Republic of Zambia

MINISTRY OF EDUCATION

Community Health and Nutrition, Gender and Education Support-2

(CHANGES2) Program

Fact Sheet for
Peer Educators
Source of Materials

The information in these Fact Sheets has been drawn from the following sources. Some of these have been modified to fit the Zambian context and the age group which this manual is intended for.


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HIV and AIDS

HIV

HIV stands for Human Immunodeficiency Virus. HIV causes the human immune system to become deficient or weak. This is the virus that causes AIDS. There is no ‘AIDS virus’.

There are two different types of HIV. Both are found in Zambia.
- HIV-1 is the most common type found throughout the world.
- HIV-2 is found mostly in West Africa and is less aggressive.

The immune system is the body’s defense against infections by germs that get past the skin and mucous membranes to cause disease. The immune system produces special cells called antibodies to fight off or kill these germs. A weakness of the immune system is called an Immuno-deficiency. HIV infects, and eventually destroys, defence cells in the immune system. The main defence cells are CD4 and lymphocytes. The HIV virus enters and infects CD4 cells. The result is the killing of many CD4 cells and lymphocytes. This slowly destroys the immune system. The infected person becomes susceptible to opportunistic infections.

HIV is the beginning stage of infection. When the immune system becomes very weak, the illness progresses to AIDS. The CD4 count is an important indicator of the progression from HIV to AIDS. The CD4 count in a healthy person is above 500 per micro-litre of blood (mlb: 1 microlitre is 1 millionth of a liter).

AIDS

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS occurs as a result of advanced HIV infection, when the immune system of the infected person is very weak and is easily attacked by opportunistic infections. A person with a CD4 count of less than 200/mlb is considered to have AIDS.

Progression from HIV Infection to AIDS:
Once the HIV virus enters a person’s body, they are HIV Positive. They may not feel sick immediately, but the virus slowly and continuously begins to damage the immune system. In adults, there is often a long, silent period of HIV infection before the disease progresses to AIDS. A person can look and feel fine when they are HIV positive. You cannot tell by looking if a person has the virus in their body. A person infected with HIV may have no symptoms for an average of 10 - 12 years. In fact, many people living with HIV are healthy and happy and can have relatively long periods of good health and those who have accepted their status may even object to being portrayed as suffering.

The progression from being HIV positive to AIDS depends on the type and strain of the virus and certain characteristics of the infected person. Factors that may cause faster
progression include being less than 5 years old, over 40 years old, other infections, and possibly hereditary factors.

When the body is weak from HIV, it cannot fight other illnesses. A person with HIV is more likely to get sick with tuberculosis (TB), diarrhoea, pneumonia, fungal infections and herpes. These are called opportunistic infections because they take advantage of a weak immune system. The likelihood of opportunistic infections increases as the CD4 count decreases. If a body is already weak from poor nutrition or other diseases, HIV will destroy CD4 cells more quickly. It is important to note here that AIDS is not a virus or a disease. It refers to a syndrome (or group) of opportunistic infections and diseases.

Most infections, like flu, rabies, pneumonia, or meningitis, usually have easily recognizable symptoms shortly after infection. HIV has no such defining symptoms. Although some people have flu-like symptoms one or two months after becoming infected with HIV, there are many who have no symptoms at all for several years.

It is impossible to tell by looking or even by observing symptoms that a person has been infected with HIV. The symptoms that are common in people who are HIV positive are common to other infections. The major difference is that in people who are HIV positive, these symptoms begin to reoccur more often as the body’s immune system becomes more and more weak.

If you have symptoms of any illness, it is important to seek medical treatment immediately. Too often, people die from treatable illnesses because they fear that the symptoms might be HIV related.

Remember, 4 out of 5 people in Zambia do NOT have HIV. People who have “flu like” or “malaria like” symptoms probably do have the flu or malaria. An HIV test is the only way to know if you have been infected with HIV.

**HIV Transmission**

In order for HIV to be spread, there must be both a body fluid from an infected person and a “port of entry” or way into the other person’s body. Without these, HIV cannot be transmitted from one person to another.

Body fluids that carry HIV include:
- blood
- semen
- vaginal fluid
- breast milk

Ports of entry include vagina, penis, anus, mouth, cuts and open sores anywhere on the body.
Much of the spread of HIV occurs when people have no symptoms, they do not know that they are infected. Early testing is one step that can be taken to prevent the spread of HIV.

HIV is transmitted in the following ways:

- By having sex without a condom with a person who is infected with HIV. In Zambia, the majority of HIV is spread through unprotected heterosexual sexual activity. High risk sexual activities include anal sex and vaginal sex (dry sex is especially dangerous). The virus has a high concentration in blood, semen, and vaginal fluids.
- Through mother to child transmission (MTCT). A pregnant woman who is HIV infected may give HIV to her baby during pregnancy, delivery or even through breast-feeding. In Zambia, 30 to 40 percent of babies of HIV infected mothers will be infected with HIV if they do not get treatment.
- Through use of HIV-contaminated instruments. Reusing contaminated medical instruments, needles and razor blades can spread HIV if they are not properly sterilized. Acupuncture and tattoos (inembo) can also spread HIV. However, this is not a common cause of HIV infection in Zambia.
- By transfusion of infected blood or blood products. The chance of getting HIV after receiving HIV-infected blood is very high. However, the process of blood transfusion in Zambia is extremely well monitored. The risk of this mode of transmission is very low.

HIV infection is NOT transmitted through:

- Shaking hands with an HIV positive person
- Hugging an HIV positive person
- Greeting an HIV positive person with a kiss
- Caring for an HIV positive person
- Regular washing of an HIV positive person’s clothing
- Mosquito bites
- Sharing cups and plates with an HIV positive person
- Sharing food or a drink with an HIV positive person
- Bathing and swimming in the same water
- Sharing or exchanging of clothes with someone who is HIV positive
- Working with somebody who is HIV positive
- Going to school with an HIV positive pupil / teacher
- Eating food prepared by an HIV positive person
- Most importantly, you cannot get HIV by living with an HIV positive person!

