Annex 1: Fact Sheets

The following 13 fact sheets can be used for your general reference as you conduct your training. Several fact sheets also are used in conjunction with various modules.

Fact Sheet 1: HIV and AIDS: The Basics
Fact Sheet 1a: Why Are Women More Vulnerable to HIV than Men?
Fact Sheet 2: QQR: A Tool for Understanding HIV Transmission
Fact Sheet 3: Frequently Asked Questions (FAQs) about HIV and AIDS
Fact Sheet 4: HIV Testing: Voluntary Counseling and Testing
Fact Sheet 5: Sexually Transmitted Infections (STIs)
Fact Sheet 6: Opportunistic Infections (OIs)
Fact Sheet 7: Tuberculosis (TB)
Fact Sheet 8: Anti-Retroviral (ARV) Therapy
Fact Sheet 9: Parent-to-Child Transmission (PTCT)
Fact Sheet 10: Universal Precautions
Fact Sheet 11: Care and Support for People Living with HIV
Fact Sheet 12: Gender Violence: What Is It? What Can We Do?
HIV and AIDS: The Basics

**What is HIV?**

HIV stands for Human Immunodeficiency Virus.
- **Human** – HIV only affects human beings; it needs a human host.
- **Immunodeficiency** – HIV creates a deficiency within the body’s immune system, making it more open to disease and infection.
- **Virus** – HIV is one of a family of viruses known as “retroviruses.”

**What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome.
- **Acquired** – Not born with; something that a person gets from someone else.
- **Immune** – The body’s immune system, which fights off germs.
- **Deficiency** – The immune system is not working properly to fight off disease/infection.
- **Syndrome** – A set of illnesses that attack the body when its immune system is weak.

**What is the Difference between HIV and AIDS?**

- HIV is the virus that causes AIDS. It develops in the body over a long period of time and slowly destroys the body’s capacity to fight infection and disease.
- AIDS is the advanced stage of HIV infection when HIV has destroyed the CD4 cells, which protect the body’s immune system. The body is then susceptible to opportunistic infections, including tuberculosis (TB), septicemia, pneumonia and fungal infections.

A person infected with HIV can remain healthy for many years with no physical signs or symptoms of infection. A person who has the virus but no symptoms is “HIV-positive.” People living with HIV often do not know that they have the virus.

When a person living with HIV begins to get sick and develop opportunistic infections, she/he is said to have AIDS. “AIDS” is a clinical definition given to people with HIV who have a CD4 count of below 200. (A CD4 test counts the number of CD4 cells, which are infection-fighting blood cells that the HIV virus attacks and kills.)

**How Does HIV Harm the Body?**

CD4 cells protect our bodies. These cells attack germs as part of the body’s immune system. When a person is infected with HIV, the virus invades the CD4 cells and these cells can no longer keep the body healthy. Germs then take advantage of the weakened immune system and attack the body.

Most people who become infected with HIV do not notice that they have been infected. Soon after being infected, some people may suffer flu-like symptoms for a few weeks. Otherwise there are no signs of early HIV infection. However, the virus remains in the body and can be passed to other people. At this stage the person is HIV-positive but she/he does not have AIDS.
This weakening of the immune system takes place over a period of time. As the body weakens, it is attacked by diseases such as TB, pneumonia, cancer and meningitis – or “opportunistic infections.” When the body is too weak to fight these diseases, the person is said to have “AIDS” – a collection of diseases that attacks a person after HIV has made the body weak. When the body becomes extremely weak, the person can die.

Where Does HIV Come From?
Nobody knows where HIV came from, exactly how it works, or how to eliminate it from a person.

How is HIV Transmitted?
For HIV to spread, an HIV-infected person’s blood, semen or vaginal fluids has to get inside the other person’s blood supply. There are three ways that HIV is passed from human to human.

1. Sex: If someone is HIV-positive, the virus can be passed from his or her infected blood, semen or vaginal fluids directly into another person’s bloodstream, through the lining (mucous membrane) of the vagina, penis or rectum. During sex, friction normally causes tiny scratches (or micro-abrasions) in these linings, and this is how HIV gets into the bloodstream. Sex is the most common form of transmission. Infections in the genital area (e.g. sexually transmitted infections) provide an easy way for HIV to enter the bloodstream.

