

HANDBOOK

HIV/AIDS: Transmission, Prevention and Care

Trade Union Capacity Building: HIV/AIDS
Prevention and Care Project

Solidarity Center

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The training kit includes:

- ▶ Module 1: HIV/AIDS: Basic Facts
- ▶ Module 2: Gender, Sexuality and HIV/AIDS
- ▶ Module 3: HIV/AIDS: Prevention and Care at the Workplace
- ▶ Film: “*Suneye Mr. Gopal Ki*” - A Discussion on HIV/AIDS
- ▶ Handbook: HIV/AIDS: Transmission, Prevention and Care

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**Developed by American Center for International Labor Solidarity (through SKA)
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Solidarity Center

Vision and Mission

The American Center for International Labor Solidarity (Solidarity Center) envisions a world in which working families have a voice in the future through the development of strong, independent and free trade unions—where workers band together as part of an international movement for democracy and social justice, where all who work and contribute to the global economy are rewarded fairly and equitably and where governments enforce and employers respect the rights of workers.

General Information

Solidarity Center is a non-profit institution supported and sponsored by the American Federation of Labor–Congress of Industrial Organizations, the national federation representing 13 million working men and women in the United States. The Center provides a broad range of education, training, research, legal support, organizing assistance and other resources to help build strong and effective trade unions and more just and equitable societies. Working through 26 field offices, the Center offers support for working families and their unions in 55 countries in Africa, the Americas, Asia and Europe.

The Solidarity Center–Sri Lanka, which is the office for India, Pakistan and Sri Lanka, conducts its programs under several topics:

Strengthening rights of workers;

Elimination of child labor;

Empowerment of working women;

Strengthening democracy;

Economic justice and freedom of association; and

Encouraging workers to have a voice in the rules of the global economy, in the industrial sector, plantation sector and the public sector, with government agencies, trade unions, employers and civil society groups.

Introduction

This handbook has been developed as a guide to the video film produced by Solidarity Center. The film “Suneyee Mr. Gopal ki – HIV/AIDS par ek charcha” is of 40 minutes duration and focuses on the basics of HIV/AIDS, transmission, prevention, testing, myths and misconceptions, STIs, love, care and support for a person infected with HIV/AIDS and the need for workplace policies & intervention on HIV/AIDS. The film has been made in Hindi and dubbed in Tamil. The film is intended to be used as a training tool to help the trainers/facilitators to conduct sessions and raise awareness on HIV/AIDS and related issues. This handbook emphasizes the issues highlighted in the film and provides greater clarity and explanations of all the concepts in order to enable the facilitators in conducting sessions.

The handbook has been designed based on the contents of the film. It gives detailed information on HIV/AIDS and related issues. An effective way to use the handbook would be to pause/stop the film wherever suggested (in the handbook) and then discuss the related issue(s) with the participants. One could also screen the entire film first and then discuss the issues.

Given below are 6 sections under which different issues related with HIV/AIDS are discussed. One could pause/stop the film after each section mentioned below and discuss it in detail.

Section – 1

- What is HIV/AIDS?
- Difference between HIV/AIDS.
- Life span of the virus.
- Modes of transmission.
- High-risk fluids.
- Precautions.
- Methods by which HIV does not spread
- History of HIV/AIDS

Section – 2

- Symptoms of HIV/AIDS
- Testing
- Government of India guidelines on HIV testing
- Counseling
- Feelings and care associated with HIV/AIDS people

Section – 3

- Notions about sex and frequently asked questions around sexuality

Safer sex practices
How to use a condom

Section – 4

What are Sexually Transmitted Infections? (STIs).
Relationship between STIs and HIV
Modes of transmission
Methods by which STIs does not spread
How cannot STIs be cured
Complications involving STIs
Tests regarding STIs

Section –5

Women and HIV/AIDS – socio-economic, cultural and sexual vulnerability
How can men make a difference?
Children and HIV/AIDS

Section – 6

High-risk groups
ILO workplace codes on HIV/AIDS
Role of trade unions

Tips for the facilitators:

The facilitator should see the film a number of times to understand the issues raised and discussed in the film.

Read the handbook thoroughly to clarify your own notions, information level and dilemmas related to HIV/AIDS and related issues.

Read and understand the Manual (Module I, II & III) developed by Solidarity Center thoroughly to understand the issues and ways of addressing them with the target group/participants.

Do not handle or address issues that you are not clear about and/or comfortable dealing with.

Invite experts/resource people to address issues that you are not comfortable handling, especially those dealing with technical/medical issues viz. testing, treatment etc.

SECTION I

Screen: From the beginning Scene I

Stop/pause: After the first Interview of Dr. Lal

Issues for discussion:

HIV/AIDS –

What is HIV?

HIV stands for the Human Immuno deficiency Virus.

HIV infection is a life long infection. The infected person is likely to remain infectious for life, with or without his/her knowledge.

H – ‘Human’ indicates that HIV only infects humans.

I- ‘Immuno’ – refers to the immune system, the body’s defense mechanism against germs.

V – ‘Virus’ is a disease-causing parasite.

AIDS –

AIDS – stands for the Acquired Immuno Deficiency Syndrome. HIV leads to AIDS.

A- ‘Acquired’ – it means that something people get. It is not inherited from parents like eye color, skin color etc.

I – ‘Immuno’ – refers to the immune system, the body’s defense mechanism against disease causing germs.

