

# I HIV and AIDS



This chapter will focus on HIV transmission, preventing HIV infection, understanding risk of infection, knowing about treatment, addressing stigma, and living positively with HIV and AIDS.

# 1. HIV and AIDS



## Session objectives

By the end of this session, participants will be able to:

- Explain the difference between HIV and AIDS.
- List the ways that HIV is transmitted.
- List ways to protect against HIV infection.
- Identify services in the community for people infected and affected by HIV.



## Session guide

1. **Ask:** Is HIV a problem in our community? Why or why not? How are we affected? Allow participants to discuss.
2. **Ask:** What is HIV? [Answer: HIV is a virus that is passed between people through blood and other body fluids. HIV weakens the immune system, making it easier for people to become sick. A virus is the smallest type of germ. Viruses live inside of living things. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, and colds (homa).]
3. **Ask:** What is the difference between HIV and AIDS? [Answer: HIV is a virus, AIDS is a disease. HIV causes AIDS. It takes several years for someone with HIV to develop AIDS. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS. AIDS is a word used to describe the most serious stage of a person's infection with HIV. It means that they have a collection of symptoms and diseases defined medically as AIDS.]
4. **Ask:** How do people become infected with HIV?
5. **Explain** that HIV is passed between people in three ways:
  - a. **Sex.** Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
  - b. **Blood to blood.** From an HIV-infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, or needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV. If you or your child is getting a jab, be sure the health worker uses a new needle each time.
  - c. **Mother to child.** HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.
6. **Ask:** How can you protect yourself against HIV? Allow participants to discuss. [Answer: The only certain way to protect against HIV transmission is to abstain from sexual intercourse, but being in a mutually faithful relationship with an uninfected partner and using a latex condom correctly for every act of sexual intercourse can significantly reduce the risk of HIV infection.]
7. **Ask:** Can you tell by looking at someone if he or she is infected with HIV? [Answer: No, many people who are infected show no signs of HIV infection.]

8. **Ask:** How can someone know if they are infected with HIV? [Answer: the only way to tell if a person is infected with HIV is by testing.]
9. **Ask:** Why is it sometimes difficult to ask questions about HIV and AIDS?
10. **Ask:** Where else in the community can you go to get information about HIV and AIDS?
11. **Ask:** How can you bring up the topic of HIV and AIDS in your home with your partner? With your children?
12. **Ask:** What is the difference between **exposure to** HIV and **infection with** HIV? Let participants express their opinions.
13. **Ask:** When one member of a household has a cold (homa), does it mean that everyone in the house will get infected with the cold? Use this discussion to make the point that when a family member has a cold, everyone is exposed, but not everyone will get infected.
14. **Explain** that if a soldier steps out of his trench on to the battlefield, then he is exposed. However, he may not be shot unless there are enemy soldiers who can see him, and decide to shoot at him.
15. **Ask:** What are other examples of the difference between exposure and infection?
16. **Ask:** When is a person exposed to HIV? Allow participants to discuss. [Answer: A person is exposed to HIV when he or she has unprotected sexual intercourse with a person who is HIV-infected, is given blood that has been infected with HIV, or when she or he is a baby in an HIV-infected mother's womb.]
17. **Ask:** How can you tell whether a person has been exposed to HIV? Allow participants to discuss. [Answer: It is not possible to tell by looking at someone whether he or she has been exposed to HIV.]
18. **Ask:** How long does it take to go from being exposed to HIV to being infected with HIV? Do you have to be exposed a certain number of times before you are infected? Allow participants to discuss views. [Answer: There is no time period between exposure and infection. When a person is exposed, he or she is either infected at that time or not infected at all. You can be exposed to HIV one time and then get infected with HIV. Repeated exposure increases the chance that you will get infected with HIV.]
19. **Ask:** Why is it important to know the difference between exposure and infection? [Answer: The surviving partner of someone who has died of AIDS has been exposed, but may not be infected. Many people who have been exposed, also assume they are infected, but this is not necessarily true. Knowing the difference between exposure and infection can help prevent stigma. The only way to know for sure that you have HIV is to be tested. Knowing your status is important.]



## Main messages

- HIV is a virus that is transmitted through blood, bodily fluids, and breastmilk.
- HIV and AIDS are not the same.
- HIV weakens the immune system, making it easier for people to become sick. When a person with HIV becomes sick with many illnesses that do not get better with medicine, he or she is said to have AIDS.
- People with HIV may not know they are infected and may look, act, and feel healthy for a long time. The only way to know if someone is HIV infected is through testing.



## Activity: HIV and AIDS role plays

Ask participants to role play community members who are talking about HIV and AIDS. Secretly, assign four participants to each of the rumours below. Ask them to talk about these rumours during the role play:

- A. You can't get HIV if you only have sex one time.
- B. You can get AIDS from kissing someone.
- C. You can tell if someone is HIV positive by looking at them.
- D. Once you have become HIV positive, you can feel it in your body.

Ask participants to correct any incorrect information presented during the discussion.

## 2. Understanding risk



### Session objectives

By the end of this session, participants will be able to:

- Define risk.
- Identify behaviours that put people at risk for HIV infection and those that do not.