2. Mother-to-child transmission: HIV can be passed to a baby during pregnancy, delivery and breastfeeding. However, not all babies born from HIV-positive mothers will have HIV. About one-third of infants become infected with HIV if the mother has not been treated with anti-retrovirals, which are drugs that slow down the progression of HIV.

3. Blood transfusions and unsterilized equipment: HIV can be transmitted by HIV-infected blood transfusions or contaminated injecting equipment (syringes/needles) or razors. People who inject drugs often get HIV because they share needles, which spreads the virus.

How is HIV Not Transmitted?
- HIV cannot survive outside the human body. The virus dies as soon as it is exposed to air. If it is exposed to heat (for example if someone bleeds into a cooking pot) it will die.
- HIV cannot pass through the skin on the outside of your body unless there is an open cut.
- HIV cannot be transmitted through saliva, tears, vomit, feces or urine, although small amounts of HIV have been found in these fluids. HIV is not found in sweat.
- HIV cannot be transmitted through unbroken skin or casual contact such as touching someone with HIV, or something they have used (e.g., clothing); sharing cups, plates or utensils; or using the same toilet seats.
- Caring for people living with HIV is not risky if the person follows sensible precautions such as disposing of sharp needles safely and keeping cuts covered.
- HIV is not transmitted by mosquitoes or other blood-sucking insects. Most insects do not pass blood from one person to another when they bite humans. The malaria parasite enters the bloodstream in mosquito saliva, not blood.
- HIV is not contagious: It cannot be transmitted by casual contact!
How Can HIV Infection be Prevented?

- **If you have sex with many partners or you are unsure of your partner’s sexual relations, always use or insist on a condom during sex.**
- **Protect yourself** from contaminated body fluids.
- **Use disposable syringes** obtained from a reliable source. Never reuse syringes.
- **Women who are pregnant or intending to get pregnant** should access prevention of parent-to-child transmission (PPTCT) services to prevent HIV transmission to the unborn child.
- **Before a blood transfusion**, insist on having blood that has been tested for HIV from a licensed blood bank. It is safer when someone you know donates blood for you.
- **Use sterilized instruments when piercing skin or sterilize the instruments yourself** by boiling for 20 minutes or rinse thoroughly using 1 percent bleach solution.
- **Medical professionals should follow universal precautions to protect yourself and your patients.** In addition, cover cuts and wounds with waterproof bandages. If you do not have a bandage, use a piece of clean cloth to cover wounds.
Why Are Women More Vulnerable to HIV than Men?

### HIV Infection by Gender

Here are the statistics:

- In 2006, there were an estimated 2.5 million HIV-infected people in India. (National AIDS Control Organization)
- 51 percent of those infected were women, although some estimate that this percentage is higher.
- 95 percent of the infected women have not had any other partner than their husbands (even though many women are blamed for bringing HIV into the home).

### Socioeconomic Reasons for Women’s Vulnerability to HIV

There are a number of socioeconomic reasons why women are more vulnerable to HIV than men.

- **Fear of Violence.** Gender violence or the fear of violence limits women’s control over their bodies and sexual lives and makes them more vulnerable than men to HIV. Women who fear violence find it difficult to negotiate safe sex and protect themselves against HIV and sexually transmitted infections (STIs). Sexual violence – forced sex by husbands or partners or rape by other men in the workplace or community – also increases women’s vulnerability to HIV.

  Fear of violence is one of the main reasons why women do not tell their husbands or partners that they have an STI or have tested positive for HIV. This fear also prevents them from getting treatment. They continue to have unprotected sex and pass the STI (or HIV) to their husbands.

- **Marriage.** Marriage is a risk factor for HIV. Many wives are at risk because of their husbands’ high risk sexual behavior. The women are faithful, but their husbands are not. The husbands have sex with other women, bring HIV or STIs home, and do not tell their wives. Their wives cannot say “no” to their husbands wanting sex (or they will get beaten) so they end up having sex and getting HIV (and/or STIs).

- **Cultural practices.** Women also are vulnerable to HIV due to prevailing cultural norms that condone multiple sexual partners for men under certain circumstances. For example, when women decrease sexual activity during pregnancy or post-delivery, it is commonly accepted that men will have other sexual partners.