D – ‘Deficiency’ – indicates a lack or weakening of the immune system.

S- ‘Syndrome’ – refers to the multiple infections at the same time. When the body’s defenses are weakened, it is possible for many infections or diseases to simultaneously infect the body. This condition is referred to as a syndrome.

Difference between HIV/AIDS

HIV infection causes AIDS. A person is said to be HIV positive when the virus is detected in his/her body. As the immune system of the person starts weakening, various diseases attack him/her. A person is said to be a patient of “full blown” AIDS when his/her entire immune system has been destroyed and he/she is suffering from various diseases at the same time. On an average it takes about 7-10 years for a person to get AIDS. But this time period would vary depending upon the strength of one's immune system. **AIDS by itself is not a disease** but an accumulation/aggregation of diseases.

Life span –

The life span of the virus outside the high-risk fluids is 26- 30 seconds, it dies when exposed to air.

Modes of transmission

Unprotected sex. (Penal-vaginal, anal and oral) with an infected person

Transmission via infected blood occurs through the transfusion of infected blood

Sharing of contaminated needles/syringes

Infected mother to child

How does HIV spread only through the above-mentioned modes?

In order to understand the modes of transmission clearly, it is important to learn about the conditions necessary for HIV transmission. There are two conditions necessary for its transmission:

Port of entry

Concentration of viral load

Port of Entry (how does HIV enter the body?)

HIV needs a way to enter the body, and unless that way is present, it cannot infect the other person (for instance shaking hands does not provide a way for HIV to enter the body).

Concentration or Viral Load (how much HIV is present? Is it enough to infect?)

There must be a sufficient quantity of HIV to allow infection to occur. If the concentration is too low then it is not possible for infection to take place. High concentration fluids are blood and seminal/vaginal fluids.

Secondly, exchange of body fluids in sufficient quantity is necessary for HIV infection to occur. If HIV infected fluid does not have a path to enter another person's body or it is not present in sufficient quantity then HIV infection cannot take place.

Let us examine which fluids pose a risk of HIV infection and which do not:

HIGH RISK FLUIDS.	MEDIUM RISK FLUIDS.	LOW RISK FLUIDS.	NO RISK FLUIDS.
Blood	Breast milk	Saliva	Sweat
Seminal fluid			Urine
Vaginal fluid			Tears
Menstrual blood			

In order to understand the modes of transmission clearly, it would be useful to understand the behaviors that pose the risk for transmission of infected high-risk fluids from one person to the other.

1. Behavior linked with **Unprotected sex with an infected partner:-**

Sexual act	Risk of transmission	Port of entry/reasons.
Anal sex.	High risk.	Anus is tighter than vagina. There is no natural lubrication. Skin in the anus is delicate, porous & easily ruptured, which leads to bleeding and thus makes the entry of HIV infection.
Oral sex.	Possible/low risk.	Virus can enter the body if there are cuts, blisters and pimples around the mouth and/or genital area or if semen/vaginal fluid is swallowed.
Penile-vaginal sex.	High risk	Possibility of exchange of vaginal & seminal fluids. Possibility of exchange of blood if the linings of sexual organs get damaged or ruptured in

		<p>the process of sexual intercourse.</p> <p>It is easier for the virus to be transmitted if the uninfected partner already is suffering from a sexually transmitted infection (STI).</p>
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2. Transmission through contaminated blood and/or blood products:

Act.	Risk of transmission.	Reason.
Blood transfusion	High risk.	Transmission of infected blood occurs through the transfusion of infected blood or blood products. Recipient of even a single unit of HIV infected blood has a very high probability of becoming infected.
Syringes/needles	High risk.	The use of contaminated needles/syringes or other skin piercing instruments has a high risk of HIV infection transmission. This happens because of the hole in the needle where the blood gets trapped, due to which it does not get exposed to air and thus does not dies.
Handling accident victims	Possible risk.	The transmission risk exists only if there is cuts/sores on the hand of the person dealing with an HIV infected accident victim through which the infected blood can enter the body.
Cuts through blades/kitchen	Possible/low risk	Very low risk because

		the virus dies within a few seconds of getting exposed to the air. However the risk of transmission occurs only if there are equally deep wounds/cuts on the hands/body of the person sharing the same razor blade or helping an infected person with cuts/wounds
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3. Infected mother-to-child.

During pregnancy	High possibility	A baby in a mother's womb can get HIV antibodies through the placenta.
During delivery	High risk	There are chances during a natural delivery – while the baby is being delivered, baby it may have cuts/incisions that might come in contact with the blood of a mother.
Breast-feeding.	Medium risk.	Since breast milk contains some traces of HIV, it is possible that the child may get infected during breast-feeding.

The above-mentioned behaviors have a risk of transmission as they provide the port of entry to the virus through exchange of high concentration fluids.

Is there a cure for AIDS?