### Session guide

1. **Ask:** What are some of the naughty and forbidden activities that you did when you were a small boy or girl under 10 years? What were some activities that were specifically not allowed by parents or teachers or that were judged to be dangerous in some way? Write the activities on a flip chart as they are shared or note them to yourself if there are no flip charts.
2. Choose one or two of the activities on the list that can be dangerous and **ask:** Why was this activity forbidden? Was there any danger in it for you? Why did you still choose to do it? What made it enjoyable for you even though it was forbidden or dangerous?
3. **Ask:** What were some of the forbidden or dangerous activities that you did when you were a young man or woman in your teens? Write all of their activities on a flip chart. [Possible examples: Smoking, going to a bar, kissing, having sex, trying drugs or alcohol]
4. For each activity listed, **ask:** Why was this activity dangerous? Then, **ask:** Why did you do it if it was dangerous? Did you do anything to make it less dangerous?
5. **Ask:** Is there any activity in your daily life that is completely safe? Use the following questions to facilitate a discussion:
  - Is there any danger in eating sweets? Travelling by matatu? Crossing a road? Riding a boda boda?
  - Is there any danger in drinking water? In eating food? What do people do to make drinking water or eating food safer?
6. **Ask:** What is meant by the word risk? After a few have shared their definitions, **explain** that risk refers to the possibility of harm or danger in an action. For example, when someone drinks unclean water, there is a risk of falling ill.
7. **Explain** that there is no activity that can be called completely free of risk. Breathing air puts you at risk of airborne infections. Crossing a road puts you at risk of a road accident. People decide how much risk is acceptable for them. When a person chooses to do a risky activity and understands the risks, it is because he or she thinks there is a benefit in doing it. When the benefit is seen to be greater than the risk, then the person will usually choose to take the risk.
8. **Ask:** What are some of the risks that you have knowingly taken in your lives? Why did you decide to do them? Did you do anything to make it less risky?
9. **Explain** that now participants will have a chance to think about the risk of being infected with HIV for different activities. You will read out loud the following questions, one by one. For each statement, participants should stand, if they think the activity is a risk for HIV infection, and stay seated if they think it is not a risk of HIV infection.

For each statement, ask representatives from those standing to explain why they are standing and then ask for someone to explain why he or she is seated.

- Hugging, kissing, or massaging someone. (no risk)
- Handling blood without protection. (risk)
- Having a sexual partner who has sex with other people. (risk)
- Drinking beer or other kinds of alcohol. (could lead to poor decision making - risk)
- Masturbating (touching your own genitals). (no risk)
- Touching your partner's genitals. (no risk)
- Being bitten by mosquitoes. (no risk)
- Allow semen or vaginal fluid to touch normal skin (not around the penis, vulva, anus or the mouth). (no risk)
- Having sex with more than one person. (risk if not using condoms)
- Having a sexual partner who has had an STI in the past. (risk)
- Eating meals and sharing plates and utensils with a person with AIDS. (no risk)
- Having sex with only one partner who is also faithful. (no risk if you both are HIV negative when you start your relationship)
- Living, working, and playing with a person with HIV. (no risk)
- Not always using a condom for sex. (risk)
- Having unprotected sex with a partner and not knowing if he or she is infected with HIV or an STI. (risk)

10. After the activity, ask participants the following questions:

- Does knowing that some things can be a risk worry you?
- Did you learn any new information? Do you have any questions about any behaviours that we did not talk about?

11. **Explain** that not all activities are equally risky. Some activities are riskier than others. Some activities that are risky at some times may be risk-free at other times. For example, sexual intercourse may be risky when the HIV status of the partner is unknown, but may carry hardly any risk if both people know their HIV status or use condoms.

12. **Ask:** When you think about your own risk for HIV infection, what do you think about? When do you think about your risk of HIV infection: long before having sex, right before sex, during sex, or after sex? Allow participants to discuss.



## Main messages

- Sharing a home with or touching a person who is HIV infected does not put someone at risk of HIV infection.
- Having unprotected sex with a partner and not knowing if he or she is infected with HIV or an STI does put someone at risk for HIV infection. However, using condoms can significantly reduce the risk of HIV infection. Being in a mutually faithful relationship with a person who has tested negative for HIV is another way to protect against HIV infection.

### 3. HIV testing



#### Session objectives

By the end of this discussion, participants should be able to:

- Explain that the only way to know your HIV status is to get tested.
- Describe what happens during HIV testing.
- State the risk factors for HIV infection to know who should go for HIV testing.



#### Session guide

1. **Ask:** How can a person know if he or she is infected with HIV? Allow participants to discuss.
2. **Explain** that a person cannot tell by looking at his or her body if they have HIV. A person cannot tell whether other people are infected with HIV by looking at them. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV. There is only one way for people to know if they have HIV, and that is to test for HIV. In Kenya, HIV testing is accompanied by counselling.
3. **Ask:** Is there a place where we can be tested for HIV in our community? Where? If not, where could we go?
4. **Ask:** What happens when someone goes for HIV testing?
5. **Explain** that a health worker takes a small amount of blood from a person's finger. The test is reliable, accurate, safe and painless. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in 30 minutes, or after one or two weeks. In order for an individual to know whether they are truly free from HIV, they will be asked to come back in another 3 to 6 months for another test when the window period is over. (see below for description)
6. **Ask:** If a person gets infected with HIV today, and goes for an HIV test tomorrow, will the test be negative or positive? If anyone answers, "negative," ask why they think it will be negative.
7. **Explain:** Most tests for HIV do not test for HIV directly but rather test for the antibodies that are produced by the immune system after HIV infection. The body makes antibodies to fight infections. It is assumed that if a person has HIV antibodies, then the person must be infected. However, it can take up to 3 months before the immune system produces enough HIV antibodies to be noticed on an HIV test. This period of time, when a person is HIV positive but does not yet have enough HIV antibodies, is called the Window Period.
8. **Ask:** If a person gets infected with HIV today, can he or she infect other people immediately? Allow participants to express their views.
9. **Explain:** A person can infect others as soon as he or she is infected, even though the HIV test will only give a positive result after the Window Period.
10. **Ask:** What could happen if a person goes for an HIV test too early and gets a false negative result, but does not go for a second test? Allow participants to discuss. (Answer: A person may infect others because he or she does not know that they are infected.)
11. **Ask:** When should a person consider going for voluntary counselling and testing?