Myths and Misconceptions about HIV and AIDS

Myths about HIV and AIDS
There are many myths and misconceptions about HIV/AIDS. Not only are these wrong, many may cause harm and lead to faster progression of HIV.
‘Virgin’ cure – There is a common belief that having sex with a virgin can cure HIV/AIDS. This is not true. However, it has led to an increase in cases of rape of young people and the disabled and often the rape survivor is infected with HIV.

‘Raw Egg’ cure – Eating a raw egg yolk does not cure HIV. A raw egg yolk can contain bacteria or virus that may cause severe illnesses.

‘No sex for a year’ cure – Although not having sex can stop a HIV positive person from spreading the virus, the infected person will still have HIV.

Witchcraft causes HIV/AIDS – HIV is a virus that enters the body. The only way a person can ‘give’ you HIV is through the exchange of body fluids and not witchcraft.

Only promiscuous people get HIV – You can be faithful to a partner that was infected with HIV a long time ago. Or, you can be faithful but your partner is not.

An HIV positive woman must have been sleeping around – Many women suffer shame and discrimination if they are HIV-positive, but not men. Women risk violence, abandonment, rejection or even loss of their homes and children. However, stigma and discrimination should not be there. People must accept that both men and women can bring HIV into the relationship.

AIDS is a punishment for the wicked – AIDS has nothing to do with being good or bad. AIDS can affect any one, it does not choose. If it is a punishment that would mean that even the innocent babies that were infected through Mother to Child Transmission (MTCT) are wicked.

You can tell by looking whether someone is HIV positive – A person who is HIV positive can be symptom free for many years and display no visible signs of any disease. On the other hand, there are some conditions with similar symptoms to HIV/AIDS.

Misconceptions about HIV and AIDS

HIV can be cured – While many make claims of miracle cures and herbal remedies, the truth is, there is no known cure for HIV.

We both have HIV, so we don’t need to use a condom – When an HIV infected person has unprotected sex with another infected person, they are reinfecting each other. Therefore it is important to be faithful and use a condom every time you have sex.

People over 50 don’t get HIV – In Zambia, the prevalence of HIV in those over 50 is low. However, age does not protect anyone from HIV. Risky sexual behaviour at any age can result in HIV infection.

I have reached menopause, I can’t get HIV – Menopause will not protect a woman from getting HIV.

Anyone with TB, pneumonia or other infections has HIV/AIDS – People who are HIV positive are more prone to getting TB and pneumonia. However, these infections have been there for years and continue to infect many people who are not HIV infected.

I have just been diagnosed with HIV, I am going to die – People are living with HIV longer today than ever before. Medicines, treatment programs, a healthy positive lifestyle and a better understanding of HIV allows those infected to live normal, healthy, productive lives.

Birth control pills can prevent the transmission of HIV – The only birth control method that prevents the spread of HIV is condom use. Those who use all other forms of birth control must also use a condom to prevent HIV.
I feel better after the treatment I was given, so I must be cured – HIV/AIDS cannot be cured; it can only be controlled. While being treated you should expect to feel better. It is important to always continue the treatment prescribed by health care providers.

Fat people cannot be HIV positive – AIDS was originally called the “slim disease.” However, being fat does not mean a person is HIV negative - weight loss can occur years after infection.

Thin people are HIV positive – Some people are thin due to genetics factors, stress, poor diet, or even a desire to be thin. You cannot tell by looking if someone has HIV.

Why are HIV infection rates so high in Zambia and in southern and east Africa?

The graph below shows how HIV infection rates have changed from the early 1990’s to 2007. You can see that rates are much higher in sub-Saharan Africa than in the rest of the world. There is variation within sub-Saharan Africa, with lower rates in west Africa, higher in east Africa and the highest rates in southern Africa.

People often ask why are rates so much higher in Africa, and in southern Africa in particular? People give many answers.

Poverty
A common response is “poverty”. But this is simplistic. There are very poor regions and populations in Asia with much lower rates of HIV. And within sub-Saharan Africa, rates are very high in countries with lower rates of poverty, such as Botswana, and lower in very poor countries such as Congo, which also suffers the chaos of war.

Poverty does play a role, making people more vulnerable, but it is not the whole story.

Two things that are different about southern Africa than other areas are Multiple Concurrent Partnerships and Intergenerational Sex. Both are common and widely accepted here.

Multiple Concurrent Partnerships

Look at the picture to the right. This shows what happens after someone is infected with HIV. You will notice that the time line is compressed between 1 and 15 years. This is because both the viral load and the immune cell count stay relatively stable between 1 and 15 years.

The grey line represents viral load, meaning how much of the HIV virus is in the body. You can see that the grey line starts at zero, climbs steeply and peaks at 6 weeks. It then drops quickly and remains stable between 400 and 500 (copies per mililitre of blood) for several years.

The darker line shows the amount of CD4 immune cells in the body. These drop over time until they reach almost zero after several years. As they fall below 200 cells per cubic mm of blood, AIDS-related infections and diseases strike.

What is meant by multiple concurrent partnerships?

“Multiple” means many or more than one.
“Concurrent” means at the same time.
So, Multiple Concurrent Partnerships refers to having more than one sexual partner at the same time.

What are some examples of multiple concurrent partnerships?

- A man is married and has one or more girlfriends
- A woman is married and has one or more boyfriends
- A man has a girlfriend and has sex with commercial sex workers
What do we know about multiple concurrent partnerships in sub-Saharan Africa?
- Africans do not have more sexual partners, on average, than non-Africans (Europeans, westerners). But they have more overlapping, or concurrent partners. Multiple Concurrent Partnerships are much more common (and more accepted) in sub-Saharan Africa than in other parts of the world.
- If you look across sub-Saharan Africa, you will find the highest rates of HIV prevalence in countries with the highest rates of Multiple Concurrent Partnerships.

Looking at the graph above, why do you think multiple concurrent partnerships are especially risky for HIV transmission.
- For a few weeks after infection, the viral load in the body peaks. At this point they are very infectious (they can easily pass the virus on to someone else). If they have unprotected sex with an uninfected partner during this time, they are more likely to pass on the virus than if they have unprotected sex during the long period of time when the viral load is low.
- People who have many partners in a short time are more likely to pass the virus on to those partners than someone who has one partner for a longer period of time (at least a year), then has new partner.