NO !! So far there is no cure for AIDS. In many countries scientists are working to find out a medicine to cure AIDS. Till the cure is found *PREVENTION IS THE ONLY CURE.*

Prevention

The only way to PREVENT the infection is to gain maximum and accurate information about HIV/AIDS and change behavior patterns/activities that put us at risk. To prevent the spread of HIV infection from the above-mentioned high-risk activities/behaviors, the following **precautions** need to be taken -

1. Unprotected sex.

ACT.	PREVENTION.
Sexual act – anal, oral & penile-vaginal sex.	<p>Use condoms as a safe sex practice whenever one indulges in any kind of sexual activity.</p> <p>Practice safer sexual activities like – abstinence, non-penetrative sexual activities like, kissing, hugging, masturbation, mutual masturbation.</p> <p>Remaining long term mutually faithful to a partner.</p>

2. Blood and blood products–

ACT.	PREVENTION.
Blood transfusion.	<p>Ensure that the blood has been taken from a licensed blood bank.</p> <p>It has been tested “HIV negative”.</p> <p>Even while accepting blood from a close relative/friend ensure that it has been tested for HIV.</p>
Needles/syringes.	<p>Purchase/use disposable syringes.</p> <p>In case of unavailability of disposable syringes, ensure that the needle/syringe has been boiled in hot water for at least 20-30 minutes.</p> <p>Avoid taking intravenous drugs, however if drugs are injected ensure the use of new/sterilized needles and do not share the same syringe.</p>
Handling accident victims.	<p>One should try if possible to wear gloves while handling accident victims. But there might be many instances when wearing gloves would not be possible hence try wearing a plastic bag or wrapping your hands with cloth.</p>

3. Infected Mother-to-child –

Mother to an unborn child.	<p>An advice from a trained (to deal with issues of HIV/AIDS) and sensitive doctor must be taken;</p> <p>Certain medicines/drugs are prescribed before and after delivery and necessary precautions need to be taken as advised by a doctor.</p>
During delivery	<p>To reduce the risk of transmission of HIV infection during delivery, mothers are advised to undergo caesarian surgery as through this procedure the baby is lifted gently out off the womb preventing blood and other fluids from entering the baby's body.</p> <p>Unnecessary blood transfusions to the mother during delivery should be avoided.</p>
Breast-feeding.	<p>Breast-feeding should remain the standard advice to pregnant women, including those who are known to be HIV infected because their baby's risk of becoming infected through breast milk is lower than its risk of dying of other causes if deprived of breast milk.</p> <p>WHO guidelines promote breast-feeding as it benefits the baby in fighting other life threatening diseases. Especially in developing countries where mothers cannot afford top feed for the baby, breast-feeding is recommended all HIV positive status 6 months.</p> <p>Consult a doctor/health care worker who would be able to impart correct information on breast-feeding and inform you about necessary precautions that need to be observed by the lactating mother.</p>

Now since we are aware of different modes of transmissions, high-risk fluids and high-risk behaviors, let us examine how HIV infection cannot spread:

HIV does not spread through

Activity-	Reason
Holding hands Kissing on cheeks Eating/drinking and sharing together Living to together Touching Coughing Sneezing. Hugging. Breathing Sharing clothes. Massage. Sharing Toilet seats.	In all of these activities there is no exchange of any kind of high/medium risk fluids. These behaviors do not provide port of entry and no exchange of high concentration fluids is possible.
Mosquito bite.	<ol style="list-style-type: none"> 1. The virus attacks only humans. 2. Mosquito sucks the blood and does not transmit the blood into the other human being. 3. The virus dies when it comes in contact with air after 26-30 seconds.

What is the history of HIV/AIDS? How did the virus come to our country?

There are different theories some suggesting that HIV/AIDS came from USA, while others suggest Africa. But none of these theories have been verified and no proof or conclusion has been drawn. But now the utmost important task is *to prevent* the further spread of the virus and care for those who are infected with HIV/AIDS. No one is to be blamed for the appearance for the HIV. But the best way to stop its spread is **PREVENTION**.

Who/which groups need greater information and intervention?

Section II

Start: The facilitator play the film again after the first interview of Dr. Lal

Stop/Pause: after the ‘male’ scene –where men are drinking and discussing issues HIV/AIDS related issues.

Focal issues for discussion:

Sex and sexuality with implications & linkages with HIV/AIDS

What is safe sex?

Safe sex means indulging in responsible sexual practices. Safe sex practices are mentioned below:

- ❖ Observing mutual faithfulness in sexual relationships
- ❖ Indulging in non-penetrative sexual activities like caressing, massaging, kissing, hugging, masturbation and mutual masturbation.
- ❖ Using a condom correctly and consistently as a safe sex practice. A condom not only protects various sexual infections but also from an unwanted pregnancy.

Why do people have sex?

People have sex for two reasons –

- ❖ Pleasure
- ❖ Reproduction.

PLEASURE	
Does using condom during sexual activity reduce pleasure?	It is observed that most men feel sex is not enjoyable if condoms are used. This is a misconception as it has been seen that when people use condoms in a right way, there is no loss of stimulation and pleasure. Condom use can be made interesting part of foreplay and can be used even while masturbating.
What is pleasure?	People more often than not engage in sexual activity for pleasure and society's accepted notion of pleasure is limited to penetrative sex. But one can give and receive a great deal of pleasure and stimulation through non-penetrative sex, such as mutual masturbation, message, caressing, hugging and kissing different parts of the body. Women find non-penetrative sex more satisfying and greater foreplay and after play enhance stimulation and lead to greater pleasure.
Do people who go to sex workers get infected?	People who visit sex-workers regularly and don't use condom are quite likely to get infected. But NOT all men go to sex-workers. There are men who have multiple partners before and/or after marriage. Thus having unprotected sex with multiple

	partners can lead to HIV infection.
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REPRODUCTION	
“Condom becomes a barrier in producing children.”	Even if you are in a monogamous relationship (with a single partner) it is always safe to use a condom to avoid any infection. When a couple desires to have a child then it is advisable for both husband and wife to get their tests done before conception. In case, the result is positive, then either they should not have a child or take precautions. It is necessary to seek the advice of a doctor who is sensitive & knowledgeable.