12. **Explain** that health workers currently recommend HIV testing for people with high-risk behaviour such as:
- Anal sexual activity (male or female)
  - Frequent heterosexual activity with more than one partner
  - Sexual activity with prostitutes
  - Previous treatment for STIs
  - Blood transfusions (especially before 1985)
  - Injection drug use
  - Sex with partners having any of the above
  - Infants born to women with any of the above or who were HIV positive
  - Pregnant women
13. **Ask:** What are the advantages of knowing your HIV status? Possible answers include:
- The sooner people know their status the sooner they are able to make healthy choices to live longer if they are positive.
  - If people are positive they protect their partners (and children) from infection.
  - If they are negative, they can continue to protect themselves from infection.
14. **Explain** that it is normal to feel afraid about going for an HIV test. All of us are afraid of what the result may be. We fear we might be positive because being HIV positive will change our life and that of our family and friends. If we go for HIV testing, there are counsellors who will help us cope with the test and the results. They will give us information about HIV and AIDS and methods of prevention.
15. **Divide** participants into five groups. **Explain** that they will role play a situation where a group of friends are talking. In each group there is one person who is worried that he or she may be infected with HIV, but is afraid to be tested. The other participants should role play what they would say to this person to help convince him or her to go for testing:
- A pregnant woman is worried her husband is having sex with other women.
  - A young man has had unprotected sex with three different partners, and he did not always use condoms.
  - A young woman is planning to get married, but has had sex with her previous boyfriend in university. She is worried that her fiancé will call off the wedding plans if she tests positive.
  - A woman went to see a traditional healer who gave her a jab with a non-sterile needle.
  - An older man used to be a drunkard and had sex with many women. He has stopped drinking and wants to start a relationship with a woman from his church. He is afraid she will not want to be with him if he tests positive.
16. After 10 minutes, ask participants to come back in a large group. **Ask** a representative from each group to share what they talked about during their role plays.



## Main messages

- If you are at risk of HIV infection, go for testing to determine your status.
- There are advantages to knowing your HIV status.
  - We all fear learning about our HIV status, but it is important to know. Talk to your friends and family for support.
- An HIV test is a simple process where the health care provider will take a small amount of your blood and talk to you about your sexual activity and risk for HIV.
- Encourage your partner to go for testing with you.

## 4. Staying healthy with HIV



### Session objectives

By the end of this discussion, participants should be able to:

- Describe what anti-retroviral therapy (ART) is and how it works.
- List what an HIV-infected person can do to stay healthy and productive for as long as possible.



### Session guide

1. **Ask:** Does a person with HIV also have AIDS? After participants discuss, remind them that testing positive for HIV does not mean that someone has AIDS. It can be many years before their infection turns into AIDS and there are ways to stay healthy for a long time. HIV is the virus and AIDS is a condition that develops after a person has had HIV for a long time and the body can no longer fight off other infections.
2. **Ask:** Is there a cure for HIV? Allow participants to discuss. [Answer: A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for AIDS; however, there are ways to treat the symptoms. Treatment is using a drug or doing something that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. But a treatment is not the same as a cure.]
3. **Ask:** What are opportunistic infections? Allow participants to discuss. [Answer: When a person's immune system begins to weaken because of HIV infection, that person begins to get infections that a person with a healthy immune system would be able to fight off. These infections are called opportunistic infections. Examples include tuberculosis, pneumonia, etc.]
4. **Ask:** What is ART? Allow participants to discuss. [Answer: ART, which stands for anti-retroviral therapy, is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. When someone starts ART, they will be given information on eating healthy, exercising, avoiding stress, alcohol and drugs and generally living positively. ART is not a cure for HIV. ART reduces the amount of HIV in the blood, but cannot eliminate it. ART does not prevent re-infection with HIV.]
5. **Ask:** Who should be on ART? [Answer: If someone's immune system is very weak, his or her doctor may recommend starting ART. If someone's immune system is still strong, there are other ways to protect against opportunistic infections and stay healthy. However, it is important for a person not to wait until they are very sick and almost dying before visiting a doctor. In this case, the medicines (ART) might not be able to help the person. Talk with a health worker often to make the best decision for your health.]
6. **Ask:** What are some of the ways for people with HIV to stay healthy without medicine? Allow participants to discuss. Be sure they mention the following:
  - Eat a healthy diet.
  - Do physical activity.
  - Get enough sleep.
  - Practice good hygiene.

- Avoid smoking and drinking alcohol.
  - Have protected sex.
  - Go to the doctor immediately for treatment of illness and infection.
  - Only take medications given by a doctor and follow the directions carefully.
7. **Ask:** What is a healthy diet? Are there foods that people with HIV and AIDS should eat? Are there foods they should avoid? Allow participants to discuss.
  8. **Ask:** What are some healthy foods that are available and commonly eaten in our community? What does it mean to eat a variety of foods? What are some examples of meals with a variety of foods?
  9. **Explain** that it is important for people with HIV and AIDS to eat a variety of foods to be sure their body gets the energy, protein, vitamins, and minerals it needs. The main food groups people need to eat to stay healthy are body-building foods, protective foods, and energy foods. Share the information in the table below.

Body-building foods	Protective foods	Energy foods	Foods to avoid
Beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, meat, wheat, maize, and rice.  <i>These foods have protein for cell repair and growth, help build strong bones and cells, and help fight infection and repair the body.</i>	Greens, spinach, cabbage, mango, paw paw, sweet potato, carrots, tomato, avocado, oranges, lemons, and bananas.  <i>These foods help the body absorb and use protein and carbohydrates and help fight infections and digest nutrients.</i>	Maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato.  <i>These foods give the body energy so it will work and people can stay active.</i>	Raw eggs, unpasteurized milk, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, junk food, and acidic foods should all be avoided.  Smoking should also be avoided.

