

# THE HIV & AIDS

Questions and Answers Book



**USAID**  
FROM THE AMERICAN PEOPLE





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The HIV and AIDS Questions and Answers Book  
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## Preface

The *HIV and AIDS Questions and Answers Book* is a summary of the common questions asked by many people, young and old, about HIV and AIDS with appropriate responses to those questions.

This book has been compiled so that all types of leaders in Zambia - family heads, parents, chiefs and other community leaders, religious leaders and even health workers - will be able to answer these questions correctly. This book is intended to help teachers, extension workers, radio and television journalists, political leaders, traditional and religious leaders talk about HIV and AIDS in simple, easily understood language.

This book is also intended to be a useful tool for parents in frankly discussing information about HIV and AIDS with their children.

We recommend that the *HIV and AIDS Questions and Answers Book* be read all the way through to first become familiar with its contents. Then one can go back to the questions of greater interest and use in one's work. Readers could also read and discuss questions individually. This book can be used in many ways including:

- as a reference for quiz competitions;
- as a group discussion starter;
- as reference material for primary health care workers;
- as a resource guide in classrooms and other training centers;
- as a resource guide in sermon preparation; and
- as a resource when talking with your partner and children or others in your home and community.

It is hoped that this booklet will deepen people's understanding of the disease and facilitate their adoption of healthy behaviours to avoid infection and proper treatment for those who are HIV+.

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## Introduction

Over 1,584,000 Zambians have HIV (the virus that causes AIDS), but show no signs of sickness yet. In fact, most do not even know they have the virus. Over 100,000 people in Zambia have AIDS. We are all at risk. 92.5% of infections are in the general population. Only 7.5% fall in the “high risk” populations such as transport workers or uniformed personnel.

Almost everyone in Zambia knows that AIDS is here. They have many questions about how it is spread and prevented. This book answers the most common questions people ask health providers about HIV and AIDS. The answers will help teachers, parents, community leaders and religious leaders to educate and inform people about this illness and how they can avoid it or, if positive, manage it.

This book contains a lot of information on HIV and AIDS but readers should remember these seven simple messages:

1. Get tested and know your status. If you have a partner, encourage him/her to get tested to know his/her status.
2. Be faithful to one faithful sexual partner to avoid being infected with HIV. If you don't know your status or your partner's status, always use a condom.
3. Abstain from sex before marriage; remain faithful after marriage.
4. Talk about HIV and AIDS openly and frankly and encourage your friends, family, congregation and community to protect themselves by knowing their status and practicing safe sexual practices.
5. Discordant couples (where only one is HIV+) should use condoms every time they have sex to avoid infecting the other with HIV.
6. People living with HIV/AIDS need the support of friends, family, congregation and community members.
7. How can I make a positive difference in fighting stigma and discrimination?

## HIV and AIDS

### 1. **What do the letters H.I.V. mean and what is HIV infection?**

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. HIV is another name for the AIDS virus. People become infected with HIV when the virus enters the body. This does not cause any symptoms. A person with HIV can look and feel healthy for many years. Over time the virus begins to destroy the body's immune system and the ability to prevent infections. Eventually a person develops symptoms of AIDS. AIDS is the last stage of HIV infection.

### 2. **What causes AIDS?**

HIV causes AIDS. The virus attacks your body's defense system and eventually destroys it. When your defense system is gone, any sickness can make you very weak. This lack of ability of your body to fight sickness and the weakness it causes in you is what we call AIDS.

### 3. **What do the letters A.I.D.S. stand for and what do these words mean?**

AIDS stands for Acquired Immune Deficiency Syndrome.

Acquired means that you get it from someone else. Your own body does not make this disease. It comes from outside your body.

Immune means the body's ability to fight sickness. Every person has some immunity to sickness inside his body. This helps the person fight disease and stay healthy.

Deficiency means lack of something. In a person with AIDS, the body's immune system can no longer work properly. It cannot fight

off even the weakest disease germ. A person with AIDS therefore catches many illnesses. These illnesses are what kill him or her.

Syndrome means a group of sicknesses that occur together. People with AIDS get many of the same kinds of infections and sicknesses, such as coughs, diarrhea, fever, etc.

#### **4. If you are infected with HIV, does it mean you have AIDS?**

No. Being HIV+ means you are infected with the virus. It means that you will get AIDS, but maybe not for some time, especially if you eat well, get plenty of rest, and practice positive living. People can be infected with HIV for many years before they get sick with AIDS. During this time they look and feel healthy. Unless they get an HIV test, they will not know that they are infected. However, they can still spread the virus to other people. In fact, people are most contagious when they are first infected and appear completely healthy.

#### **5. What is the difference between HIV/AIDS and Sexually Transmitted Infections (STIs)?**

Sexually Transmitted Infections (STIs) are infections that are spread from one person to another through sexual contact. HIV is one of many types of sexually transmitted infections. Other STIs in Zambia include gonorrhoea, syphilis, chlamydia, and genital ulcers. You can find out more about these from your health worker. HIV is different from other STIs because there's no cure for it.

#### **6. How do I know if I am at risk of catching HIV?**

- Here is a test to help you find out if you personally are at risk.
- Have you ever had sex?
- Have you ever had more than one sexual partner?
- Have you ever had sex with anyone who already had sex before?
- Have you ever had a sexually transmitted infection?
- Have you ever been unfaithful to your steady partner?
- Have you ever received injections from non-professionals

- who may not have used sterile needles or syringes?
- Have you ever shared razor blades or skin-piercing instruments?

If you answered “yes” to any of these questions, it does not mean you are infected with HIV. It does mean that you MAY have been exposed to the virus and should get an HIV test.