Condom demonstration/ how to use a condom -

Condoms are highly effective in preventing HIV/STI transmission when used consistently (every time) and correctly (from beginning to end). Condoms work if, and only, if YOU USE THEM. Most of the times though condoms fail because people are not using them correctly, or not using them every time they have sex.

❖ What is the correct way of using a condom?

The correct way to use a condom is as follows:

1. Check expiry date in the package
2. Tear open the pack; never use fingernails or scissors etc. as they can damage the condom. The package opens easily enough.
3. Push the condom out of the package, never tug or pull it out as this too can damage the condom
4. Lightly pinch the tip of the condom to take out air and also to leave space for the semen to collect.
5. Place the condom on the tip of an erect penis
6. Roll it down; do not pull on the condom
7. Roll it down till the base of the penis, do not leave it unrolled half way, as the condom will slip off
8. Explain that the condom should be removed after ejaculation and before the penis goes limp. If it is not removed immediately, then the penis will slip off as it becomes limp and the semen will be left inside the receiver (partner), which is dangerous and is high risk for STDs, HIV/AIDS and pregnancy
9. To remove condom, simply unroll it, tie it and dispose in a safe place. Never flush it as it can clog the drain or throw it where children can find it.

10. Explain the correct use of a water-based lubricant with a condom. Put a small drop inside the condom and after wearing it rub some on the outside. Emphasize use of water-based lubricant.

❖ Which things should be checked before buying a pack of condoms?

Expiry date

❖ Where should condoms be kept?

Cool dry place

❖ Where should condoms not be stored?

Under bed/pillow or a place where the condom can get damaged and become useless.

❖ What type of lubricant should be used with condoms?

Any water based lubricant such as KY Jelly marketed by Johnson and Johnson

❖ What lubricants will damage condoms?

Oil based lubricants such as hair oil, creams, Vaseline, ghee, cooking oil

❖ How many times can a condom are used?

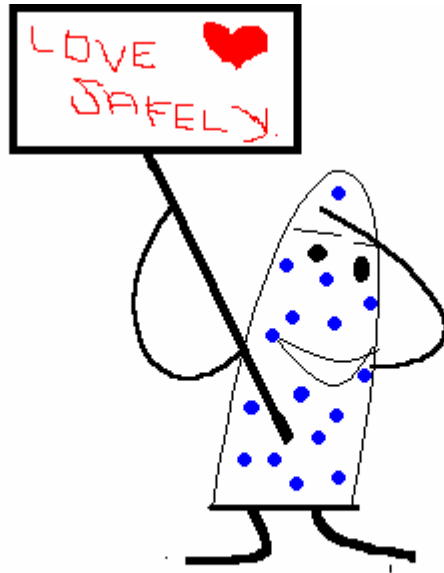
ONLY ONCE

❖ When should condom be put on?

Condoms should be put on an erect penis, before any genital contact has taken place.

❖ Does consuming alcohol prove to be a barrier o condom use?

Yes, a person under the influence of alcohol may forget to use a condom before indulging in a sexual act or may not follow the instructions of correct condom use.



I am beautiful and scented. Use me throughout your life and will not regret it.
I have different names and brands but my purpose is only one.
I make love an exotic experience; I am not a hindrance but a boon.

SECTION III:

Start: The film can be restarted after the ‘male scene’ – when the narrator/sutradhar talks of need for session with women

Pause: After the interviews of a commercial sex worker and a homosexual

Issues to be raised and discussed:

STIs, sexuality, gender, vulnerable groups and HIV/AIDS implications

STIs.

STI – sexually transmitted Infections.

We need to talk about STIs because it is predominantly a sexually transmitted disease and it could also lead to HIV infection. Information and knowledge on prevention and cure of STI is very important as **STIs are curable** but **HIV is NOT**.

Relationship between STI and HIV transmission:

STIs are a marker of high-risk behavior, the same high-risk behavior that leads to HIV/AIDS infection, namely unprotected sexual intercourse with multiple partners.

STIs appear to serve as an important risk factor facilitating the transmission and acquisition of HIV infection.

The risk of HIV transmission rises significantly with the presence of STIs.

Control of STIs contributes significantly to a reduction in HIV transmission.

Common STIs –

Gonorrhea.

Syphilis.

Chancroid.

Herpes.

Scabies.

Hepatitis B.

AIDS.

Chlamydia.

Mode of transmission – unprotected sexual intercourse with an infected partner. The sexual act can be vaginal, anal, and oral. It affects both sexes.

When a person has unprotected sexual intercourse with an infected person, the germs are transmitted from infected partner to the uninfected person through the mucus membrane of the genital organs. These germs after a variable period of time start producing signs and symptoms. Most STDs require direct contact of mucus membranes or open cuts/sores with the areas of the body containing infected blood or other body fluids.

Common symptoms –

(both men & women)

Burning /pain during urination or defecation, increased frequency of urination.

Single or multiple blisters and open sores on the genitals – painful or non painful.

Swollen and/or painful glands in the groin.

Itching or tingling sensation in the genital areas.