10. **Explain** that people who are HIV positive need to eat more in order to maintain a healthy immune system. Their bodies need more vitamins and minerals because they are constantly fighting HIV. It is important for people to eat when they are sick, because illnesses can cause the body to not use food properly and lose weight. When recovering from illness, people, especially those with HIV, need to eat more to make up for the lost nutrients and weight.
11. **Ask:** Can what you eat and drink make you fall ill? Why? Have you ever fallen ill after eating something? Why did it make you sick? Allow participants to discuss.
12. **Ask:** What are things that you can do to food and water so that they are safer for you to eat and drink? Allow participants to give examples. Be sure participants mention the following:
  - Only take water that is from a clean source.
  - Boil water for at least 5-10 minutes to kill germs.
  - Store water in a container with a lid.
  - Always wash hands with soap before and after touching food.
  - Cook animal products at high temperatures until cooked through. Avoid soft-boiled eggs or meats that still have red juice.

- Thoroughly wash utensils and surfaces.
  - Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods.
  - Use clean water to wash all fruits and vegetables that will be eaten raw or remove the skin.
  - Remove the bruised parts of fruits and vegetables to avoid any mold or bacteria.
  - Cover food that is not eaten.
  - Keep hot foods hot and cold foods cold.
  - Do not eat food after the expiry date.
  - Store cooked food at most for one day and re-heat before eating.
  - Use bowls, plates, glasses, and utensils that have been cleaned and well dried.
13. **Ask:** Why is it especially important for people with HIV and AIDS to avoid food and water that may cause them to fall ill? [Answer: They already have weakened immune systems and it is important for them to avoid infections and illness.]
14. **Ask:** What are other things we can do every day to avoid infections and illness? Allow participants to give examples. Be sure participants mention the following:
- Take baths to keep the body clean.
  - Wear shoes to avoid small injuries that could cause infection.
  - Brush teeth after meals.
  - Wash hands with soap and water after going to the toilet.
  - Keep animals and pets outdoors.
  - Wash hands after handling pets and animals.
  - Avoid contact with young animals and animals with diarrhoea.
15. **Ask:** Do you think that people with HIV and AIDS should do physical activity or avoid it? Why? Allow participants to discuss.
16. **Explain** that for people with HIV and AIDS, being active plays an important role in maintaining good health. **Ask:** What are some of the benefits of physical activity? Allow participants to discuss. Participants should mention the following:
- Improves appetite.
  - Develops muscle.
  - Reduces stress.
  - Increases energy.
  - Maintains overall physical and emotional health.
17. **Ask:** What are some everyday activities that people with HIV and AIDS can do to stay active? [Examples include walking, cleaning, collecting firewood and water, and taking care of children.]
18. **Ask:** Should people with HIV and AIDS have sexual relations? Why or why not? Allow participants to discuss.
19. **Explain** that it is important for people with HIV and AIDS to use condoms and avoid unprotected sexual intercourse. People with HIV and AIDS can protect against HIV re-infection by abstaining from sexual intercourse or using condoms for every sexual act. Having protected sex can lead to healthier and more productive lives by:
- Reducing further spread of the virus.
  - Reducing the risk of repeated exposure to HIV infection.
  - Preventing exposure to other sexually transmitted infections.

- Avoiding pregnancy, which puts a greater strain on woman's health and risks possible HIV infection of the baby.
- Avoiding infection in women and therefore the possibility of transmitting HIV to their babies.



## Main messages

- People with HIV can stay healthy for a long time by eating well, keeping their home, food, and bodies clean, and getting prompt treatment when they are ill.
- AIDS develops after a person has had HIV for a long time and the body can no longer fight off other infections.
- People with HIV should continue to use condoms to protect their partners and protect themselves with re-infection.

## 5. Living positively



### Session objectives

By the end of this session, participants will be able to:

- List ways to support people with HIV.
- Describe what living positively means.



### Session guide

1. **Ask:** How do you think people feel when they learn they are HIV positive? How do they react to this news? Allow participants to discuss.
2. **Explain** that it is normal for people to have many different emotions when they learn they are HIV positive, including shock, worry, denial, anger, fear, shame, loneliness, guilt, depression, or wanting to attempt suicide. Each person who tests positive for HIV will react differently.
3. **Ask:** How can you support someone who is HIV positive? The following should be mentioned:
  - Sincerely showing your compassion, warmth, and caring.
  - Listen and show them that you want to understand what they are feeling.
  - Let them know that their feelings are normal.
  - Do not blame, judge, or condemn them.
  - Only give advice if you are asked.
  - Help them to think about their options when they are making decisions.
4. **Explain** that positive thinking, exercise, laughter, and general good feelings release helpful hormones and other chemicals in the body. Stress can cause the release of hormones that may decrease immunity. If people with HIV or AIDS can reduce their feelings of stress, their immune system may function better, helping to stay healthy.
5. **Ask:** Who can share an example of how someone provided them with emotional support in the past (it does not have to be related to HIV and AIDS, it could be the death of a loved one, a difficult decision, etc). What was helpful? What was not helpful?
6. **Divide** participants into pairs for a role play. Have each pair take turns acting out what they would say or do if their sister or brother came to them and said the following:

I just found out that I am HIV positive. I am afraid to tell my spouse. I am scared that I am going to die. Who will take care of my young children? What should I do?
7. After each pair has had a chance to give advice and support, ask participants to come back to the larger group. **Ask:** What advice did you give? Did anyone have a partner who gave especially good advice or was very supportive? Allow participants to discuss.
8. **Explain** that as we talked about, our physical health is only one part of being healthy. Our overall health has many different parts: the physical, psychological, social, and spiritual. When we talk about treatment, it can mean anything that helps improve any part of our health.
9. **Divide** participants into four groups and assign each group one of the topics: physical, psychological, social, and spiritual. Ask each group to think about all of the things people with HIV and AIDS need to be healthy for their topic.

