more commonly as shingles, often happens in this stage.
- **Stage 3** – In this period the amount of HIV in the body (viral load) is increasing, and destroying more and more CD4 cells. More serious problems occur, such as serious weight loss, chronic diarrhoea, fever, thrush in your mouth, vaginal thrush, pneumonia and tuberculosis.
- **Stage 4** – This is the very serious stage. You could get a kind of lung infection that is a very serious form of pneumonia, the thrush in your mouth could be spreading down your throat making it difficult to eat or drink, there could be infections of the brain, severe diarrhoea, very serious weight loss, and cancers such as Kaposi's sarcoma.

If you are in Stage 1 to 3, there is a lot you can do to improve your health, like learning more about managing HIV and AIDS, joining a support group and finding out where you can get care and treatment.

If your CD4 cell count is less than 200, or you have what the doctors call an AIDS-defining illness, you can choose to start antiretroviral treatment.

Positive and pregnant

If you are a women living with HIV and you are pregnant, you should tell your doctor immediately because you shouldn't believe that because you are HIV positive, your baby is going to be HIV positive too.

You can definitely take steps to reduce the risk of HIV transmission to your unborn child.

If you are however unsure about your HIV status, you should definitely consider having a test. You will be helping yourself and your baby.

If you test positive, you and your baby can take a short course of antiretroviral medicines, which can reduce the risk of passing on the virus to your child by more than half.

The decision to start full antiretroviral treatment while you are pregnant will depend on the stage of your HIV, and if you do need to start that treatment, it will only be after your first three months of pregnancy – provided there is no threat to your health or the health of your baby.

If you are already on ARVs and find out you are pregnant, you should tell your doctor immediately and make sure the medicines are safe, because some ARVs can harm the unborn baby.

Your doctor will refer you to a programme for pregnant women, called "mother-to-child HIV transmission prevention programme" or PMTCT.

What about breastfeeding if you are HIV positive?

Breastmilk does contain HIV, and there is a definite risk that HIV can be transmitted to your baby by breastfeeding. You can minimise the risk either by using formula milk, or you must breastfeed exclusively (that means you may not give your baby a bottle at all) for four to six months.

If you are breastfeeding exclusively, you may not give your baby even water, and no solid foods.

How will you know if your baby is HIV positive?

In the first few months after birth it is difficult to tell because your own antibodies to the virus could still be in your baby's blood for as long as 18 months. In South Africa, a special test is done at 14 weeks to see if your baby is positive or not. This detects whether the actual virus, rather than antibodies, is present in the baby's blood.

Rose Mary Romano, Academy for Educational Development South Africa Director, heads the PCTA monitoring and evaluation team.

Testing is the best choice

It is possible to have HIV without even being aware of it, because HIV can live in the human body for many years before it results in any illness.

And the only way to find out is to have an HIV test, which is performed at healthcare clinics.

The benefits of knowing outweigh the risks – so it is important for everyone to think about being tested for HIV.

Remember the following:

- An HIV test is a medical procedure.
- You must give your informed-consent to a medical procedure.
- Informed-consent means you must fully understand what the test is, and what the consequences will be for you if you test positive or negative. To make sure you know this, you should be given counselling before the test.
- Pre-test counselling should give you enough information to properly decide whether or not you want to have the test.
- Once you have had counselling, you must be given time to decide if you want to take the test.
- If you decide not to be tested, no-one can force you.

To find a testing centre, call the Aids Helpline 0800 012 322.

Keeping healthy on antiretrovirals needs action on four different fronts: eating the right foods, cutting down on alcohol and smoking, exercising your body, and getting support from people.

Body building to boost immune system

Good nutrition is not an either/or in terms of treating HIV and AIDS, or securing the longest and healthiest life possible for infected people. Rather, it is essential to see the two in combination. Both are essential.

A healthy and nutritious diet is of course important for everyone, but it is particularly important for people living with HIV and AIDS because a poor diet impairs the immune system, hastening the progression of the infection.

It's not a substitute for treatment ˆ eventually everyone infected with HIV will need to take antiretroviral medication to support their immune system.

SO HOW DO YOU MAINTAIN YOUR HEALTH?

Eat the right foods:
People living with HIV should eat as many of these foods as they can every day:

- Fruits and vegetables - to help fight sickness.
- Beans, lentils, meat, chicken, fish, milk and eggs – to build the body and keep you strong.
- Maas or yoghurt – helps digest your food.
- Brown bread, brown rice, pap and samp – to give you energy to work and learn.
- Butter, oil, peanut butter and nuts – also for energy. These can be added to porridge or other foods.

What matters most is that you eat enough. You can eat more if you eat the food you like, you can eat the foods you've always eaten, and expensive foods are not better than cheap foods.

Some good advice:

- Eat at least three meals a day. It's good if one meal includes some protein (soya, beans, lentils, eggs, fish, chicken, meat, liver, offal etc)
- Try to eat some snack like fruit, nuts, sour milk, mageu or left-over food in between.
- Eat lots of fruit and vegetables. The white blood cells of the immune system are made up of protein. They also need vitamins to function well. Your body gets vitamins from fruit, vegetables and meat.

Taking a closer look at the food groups, it's important to know that all foods fall into one of the following three groups:

- Body-building foods (protein): Beans, soya, peanuts, eggs, meat, fish, chicken.
- Energy-giving foods: Maize, millet, rice, potatoes, sugar, oils and fats.
- Foods with vitamins that protect against infections: Fruit and vegetables.

The easiest guide is to try and eat food from each of these groups every day, so ensuring a balanced diet.