## 7. **How do I know if I have HIV?**

The only way to know if you have HIV is to be tested.

You cannot tell by the way you feel. People with HIV may feel healthy for many years after they are infected. But the virus is still in their bodies.

You cannot tell by the way you look. People with HIV look the same as they did before infection. Their appearance does not change.

A blood test for HIV antibodies is the only way to find out if you have the virus. Once infected, there is a window period of about 3 months in which HIV antibodies do not appear in your blood. When you take a blood test during that time, they will explain that the first test is not necessarily conclusive and that you will have to come back for another test after 3 months to be sure.

***Remember, even if you test negative now, you can still get infected in the future if you do not protect yourself. Prevention is the best way to avoid getting infected with HIV.***

## 8. **Can I have HIV now and not know?**

Yes. HIV has no symptoms. It is only when the virus has attacked your immune system that AIDS develops and you start to get sick. You can be HIV positive and not even know it. Think about your behavior in the past.

## 9. **What do I do if I think I might have HIV, but I'm not sure?**

See a counselor who will help you think through the option of getting a test for HIV.

**10. They say that herbalists and spiritual healers have a cure for HIV/AIDS. Is it true?**

No. Many herbalists and spiritual healers claim that their herbs and prayers can cure AIDS and kill HIV but no scientific study has proven this yet. Scientists all over the world have been searching for a cure for AIDS for the past two decades. To date no drug has been found that can cure AIDS and no herbalist or spiritual healer can cure AIDS. They may only cure opportunistic infections that come as a result of having AIDS.

**11. What are opportunistic infections?**

We said earlier that when a person has AIDS, it means that the body's immune system can no longer work properly. It cannot fight off even the weakest disease germ and therefore the body is vulnerable to many illnesses such as TB, herpes zoster, oral thrush, Kaposi's Sarcoma, etc. These diseases which come because a person has no immunity to fight them off are called "opportunistic infections".

## Sex and HIV/AIDS

### 12. **Is sex the main way that people in Zambia get infected with HIV?**

Yes. Having sex with someone who is infected is the most common way people in Zambia get infected. HIV is also transmitted through contact with infected blood from contaminated blood transfusions or used needles or syringes; or from mother to child during pregnancy, childbirth or through breast-feeding.

### 13. **How is HIV transmitted through sex?**

HIV is found in blood, semen (the man's sex discharge), and vaginal fluids (the woman's sex discharge). During sex, the virus can pass from one partner to another in any of these fluids. This can happen even if you have sex for a short time or if you only have sex one time.

### 14. **I have heard that HIV passes through cuts and sores on the skin of the penis and vagina. Is it true?**

It is true that HIV can move more easily from one body to the other when there are cuts and sores on the penis or vagina. This is because healthy skin acts as a wall, keeping the virus from getting inside the body. When there are breaks - even small ones that you cannot see, HIV can easily get inside.

### 15. **What causes these cuts and sores, and how can I keep from getting cuts and sores on the skin of the penis and vagina?**

Many things can cause these cuts and sores. *Sexually Transmitted Infections* can cause them as can "rough sex", "dry sex", and having sex too long so that you feel sore after. To help keep our skin healthy and free from sores and cuts, avoid using herbs that keep the vagina dry during sex and seek early treatment for STIs.

**16. Is it then safe to have sex if I cannot see cuts or sores on the penis or vagina?**

No, it is not safe. There may be minor cuts inside the vagina or on the penis that are too small to see. Even if there are no cuts or sores, HIV can sometimes enter the body through the skin on the penis or vagina. Don't take chances.

**17. Is it true that I have to be with many sex partners to get HIV?**

No. One sex partner can infect you with HIV. If your partner is infected she or he can give you the virus if you have unprotected sex with him or her. But it is also true that you have a much greater risk of getting infected when you have sex with many different partners.

**18. If people wash their private parts immediately after sex with an infected person, won't that protect them?**

No, it will not protect them from HIV (or any other *Sexually Transmitted Infection*). HIV passes from body to body while the penis is still inside the vagina (or anus). Washing the penis before or after sex is not helpful at all.

**19. If I have sex and I get gonorrhea, does that also mean I will get HIV?**

No. You may, but you will not know unless you have an HIV test. Get proper treatment for your sexually transmitted infections early. If you do not, the next time you have sex, it will be much easier for HIV to enter your body.

**20. If I have already had sex with many people in the past, why should I now change my ways?**

If you have no proof that you have the virus now, then do not take the chance of getting it. And if you think you may have the virus, remember that the more times you get infected, the sooner you will become sick. Also think of others. You may be infecting others

without knowing it.

***Go for Voluntary Counseling & Testing (VCT) now!***

**21. How can I know if someone has HIV?**

You can never be sure whether a person has HIV just by looking at them or talking with them or even touching them. Most people who carry HIV do not know it themselves. A person has to have an HIV test to know for sure.

**22. Is wet kissing (placing the tongue in the other person's mouth) a way of getting HIV?**

No. However, if you and your partner have an open sore in the mouth or bleeding gums there is a very small chance of getting HIV.

**23. Can I catch HIV from touching my sexual partner's private parts with my mouth?**

Probably not. The fluids (digestive juices) in the mouth and stomach kill HIV. However, if you or your partners have an open sore in the mouth or bleeding gums, there is a small chance of getting HIV.

## Avoiding HIV infection through sex

### 24. How can I avoid HIV infection through sex?

There are several ways to avoid HIV through sex:

- Practice abstinence;
- Know your status; know the status of your partner;
- Have sex with only one partner who has no other partners;
- Choose sexual partners carefully (i.e., know your partner well) and limit the number of sexual partners;
- If your partner has not been tested, encourage him or her to get tested for sexually transmitted infections and HIV;
- Have safer sexual relations such as kissing, hugging etc.
- Use male and female condoms during sex, **each** time you have sex.