Physical	Psychological	Social	Spiritual
Eating healthy foods	Having a positive attitude	Supportive family and friends	Having faith or a belief system
Rest	Building self-esteem	A social system that protects one from discrimination	Prayer
Exercise	Counselling	Continuing productive work	Meditation
Preventing and treating infections and illnesses	Reducing stress	Being involved in advocacy	
Avoiding drugs and alcohol			
Proper hygiene			
ART			

10. **Bring** the group back together and have a representative from each group share what they talked about. Allow other participants to add other ways to provide support.
11. **Ask:** What does it mean to live positively? [Answer: Living positively means people who are HIV positive and choose to have a positive or optimistic outlook and approach to life. People who have decided to “live positively” know that they can live for a long time with HIV without getting sick if they take care of their physical and mental health.]
12. **Ask:** What are examples of things people who are living positively might do?
  - Knowing that they can live with HIV for a long time without getting sick.
  - Eating a variety of healthy foods.
  - Talking about their feelings with someone.
  - Doing exercises to help reduce stress.
  - Taking care of their immune system by avoiding alcohol, smoking, stress, and people who have flu, colds, or other infections, including sexually transmitted infections.
  - Going for regular check-ups and treating any illness immediately.
  - Practicing safe sex to avoid STIs and reinfection with HIV.
  - Focusing on things that make them feel happy and peaceful.
13. **Explain** that most people experience many different emotions before they are able to accept that they are HIV positive and what that means for their life and their future. It takes time and a supportive family and friends to help someone accept their status and decide to live positively.



## Main messages

- It is normal for people to have many different emotions when they learn they are HIV positive. Each person who tests positive for HIV will react differently.
- We can support people who are HIV positive by showing that we care about them, listening to them, letting them know that their feelings are normal, and not blaming or judging them.
- Living positively means people who are HIV positive choose to have a positive outlook and approach to life. They know that they can live for a long time with HIV if they take care of their physical and mental health.

## 6. Stigma<sup>1</sup>



### Session objectives

By the end of this session, participants will be able to:

- Define stigma.
- List examples of how we stigmatize people with HIV.
- Describe ways to address stigma as individuals, families, and community members.



### Session guide

1. **Ask** participants to sit on their own at a distance from other participants. Then **say**: “Close your eyes and think about a time in your life when you felt alone or rejected for being seen to be different from others or when you saw other people treated this way.” Explain that this can be any form of “isolation or rejection for being seen to be different.” Ask them to think about: “What happened? How did it feel? What impact did it have on you?”
2. **Ask** participants to sit on their own. Then **say**: “Close your eyes and think about a time in your life when you isolated or rejected other people because they were different. Think about what happened? How did you feel? What was your attitude? How did you behave?”
3. **Bring participants back** to the larger group and ask participants to share examples of when they felt alone or rejected for being different. Allow several participants to share. Then, ask for volunteers to share when they rejected someone for being different. Allow several more participants to share.
4. **Ask**: What is stigma? Allow participants to discuss. [Answer: To stigmatize is to see people as bad because of a condition they have. Stigma has many forms: thoughts, comments, gossip, name-calling, actions, and exclusion. It causes people to feel rejected, isolated, alone, guilty, or ashamed.]
5. **Ask**: Do people in our community experience stigma for being HIV positive? How?
6. **Ask**: Why do people stigmatize? Allow participants to discuss. [Participants should mention that stigma is caused by fears about their own death and disease, not having correct information, and moral judgments about people.]
7. **Ask**: Can anyone share examples of stigma around HIV that you have seen or experienced? For each example that is shared, **ask** what could we do to fight stigma in this case?
8. **Divide** participants into three groups. Assign each group one of the following: individual, family, and communities. Ask each group to talk about specific things we can do to fight stigma at their level.
9. After each group has had time to talk about their topic, **bring** participants back together and ask each group to have a representative talk about specific things that can be done at their level to fight HIV stigma. After each group has presented, **ask** the other participants: Are these ideas possible? Are there any other things we can do to fight stigma at this level? Allow each group to report on their discussion.

<sup>1</sup>This section is adapted from: Kidd R, Clay S. Understanding and challenging HIV stigma: A toolkit for action. Washington: Academy for Educational Development; 2003. Available at: <http://www.changeproject.org/technical/hivaids/stigma.html>.



## Main messages

- Stigma means seeing people as bad or treating people badly or differently because of a condition they have.
- Stigma has many forms. It can be in thoughts, comments, gossip, name-calling, actions, and exclusion.
- Stigma causes people to feel rejected, isolated, alone, guilty, or ashamed.
- The fear of being stigmatized can keep people from accessing health services



## Activity: Exploring attitudes about HIV and AIDS

Explain that this activity will help us to think about our feelings about HIV and AIDS and our attitudes towards people who are HIV positive. Our feelings and attitudes affect how we treat people. Ask participants to stand in the middle of the meeting space. Explain that you will read several opinion statements. After a statement is read, participants should move to the left, if they agree with the statement, and to the right, if they disagree. All participants must choose a side, even if they do not have strong feelings. There are no right or wrong answers. After each statement is read, ask participants from each side to share why they agree or disagree. Then ask participants how our feelings or attitudes about the statement affect how we treat people who are HIV infected. Let participants know that if they hear something that makes them change their opinion during the discussion, they can move to the other side. After participants have finished discussing the statement, ask everyone to move to the middle of the room and read the next statement. Repeat these steps until you have read and discussed each of the statements below. Feel free to add additional opinion statements of your own.