- **Poverty.** Poor women may be forced into sex work to survive, making them vulnerable to HIV infection and sexual violence.
Biological Reasons for Women’s Vulnerability to HIV

Women have physical differences that increase their risk of getting HIV:

- **Women get HIV and other STIs during sex twice as easily as men.** Semen has a higher concentration of HIV than vaginal fluids. The woman’s vagina has large areas of exposed and sensitive skin surfaces, which can develop small tears during sexual intercourse. This allows HIV and other STIs to enter the woman’s bloodstream. Semen stays in the vagina after sex, increasing the risk of transmission. In contrast, the penis has a small surface area, which is in contact with vaginal fluids for a shorter time; men can more easily wash off vaginal fluids after sex.

- **Men usually know when they have an STI, but women don’t.** It is difficult for women to detect that they have an STI because some symptoms do not appear in women and other symptoms may be hidden in the vagina canal. Women must depend on their husbands or partners to tell them they have an STI. This limits their ability to protect themselves against STIs, and having STIs increases their vulnerability to HIV. STIs produce sores or cuts in the vagina, which make it easier for HIV to pass during intercourse.

- **During labor or delivery, women often get vaginal cuts or lesions, which makes it easier for HIV to get into their bodies and bloodstream.**

- **Teenage girls, whose vaginal tissue is not fully mature, are more likely to develop lesions during intercourse, increasing their vulnerability to HIV.**

*More attention should be given to address these particular vulnerabilities that women face.*
Annex 1: Fact Sheets

QQR – A Tool for Understanding HIV Transmission

■ QQR – Quality, Quantity, Route of Transmission

HIV transmission depends on the quality of the virus, a large quantity and a route of transmission.

Quality: The quality of the virus must be strong. HIV does not live on the surface of the skin, it lives inside the body. HIV cannot survive outside the human body; it starts to die as soon as it is exposed to air. If it is exposed to heat (e.g., if someone bleeds into a cooking pot), it will die. The only place the virus can survive outside the body is in a vacuum (e.g., a syringe) where it is not exposed to air.

Quantity: The quantity of the virus in body fluids must be large enough to pose any risk. HIV is found in large quantities in blood, semen and vaginal fluids, and breast milk; these fluids have a greater risk of transmission. HIV is found in small amounts in saliva, vomit, feces and urine. HIV is not in sweat or tears. In these smaller amounts, there is no risk of transmission, unless blood is present.

Route of Transmission: HIV must get inside your bloodstream. Our body is a closed system. Healthy skin is an excellent barrier against HIV. HIV cannot easily pass through unbroken or broken skin. If you cut yourself, the blood flows outwards, away from the bloodstream. If you touch someone else’s cut, blood will not swim into your bloodstream.

Common sense and daily hygiene can alleviate concerns regarding HIV transmission. For example, you wouldn’t share a toothbrush if it was covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone’s diarrhea.

These three conditions – quantity, quality and route of transmission (QQR) – explain why HIV cannot be transmitted by activities such as:

■ Touching the skin or sweat of a person living with HIV;
■ Changing the clothes of or serving food to a person living with HIV; and
■ Taking the blood pressure of a person living with HIV.

■ Other Factors that Increase the Risk of Sexual Transmission

■ Viral load of infected person. Higher viral load increases risk of HIV transmission. The highest viral loads occur at the initial stage of HIV infection and final stages of AIDS.

■ Presence of cuts or wounds. Wounds or cuts on either partner increase the chance of HIV entering the bloodstream.

■ Presence of other sexually transmitted infections (STIs). STIs cause sores or broken skin, making it easier for infected blood to get through the skin into the bloodstream.

■ Having sex during menstruation period or when a woman is bleeding.
■ The HIV Transmission Equation

Human host with HIV – someone has to carry the virus to infect someone else

+ Body fluid that carries large amount of HIV – blood, semen, vaginal fluid, breastmilk

+ Opening into the bloodstream – needle holes or cuts/tears in the vagina and penis

+ Activity that can move these fluids between people – unprotected sex, sharing injection needles, breastfeeding, blood transfusion

= POSSIBILITY OF HIV INFECTION
Frequently Asked Questions (FAQs) about HIV and AIDS

■ Can you tell if someone has HIV by looking at him or her?
No. The only way to know if someone is infected with HIV is through a blood test. Most people living with HIV look healthy and do not have symptoms for many years. It is only at the end stages of HIV infection that people become ill, showing the signs and symptoms of AIDS.