### Abstinence

### 25. How can I practice abstinence as a young person?

- **Be clear about why you want to wait and not rush into sex.** List your reasons. Talk them over with some one who supports you. Check your list from time to time to remind yourself.
- **Have a plan.** Know what situations might make it hard to stick with your choice. Decide ahead of time what you'll do to avoid or deal with them, such as leaving when being pressured to have sex.
- **Be impressed with yourself.** It can be hard to go against the crowd and make your own choices. Give yourself credit. You deserve it.
- **Notice the pressures.** Pay special attention to messages in music, videos, and movies telling you to have sex.
- **Get support.** Hang out with friends who know about and respect

your decisions. Avoid people who might pressure you. If pressured, threaten to tell some one in authority (a relative, police, etc.)

- ***Practice communication skills.***

Learn to say “No” emphatically or “No, no, no” repeatedly.

Give a reason such as “I am not ready” or “I’ve decided to wait until I’ve achieved my academic goals.”

Turn the tables: “You say that if I love you I would, but if you really love me, you wouldn’t insist.”

## **26. What benefits do young people derive from abstaining from sex?**

- Living the values of your family and religion
- Realizing your educational goals
- Practicing self control/self discipline--important skills for all aspects of life
- Avoiding the risk of unwanted pregnancy and the burdens that go with it.
- Enjoying your youth – with nothing to regret as an adult.
- Having the satisfaction and pride of making a positive choice.
- Being a positive model to younger siblings and future children.
- Avoiding sexually transmitted infections and HIV/AIDS.

## ***Faithfulness***

### **27. Why should I choose carefully or limit the number of my sexual partners?**

When you live in a society where HIV prevalence is high, your chances of becoming infected with HIV are high. There is also a strong chance that the person you have sex with will have the virus.

### **28. What do you really mean by being faithful?**

By having sex with only one sexual partner to whom you are fully committed.

**29. What issues should I consider before getting into a sexual relationship?**

Some key issues you should consider are:

- Whether your partner has had sex in the past;
- With whom did she/he have sex in the past?
- How many sexual partners might she/he have had in the past?
- Could any past partners be at risk for having HIV?

You need to talk about these issues with your partner before deciding to have sex with her/him since you cannot tell if a person is infected by looking.

**30. Remaining faithful to one sexual partner; Is this really a choice for me?**

Sure it is. This is the right choice for you. If two people choose to have sex only with each other, they are choosing to be monogamous. If neither of them already have HIV then being faithful helps keep both of them safe from HIV.

**31. How can we stay safe from HIV if we choose to stick to each other only?**

You can stay safe by not having sex outside the relationship. If you take this precaution, you can be sure of never getting HIV through sex. You are "HIV-sheltered" partners.

**32. What should we do to set ourselves on the course of being truly "HIV – sheltered" partners?**

Since many people have had sex by the time they choose to build a monogamous – one faithful partner relationship, you can only be sure of establishing a truly "HIV – sheltered" partnership through testing. When your test proves negative you can continue to have sex with each other forever without condoms and be sure of never getting HIV from sex. If your test is positive, using condoms each time you have sex will prevent you from re-infecting one another. Remember, you should never be tempted to have sex with any other person apart from your "HIV- sheltered" partner!

**33. Can people in a polygamous relationship (having more than one sexual partner) remain “HIV – sheltered”?**

Yes. People in polygamous relationships can also be sheltered from HIV as long as all the partners do not have HIV and do not have unsafe sex outside the relationship or engage in other risky behaviours.

**34. As an adult in a relationship what is the ultimate thing to do to avoid HIV?**

Great! Start now in reducing the number of your sexual partners. Keep to that single sexual partner and remain committed to him/her all the time.

**Condom Use** *Condom Use*

**35. Do condoms really protect those who use them?**

Condoms protect both sexual partners! When a man wears a condom, the skin of his penis does not touch the fluid in the vagina. This protects him from getting infected. The condom also catches the man’s discharge so it does not go into the woman. This protects her from both HIV infection *and* pregnancy.

**36. For whom are condoms especially recommended?**

Condoms are especially recommended for discordant couples. That is, when one partner is HIV positive and the other is not. They are also vital for couples who are both HIV+ to avoid re-infection and a subsequent increase in the viral load which leads to the earlier development of AIDS.

**37. Don’t condoms tear or burst? Why should I bother to use them?**

Yes, condoms sometimes tear or burst, but not often. And if tears do happen, they will mostly happen when you are taking the condom out of the package or taking it off after sex. Tears happen if no space

is left at the tip of the condom; be sure to leave a little space at the tip. If your condom tears, throw it away and use a new one, so there is no danger of getting infected or pregnant.

**38. How can I make sure my condoms are strong?**

Always choose a latex condom. These condoms are made strong. To keep them that way, store them out of the sun. Keep them out of hot places. Use each condom only once. Do not put oil on the condom or near it; this will make the condom weak. Do not use a condom if the package is damaged or if the condom is hard and cracked.

**39. What is the proper way to use a male condom?**

These are the rules for correct condom use:

- Use a new condom every time you have sex.
- Open the package carefully so you do not tear the condom.
- Hold the tip of the condom and unroll the condom onto the erect penis.
- Put the condom on before entering your partner.
- Leave a little space at the tip of the penis to hold the semen.
- Before pulling out from the vagina, while the penis is still hard, hold the condom at the base of the penis so it does not slip off.
- Put the used condom in a latrine or dustbin, bury or burn it.