- It is understandable when people want to keep their distance from people with HIV.
- Teachers who are HIV positive should be allowed to teach our children.
- People who get HIV through sex deserve it more than babies who are infected from their mothers.
- Pregnant women who are HIV positive should be encouraged to end the pregnancy.
- People who are HIV positive should be treated at a different health facility than people who are not infected.
- Doctors who are HIV positive should not be allowed to treat patients.
- It is important to know who in our community is HIV positive.
- An unmarried woman is much more likely to be HIV infected than a married woman.

After this activity, ask participants the following questions:

- Were there any opinions expressed that surprised you? Which ones and why?
- How did you feel when other people shared attitudes that were different from yours?
- How do our thoughts and feelings affect how we treat people with HIV and AIDS?



## Background notes

HIV stands for human immunodeficiency virus. HIV is a virus that is too small to see and it is passed between people through blood and other body fluids. HIV weakens the immune system, making it easier for people to become sick. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS. AIDS stands for acquired immunodeficiency syndrome. Acquired refers to the fact that you get the disease from somewhere else; it does not develop on its own. Immunodeficiency means the immune system is weak and unable to fight off infections and illnesses. Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that they have a particular collection of symptoms and diseases defined medically as AIDS.

After years of living normally with HIV, a person will start developing AIDS, as the immune system begins to weaken. At this time, the person will be vulnerable to different opportunistic infections, which can attack any part of the body. Opportunistic infections are infections that attack the body when the immune system is weak. These infections could range from simple medical conditions like skin infections and colds to more serious diseases like tuberculosis (TB), pneumonia, or cancer. Though the person is HIV positive, these conditions can be treated and often cured. There is no cure for HIV or AIDS.

### Immune system

All human beings are born with an immune system, made up of white blood cells, to protect the body from disease. Some people have stronger immune systems than others. During a lifetime, a person's immune system may be stronger or weaker at different times. The immune system is sometimes referred to as a defence system. In the way that a country's defence system protects it from enemies, the immune system protects the body from infections and diseases. The immune system works like an army by first detecting the enemy, then by sounding the alarm, and lastly by attacking the enemy. A healthy body has its own way to attack invading germs and viruses that make the body sick. HIV weakens the body's ability to attack other germs and viruses. Eventually the body becomes unable to fight off other diseases, which overwhelm the body and over time cause the HIV-infected person to die.

### How is HIV transmitted?

HIV is passed between people in three ways:

- Sex. Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
- Blood to blood. From an HIV infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, or needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV.
- Mother to child. HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

Most people in Kenya are infected with HIV by having sex with someone who is HIV infected. It is important to note that a person who has another STI is much more likely to become infected with HIV. HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV infected or has AIDS.
- Sharing plates, utensils, glasses, or towels used by someone with HIV or AIDS.
- Using swimming pools, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV or AIDS.

- Having someone with HIV or AIDS spit, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV or AIDS.

### **Protecting yourself against HIV**

The only completely certain way to protect against HIV transmission is to abstain from sexual intercourse.

### ***HIV prevention***

Using a latex condom correctly for every act of sexual intercourse is called protected sex because when used correctly for each sexual act, condoms can significantly reduce the risk of HIV infection. Unprotected sexual intercourse (without a condom) exposes people to the bodily fluids in which HIV lives.

### ***What does HIV-positive mean?***

When the body's defence system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus.

HIV tests look for HIV antibodies. If your body is making antibodies to fight HIV, then you are considered HIV positive. However, there is a 'window period' between when a person is infected with HIV and when a blood test will show that a person is HIV-positive, because it takes the body a little while to start producing antibodies to fight the virus. It is possible for someone to test HIV-negative during this window period but be infected with HIV and be able to transmit the virus to someone else. Scientists are unsure about the length of the window period: it is generally between six and eighteen weeks but in rare cases may be longer.

People who take an HIV test who have had unprotected sex during the past three months are advised to have another test in three months if they have a negative result. While waiting through this time, known as the window period, they must avoid being exposed to HIV.

### ***When are people with HIV infectious to others?***

People with HIV can infect others as soon as they are infected with the virus. People with HIV may not know they are infected and may look, act and feel healthy for a long time, possibly longer than 10 years. It is impossible to tell from looking at someone if he or she is infected. Knowing a person well does not tell you anything about his or her HIV status.

### ***From HIV to AIDS***

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection by producing antibodies. However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroys key cells in the immune system. HIV slowly weakens the immune system and eventually the body cannot fight off even mild infections and people become very sick from a range of different illnesses, including the common cold, fungal infections, cancer, or tuberculosis.

Most people who have HIV do not become sick right away. In some cases, it can take as many as 10 years or more for a person to develop AIDS. People can stay healthy longer by eating well and getting prompt treatment of illnesses and infections.

Someone with AIDS might show the following signs:

- Sudden, unexplained weight loss
- Fever for more than one month
- Diarrhoea for more than one month

- Genital or anal ulcers for more than one month
- Cough for more than one month
- Nerve complaints
- Enlarged lymph nodes
- Skin infections that are severe or recurring

People with AIDS are also more likely to fall sick with opportunistic infections like tuberculosis and pneumonia. Opportunistic infections are infections that attack the body when the immune system is weak. A person with a healthy immune system would be able to fight it off, but people with HIV have a weaker immune system and are not able to. Most opportunistic infections are curable, so it is important to visit the doctor early. However, just because someone has these illnesses does NOT guarantee that a person has HIV. Although the above are all symptoms of AIDS, the only way to tell if a person is infected with HIV is by testing.

### **Testing for HIV**

A person cannot tell by looking at their body if they have HIV. A person cannot judge whether other people are infected by looking at them. Even when people have AIDS (which means they have been infected for a long time and have become ill) you may not be able to know by looking at them unless you are a trained health worker. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV.