What role do gender roles or norms play on multiple concurrent partnerships in Zambia?
Possible answers / discussion points:
- Boys and men are often pressured to have many partners. Having many partners is seen as “manly”.
- Women are supposed to accept that men have more than one partner.
- Many people believe that it is impossible for men to have only one partner, that they cannot control their sexual feelings.

Why do people engage in multiple concurrent partnerships?
- Sexual gratification
- Variety
- Money or gifts
- etc.

Intergenerational Sex

Intergenerational sex refers to an older person having sex with someone younger, usually at least 10 years younger. This is most commonly an older man with a younger woman or girl, but can also involve an older woman with a boy or young man.
Students should read the passage then discuss, using the questions below as a guide.

Why do girls in sub-Saharan Africa often have much older sexual partners? The most common explanation is that poverty and hardship drive girls into transactional sex with older men. However, a regional survey found that economic necessity is one of several factors. Many girls also sought out older men because they were viewed as good marriage partners or providers of a better life who could help the girls with education or work opportunities. Many reported that gifts of clothes, jewelry, and perfume enhanced their self-esteem and their status among their peers (Luke and Kurtz, 2002).

Whatever the reasons, the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa has found that both transactional sex and intergenerational sex have become the norm in many countries. For example, a study in Zimbabwe found that nearly 25% of women in their 20s are in relationships with men at least 10 years older (United Nations, 2003). It is also clear that these relationships are a major factor in the 'feminization' of AIDS in Africa. African men are expected to have many sex partners, and on average, those living with HIV became infected in their mid-to-late 20s.

In comparison, girls generally form long-term sexual relationships with one partner. Despite this relative fidelity, many living with HIV were infected soon after they started having sex. A Zambian study showed that 18% of women who said they became sexually active within the last year were HIV-positive. In South Africa, 20% of sexually active girls between the ages of 16 and 18 were infected (Pisano, 2003). Intergenerational sex appears to be a driving factor in the epidemic in Southern Africa. These relationships are based on equations of power and economics that leave girls vulnerable to abuse, exploitation, violence, and HIV.

Why do you think girls have intergenerational sex? Why do some men prefer younger girls rather than women their own age?

Is intergenerational sex a social norm (accepted by most of society) in Zambia? Why or why not?

Do you think intergenerational sex is “a driving factor in the epidemic in Southern Africa.”? Why or why not?

Do communities need to address intergenerational sex? If so, how should they do this? What role can teachers play?

Read the last sentence in the passage. Do you agree with this statement? If a girl has a boyfriend who is 10+ years older than her, does this leave her “vulnerable to abuse, exploitation, violence and HIV.”? Why or why not?

Gender and HIV

Gender inequalities in Zambia play a role in the spread of HIV. In most Zambian homes, a woman has no right to refuse sex with her husband, even if she suspects that he has had sex outside the home. It is also difficult for a wife to ask her husband to go for HIV counselling and testing. Only a husband normally makes decisions of that nature.

The level of male dominance in Zambia often contributes to the further spread of HIV. A husband may not allow a wife to be tested for HIV. She cannot ask her husband/partner to use a condom, as she may fear being seen as promiscuous even if she may know that he has been unfaithful. When Zambian women have no power to make such decisions, they are left with few options for protection.

The Vulnerability of Women

Research shows that the risk of becoming infected with HIV during unprotected vaginal intercourse is as much as 2-4 times higher for women than men because:

- Women have a larger surface area of mucosa (the thin lining of the vagina and cervix) exposed to their partner’s secretions during sexual intercourse.
- Semen infected with HIV typically contains a higher concentration of virus than a woman’s sexual secretions.
- Younger women are even more at risk because their immature cervix and scant vaginal secretions put up less of a barrier to HIV. They are also more prone to vaginal lacerations.
- Women again become more vulnerable to HIV infection after menopause.
- Tearing and bleeding during intercourse, whether from rough sex, dry sex, rape, or prior genital mutilation (female circumcision), multiply the risk of HIV infection.
- Anal intercourse, which is sometimes preferred to vaginal intercourse because it is thought to preserve virginity and avoid the risk of pregnancy, often tears the delicate anal tissues and provides easy access to the virus.

These vulnerabilities are compounded by:

- Lack of education - Some girls are brought up with little knowledge of their reproductive system or how HIV and STIs are transmitted and prevented.
- Lack of economic opportunities - Women and girls tend to be dependent upon men because they sometimes lack access to financial resources. Their reliance may be on a partner who could be a husband or stable partner, or a few steady male partners who have fathered their children. Some women and girls resort to exchange of sex for money and other favours to support their families.
- Lack of control in relationships - When a woman suspects her partner has HIV, she often risks losing his support if she refuses sex or insists on using a condom. Although some men agree to use condoms, many react with anger, violence and abandonment. Women find it difficult to openly discuss issues of sexuality.
Voluntary HIV testing and counselling services are not always discussed.

The Vulnerability of Men
A number of social factors also put men at risk of HIV infection.

- Socially, the inbuilt idea of masculinity can lead men into risky behaviors that will threaten their health and the health of their partners.
- Uncircumcised men have been shown to be at a higher risk than circumcised men.

Men are often considered to:

- Be able to do or decide things by themselves than depending on other people.
- Not show emotions e.g. not crying when faced with a loss of a family member or a loved one.
- Not to seek assistance in times of need and stress.
- Cultural norms that expect men to be experienced and knowledgeable about sex may place men at risk because they are not likely to ask for information about risk reduction for fear of admitting lack of knowledge.
- Attitudes about masculinity encourage men to have multiple concurrent sexual partners and consuming alcohol or other substances that may contribute to risky behaviour.
- Many cultures deny existence of men who have sex with other men (homosexuals) which results in stigmatization and discrimination against men who have sex with other men. This in turn contributes to denial and secrecy, making it difficult to reach them with preventive interventions.

Confidentiality

Confidentiality is the protection of information given to someone peer or friend. Without assurances about confidentiality, peers may be reluctant to give information they need in order to receive proper care. Confidentiality is so important that if it is not kept, it causes stigma and discrimination and it also undermines activities that are aimed at scaling up the HIV prevention and uptake of VCT services.

Shared confidentiality
If someone tells you something confidential and you feel like you need help to deal with the problem, you can ask him/ her if you can share the information with someone else. Tell them who you think you should share the information with and why you think this will help. If the person agrees, this is called shared confidentiality.