Also, remember to eat three to five times a day.

Because your body is fighting the HIV virus as well as other infections, it needs more energy. And remember that it is cheaper to eat lots of staple foods like pap, than to eat lots of meat, which is expensive.

Foods many people eat each day like pap, bread, rice, potatoes and mngqusho contain lots of energy.

Before you were infected with HIV your body would use up stored fat when it needed extra energy - but the HIV virus changes this. Your body will now use up protein (stored in muscle) to get extra energy so if you do not eat enough, you will now lose muscle and not fat.

This is called wasting and provided you eat enough energy foods regularly, this won't happen.

It is true that people with HIV find it difficult to eat enough.

There are reasons for this, and knowing about them could help you overcome this problem:

- Too little food eaten: You might be too tired or depressed to cook or to go shopping. There might also be no money. You could decide to drink alcohol and forget about HIV instead of eating well. You might have a loss of appetite or feel like vomiting. Food often does not taste good when you are sick. You might have a toothache or have sores in your mouth. Thrush infections can make it painful to swallow. Your liver might be swollen, causing it to press on the stomach. This makes it difficult to eat big meals.
- Too little food absorbed from the intestines: Once food has been eaten, it is absorbed from the intestines into the blood. This process can be disturbed in people living with HIV. The HIV germs do not live in white blood cells only. They also live in the cells of the intestines. HIV damages these cells and reduces absorption of foods. HIV germs also reduce a chemical in the intestine, which helps to absorb milk products. This can lead to a bloated feeling or diarrhoea after eating milk products, called lactose intolerance. Other germs can also infect the intestines causing diarrhoea. This reduces absorption, because the food moves through the intestines too fast and because the intestine cells are damaged. Some antibiotic medicines used to treat infections also kill good bacteria in the intestine that help absorb some foods. Taking too many antibiotics can cause diarrhoea and poor absorption. Worms can reduce absorption and can cause bleeding which leads to a lack of iron. Poor nutrition itself damages the cells of the intestines, resulting in a vicious circle.
- Poor nutrition – poor absorption: Sick people need more food because their metabolic rate goes up, which means their body burns the food too quickly. Tuberculosis especially causes quick loss of weight. The HIV germs also change the way the body uses foods. When running out of energy, instead of using fats, it uses proteins. This causes the hidden loss of muscle.

Drinking alcohol and smoking is not a good idea:
Alcohol like beer, wine and spirits provide some sugars, but no real nutrition. It also makes you eat less and if you're drinking too much, you could forget to take your ARVs.

Alcohol weakens the immune system, speeds up reproduction of the HIV germ – so try to cut down, or better still, stop altogether.

The same goes for smoking because smokers get more chest infections and could often choose a cigarette rather than eating a good, healthy snack.

Vitamins, immune boosters, and traditional medicines

Another potential area of confusion in staying healthy are the following two issues – vitamins and immune boosters, and traditional medicines and natural remedies.

Let's try to unravel the confusion:

Vitamins and immune boosters:
There are vitamins, such as multivitamins, Vitamin B complex, Vitamin B12, zinc and selenium that can potentially support the immune system. But these need to be taken in the correct dosages because taking more vitamins than you need can be dangerous.

It is important to consult your doctor about the recommended dosage if you are taking vitamins.

Some people also use immune boosters, and these may or may not help strengthen your immune system. You need to be aware that there is no conclusive evidence of their effectiveness, and that there are many overpriced products on the market making claims that have not been scientifically verified. Consult your doctor.

Traditional medicines and natural remedies:
Some traditional remedies and herbs may play a role in strengthening the immune system, but others are known to be harmful.

All traditional and natural medicines not registered with the South African Medicines Control Council still need to be scientifically verified.

Currently, antiretroviral medicines are the only form of treatment that has been scientifically proven to repair a person's immune system once their CD4 count has fallen below a certain level.

Traditional medicines, vitamins and immune boosters may be harmful when taken with antiretrovirals, so always tell your doctor what you are taking, including any vitamins and other medicines bought at pharmacies, given to you by friends or relatives, or recommended by a traditional healer.

REMEMBER:

- Eating right helps the body resist sickness.
- Eating right helps sick people get well.
- The same foods that are good for you when you are healthy, are good for you when you are sick.
- During and after any sickness, it is very important to eat nutritious food.

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Information in this publication courtesy of the following sources:

1. Understanding and Challenging Stigma, Toolkit for Action, Academy for Educational Development.
2. PCTA Programme for Educators Training Manual, Solidarity Centre.
3. HIV Positive Educators in South African Public Schools, Thomas Rehle, Olive Shisana, Deborah Glencross, Mark Colvin (HSRC).
4. The Impact of Antiretroviral Treatment on AIDS Mortality, Thomas Rehle and Olive Shisana (HSRC).
5. Workplace Policies in Public Education, Leickness C. Simbayi, Donald Skinner, Lebogang Letlape, Khangelani Zuma (HSRC).
6. YOU and HIV/AIDS, Our Time, Our Choice, Our Future (Khomanani).
7. South African Department of Health (www.doh.gov.za).
8. Treatment Action Campaign (www.tac.org.za)
9. HIV and AIDS, Prevention, Care and Treatment (Soul City Institute, Khomanani, Centres for Disease Control and Prevention).
10. HIV and AIDS and Treatment (Khomanani, Soul City Institute, Centres for Disease Control and Prevention).
11. AIDS Law Project, Centre for Applied Legal Studies, University of the Witwatersrand.
12. Living Positively with HIV and AIDS (Department of Health, Soul City Institute).
13. www.thebody.com