**40. What is the female condom?**

The female condom is a transparent sheath of polyurethane that is placed inside a woman's vagina before intercourse. (Polyurethane is a soft thin plastic that is stronger than latex). It prevents semen from coming into contact with the vagina, offering protection from both pregnancy and infection.

**41. Is the female condom effective?**

The female condom is as or more effective at preventing pregnancy as other barrier methods, and up to 95% effective when used

consistently and correctly. Female condoms are at least equivalent to male condoms in preventing common STIs and are estimated to reduce the risk of contracting HIV by 97% for each protected act of intercourse. Protection is dependent, however, on consistent and correct use of either the female or male condom.

#### **42. How is the female condom different from the male condom?**

Perhaps the most important difference is that the female condom is “worn” by the woman, not the man, so that women have more control over its correct and consistent use. The female condom can be inserted before intercourse begins and does not have to be removed immediately after the act, so using it is less likely to feel disruptive. It’s made of polyurethane, not latex, a stronger sheath.

#### **43. Do women like them?**

Women’s perceptions of the female condom have been researched in virtually every type of culture and setting. While the individual woman’s response varies, certain pros and cons of the female condom emerge consistently: women often say that using the female condom feels more like unprotected sex than the male condom. In addition, they like the added sense of safety and control that the female condom offers. While most women use the female condom with the cooperation of their partner, some say that the female condom is a good option when their partner is drunk or angry, and some women even report being able to use it surreptitiously without their partner being aware of it.

Women who try but don’t continue using the female condom complain that it is intimidating or difficult to insert, or that it becomes dislodged or makes noise during intercourse. Research shows that many of the most common complaints about the female condom can be partially or totally overcome by good introductory counseling, sustained information and support, and practice.

#### **44. What do men say about the female condom?**

In acceptability studies, many men say that they prefer the female

condom to the male condom for number of reasons: the female condom more closely approximates unprotected sex because it retains body heat, its use doesn't interrupt the sexual act, it does not require the man to maintain an erection throughout its use, and it does not constrict the penis. Some men also say that they like the female condom because they don't have to "bear the responsibility" for protected sex. However, some men still respond to their partners' suggestions to use a female condom with patriarchal and dangerous ideas that condoms permit female promiscuity or violate trust within a couple.

#### **45. Can they be used more than once?**

Current recommendations are that the female condom be used once and discarded. Laboratory studies show that after being washed multiple times with soap, bleach, or water alone and patted dry, female condoms maintain their structural integrity. While this means that they will still prevent the passage of sperm and pathogens, the larger question is whether reuse will be safe and practical in real-life practice. Many people are concerned that re-inserting the condom may introduce new pathogens, or that they will not wash it properly. Although several studies as well as anecdotal reports from many programs show that some women already use the female condom more than once, the current recommendations for single use should be promoted until conclusive studies are complete. In the meantime, female condoms must be accessible and affordable so that women are not tempted to reuse them for the sake of economy or convenience.

#### **47. Can male condoms get lost inside the woman's body?**

No. However, condoms can sometimes slip off into the vagina. This happens when the man waits till the penis gets soft before pulling out. But the condom cannot go deeper into the woman's body. The vagina leads to the cervix, the neck of the womb. This opening is very small and a condom cannot pass through it. It will stay in the vagina. The woman can reach into the vagina and pull the condom out with her fingers.

**47. Will using two to three condoms at the same time increase their effectiveness?**

Absolutely not. One condom is enough.

**48. Do condoms come in different sizes? Can any condom fit any man?**

All condoms in Zambia are the same size. One size stretches to fit all men.

**49. Can I get HIV if I touch a used condom?**

No. HIV cannot live long outside the body. However, it is a hygienic and safe practice to throw away condoms into the latrine, dustbin or garbage.

**50. With so many different types of condoms out on the market, how do I know which condom is good?**

Almost all condoms in Zambia today are of good quality material and workmanship. A very few may be too old to use safely. Do not use condoms that are 4 years older than the date of manufacture on the package. You will find that condoms sold under different brand names are very similar. They are all good protection against HIV, other STIs, and pregnancy.

**51. Should I use a condom with my regular partner?**

Yes, by all means. Use condoms to show you care and are responsible. Use condoms to protect those you love from possible infection/re-infection and unwanted pregnancy especially if you or your partner don't know your status, are HIV positive, or may have another STI.

**52. Is it true that some condoms have tiny holes that let the virus through?**

Some condoms that are not made of latex rubber can let HIV pass

through. But all condoms sold in Zambia today are made of latex rubber. They are tested to ensure that they are safe before they are sent here. Latex rubber does not let the virus through.

**53. I hear that some people are infecting condoms with HIV to reduce the population of Africa. Is this true?**

No. This is not true. It is not possible to infect a condom with HIV. In addition to that, the virus cannot live outside the human body for long.

## Blood and HIV/AIDS

**54. Apart from sex, what are some other ways through which I can get HIV?**

Whenever blood infected with HIV gets into your body, your blood will get infected, too. This may happen through blood transfusions with infected blood: that is, when they give you unscreened blood at the hospital. However, hospitals try very hard to test all blood to make sure it is free from infection. Sharing needles or blades can also spread the virus if infected blood is exchanged.

**55. If I cannot get HIV from saliva (“spit”), then why do you tell me not to share toothbrushes or chewing sticks?**

It is true that the HIV is not transmitted by saliva. But when you brush your teeth, sometimes you may cut your mouth. If the blood of someone who has HIV is on the toothbrush or chewing stick and then it goes into your mouth right away, there is a very small chance that you could become infected.