Non itchy rashes on the body.

Warts/lump in the genital area.

Sores in the mouth.

Nodules under the skin.

Flu like symptoms.

Females-

Unusual vaginal discharge. (Yellow, foul smelling, pus like and blood tinged).

Lower abdominal /pelvic pain.

Irregular bleeding from the genital tract different from the regular menstrual blood.

Burning/itching in and around vagina.

Painful sexual intercourse.

Males –

A drip or discharge from the penis.

Burning when urinating.

Sores & bumps or redness on or around the penis.

It is important to note that some STDs may not produce any signs/symptoms particularly in females e.g., gonorrhoea, chancroid, herpes etc. therefore they act as carriers. You cannot recognize a person having STD just by looking at him. A person can have more than one STD at the same time.

In some STDs e.g.; syphilis, the signs and symptoms may disappear even without any treatment and the person may think that he has become all right but actually the germ keep multiplying and spreading to other organs and can damage them.

If a pregnant mother has syphilis, the germs can pass to the growing fetus leading to abortions, still births, early childhood deaths or disabilities.

STDs do not spread by –

Using a public toilet.

Insect bites.

Sins of past life.

Masturbation.

Urinating under a tree.

Evil spirits.

Eating ‘hot’ food.

Curse of the gods.

STDs cannot be cured by –

Eating certain types of food.

Application of certain oils on genital organs.

Going to unqualified practitioner.

Having sex with a virgin.

Common complications of STDs are –

Pelvic inflammatory diseases – inflammation of uterus, tubes, ovaries causing abdominal pain, vaginal discharge, fever etc.

Abortions, still births, early childhood deaths.

Infection of eyes of born that can lead to blindness.

Birth defects.

Cancer of cervix.

Pneumonia in the newborn.

Some tests for STDs –

Blood test.

Microscopic examination of stained smear of genital discharge, pus, smear from ulcer etc.

Urine examination.

Gender and implications on HIV/AIDS

Note: The facilitator is advised to read through the module II for greater clarity over issues of gender, sexuality and HIV/AIDS:

Issues to be discussed:

Do women have concerns about their sexual health/life?

Should they talk about sex/sexuality with their partners?

Effect of HIV/AIDS on women and children

What is the role of men?

Women & HIV/AIDS

Increased sexual/social/cultural vulnerability –

Women are not expected to talk or discuss about sex and sexuality.

Women cannot request let alone insist upon using a condom or any other form of contraceptive protection. If women refuse sex or insist on using a condom, they often risk abuse and looked upon with suspicion of infidelity.

The many forms of violence means that sex is often coerced, which itself is a risk factor for HIV infection.

Women are expected to have relation with or marry older men who are more experienced and more likely to be infected.

Men are seeking younger and younger partners in order to avoid infection and in the belief, which is a misconception, that sex with virgin girls cures AIDS and other diseases (Source –World Health Organization).

Women seldom seek or access medical help. Their problem is further compounded by their lower social status, poor health, lack of access to critical resources such as information, skills, technologies, services, income and limited power over their lives.

Increased economic vulnerability –

Financial or material dependence on men leads loss or lack of control of women over their lives, including sexuality.

Many women have to exchange sex for material favors for daily survival. There is prevalence of prostitution but there are also women in poor settings where for them sex is only the medium of providing food to themselves and their children.

Increased biological vulnerability – **the chances of women getting infected with STD, HIV is more than men because of their larger mucosal surface. Studies in many countries have found that male-to-female transmission of HIV appears to be 2-4 times as higher as female-to-male transmission.**

Vulnerability of young women and girls - young women and girls are very vulnerable. Their immature cervix and relatively low vaginal mucus production presents less of a barrier to HIV, making them biologically more vulnerable to infection. Sexual abuse and child prostitution also contributes to the vulnerability of girls and young women to infection with HIV.

Men make a difference – ⁱ

It is essential to talk to men also because their high-risk behavior not only puts them into risk but also their partners thus leading to the spread of HIV infection at a greater pace.

Men’s behavior puts them at risk of HIV	<p>Nearly 50% of new infections occur among young men. Young men are more likely to drink alcohol, or practice unsafe sex, that increases the risk of HIV infection.</p> <p>Most of the injecting drug users are men, particularly young men.</p>
Men’s behavior puts women at risk of HIV	<p>On average, men have more sex partners than women. HIV is more easily transmitted sexually from men to women than vice-versa.</p> <p>Association of manhood with physical strength, emotional indifference and daring may instill behavior which threatens men’s health and that of their sex partners.</p> <p>Women have less power to determine when or where sex takes place and succumb to men’s dominating nature.</p> <p>Male violence including rape tends to rise during the displacement of communities such as wars and civil conflicts.</p>
Men need to give greater consideration to AIDS as it affects the family.	<p>Men should change harmful ideas of masculinity and substitute them by positive attitudes that shape how boys socialize to become men and how men regard risk.</p> <p>Men need to consider the impact of their</p>

	<p>sexual behavior on their partners and children, including leaving women and children behind as widows and orphans and the likely repercussions on the livelihood of the family.</p> <p>Men should take greater responsibility in caring for their family members.</p>
<p>Men's health is important but receives inadequate attention.</p>	<p>In some places, men are less likely to pay attention to their sexual health and safety than women.</p> <p>Men have lower life expectancy at birth and experience higher death rates during adulthood than women. Yet, boys are often brought to think of themselves as impervious to illness or risk. Real men, they believe, do not get ill.</p> <p>Men avoid seeking care because of the stigma attached to their risk behaviors.</p>

How can men care?