An example of a situation where you may ask for shared confidentiality is if one of your peers tells you that she is being physically or sexually abused. This is not a problem that you can solve on your own, but there should be someone at your school or in your community that can help you. This should be a trusted adult, maybe the Guidance Teacher, the AIDS Action Club matron, another teacher, a parent or adult friend… The
important thing is to discuss this with your peer and get her permission before sharing the confidential information with anyone.

Disclosure
Disclosure is when somebody reveals their HIV status to a person or organization e.g. a family member, support groups, friends, peers. It is therefore important that a Peer Educator helps his peers to explore who to tell, how and when to tell.

- Disclosure is important because it helps a person accept their status and reduces the stress of coping on their own. "A problem shared can be a problem halved"
- Disclosure can help in accessing care and support
- Disclosure helps in protecting oneself and also protecting others. In particular, openness about HIV status can help women to negotiate for safe sexual practices from their partners
- Disclosure means that people are better equipped to influence other people to avoid infection and re-infection, this helps PLWHA to avoid faster progression of HIV.
- As more and more people disclose their HIV status, it will help reduce stigma and discrimination and denial that surround HIV/AIDS.
- People may suspect a person’s HIV status, particularly if they show some signs and symptoms of AIDS. Disclosure of their HIV status can stop rumours and suspicion. It can also reduce the stress of keeping a secret.
- Disclosure promotes responsibility – It can help one to start planning for the future.

Lack of disclosure results into the following:
- Lack of support
- Increase the spread of HIV
- Lack of treatment and care
- Increased suspicion
- Stigma and discrimination

Methods of HIV Prevention
Despite the devastation of the HIV pandemic, Zambia still has over 80% of its population not living with HIV. There have been changes in the knowledge and practices related to HIV and AIDS during the past 20 years, but there is one thing that has not changed, and this is that the best way to prevent HIV transmission is:

- Abstinence
- Being Faithful to an HIV negative partner who is also faithful to you
- Condoms—used correctly and consistently

Other methods of reducing the risk of HIV transmission include:
- Prevention of mother to child transmission of HIV
- Post Exposure Prophylaxis
- Not sharing needles, skin piercing instruments or other items that come into contact with body fluids
- Circumcision – Talk with your health care provider about circumcision. There is medical evidence to suggest that male circumcision (removal of the foreskin from the penis) can reduce the risk of transmission of HIV.
Avoiding drug and alcohol abuse—people who are drunk or high make bad decisions and are more likely to have unprotected sex

Abstinence
The term 'abstinence' means different things to different people. Most faith based groups generally view abstinence as a commitment to refrain from sex until marriage. Others view abstinence as delaying sex until some future time, for example after finishing education, becoming economically independent or feeling emotionally mature enough to handle a sexual relationship. The term can also refer to those who have been sexually active at one time but now have decided to abstain, referred to as “secondary abstinence” or secondary “virginity”.

Reasons for Abstaining
People choose to abstain from sexual act for a number of different reasons. These reasons may be personal, religious, cultural, medical, or social.
   o Personal: A person can abstain as a personal choice, which include maintaining virginity until marriage, being a role model etc.
   o Religious: Religion often plays a major role in influencing ones choice to abstain. One can abstain because the doctrine does not allow them to engage into sexual activities e.g. a catholic priest. In some religions, sex is also seen to be a sin before marriage.
   o Social: Peer pressure plays a role in defining ones character. Their peers easily influence teenagers because they want to have a sense of belonging. If a young person’s peers are abstaining and this is accepted as “normal”, it becomes easier to abstain.
   o Medical: Health care workers may advice that one abstain in order prevent re-infection while on STI treatment, as well as preventing another person from contracting an STI. Chronic illness is often another medical reason for abstaining from sex. When there is a risk to the unborn baby a pregnant mother can choose to abstain.
   o Cultural: Culture plays a big role in our lives. Abstaining form sex is culturally expected when a woman is menstruating, death of a spouse, illness or death of a child. In a relationship, if one of the partners is away, both are expected to practice abstinence. When a woman is more than seven months pregnant, some cultures discourage the practice of sex.

How to abstain
   o Be clear about why you want to abstain
   o List your reasons. Talk them over with someone who supports you
   o Check your list from time to time to remind yourself
   o Have a plan
      o Know what situations might make it hard to stick with your choice
      o Decide ahead of time what you will do to avoid or deal with them, such as leaving a scene when being pressured to have sex
   o Be impressed with yourself
      o It can be hard to go against the crowd and make your own choices
      o Give yourself credit you deserve it
   o Get support
Hang out with friends who know about and respect your decision.
Avoid people who might pressure you
If pressured, threaten to tell in authority (a relative, police)
Practice communication skills
Learn to say “No!”
Give a reason such as “I’m not ready” or “have decided to wait until I have finished my education

What are the benefits of Abstinence?
Prevention of STIs including HIV: Abstaining will protect a person from contracting sexually transmitted infection including HIV.
Peace of mind
Prevention of unplanned pregnancy

Being faithful
What is being faithful? Being faithful is both partners remaining dedicated and committed to each other and having no other sexual partners. However, it is important to note that even someone who is faithful to his or her partner can get infected with HIV or another STI if the partner is already infected or has other partners. In some parts of Africa, married women who report having no partner other than their spouse are at very high risk of HIV infection. This is because their spouse was already infected when they got married or has partners outside of the marriage.

Being faithful means that both people must get tested for HIV. They must then disclose their status and commit to being faithful to each other. Being faithful means that both people must really trust each other.

Reasons for Being Faithful
Respect for self and others
Personal pride
Religious beliefs
Social norm: In some societies being faithful is an expected norm in a sexual relationship
Medical / health: Being faithful will protect you and your partner from sexually transmitted infections including HIV and certain cancers like cervical cancer.