**56. What if a nurse gives an injection to a person with HIV, and then uses the same needle to inject me? Won't the virus be passed to me?**

There is a chance this can happen. If there is infected blood on the needle and syringe, you can become infected. If the needle and syringe have been cleaned properly, you will not be infected. Proper cleaning is boiling the needle and syringe in water for at least twenty minutes. Instruments that cannot be boiled may be bleached (with chlorine) in water. HIV cannot live in bleach. The best way to be sure is to have any healthy worker use a new needle and syringe every time.

## Pregnancy, Babies and HIV/AIDS

### 57. **If I have HIV and I get pregnant, can I pass it on to my baby?**

Yes. Women who are infected with HIV can pass the virus to their unborn child in their womb during pregnancy, during childbirth, and through breastfeeding. The chances of this happening are about four in ten. In other words, out of every ten infected pregnant women, four of them will pass the virus on to their babies. It is therefore important for couples to get tested before the decision to have a baby is made.

Mothers who are not tested before pregnancy can still be tested for HIV and register for the *Prevention of Mother To Child Transmission (PMTCT)* programs at the nearest health center offering the services. This is a program in which pregnant mothers and their partners are counseled and tested for HIV and, if found positive, are given anti-retroviral therapy (medicines that improve the immune system) to protect the baby from contracting HIV during pregnancy or birth.

### 58. **Can I give HIV to my baby by breast-feeding?**

Yes. HIV can be passed on to your baby by breast-feeding. When you go to your health center and become part of the *Prevention of Mother To Child Transmission* program, your health care provider will explain the feeding options to you in detail so you can decide which option is best for you.

### 59. **Is saliva (“spit”) dangerous? What about urine (“piss”), sweat and tears? What about stools?**

There is very little HIV in saliva, sweat, urine, tears, and stools. There is no recorded case of anyone getting the virus through sweat, saliva, urine or stools. HIV is found in the blood, in semen, and in vaginal fluids.

**60. Can I get HIV from sharing a glass, cup, plate or food with a person who has the virus?**

No. Sharing a glass or cup or plate of food with a person who is HIV+ does not spread the virus. It is only spread from one person to another by blood or sex fluids.

**61. Can I get HIV from a person who has AIDS if we sleep in the same bed or use the same sheets or towels?**

No. Living with, caring for, or touching a person who has AIDS does not give you HIV. It is only when you have sex, or share needles or blades with that person that you put yourself at risk of being infected with HIV.

**62. Can I get HIV from a public latrine? How about my private latrine, if a person with HIV uses it?**

No. You cannot get HIV from any latrine. The virus is found in blood and sex fluids. There is no need to worry about getting infected from sharing a latrine or toilet with someone who is HIV+.

**63. Do mosquitoes or other insects spread HIV?**

No. We know that mosquitoes and other insects do not spread HIV. It is called the *Human* Immunodeficiency Virus because it can only stay alive in humans, unlike malaria and other mosquito transmitted diseases. Scientists have proven that the virus dies when it goes into mosquitoes and other insects.

**64. Can I get HIV if I'm playing football and my teammate who is infected with HIV hits me?**

No. While you both may get hurt, unless blood is shared through open wounds or cuts, you will not get HIV.

**65. Can a person get HIV from helping accident victims who are bleeding?**

There is a chance of getting infected this way if blood is exchanged. Whenever possible, it is best to handle accident victims who are bleeding with some type of barrier such as polythene bag or gloves.

**66. Can witches cause AIDS?**

No. AIDS is a disease caused by a virus-a small germ-that is passed from one person to the other through sexual fluids or blood.

## The HIV Test

### 67. Are there tests for HIV? What do they mean?

There are many places in Zambia where a person can go for an HIV blood test. (Please refer to a partial listing beginning on page 34.) The test will tell you if you are infected with the virus. A positive test result means that you are infected with HIV. If your test comes back negative, you are probably not infected with HIV. However, to be sure, you should get a second test in about three months.

### 68. If I get an HIV test and it is negative, am I safe?

When you test negative, it is still very important for you to make sure you know how to avoid infection. Prevention of any future infection is still very important. Speak with your VCT counselor about how to remain free from HIV.

### 69. What is Voluntary Counseling and Testing (VCT)?

VCT is a process where an individual willingly goes for an HIV test to know his or her status. It involves being taken through counseling by a trained counselor before an HIV test is done and upon receiving the results of the test.

### 70. Who can go for VCT?

Anyone who needs to know his or her HIV status particularly men and women of child bearing age, partners planning to marry, those planning to have children, and married couples.

### 71. Why do I need VCT?

You need to go for VCT to learn your HIV status and plan for the future. If you are negative, you can plan for risk reduction to remain negative forever

by protecting yourself from any future infection. If the result is positive, you will receive counseling from qualified and experienced counselors on how to take good care of yourself and your family and live positively. If needed, you may also take drugs to help you live longer and treat any opportunistic infections. If you are positive and pregnant, you will also be provided with information on how to reduce the risk of passing the infection to your baby.

## Care & Compassion for PLHAs

### **72. Are people who have AIDS immoral?**

No. AIDS is not a sin or a crime. It is a disease just like any other. Anyone can get it; you do not have to have many sexual partners to become infected with HIV. You can get it from one sexual contact or from blood transfusions or contaminated instruments. It is not helpful to judge somebody based on their HIV status.

### **73. Do people with AIDS want to infect others so that they will not die alone?**

No. Most people living with HIV do not want to infect others because they know how painful it is to have AIDS.

People are most contagious when they are first infected and appear completely healthy. Therefore, most people spread the virus before they even know they are infected. Always protect yourself and go for VCT so you can know your status.