Men can –

- Acquire more information, life skills and knowledge regarding HIV/AIDS to make responsible choices.
- Discuss with their partners regarding preventive measures that they together need to adopt about sex, drug use and AIDS.
- Advocate abstinence, delayed sexual activity before marriage, faithfulness to ones partner and safer sex including the use of condom.
- Provide care and support of other family members.
- Discuss the roles of men and women can play in society for prevention of HIV/AIDS.
- Encourage talks about concerns of sexuality in boys and young men and men's capacity for nurturing and caring.
- Advocate for the right of women to determine if, when and where sex takes place by empowering them.
- Promote discussions among family members about sexuality and ways to respond to sexual advances, family planning, love, health and HIV/AIDS in order to develop a sensitive vision of adulthood and respectful relationships.
- Educate young people in equal relationships between women and men and stress the unacceptability of sexual violence.
- Avoid harmful attitudes, behaviors and myths.
- Encourage self-help groups for those living with HIV, affected by HIV or orphaned as a result of HIV/AIDS and involve them in HIV prevention activities.

Ensure that the basic human rights of the person infected or affected by HIV are not violated.

Involve men to fight against HIV/AIDS both in their personal lives and as decision-makers.

Commit with an urgency to stop the spread of HIV/AIDS, aiming at a single goal, act today.

Children & HIV/AIDS - AIDS in children is very much like adults. However, in children the disease is more difficult to diagnose correctly, and the blood test cannot be done with certainty until the child is at least 15 months old. Small children and babies with AIDS often have fever, diarrhea and coughing, ear and throat infections and do not gain weight properly but these are common symptoms that may have other causes.

Babies with HIV infection usually develop the symptoms of AIDS more quickly than the adults do. This is because their immune system is less developed and they cannot resist HIV or fight opportunistic infections as effectively as adults.

If a mother with HIV can give a clean, safe and nutritious substitute for breast milk that is affordable for the entire period it is required, then this would be a good choice. If she decides to feed her baby using breast milk substitutes rather than breast milk, then she must:

Use clean water that has been boiled and then cooled.

Clean equipment (bottle, cups, and spoons) with every feed

She should mix the milk substitute she uses the right amounts by following the directions carefully. She must not add more water in an effort to save money as this can lead to malnutrition in her child.

Once the child is 4-6 months old it should be given some solid foods along with the breast milk.

Preparation of solid foods high in energy should be given.

Foods that are warm and either soft or mashed can be given with a spoon or fingers.

As the child grows, more and larger quantities of adult foods should be given.

Having the child immunized – all infants **including those with HIV/AIDS** should be given standard vaccines against diphtheria, whooping cough DPT and polio.

Treat the child as normal - many of the infants with HIV will have months or years of life without symptoms. Every effort should be made to help them lead a normal life as possible. This includes letting them spend time with other children. HIV cannot spread by child's urine, saliva, faeces or vomit. A child with HIV cannot infect others by playing with them or sharing toys. Children should go to school as usual except when there is an outbreak of an infection in the other children, which puts the child with HIV infection risk of becoming ill.

High-risk groups

Fear of AIDS leads people to want to blame others for the problem and isolate them. This is easy to do if the people at risk of AIDS are put into defined groups, particularly if these groups are already discriminated against the society – sex workers, homosexuals, drug users, truck drivers and migrant workers.

Hence we need to talk about “*high risk activities*” rather than “high risk groups”. It does not matter which social group you belong to – if you engage in high-risk activities, you are at risk of becoming infected with HIV.

Homosexuals – are men and women who have or indulge in emotional/sexual relationships with men and women respectively. Men having Sex with Men (MSM) are called gays and women having women as sexual partners are called lesbians. Homosexuals are often looked down upon in our society; they are considered as marginalized and stigmatized section of the society since homosexuality is considered “sin & unnatural”. Homosexuality is a natural sexual preference like heterosexuality is. It is prevalent in all the sections of the societies worldwide.

Migrant Workers/construction workers/truckers

Section IV:

Start: After the interview of a homosexual – where the narrator is sitting in the canteen and talks of the HIV positive people

Stop/pause: After interview of a HIV positive person and second interview of Dr. Lal

Issues for discussion:

Testing, treatment, symptoms, HIV positive people, care and support

❖ Symptoms

Major signs –

Weight loss, greater than 10% of body weight.

Severe tiredness lasting for several weeks.

Diarrhea for more than one month.

Fever longer than one month.

Minor signs –

Cough and breathlessness for more than one month.

Itchy skin rashes.

Cold sores all over the body.

Pink and purple blotches in the mouth or on the eyelids.

Swollen glands at two or more sites for more than three months.

Some of these signs are common to other illnesses. Therefore one should not conclude that one has AIDS. Only if two of the major signs and one minor sign are present together and they last for a long time, AIDS **may be** considered as a possible cause. Signs/symptoms may vary from person to person.

After Dr. Lal's second interview. **St/ps.**

Testing –

When and who should get the HIV test done.

If you want an HIV test done, discuss this with a health care worker or voluntary testing centers (**name of the voluntary centers as appendix**) that would be able to guide you if it would be useful and where to go.