How to be Faithful
Make a decision to practice being faithful
Openness and fairness
Communication - Talk about being faithful and its benefits with your partner
Loyalty - Make a commitment to your partner and think of no other outside
Spend time with your partner - Spending time together builds up quality relationship
Focus on the benefits of being faithful - Being faithful protects you and your partner from STIs and HIV and helps keep your relationship strong

What are the benefits of being faithful?
Peace of mind
Prevention of STIs including HIV
Avoids having children outside marriage
- Spending time together builds up quality relationship and trust

What are the challenges in being faithful?
- Peer Pressure
- Natural sex drive
- Away from home - e.g. truck drivers, shift workers, seasonal workers, cross border traders
- Sexual dissatisfaction in a partner
- Medical reasons - e.g. pregnancy, decreased sexual desire of partner due to certain medications
- Being faithful to an unfaithful partner
- Pressure from admirers
- Cultural pressure - e.g. sexual cleansing, infertility
- Socio-economic – e.g. poverty leading to exchanging sex for money and other favours

Condoms
Condoms, both male and female, are an important protection that enables you to have safer sex. When used correctly and consistently, condoms will give you protection against pregnancy and STIs, including HIV.

Both male and female condoms are thin enough to keep the pleasure during sex. Many people do say that it was not comfortable the first time they used a condom. However, after several times, they become comfortable with the use of a condom and find pleasure in sex.

All condoms are intended for one time use only. Condoms must be disposed off properly to ensure that children and pets do not find and play with them.

Male Condom
The male condom is a sheath of latex that fits over the penis like a second skin. It traps and holds the semen released during ejaculation, thereby blocking semen from entering the vagina. Some types of condoms have chemical that kills sperm and many types of germs, but does not provide additional protection against HIV.

Most male condoms are coated with a lubricant that reduces the risk of breakage. Since male condoms are made from latex, they are easily damaged by oil. If an additional lubricant is needed, use only water or water based lubricant such as K-Y jelly. Never use Vaseline, lotion or cooking oil to lubricate a male condom as this will make them more likely to tear.

Steps on how to use a male condom
1. Check expiry date, look at its storage and then open the packet, being careful not to tear the condom. Open the packet from the slit, don’t use your teeth and be careful with your fingernails. Take the condom out. Make sure the unrolled condom has the teat on the outside. Gently squeeze the teat on the tip of the condom so that air is not trapped in the
condom. If air is left inside the condom, it can burst open. For an uncircumcised penis, gently pull back the foreskin.

2. Hold the condom against the tip of the penis.

3. Hold the tip of the condom as you unroll it down to the base of the penis.

4. Most importantly, withdraw the penis after ejaculate and before the penis goes soft. While withdrawing, hold the condom at the base of the penis. Be careful not to allow the condom or the penis to touch your partner as you slip it off. Use a cloth or tissue to wrap the condom and dispose of it properly.

5. Don't throw the used condom where children might pick it up. It is best to put it with other rubbish for burning or throw it in a pit latrine. Wash your hands with soap and water after removing the condom.

The Female Condom
The female condom is a thin, loose-fitting polyurethane sheath. It is closed at one end and provides a physical barrier that lines the entire vagina. Like a male condom, it is intended for one-time use and is pre-lubricated. It can, however, be inserted 30 minutes to 8 hours before sexual intercourse. It is comfortable because the polyurethane sheath warms to a woman's body temperature.

A female condom does require practice to insert correctly. Allow plenty of time to insert it before you meet your partner. If a lubricant is needed with a female condom, you may use either water or oil based lubricant.

Carefully read the directions in the package. The method of inserting a female condom is:

Find a comfortable position for inserting the condom. Squeeze the smaller ring between your thumb and finger, to form a figure eight. While still holding the ring, put the condom into your vagina. Place your finger inside the condom and push the inner ring up inside the vagina until it rests on the cervix. Make sure the bigger ring at the open end covers the opening of your vagina. Use your hand to guide your partner's penis into the condom. Check to make sure that the bigger ring stays in place.

Avoid dry sex, as it increases the chance that the condom will break and that your vagina will tear, leaving an entry for the HIV virus.

Because the female condom lines the inside of your vagina, your partner does not have to withdraw immediately after sex. You can remove the condom when it suits both of you.

Remove the condom before standing up. Twist the outer ring and gently pull the condom from the vagina. Close the open end by twisting then wrap the condom in a tissue.

DO NOT RE-USE THE CONDOM. Dispose of it properly in the rubbish bin, not the toilet. Do not throw used condoms where children might pick them up. Wash hands with soap and water after removing a condom.
When used correctly, both male and female condoms should not break. However, if a condom breaks:
- Withdraw immediately.
- Wash the genitals with non-irritant soap or detergent.
- If there is risk of exposure to HIV or STI, see your health care provider immediately.
- Avoid dry sex, as it increases the risk of condom breakage

Prevention of Mother to Child Transmission of HIV
Mother to child transmission (MTCT) of HIV happens where the HIV is passed from an infected mother to her child. MTCT is the major means of HIV infection in children. Without preventive treatment, up to 40% of children born to HIV-positive mothers, will be infected. Of those who are infected through MTCT, it is believed that about 1/3 are infected through breast-feeding. Most of the transmission from mother to child occurs at the time of labour and delivery. This number is estimated to be about 40%.

Prevention of MTCT is dependent upon the identification of the HIV-positive woman. When an HIV positive woman intends to become pregnant, there are steps that can be taken to reduce the risk of transmitting the HIV to her baby.

Antenatal care
Voluntary counselling and testing (VCT) is available in all antenatal clinics. Many HIV-positive women are diagnosed for the first time during pregnancy. VCT in antenatal care enables women to:
- Learn how to practice safer sex
- Encourage their partners to be counseled and tested
- Make more informed choices related to breast feeding
- Seek early medical treatment and care of opportunistic infections
- Be linked to other health and social services
- Access peer support
- Learn ways to prevent transmission
- Learn ways to prevent future pregnancies

Smoking, drinking alcohol, and having unprotected sex during pregnancy can increase the risk of giving HIV to the unborn baby.

Labour and delivery
The highest risk of MTCT of HIV occurs during labour and delivery process. Several factors have been associated with this increased risk: These include:
- Vaginal deliveries are more likely to increase the risk of MTCT. Caesarean sections have been shown to reduce MTCT. However, higher rates of postoperative death in HIV positive women have been reported.
- Rupture of membranes earlier than 4 hours before delivery increases the risk of HIV infection. Membranes should not be ruptured artificially unless there is fetal distress.
Episiotomies (cutting the birth canal to make more room for the baby to come out) should only be used where there are complications. Forceps deliveries and vacuum extractions do not necessarily require an episiotomy.