### **74. What do I do if someone I know tells me that he or she has HIV?**

You should treat him or her with the same respect and care as any other person. People with AIDS are not dangerous. You cannot get the virus from talking or sitting next to someone with AIDS. People with AIDS need compassion, care and support. Think of how much you would need a friend if you were infected and remember that you cannot get HIV from casual contact so do not be afraid of getting HIV when you are with people living with the virus.

### **75. What is Compassion?**

Compassion is the ability to express your feelings about and understanding of another person's pain in order to help him/her feel better.

**76. Why do I need to express compassion to People Living with HIV and AIDS (PLHAs)?**

Expressing compassion to People Living with HIV and AIDS is a way of providing hope to people at a time when they need as much support as possible. People Living with HIV and AIDS are faced with many problems apart from suffering from the diseases that come as a result of the breakdown of their immune system. As the disease progresses, they become weaker and require more care. Just as physical support is important, they equally need emotional, social and spiritual support and acceptance to make them stronger. The more support you and your congregation are able to show them, the stronger they will be in living with this terrible disease.

**77. How can I express compassion in a meaningful way?**

There are several ways through which you can be a source of hope to PLHAs:

- You could start by including PLHAs in your prayers every time you pray.
- Encouraging PLHAs to visit your church/mosque and community events.
- Be available to listen and be understanding of people infected with or affected by the virus.
- Set up compassion & care teams in your community to provide care and support for PLHAs and their families.
- Arrange to provide meals on regularly scheduled basis for PLHAs who may need this level of support.
- Develop and operate scheduled home visits to help address specific needs of PLHAs and their families. These needs could be spiritual in nature or could be physical, such as child care, home care or other daily chores.

## Anti-retrovirals (ARVs)

### 78. What are ARVs (Anti-retrovirals)?

Anti-retrovirals (ARVs) are medications that are used to greatly reduce the load of HIV through preventing it from multiplying in a person's body, thus giving the body a chance to re-build its immune system.

### 79. Can ARVs cure HIV/AIDS?

No. Unfortunately ARVs cannot cure HIV because they do not kill the virus. They will only reduce the capacity of the virus to multiply, thus allowing the body to strengthen its immune (defense) system. If a person stops taking ARVs, the viruses start multiplying again and destroy the body's immune system.

### 80. Then a person has to be on ARVs for life?

Yes, a person has to be on ARVs for life so that the viruses in his/her body are not given a chance to multiply and defeat the body's defense system.

### 81. What is a CD4 count and Viral Load?

CD4 cells play a crucial role in the body's defense against infection. They form the body's immune (defense) system and defend it against bacteria, viruses and other germs. As the virus multiplies and defeats the body's defense systems, the CD4 cells reduce in number indicating that they are being defeated.

The CD4 count is the number of these cells in a given amount of blood. It is a measure of the stage of the disease. The *viral load* is the count of the actual virus in a specific amount of blood.

**82. Do ARVs have serious side-effects?**

ARVs are given according to age, weight and previous medical history. The caregiver should have training in how to give ARVs. They should be given in the right amounts at the right time. Before taking any other medication (including traditional medicines), advice should be sought from your health care provider. Some have to be taken with water, others with food, still others without food and others at certain times of the day or night. If all this is followed, there are usually few or no side-effects. The usual side-effects (when they are present) are rash, numbness of feet or hands, vomiting, headache, liver and pancreas problems, anaemia, hallucinations, nightmares and after a long time on them one might develop unnatural distribution of fat on your body. You can also have muscle aches and feel very weak.

**83. How many times do I need to take ARVs?**

As partly explained earlier, ARVs have to be taken at the right time every day for the rest of your life. The type of ARVs we have now have been combined in one tablet so that they are taken easily. To prevent your medication from becoming ineffective, take it as prescribed by your provider. That way your body will benefit more. It is very important to know that once you start taking ARVs, you must take them for life.

**84. Now that we have ARVs, is it necessary to keep myself from being infected?**

Yes. ARVs are meant to delay the onset of AIDS in HIV+ people for as long as possible. You must avoid being re-infected to be sure that you don't add more of the virus to your system. Though some patients have stayed for more than twenty years on ARVs, ultimately the patient goes on to develop AIDS. You must still protect yourself from any further infection to make sure the drugs can work and rebuild your immune system to fight off infections. If you are re-infected, the drugs cannot do their job.

**85. Is everybody who is HIV positive supposed to be on ARVs?**

No. Most of the people living with HIV do not need ARVs yet because their immune systems are still intact and can still defend them against infections. Only those whose bodies have been weakened by the virus to a point where the body is attacked frequently by germs, are supposed to be on ARVs. Usually a CD4 count of < 200 determines whether a person should go on ARVs. There are many things one can do to live positively before the need to start taking ARVs. Trained health care providers can assess patients who have reached this stage and recommend them for treatment. Speak to your health care provider if you have further questions. Do not give yourself ARVs as this is very dangerous!

**86. Can I share my ARVs with my partner?**

No. This is not recommended as it will reduce the usefulness of the medicine within a short time. Your partner should also go for VCT and if he or she is found to be positive, he or she should be examined to determine whether he or she needs ARVs. Sometimes even when it is found that ARVs are needed, the ones he or she might be put on can be different from yours. Never share your drugs as they will lose their effectiveness on you and not be enough to help your partner.

**87. How many kinds of ARVs do I need to take every day?**

Three different types of drugs are usually recommended and these come from three (more or less) different ARV groups. This is what is called HAART (Highly Active Anti-Retroviral Therapy). They are given this name because together they are very effective in preventing HIV from multiplying in the body. Presently these drugs are usually combined in one tablet. Ask your health care provider for more detailed information.