■ Can mosquitoes transmit HIV from human to human?
No. HIV cannot live outside the human body. Mosquitoes do not inject blood into humans, they suck blood. (There is no “QQR” – see Fact Sheet 2.)

■ Can HIV be transmitted through razor blades or sharp instruments?
There is a slight risk if a razor is being used quickly to make incisions or cuts on many people one after the other without washing it. It is better – and more hygienic – to sterilize sharp instruments by boiling them, or to use new razors every time.

If a razor is being shared but it is covered in blood, you would probably not use it or you would wash it thoroughly.

■ Can I get HIV by touching someone who has open cuts and sores?
No. Unless someone is covered in blood and you are badly injured with open wounds, there is no risk. Your skin protects you. If you are bleeding, your blood flows outward, it does not suck things into your bloodstream! If you are caring for someone (with HIV or not) and she/he were bleeding, use gloves and wash well before and afterward.

■ Can I get HIV by cleaning up diarrhea of an HIV patient?
There is no risk. Diarrhea does not contain HIV, unless it has blood in it, and it would still have to get inside your bloodstream. Use gloves or cover your hands.

■ How long can you live if you get HIV?
This depends on many things. If you are healthy and can eat well and have lots of love and support, you can live for many years. If you can access anti-retroviral (ARV) drugs and take them consistently, you can live many years.

Remember that HIV and AIDS are different things. With HIV you have the virus but you are healthy. With AIDS, it means your immune system has become significantly weakened and you may have a number of opportunistic infections. It is important to treat these infections.

Finding out you are HIV-positive is not a death sentence.
**FACT SHEET 3**

■ Is it true that condoms are not really safe?

If used properly, condoms offer 98 percent protection against HIV (and pregnancy). The virus cannot pass through a condom. Make sure your condoms are not out of date, and store them in a cool place. Don’t use vaseline or oil on them as this can make them break. Never use more than one condom at a time.

■ Is there any cure for AIDS?

There is no cure but treatments that slow down the impact of HIV are available. The combination of treatments is called anti-retroviral therapy, or ARV therapy. These treatments are widely available in Western countries, where most people no longer think that HIV means you will die. ARV therapy is becoming more available, cheaper and easier to access in India. Governments and drug companies are increasingly making ARVs available to everyone. In April 2004, the government started distributing free ARV therapy in six high prevalence states in India. In 2006, this effort was scaled up to all the states. However, the actual reach is still limited, with only 95,000 patients receiving ARV therapy in 2006 through public and private channels (for more on ARV therapy, see Fact Sheet 8).

■ Can a man cure HIV or STIs by having sex with a virgin?

No. A man will still have the virus in his body after sex and he will probably have infected the virgin as well.

■ Why can’t a mother typically give HIV to her baby in the womb?

HIV is not passed from mother to baby because the blood of the mother and the blood of the baby are separate. Inside the womb the baby floats in a bag of water. The baby is attached to the women’s uterus by the placenta, a temporary organ. The baby does not come into contact with the mother’s blood at all, except during delivery. The mother’s blood is in her own blood vessels. Oxygen from her lungs and food (nutrients) from her stomach and intestines are brought to the womb by the mother’s blood. The blood of the fetus (baby) is in its own blood vessels and these extend to the placenta. There are thin membranes that separate the placenta from the lining of the mother’s womb. This prevents the mother’s blood from mixing with the baby’s blood, but allows oxygen and nutrients to pass from the mother’s blood to the baby’s blood.
HIV Testing: Voluntary Counseling & Testing

What is an HIV Test?

An HIV test determines if a person is infected with HIV. The test involves taking a sample of blood or urine from a person and then analyzing the sample in a laboratory.

The test checks for the presence of HIV antibodies in the person's bloodstream, rather than for the virus itself. The immune system produces antibodies to fight off HIV infection. If HIV antibodies are present, then the person is infected with HIV and she/he is HIV positive. If there are no antibodies, the person is not infected with HIV and she/he is HIV negative.