Bleeding before delivery has been associated with increased MTCT. When there is bleeding, the baby should be delivered by Caesarean section.

Other areas for consideration during labour and delivery include:

- Cleaning the birth canal after each vaginal examination and during labour and delivery is effective in reducing MTCT.
- Education of Traditional Birth Attendants (TBAs) about HIV prevention and care is needed. This education should include the use of ARVs. They should not use traditional practices such as vaginal herbal potions and scarification. These increase the risk of HIV transmission.

**Antiretroviral Therapy (ART)**

A recent study showed that antiretroviral therapy during pregnancy, labour, and delivery and to the newborn reduced the risk of MTCT by 67%. A short term ARV therapy is available to all HIV-positive pregnant women in most of the clinics in Zambia. Newborns are also given an antiretroviral drug immediately after delivery within 72 hours. This treatment does not prolong the life of the mother, but has been found to be effective in reducing transmission of HIV to the infant.

**Infant feeding**

- It is not possible to tell whether a newborn has already been infected with HIV. The child of an infected mother may have maternal antibodies in his/her blood until 18 months of age. The decision on infant feeding options is personal. A mother will decide whether to breast feed or give the baby other feeds.
- If the mother decides to breast feed, she is advised to exclusively breast feed the baby for the first 6 months of life thereafter stop breast feeding and introduce other feeds.
- If the mother decides to feed the baby on infant formula, the water must first be boiled and cooled.
- Bottles and nipples must also be sterilized before every use. Formula is expensive. However, formula that is not prepared to directions is dangerous to the child. The known risk of malnutrition is worse than the risk of HIV transmission.

**Post-natal care of the HIV-infected mother and her infant**

An HIV positive woman and her infant should have routine post-natal care. However, the family might need additional counseling and support. Such counselling might include decisions on infant feeding and advice on family planning.

HIV-infected women are more at risk for medical complications, such as urinary tract infections, chest infections, episiotomy infection, and uterine and caesarean section wound infection.
Post Exposure Prophylaxis (PEP)

PEP is preventative measures using antiretroviral therapy, in the treatment of HIV after being exposed to the HIV. It is important to seek medical attention immediately, because this therapy needs to be started within 12 hours and upto 72 hrs after exposure. A negative HIV test result is needed in order to undergo PEP therapy. PEP is only effective for people who are newly exposed to HIV. Once HIV is active in the body, PEP has no effect.

PEP therapy is offered to the following people:
- Rape survivor
- Hospital personnel (for example, after a needle-stick or a work-related exposure)
- Those accidentally exposed to the infection while helping accident victims.

Therapy has to start immediately and lasts for a month. There is need to do follow-up tests until there are (3) three negative results.

Voluntary Counselling and Testing

VCT is a service offered to people who want to know their HIV status. It offers a confidential and personal means of knowing one’s HIV status. VCT recognizes the fact that every person is an individual and different from others, with special needs. VCT is the only entry point to HIV care and treatment.

The counselling process is used when making personal decisions relating to HIV/AIDS and other health concerns. It includes the evaluation of personal risk of HIV transmission and the facilitation of preventive behaviour. This counselling empowers and enables people to get through the process and cope with the results.

Stages of VCT

VCT has 3 stages:

1. Pre-test counselling
   This is given to prepare people for the test and its result. Individuals or couples receive information on HIV, the test, benefits of VCT, and a risk assessment. They discuss confidentiality of results, anticipated results, implications of the result, and begin to make plans for the future. Some people need more time to think about the test after this session.

2. Testing
   The HIV test is usually done by taking a small amount of blood. When tested at a VCT centre, results are ready the same day. Rapid kit tests are used for initial screening and do not require the sample to go out to a laboratory. Results from those tests are usually ready in about 30 minutes.
   The first test is considered a screening test. When the result of the screening test is HIV positive, a second test is required to confirm the HIV status. International standards call for the second test to be a different one from the first. This second test is to make sure that the HIV diagnosis is accurate.

Causes of false Negative
A “false negative” means that someone who is HIV positive goes for a test and the test comes back negative. This can be caused by
  o Window period – This is the delay period from infection to sero-conversion and usually lasts from six weeks to 3 months. If someone is infected and then goes for VCT within 3 months of infection, the test may come back negative, even though they are positive. During counseling, the counselor will ask when you were last exposed to HIV. If it was less than 3 months ago, they will ask you to come back again.
  o HIV Type 2 - This type takes longer to detect and may give false negatives.
  o Human Error – all precautions are put in place to avoid human error.

3. Post-test counselling
This is when the results are given and discussed. Psychological and emotional support is given to help people deal with the result of the test, whether HIV negative or positive. It also includes counselling on how to prevent spreading HIV. VCT centres will refer people for appropriate care and treatment.

What is Counselling?
Counselling is a helping relationship between the counsellor and client. The aim of this relationship is for the counsellor to help the client make an informed decision or choice.

The goals Counselling and Testing are:
  o To help those who test HIV Negative to stay Negative
  o To help those who test HIV Positive protect themselves from getting re-infected or infect others
  o To refer those who are HIV positive to organisations or institutions that will offer care and treatment, such as family planning, PMTCT, clinical care and psycho-social support
  o To increase HIV awareness, reduce stigma and support other community education efforts

Why access VCT?
Early diagnosis of HIV infections enables people to adapt the way they live to delay the onset of AIDS.
It is important to know your HIV status. There are many reasons why one should have an HIV test. These reasons include:
  o You or your partner have engaged in risky sexual acts
  o Your partner has requested it
  o You have been diagnosed with an STI or Opportunistic Infection
  o Loss of partner due to chronic illness or death
  o Desire for early access to care and treatment for HIV
  o Wanting to know your HIV status before getting married or pregnant, and to plan for your family’s future
  o To find out if you are HIV-negative and learn how to stay that way
  o You were raped or sexually assaulted
  o When travelling to other countries for residence or studies
There are also times when your health care provider may ask for an HIV test. These include before undergoing surgery, during pregnancy, and when suffering from a persistent illness.