**88. Can I take ARVs together with TB medicines?**

If you are on ARVs and are discovered to have TB, you may have

to adjust your medication. Sometimes depending on the patient's condition and type of TB, if both the TB and need for ARVs have been discovered at the same time, TB treatment is started first and after some time (usually two months) ARVs are included. The best advice is to seek qualified advice from a nurse or doctor.

**89. Can somebody who was bedridden improve on ARVs?**

Yes. It is advisable for people to go for VCT early and, if positive, have examinations as to whether they need ARVs before they are bedridden. Even so, some bedridden patients on ARVs have improved to such an extent that they have returned for work and their quality of life has improved.

**90. What if the ARVs I am taking cause a bad reaction or do not do any good? Will the health care providers stop ARVs altogether?**

If the reaction is severe or the ARVs are not doing any good, there are other ARVs that will be given to you from the three groups of ARVs. When these also fail there is a third combination that can be tried.

**91. Can children be put on ARVs?**

Yes, though in children their weight, age, and disease stage take on a more important meaning and some of the ARVs are not recommended. A doctor or nurse must be consulted to make sure the correct dosage and combination is given.

**92. Could you mention some common names of ARVs from different groups?**

- From group one there is Zidovudine (AZT) and Lamivudine (3TC)
- From group two we have Nevirapine (NVP) and Efavirenz (EFV)
- And from group three- Nelfinavir (NFV) and Indinavir (IDV)

Anti-retrovirals (ARVs)

**93. Can I buy ARVs from the market or any roadside store?**

Never! ARVs should never be bought from unauthorized places or “tuntembas”. ARVs should not be expired, should be kept in a cool and dry place and the prescriber should be well trained. If not, you run the risk of serious side effects, including death.

**94. What is the current government policy on making ARVs accessible to all?**

Beginning 1 August 2005, the Zambian government will provide free ART in public health institutions throughout Zambia. It is the goal of the government to increase access to ART for all Zambians who are chronically ill with AIDS and need ARVs. All cost-related barriers such as the Kw 40,000 monthly fee and the costs for tests have been eliminated. Transport costs, however, are not covered.

**95. What are the guiding principles for the implementation of the new policy?**

- a. ART will be provided free in public health facilities for eligible Zambians.
- b. The usual health facility registration fee is still required
- c. Free services include: ARVs, laboratory services and tests (e.g., full blood count, liver function test, total lymphocyte count, CD4 cell count, RPR, sputum, etc.)
- d. Refugees will be considered as ordinary Zambian citizens and are eligible for free access to ART.
- e. Foreign nationals, excluding refugees, shall pay the full cost of ART.
- f. The policy change will not affect the following:
  - Existing ART schemes through the government facilities as per agreed terms with various organizations/companies.
  - Previously established arrangements for those accessing ART from public facilities through health

- insurance.
- Current arrangements for full cost ART through the private sector.

**96. Which facilities will implement these guidelines?**

- Government health facilities as noted on the list beginning on page 32
- Non MoH health facilities such as those of the Ministries of Home Affairs, Education, Defense, etc.
- NGOs implementing ART programs on behalf of the GRZ
- CHAZ health facilities

## List of ART Centers in Zambia

Province	District/Town	Government and Mission Health Facility ART Treatment Center
Lusaka	Lusaka	UTH-Clinic V
	Lusaka DHMT	Chelstone Health Center
	Lusaka DHMT	UNZA Health Center
	Lusaka DHMT	Mtendere Health Center
	Lusaka DHMT	Kalingalinga Health Center
	Lusaka DHMT	Kanyama Health Center
	Lusaka DHMT	Matero Referral Health Center
	Lusaka	Chainama Psychiatric Hospital
	Kafue	Kafue District Hospital
	Luangwa	Katondwe Mission Hospital
	Chongwe	St Luke Mission Hospital
Copperbelt	Ndola	Ndola Central Hospital
	Kitwe	Kitwe Central Hospital
	Ndola	Arthur Davisons Children's Hospital
	Ndola DHMT	Lubuto Clinic
	Chingola	Nchanga North General Hospital
	Mufulira	Ronald Ross General Hospital
	Ndola*	Flying Doctor Service
Eastern	Chipata	Chipata General Hospital
	Lundazi	Lundzi Distric Hospital
	Petauke	Petauke Distric Hospital
	Chipata	Mwami General Hospital
	Katete	St Francis Mission Hospital

\*Not providing ART services yet Awaiting Accreditation and certification

Northern	Kasama	Kasama General Hospital
	Mpika	Mpika District Hospital
	Mbala	Mbala District Hospital
	Chinsali	Chinsali District Hospital
Southern	Livingstone	Livingstone General Hospital
	Monze	Monze General Hospital/Mission Hospital
	Siavonga	Saivonga District Hospital
	Mutendere	Mutendere Mission Hospital
	Choma	Choma District Hospital
	Mazabuka	Mazabuka District Hospital
	Chikankata	Chikankata Mission Hospital
North-western	Solwezi	Solwezi General Hospital
	Kasempa	Mukinge Mission Hospital
	Kabompo	Kabompo District Hospital
	Mwinilunga	Mwinilunga District Hospital
Western	Mongu	Lewanika General Hospital
	Lukulu	Lukulu District Hospital/Mission Hospital
	Kaoma	Kaoma District Hospital
	Senanga	Senanga District Hospital
	Sesheke	Sesheke District Hospital
	Kalabo	Kalabo District Hospital
Luapula	Mansa	Mansa General Hospital
	Samfya	Kasaba Mission Hospital
	Samfya	Lubwe Mission Hospital
	Kawambwa	Kawambwa District Hospital
	Kawambwa	Mbereshi Mission Hospital
	Nchelenge	St Pauls Mission Hospital & MSF