You should get an HIV test done if –

You are concerned that you had an unprotected sex with unknown people, or individuals engaging in high-risk behavior.

You had an untested blood transfusion.

You have had injections with unsterilized needles or shared unsterilized needles or syringes.

If your partner is infected.

Why should you get the tests done?

You would come to know of your status, whether you are positive or negative.

In case you are positive then you must take care to avoid spreading infections to others and indulging in any other high-risk behavior.

2. Types of testing -

ELISA (Enzyme Linked Immunosorbent Assay)– it is a cheaper test and most affordable. A person is advised to test the blood sample with different company kits. (Johnson & Johnson, Ranbaxy etc.).

Western Blot – it is an expensive test.

Shortly after the infection with HIV, the body starts to respond by making antibodies against the virus. This usually takes about 6-12 weeks. An HIV test is a blood test that can find out if these specific antibodies are present in the blood **it does not detect the virus itself.**

“Window period” – once the HIV enters the body, it starts to reproduce itself and the body's mechanism starts producing antibodies to fight off the infection. It takes the body

3-12 weeks to produce the antibodies to HIV infection and it is called “window period”. At this time the person is already infected as well as infectious, but the blood test may not indicate the presence of the antibodies.

What do the results mean?

First test	Second test	Result
Positive	Positive	Positive
Negative	Negative	Negative
Positive	Negative	Negative.

Government of India guidelines on HIV testing – (source??)

It is essential to obtain the consent of the persons prior to being tested for HIV.

The results of their tests must be kept absolutely confidential.

A person should have both pre and post test counseling.

All the above involve ethical issues since there is a lot of stigma attached to HIV/AIDS, hence it is essential to seek the consent of person being tested, keeping his results and identity confidential.

Counseling before the test.

People need to understand before taking the test what a positive and negative result would mean for their lives and to explore whether it will help them to take it. They also need to understand that several tests are needed to confirm a positive result and that it does not tell them whether they will develop AIDS.

Counseling helps people to engage in safer practice whether they decide to take the test or not. This would protect them and their partners from infection or reinfection, not only with HIV but also with other STDs.

It also helps people understand the limitations and implications of taking the test before they decide whether to take it or not. It prepares people for the outcome of the test. This appears to help people to cope better with a positive result.

Feelings and care associated with HIV positive people- ⁱⁱ

Feelings about HIV/AIDS –

People who know they are HIV positive or have AIDS may feel different emotions.

Shocked – people might get shocked thinking how could they be infected.

Frightened – people might fear of death, loosing a job, love and support of the family and near and dear ones.

Confused – people might get confused not knowing what the next step should be.

Denial. “The doctor must be wrong”. “It cannot be true, I feel so strong.”

Anger. Some people might get very angry when they find out that they have AIDS or are HIV positive. They blame themselves or others. Some may even blame God.

Revenge/spite. Some people might want to take revenge when they find out that they have AIDS. They want to infect other people. Infected people need to be told that by infecting others out of spite will not cure them of their conditions.

Bargaining. – Some people might try to bargain. They think: “god would cure me, if I stop having sex.” “I will get cured if I have sex with a virgin or child.” “Ancestors would make me better if I slaughter an animal.”

Loneliness – inability to discuss about ones status due to the stigma attached to this issue and may feel isolated.

Fear. People with HIV/AIDS may fear many things – pain, losing a job, other people knowing that they are infected, leaving their children, death.

Self-consciousness. Some people with HIV or AIDS might think that everyone is looking at them or talking about them. This makes them want to hide. Sometimes they feel rejected by other people or they reject themselves. Sometimes they feel guilty.

Depression. Some people might feel there is no good reason for living. They try committing suicide. Some commit suicide too. They feel useless/rejected.

It is understandable to have such feelings and emotions when one finds out that he/she is positive but it is also necessary to understand that there is life after you have been detected HIV positive. The longevity of your life would depend upon the care and love that you give to yourself and receive it from your family too.

Taking care of HIV/AIDS person –

What should HIV/AIDS person do?

Eat as well as possible with a mixture of staple foods, peas, leafy green vegetables, fruits.

Stay as active as possible; exercise helps prevent depression and anxiety.

Rest when you are tired and get enough sleep.

Continue to work, if possible.

Stay occupied with meaningful activities.

Give both physical and emotional affection.

Practice safe sex.

Meet as often as you can with your friends and family.

Talk to someone you trust about the diagnosis and illness.

Seek medical attention for health problems and follow the advice you are given which includes taking steps to prevent other infections.

Maintain personal hygiene by cleaning teeth daily, bathing and changing clothes. It is important for women to keep clean during menstruation by using clean pads/cloth and keeping the genitalia clean to prevent infections of vagina and womb.

Reduce stress as much as possible.

Lead a healthy life, spiritually, mentally and physically.

A person should avoid –

Alcohol and tobacco. Alcohol can damage the liver and cause other problems and lower the body's immunity against illness. Tobacco damages the lungs and other parts of the body and makes it easy for the infection to enter.

Other infections including further exposures to HIV.

Using unprescribed medicines. Certain medicines may have side effects.

Isolation – family and friends can do a lot to help keep the person active and feeling positive; do not shut them out of your life.

Importance of family. - Families are very important for people with HIV infection or AIDS and they can help them to live positively. A family home can be a shelter:

Where a person is assured that he/she is loved and accepted.

Where one is able to express feelings openly.