There is only one way for people to know if they have HIV, and that is to test for HIV. In Kenya, HIV testing is accompanied by counselling – in-depth discussions with a trained and sympathetic person who can help individuals understand their HIV status and learn how to take care of themselves. Or if they are not infected, the counsellor can help them take steps to keep themselves free from HIV.

The test is reliable, accurate, safe and painless. The health worker takes a small amount of blood from a person's finger. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in 30 minutes, or after one or two weeks. In order for an individual to know whether they are truly free from HIV, they will be asked to come back in another 3 to 6 months for another test when the "window period" is over.

The window period is the time between the moment when HIV enters the body and the moment when the test can detect HIV antibodies. Usually the test can detect antibodies within 6 to 18 weeks of infection; sometimes, it can take up to six months. This means that for anywhere from 6 weeks to several months after infection, the test may not be able to tell if someone is infected. These months are known as the window period. During this window period, if someone is infected with HIV, they can infect others.

There are many reasons to test for HIV. If someone is worrying constantly about HIV infection and is anxious about every skin problem or cough that they get, probably the only way to put their mind at ease is to have an HIV test. If a person has had sex with someone who has fallen sick and has heard that he or she has AIDS, then that person will also worry greatly. The only way for that person to put their mind at ease is to test and to find out whether or not he or she is okay. People should never assume that they are infected. They should always test to find out.

Health workers currently recommend voluntary counselling and testing to persons with risk behaviour such as:

- Anal sexual activity (male or female)
- Frequent heterosexual activity with more than one partner
- Encounters with prostitutes
- Previous treatment for STIs
- Blood transfusions (especially before 1985)

- Injection drug use
- Sex with partners having any of the above
- Infants born to women with any of the above

## Staying healthy

It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food properly. People with HIV and AIDS need to eat more than people who are not infected. Eating small meals often and a variety of food can help people with HIV and AIDS to get all the energy and nutrients they need.

People with HIV should:

- Eat at least three meals a day, and have snacks between meals.
- Eat even when they are sick or have no appetite. Eating small meals often can help.
- Eat plenty of fruits and vegetables of different colours.
- Eat fats, oils and sugars in small amounts and limit processed foods, salt, coffee, tea, and sodas.
- Avoid alcohol, smoking, raw eggs, raw fish, and partially cooked meat.

Practicing good hygiene is important for everyone to avoid infection. It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection.

- Touch and store food and water properly to avoid contamination and further infection.
- Only use water from a clean source, and store it in a container with a lid.
- Boil water for at least 5-10 minutes to kill germs before drinking it.
- Always wash hands with soap before and after touching food.
- Cook all animal products (meat, chicken, fish, and eggs) completely, using high temperatures.
- Thoroughly wash utensils and surfaces used for preparing and cooking foods.
- Use clean water to wash all fruits and vegetables that will be eaten raw or peel them.
- Store cooked food at most for one day and re-heat before eating.
- Use bowls, plates, glasses, and utensils that have been cleaned and well dried.

Infections can be avoided by practicing good personal hygiene:

- Take baths every day to keep the body clean.
- Wear shoes to avoid small injuries that could result in infection.
- Brush teeth after meals.
- Wash hands with soap after going to the toilet and after handling pets and animals.

## AIDS in the home

The home is a very important place for a person with AIDS. If a person with AIDS has a caring and supportive family it can be very helpful. A person with AIDS will need both moral support and physical care. As there is no cure for AIDS, relatives can often give the best care. The person will feel more secure at home where he or she is among loved ones.

## Being HIV positive

Many people who learn that they are HIV positive do not know that it can be many years before their infection turns to AIDS. Thinking themselves dead already, they give up on life. In Kenya, thousands of young men and women who test positive stop working, leave home, abandon their families, begin living recklessly, or commit

suicide feeling they have nothing to lose. With support from family and friends, and continuing counselling, an HIV positive person can overcome his or her turbulent feelings, and return to life with new determination and optimism.

Testing HIV positive can be a shattering experience. Studies have shown that people who have received news of their imminent death go through five different emotions. Each of them is an important coping mechanism that the person uses in the process of coming to terms with this devastating news.

1. Denial: Refusal to accept the result. Asking for a re-test, refusing to talk about it, or telling themselves and others that it is surely a mistake.
2. Depression: People may go into seclusion, and behave as though they no longer care about anything. However, with counselling and emotional support, even this phase can be temporary.
3. Anger: A strong, aggressive reaction in which the person begins blaming other people for his or her infection. Without support and counselling at this stage, some people could go on a vindictive rampage, trying to infect other people.
4. Negotiation: Some people try bargaining with God, pleading for more time alive in return for living a model life.
5. Acceptance: With guidance and counselling support through these difficult phases, the person could reach the stage when they come to terms with the implications of their infection – and decide to make the best use of the time left.

It is important for people with HIV to understand that it is normal to have many different feelings. With counselling and support, a person can begin to accept his or her condition and make the best of the remaining time. Acceptance means adding more life to your days rather than trying to add more days to your life.

## Treatment

A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for HIV and AIDS; however there are ways to treat the symptoms. Treatment means the use of a drug, injection, or intervention that can lessen symptoms or cause them to disappear altogether. A treatment may not always lead to a cure (in the case of HIV and AIDS, it will not lead to a cure).

## Anti-retroviral therapy

ART (anti-retroviral therapy) is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. ART is not a cure for HIV. ART reduces the numbers of HIV in the blood, but cannot eliminate it. ART does not prevent against re-infection from HIV.