Why people do not go for VCT
- Fear of being HIV positive
- Think there will not be confidentiality (think that the person doing the testing or the counselor will tell others about their status)
- Think that the service is of poor quality, don’t trust the results to be correct
- Don’t know the benefits of knowing your status
- Do not believe themselves to be at risk
- Fear of social stigma/rejection and discrimination
- Fear of dismissal from work – however, it’s illegal to dismiss any employee because of HIV status
- Lack of HIV information
- Lack of good communication between couples on VCT
- Fear of death

Opportunistic Infections
Opportunistic Infections (OIs) are infections that would normally not infect, harm or kill a healthy person. They take advantage of a weakened immune system. Although there are many reasons why a person may have a weakened immune system, in this manual, we are talking specifically about those who are HIV positive. It should be noted here that it is these OIs that kill and not AIDS as AIDS is just a syndrome (or group) of OIs.

When our immune system is working, it controls a lot of germs, bacteria, fungi and viruses we carry in our body. But when the immune system is weakened, these germs can get out of control and cause health problems. The most common OIs associated with HIV are described below.

Tuberculosis (TB)
TB is a common infection associated with HIV/AIDS. It can occur in both the early stages and late stage of HIV infection. HIV and TB form a fatal combination, each speeding the other’s attack on the body. Many people are infected with the bacteria that cause TB, but may not show symptoms until the bacteria become activated when HIV weakens the immune system. The common form of TB affects the lungs but can affect other organs such as kidneys, stomach and bones.

Transmission
- TB is highly contagious and can be spread through coughs and sneezes

Signs and Symptoms
- Fevers
- Night sweats
- Weight loss
Coughing up blood

Diagnosis:
- Sputum culture will show TB germs
- Chest X-ray

Resistant TB
- Multiple-drug resistant TB is now occurring due to non-compliance to treatment.
  (People are supposed to take drugs for several months to get rid of TB. However, some people stop taking the drugs when they feel better and the bacteria becomes resistant to the drugs.) Multiple-drug resistant TB is also spread through over crowding and poor sanitation at clinics and hospitals which treat TB. The resistant TB germs can be spread to other people, then TB drugs will not cure their infection.

Herpes Zoster (Shingles)
The same virus that causes chicken pox causes Shingles. Anyone who has had chicken pox as a child has the virus for Herpes Zoster in the nerve roots adjacent to the spine. Immunodeficiency and stress tend to be the two main factors that cause the reactivation of the virus leading to shingles. It affects the face, trunk or inner thighs and may look like a band around the body. The fluid from the blisters is highly contagious as it contains viruses.

Signs and Symptoms
- Forms a very painful blistery rash that follows the path of a sensory nerve
- Fever
- Fatigue and Headache

Herpes Complex
It is a common sexually transmitted diseases caused by a virus. In HIV/AIDS patient outbreaks are more frequent and more severe.

Types
- Type 1 causes oral herpes – sores on the face and mouth
- Type 2 causes genital herpes – sores on the genital and anal area

Signs and Symptoms
- Painful lesions or blisters on the mouth or face for type 1
- Painful swollen and itchy lesions on the genital and anal area
- Painful urination
- Watery discharge from sores
- Fever
- Swollen lymph glands

Pneumocystic Carinii Pneumonia (PCP)
PCP is a deadly type of pneumonia directly connected with AIDS. It is rarely found in people who are HIV negative.

Signs and Symptoms
- Fever or Chills
Night sweats
• Dry cough
• Shortness of breath
• Rapid breathing
• Feeling of tightness in the chest
• Weight loss

All forms of pneumonia have similar symptoms. However, PCP does not respond to regular antibiotic treatments.

Meningitis
Meningitis is the swelling of the membranes or covering of the brain and the spinal cord. Bacteria, viruses, or fungi may cause it. The forms caused by viruses or bacteria have acute symptoms, with the disease running its course quickly. Any person who develops symptoms should immediately be taken to the nearest hospital or health centre. Most cases of meningitis can be successfully treated and cured when diagnosed early.

A fungus called Cryptococcal causes the most common type of meningitis associated with HIV. Many people are exposed to the fungus but a healthy immune system usually stops the fungus from causing the illness. This form of meningitis is hard to treat, difficult to cure, and considered one of the “AIDS defining illnesses.”

Signs and Symptoms
• High fever
• Intense headache that develops quickly
• Stiff and aching neck
• Blurred vision
• Nausea and vomiting
• Fatigue
• Memory loss
• Behaviour change (confusion)
• Seizures or fits

Kaposi’s Sarcoma (KS)
This is a rare form of cancer that affects the blood vessels in the skin, associated with AIDS and considered an “AIDS defining illness.”

Signs and Symptoms
• Skin lesions may appear like dark, flat and painless spots
• Skin lesions that are not itchy and do not drain
• Lesions can affect any part of the body, the mouth, lungs, lymph glands, or skin

Candidiasis (Thrush Infection)
There are three types of thrush: oral, throat, and vaginal. It is caused by fungi, that healthy people are able to resist. This infection is extremely common in AIDS patients. However pregnant women and diabetics may get this infection due to lowered immunity.

Signs and Symptoms
Oral and throat thrush
  - White painless patches on the tongue, walls of the mouth, gums and upper throat
  - Altered sense of taste
  - Difficulty in swallowing

Vaginal thrush
  - Whitish or yellowish vaginal discharge
  - White patches in the vagina, itchy and irritating
  - Burning sensation
  - Painful urination

Sexually Transmitted Infections (STIs)

A Sexually Transmitted Infection or STI is any infection that can be passed from one person to another during sex. Below are some basic facts:

- HIV is an STI.
- Some STI’s can be spread through other ways, including re-using needles and syringes.
- Any person who has sex can be at risk of getting or spreading an STI. The risk increases with the number of sexual partners a person has.
- Some STIs are easily treated; others are very serious and can lead to infertility, reproductive health problems, and even death.
- The problem of drug resistance is made worse by the common use of antibiotics for almost every minor illness.
- The person with an STI such as syphilis or chancroid is more susceptible to HIV infection. Most STIs present with ulcers and sores that can be a portal of entry of HIV. Hence, chances of contracting HIV are increased 4 to 5 fold when one has an STI and engages in unprotected sex. Prevention and control of STI will help prevent and control HIV.

For proper control of STIs, persons with symptoms must be correctly diagnosed, appropriately treated and given advice on protection against further transmission and getting additional STIs. Their sexual partners should also be screened for infection and appropriately treated and counselled.