Central	Kabwe	Kabwe General Hospital
	Mumbwa	Mumbwa District Hospital
	Serenje	Serenje District Hospital
	Kapiri Mposhi	Kapiri Mposhi District Hospital
Other ART Centers		
Province	District/Town	ART Treatment Center
Lusaka	Lusaka	Maina Soko Military Hospital
Copperbelt	Chililabombwe	Konkola Mine Hospital
	Kitwe	Mopani (Wusakile)
	Lusaka	Our Lady Hospice

**TOLL-FREE HELP LINES:**

Life-Line: 399

HIV Talkline: 990

**HIV**  
**24hrs** *talkline*  
*"talk to a friend"*  
**Call 990**  
 Toll free on Zamtel  
**CONFIDENTIAL HIV TALKLINE**

## List of VCT Centers in Zambia

Province	District/Town	VCT Centre
Lusaka	Lusaka DHMT	Chipata Health Centre
	Lusaka DHMT	Central prisons
	Lusaka DHMT	Chelstone Health Centre
	Lusaka DHMT	Kalingalinga Health Centre
	Lusaka DHMT	Kamwala Health Centre
	Lusaka DHMT	Lilayi
	Lusaka DHMT	Mtendere Health Centre
	Lusaka	UTH
	Lusaka DHMT	UNZA Health Centre
Eastern	Chipata	Chipata General Hospital
	Chipata	Kapata Clinic
	Chipata	Mwami Mission
	Katete	Katete Health Centre
	Katete	St. Francis Mission Hospital
	Lundazi	Lundazi District Hospital
	Mambwe	Kamoto Mission Hospital
	Petauke	Petauke District Hospital
Northern	Mbala	Tuleman Hospital
		Mbala General Hospital
		Mambwe Health Centre
		Urban Health Centre
	Mpika	Chilonga Mission Hospital
		Mpika District Hospital
	Mungwi	Mungwi Health Centre
	Kasama	Chilubula Mission

		Kasama General Hospital
		Kasama Urban Health Centre
		Location Urban Health Centre
		Lukupya Health Centre
SOUTHERN PROVINCE		
Southern	Chinsali	Chinsali District Hospital
	Monze	Monze General/Mission Hospital
		Monzwe Rural Health
		Chisekeshi Rural Health
		Njola Mwanza Rural Health
		Keemba Rural Health Centre
		Chikuni Mission
	Livingstone	Libuyu
		Linda
		Maramba
		MCH
		Police
		Prisons
		Livingstone General Hospital
		Mahatma Gandhi
		Boma
		Airport
		Teacher Training College
		Vic Falls Health Centre
		Sepo Centre
		Ltti Health Centre
		Mars Health Centre
	Kazungula	Kazungula Health Centre
		Mambova Health Centre
		Makunka
		Mukuni Health Centre
		Musokotwane Health Centre

		Simango Health Centre
		Nyawa Health Centre
		Sikaunzwe Health Centre
	Mazabuka	Chikankata Mission
		Mazabuka District Hospital
	Choma	Choma District Hospital
		Macha Mission
		Sikalonga Health Centre
		Pemba Main Health Centre
		Mapanza Health Centre
		Jembo Health Centre
		Masuku Mission Health Centre
		Mbabala Health Centre
	Siavonga	Siavonga District Hospital
		Mutendere Mission Hospital
		Chipepo Health Centre
		Lusitu Health Centre
	Sinazongwe	Maamba Rural Hospital
		Sinazeze Health Centre
		Siatwinda RHC
		Siansowa RHC
	Kalomo	Kalomo District Hospital
		Zimba Mission
		Simwatachela Rural Health Centre
		Siachitema Rural Health Centre
	Ifeze teze	Iteze teze District Hospital
	Gwembe	Gwembe District Hospital
	Namwala	Namwala District Hospital
North Western	Chavuma	Chavuma Hospital
	Solwezi	Solwezi General Hospital
		Solwezi Urban Clinic

	Mwinilunga	Mwinilunga District Hospital
		Kalene Hospital
	Kabompo	Kabompo District Hospital
	Kasempa	Mukinge Hospital
	Zambezi	Zambezi District Hospital
Luapula		Chabilikila
		Chisenga
		Kabuta
		Kafutuma
		Kanyembo
		Kashikishi
		Kabelenge
		Nchelenge
		Kabwali
		Kilwa

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## Glossary

**AIDS** – Acquired Immune Deficiency Syndrome is a disease that destroys the body's ability to fight sickness. There is no cure.

**Condoms** - a thin latex bag that stretches over the penis to catch the man's semen. Condoms act as a barrier for the spread of sexually transmitted infections such as HIV.

**HIV**- Human Immuneodeficiency Virus - the small germ that leads to AIDS.

**HIV Test** – the blood test for HIV antibodies available at government hospitals, health centres, VCT centres, and private clinics.

**HIV positive** - a blood test result that shows infection with HIV.

**HIV negative** - a blood test result that shows no infection with HIV.

**Latex** - a special type of strong rubber that is used to make condoms.

**Polyurethane** - a stronger sheath that is used to make female condoms

**Semen** - the white fluid that comes from a man's penis when he discharges ("comes"). Semen has sperm. It can also have germs and viruses that cause HIV and other sexually transmitted diseases.

**Sex fluids** – The watery materials that come from the man or woman during sex.

**Sexually Transmitted Infections (STIs)** – sicknesses that are spread by sex. Men and women both get sexually transmitted infections.

**Vaginal fluids** – the woman's discharge from her private part.