Although ART can prevent some of the serious illnesses that often come with AIDS, there are some challenges that HIV-positive people must be prepared for:

- Duration: ART is a lifetime commitment. People on ART will need to swallow pills every day according to a strict schedule.
- Following a schedule: Skipping only a few of these pills can trigger the development of new strains of HIV that are immune to these drugs. These new strains could eventually lead to death.
- Side effects: Headaches, dry mouth, skin rash, diarrhoea, anaemia, dizziness, hair loss, tingling in the hands and feet, nausea and vomiting, unusual or bad dreams, feeling tired, and feelings of sadness or worry.

After testing positive, people should go to the district hospital where they can be examined and a health worker will develop a treatment plan for them. If a doctor recommends beginning ART, the medicines will be free. People will also be given information on support services available to them.

## Total health

When looking at health in a broader sense, physical health is only one part of total wellbeing and is influenced by the other parts. Treatment can mean anything that helps improve any part of our wellbeing. There are many ways people can improve their quality of life, even if they are infected with HIV. This concept is very important, especially for those struggling to cope with HIV without access to ART.

Wellbeing is determined by four different aspects. The table below lists ways to improve the overall wellbeing of people living with HIV and AIDS: People with HIV and AIDS can live long, healthy lives if they take care of themselves by eating well, practicing good hygiene, staying active, and going to the doctor as soon as they have symptoms of infection or fall ill. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

Physical	Psychological	Social	Spiritual
Proper nutrition	Having a positive attitude	Supportive family and friends	Having faith or a belief system
Rest	Building self-esteem	A social system that protects one from discrimination	Prayer
Exercise	Counselling	Continuing productive work	Meditation
Preventing and treating infections and illnesses	Reducing stress	Being involved in advocacy	
Avoiding drugs and alcohol			
Proper hygiene			
ART			

## Stigma

To stigmatize is to see people as bad because of a condition they have. Stigma has many forms: thoughts, comments, gossip, name-calling, actions, and exclusion. It causes people to feel rejected, isolated, alone, guilty, or ashamed. Stigma can be obvious or subtle. We are all involved in stigmatizing, even if we do not realize it. Stigma hurts people with HIV and AIDS and those suspected of having HIV. Stigma is harmful to us, our families, and communities. We can make a difference by changing our own thinking and actions.

We stigmatize when:

- We say things like “he was promiscuous” and “she deserves it.”
- We exclude people from decision-making, community events, or family activities.

Stigma around HIV and AIDS is caused by:

- Fears about death and disease.
- Not having correct information.
- Moral judgments about people.
- Fears about death and disease.

The main forms of stigma include:

- Physical and social isolation from family, friends, and community.
- Gossip, name calling, and condemnation.
- Loss of rights and decision-making power.

Other forms of stigma include:

- People with HIV and AIDS blame or isolate themselves (self-stigma).
- Stigma by association—the whole family affected by stigma.
- Stigma because of how someone looks or because of their job.

Stigma causes people to feel isolated, rejected, condemned, forgotten, useless; be kicked out of family, house, work, rented accommodation, organizations; drop out from school; and feel depressed, want to commit suicide, drink alcohol, or use drugs.

### **Examples of stigma**

Stigma can cause people to feel disrespected, ashamed, or unloved. People with HIV and AIDS are often blamed for their infection and told they deserve it. Stigma can cause people to be afraid to tell others that they are positive. People with HIV and AIDS may begin to believe the bad things others say about them and accept when they are treated badly.

### **Three types of stigma**

1. Self-stigma — people feel they are being judged by others so they isolate themselves from their families and communities, blame themselves, or think badly about themselves.
2. Felt stigma — perceptions or feelings towards people with HIV and AIDS.
3. Discrimination — people are denied services, people are not allowed to participate in activities or decision-making.

### **Stigma is a process**

1. People notice how someone is different. For example, he coughs a lot.
2. Think the differences are because of bad behaviour. For example, he is sick because of his sinful and promiscuous behaviour.
3. Separate, ignore, isolate or reject people. For example, no longer spending time with someone because he or she is HIV positive.
4. People are no longer respected, excluded from activities and discriminated against. For example, someone is asked to no longer be a member of a committee at church.

Stigma can affect both prevention and treatment of HIV and AIDS:

- Stigma keeps people from learning their HIV status through testing and discourages them from telling their partners and as a result they infect them.
- Stigma keeps people who think they are positive from using other health services
- Stigma prevents people from caring for people with HIV and AIDS.
- Other diseases, like TB, are stigmatized because of HIV.
- Stigma increases as the symptoms of the disease become more visible.



## **Gender and HIV and AIDS**

All over the world, women are being infected with HIV at higher rates than men. On average, there are 13 women living with HIV for every 10 infected men, and this gap continues to widen. Women are also infected with HIV at earlier ages than men, and young girls are 3 times more likely to get HIV than boys. Women from Sub-Saharan Africa are the most severely affected by HIV and AIDS. According to UNAIDS, three quarters of all the women in the world with HIV live in Sub-Saharan Africa, and 59% of HIV infected people in this region are women. It is also becoming clear that married women in the region are at very high risk for contracting HIV. There are biological and social reasons for this. Women's biology makes them more susceptible to infection. Women also have much less decision-making power when it comes to using condoms. They are not able to insist that their partners and husbands use condoms.

Research has confirmed a direct connection between sexual and other forms of violence against women and vulnerability to HIV infection. A recent study in South Africa found that women who suffer intimate-partner violence are nearly 50 percent more likely to become infected with HIV compared with women who live in non-violent households. Other studies from the region indicate that women who have experienced violence are up to three times more likely to get HIV than those who have not. And once infected, women are at increased risk of violence from their partners, family or community when they reveal their positive status, seek treatment or services. It is important to talk about gender when addressing HIV and AIDS, and the particular vulnerabilities women and girls face.

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