Where one would be loved and feel part of the family.

If a person has HIV infection/AIDS, it is good for the family to know about it. This would enable the family:

To give emotional support and love and care.

To help with daily chores in times of sickness.

To help make plans for the future.

To share some of the financial burden.

To prevent further HIV transmission.

Management of common AIDS symptoms at home –

Family could also learn how to take care of an infected person at home rather than visiting hospitals regularly. This would also in turn give mental and emotional support to an infected person along with the feeling of being wanted and cared for.

The probable ailments and diseases are –

Fever – in people with AIDS, fever often come and go. It is difficult to know whether the fever is a symptom of a treatable infection or whether it is due to HIV infection itself.

The causes of fever include –

AIDS related opportunistic infections such as tuberculosis.

Endemic (communicable) diseases such as malaria.

HIV infection itself.

How to lower fever –

Incase you find out that the person has high fever, remove the unnecessary clothing and blankets. Cool the skin by taking baths or pouring water on it, putting clothes soaked in

water on the chest and forehead and fanning the clothes. Provide plenty of water and if possible porridge and juices.

In between bathing and cooling the skin to lower the fever, keep the skin clean and dry.

Diarrhea – it is very common in people with AIDS. The stools are usually clear and watery and are sometimes accompanied by abdominal cramps and vomiting

The most common causes of diarrhea in people with HIV infection are –

Intestinal infections from food or water that is not clean and fresh.

Opportunistic infections related to AIDS.

Side effects of some medicines. (????? should I write this)

How to treat diarrhea at home –

drink lots of fluids – people should be advised by health care worker on the type of fluids to drink. It is suggested to give food-based fluids that are available at home and which normally contain some salt. This would help in replacing the water and salts lost in diarrhea. For example, rice water salted, salted butter milk, vegetable soup with salt.

Sweet drinks should be avoided like, fruit drinks, sweet tea, coffee. Sweet drinks draw water out of the body and worsen the diarrhea and dehydration.

continue to eat – if people lose their appetite when they have diarrhea this can cause malnutrition. Fluids taken in do not replace the need for food. It is important for people to take nutritious food and prevent weight loss.

Skin problems – the following skin problems are common in people with AIDS and unfortunately tend to be chronic. They require proper treatment and care.

Rashes.

Itching skin.

Painful sores on the skin.

Increased dryness on the skin.

Slow healing of wounds.

Boils.

The most common causes of some of these problems include –

Yeast infection.

Bacterial infection.

Allergic reactions to medicines or skin irritants.

Bed sores (caused by lying in one position in bed).

Itching skin – almost all skin problems involve the sensation of itching. It can be reduced in number of ways –

Cooling the skin with water or fanning it.

Not letting the skin get hot and not applying warmth to itching areas.

Community support - communities have a major role to play in care and support of people with HIV/AIDS. Communities should be encouraged to organize care and support to people infected with HIV/AIDS and to their families. They should be encouraged to make full use of the existing programs of the government and non-governmental organizations in health and social sectors.

Section V:

Start: Start the film after Dr. Lal's Interview, when sutradhar talks of intervention at the workplace

Stop: At the end...

Issues for discussion:

Intervention, policies and need for awareness campaigns at the workplace.

❖ ILO Code at the workplace:

It has been taken from ILO Codes at workplace.ⁱⁱⁱ

1 Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2 Non-discrimination

There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.

3 Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

4 Healthy work environment

The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

5 Social dialogue

A successful HIV/AIDS policy and program requires cooperation, trust and dialogue between employers, workers, and governments.

6 Screening for purposes of employment

HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified in this code.

7 Confidentiality

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

8 Continuing the employment relationship

HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9 Prevention

The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behavior.

10 Care and support

Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

❖ ROLE OF TRADE UNIONS –

Trade unions along with union members and non-union members can emphasize upon the need for a workplace policy and participatory process for unions and employers to jointly work towards a safe and healthy workplace atmosphere. The policy framework for the world of work needs to be realistic and should cover minimum basic rights such as –

Non-discrimination at work.

Ensure workers rights.

Safe and healthy workplace for all.

Protection against dismissal based on HIV/AIDS.

Recruitment and employment testing.

Medical confidentiality.

Prevention and transmission risks.

Education and awareness campaigns for organized and unorganized sector.

ⁱ AIDS – I Care....Do You? Men Make a Difference. World Health Organization

ⁱⁱ Handbook on AIDS Home Care – World Health Organization.

ⁱⁱⁱ Website- www.ilo.org

CONCLUSION –

Though this handbook gives a detailed information on HIV/AIDS and related issues but it is advisable that you as a facilitator/trainer should go through the film along with the handbook at least once to make yourself comfortable and getting used to the idea of using a handbook and film together. Facilitators/trainers are considered as agents of change in a society; people look up to them as role models. As a facilitator/trainer it is important to first become an agent of change for yourself i.e.; breaking all the biases, prejudice and misconceptions related to ones attitude, behavior, perceptions towards oneself and others, before bringing in the wind of change for others.

Issues like gender, sex and sexuality are complex issues and you might be uncomfortable in discussing about them. It is advisable not to discuss those issues and rather invite

someone who has an in depth correction information about them. There may be instances where you are unable to answer queries of the participants, it is suggested *not* to impart any misconception and half-baked information but to find out for yourself the correct information. A trainer/facilitator need **not ALWAYS** have correct and complete information.