Types of STIs

Gonorrhoea

Incubation Period
  - The symptoms will usually appear in 2 to 10 days after infection. People can be infected for several months without showing symptoms, especially women. A baby can get it from an infected mother during birth.

Signs/Symptoms:
Yellowish discharge from the urethra
- Pain during urination
- Urinating more often
- Swelling of glands in the groin
- Head of penis may be inflamed
- Abnormal menstrual bleeding in women
- Lower abdominal pains and backache

Strict personal hygiene is essential in order to contain the infection. In extremely severe cases, the infection spreads to the other parts of the body.

Complications
- Pelvic Inflammatory Diseases (PID)
- Swelling of the testicles
- Infertility (Inability to get pregnant or for a man to get a woman pregnant)
- Serious eye infections in newly born, which can lead to blindness later in childhood
- Can cause premature (or early) labour
- Low birth weight

Syphilis
There are three Stages of Syphilis

**Primary Stage:** This stage is highly contagious and occurs 10 days to 3 months after exposure.
Signs/Symptoms of the Primary Stage
- Painless sore at the area where the bacterium entered the body

**Secondary Stage:** This occurs 3 to 6 months after primary stage
Signs/Symptoms of the Secondary Stage
- Generalised skin rashes, particularly on palms and soles
- Sores on lips, mouth, genitals, anus
- Soreness and aching of bones and joints
- Patchy hair loss
- Fever and headaches
- Sore throat
- Muscle aches and tiredness
- Weight loss
- Swollen lymph glands

Secondary symptoms usually disappear within days. Untreated syphilis remains latent or hidden for many years. During this latent period, it is no longer contagious and no symptoms are present.

**Tertiary Stage**
Between 3 and 25 years after exposure to Syphilis, the bacteria become active in internal organs and damage the brain, nerves, eyes, heart, blood vessels, liver, and bones.
Signs/Symptoms of the Tertiary Stage
- Repeated vomiting
- Shooting pains
- Hair loss
- Large skin eruptions
- Paralysis
- Damage to the knee joints
- Loss of ability to feel pain
- Tumours on the skin, bones and liver
- Uncoordinated muscle movements
- Deep sores on the feet
- Gradual blindness
- Madness
- Blockage of the heart vessels

**Congenital Syphilis**
Syphilis can be passed on to an unborn child during pregnancy. This is called congenital syphilis.

**Incubation period:**
If the disease has been transmitted to the baby it will be evident in two weeks to three months after birth.

**Signs/Symptoms in Infants**
- This occurs two weeks to three months after birth
- Skin sores that are infectious
- Rashes and Fever
- Anaemia and jaundice
- A very runny nose, which is sometimes bloody and infectious
- Weakened or hoarse crying sounds
- Swollen liver and spleen
- Deformities - damaged bones, eyes, ears
- Brain damage
- Retardation and fits

**Chancroid**

**Incubation period**
It takes 3 to 14 days for the infection to show

**Signs/Symptoms**
- Painful dirty sores on the genitals and in the mouth
- Abscess in the groin, which eventually rapture and leave a deep sore
- Fever

**Complications**
- Fibrosis and scarring
- Chronic ulceration and swollen lymph glands
- Deep ulceration in women can cause holes that connect the rectum to the vagina or vagina to urethra
- In men it can cause penile amputation
- Chancroid is extremely dangerous because the open sores it causes increases the chances of getting HIV

**Chlamydia**

**Incubation period:** The symptoms will show 7 to 21 days after contracting the infection
Signs/Symptoms: (In men)
  - Discharge from the penis
  - Swelling of testicles
  - Pain when passing urine

Signs/Symptoms: (In women)
Most women cannot tell that they have the infection. Some may have:
  - Yellowish vaginal discharge
  - Pain when passing urine
  - Pain during sex
  - Lower abdominal pains

Complications:
  - Infertility
  - Ectopic pregnancy (pregnancy outside the uterus e.g. fallopian tube, abdomen)
  - Inflammation of the cervix
  - Baby born with serious eye infection and pneumonia

Genital Herpes
Incubation Period: Symptoms usually appear 2 to 21 days after infection, but it may be years before an outbreak occurs

Signs/Symptoms-
 Many people display no symptoms, particularly women
  - Painful blisters and sores around the genital area.
  - Enlarged lymph nodes in the groin
  - Pain when passing urine, especially in women
  - Burning, tingling or itching in the genital area
  - Fever and body aches
  - Discharge from sores
  - Cold sores around the mouth

Treatment: Medication only eases the symptoms of Herpes. The virus lies dormant and is triggered to reappear under certain circumstances.

Trichomoniasis
Incubation period: Incubation period is up to 28 days. Towels and washcloths can also spread this infection

Signs/Symptoms
 Men rarely have symptoms
 Some women may have:
  - Pain in the vagina
  - Inflammation of vagina
  - Itching in the vagina and vulva
  - Yellowish frothy offensive discharge
  - Pain during sex
Viral Hepatitis B
Hepatitis B is caused by a virus, which can cause severe liver damage and death. It is very contagious and the virus is contracted through body fluids – blood, semen, vaginal fluid, saliva and breast milk. People with Hepatitis B may remain with the virus for a long time. Hepatitis B is the only sexually transmitted infection that is preventable with vaccination. Incubation period is 1 to 6 months

Signs/Symptoms:
- Nausea and vomiting
- Loss of appetite
- Extreme tiredness
- Muscle or joint aches and pains
- Headache
- Bulky and pale faeces
- Very dark urine
- Yellow skin colour (Jaundice)

Genital warts
Incubation period is 2 to 3 weeks after infection for warts to appear.

Signs/Symptoms:
- Visible growth that appears like cauliflower on the genitals.

Pubic Lice
The mite has claws like a crab, which it uses to hold on to the pubic hair, and likes to feed on blood. Infested towels, washcloths, clothes, pillows, and bed sheets can pass on the infestation. Pubic lice causes itchness which leads to persistent scratching of the pubic areas. This can cause a break in the skin which can be a portal of entry of HIV when there is contact with infected semen and vaginal fluids. Incubation period: Itching begins five days after infestation

Signs/Symptoms:
- Itching
- Bruises and cuts due to persistent scratching
- Sores