The most common HIV tests are:

- **Enzyme-linked immunosorbent assay (ELISA)** – Highly accurate, requires a confirmatory test using the Western blot;
- **Rapid serological tests** – Provide results in 30 minutes using simple procedures, requires a confirmatory test using the Western blot; and
- **Western blot** – Used to confirm positive results from the other two tests.

What is a “False Positive” Result? What is a “False Negative” Result?

A “false positive” result is when the result appears positive even when there are no antibodies in the blood. A “false negative” result is a negative result when the person is actually infected. A false negative can occur if a person is newly infected and not yet producing HIV antibodies.

To protect against false positives and false negatives, HIV test results should be confirmed with other tests using another method.

What is the Window Period?

When a person is infected with HIV, it takes three months for his/her body to show detectable levels of antibodies. This length of time is called the “window period.” During this period, the test will not show the antibodies, and the results will appear as if the person is HIV-negative, even though she/he may have HIV. This is why a second test is needed three months after the first test.

What is Voluntary Counseling and Testing?

Voluntary counseling and testing (VCT) is a system of testing people for HIV while also counseling them so they know the full implications of being tested. VCT includes pre-test counseling, HIV testing, post-test counseling, and partner notification and follow-up/referral.

It is illegal to test a person for HIV without his/her consent. If an individual goes to the hospital or clinic for treatment, she/he must consent to all tests and treatment. It is a client's right to be asked to give, or refuse to give, consent for every medical test.

VCT provides information and benefits for those who test positive as well as those who test negative. VCT helps people deal with worries about their status, increases their perception of their vulnerability to HIV, promotes behavior change, facilitates early referral for care and support, and helps reduce stigma in the community.
What are the Conditions for VCT?
- **Voluntary** – Individual decides to take the test; no one coerces him/her.
- **Right to Counseling** – Those testing have the right to be counseled by a trained counselor.
- **Informed Consent** – Individual understands what is involved before deciding to take the test; a person cannot be tested without his/her knowledge.
- **Confidential** – Personal information disclosed to a counselor remains confidential.

What are the Advantages of Voluntary Counseling and Testing?
- VCT is the first step in the continuum of care: the entry point for prevention, treatment, support and care.
- If the HIV test result is positive, a person can:
  - Start to practice a healthy lifestyle to live a long life and delay the onset of AIDS;
  - Get early access to treatment, anti-retroviral therapy and prevent parent-to-child transmission;
  - Get access to counseling, support groups and social support services; and
  - Adopt safe sex practices and protect his/her sexual partners from HIV.
- If a person tests negative, he/she can change his/her practices to avoid being infected with HIV.
- If people are worried that they have HIV, they can put their minds at rest.
- If many people get tested, it can help to destigmatize HIV in the community.

What are the Disadvantages of Voluntary Counseling and Testing?
- Some people who test positive may not be able to cope with these results. Before taking the test, a person should think about how she/he will react to the results.
- Being classified as HIV-positive can lead to stigma, violence and discrimination (e.g., a person is ostracized by the family, kicked out of the house or abandoned by his/her partner).

What are the Steps in Voluntary Counseling and Testing?
VCT involves a number of steps including (1) deciding on whether to get tested, (2) whether to receive pre-test counseling, (3) going to get the test and (4) deciding whether to get post-test counseling.

1. Deciding to Get Tested
Most people with the HIV virus feel healthy, and they do not know that they have been infected. The only way to know if they are HIV-positive is to take an HIV test.

Reasons for taking a test might be that the person:
- Had unsafe sex or a condom broke
- Is thinking about getting married or having children
- Has a spouse/partner who tested positive
- Keeps getting sick and worries that she/he may have HIV

It is the client’s decision to take a test. No one else can make him/her have the test.
2. **Pre-Test Counseling**

Pre-test counseling helps the client prepare for the HIV test.

Topics discussed can include:

- The procedure for HIV testing: how it is done, the meaning of positive and negative results;
- The client’s reasons for being tested and deciding whether to take the test;
- The client’s potential HIV risks and how to reduce their HIV risk; and
- The client’s plan after test results are available (e.g., their reaction, how to tell a partner, how to get support, etc.).

3. **Testing**

If the client has decided to go through with the test, she/he provides a blood sample, which is then tested in a lab.

4. **Post-Test Counseling**

Post-test counseling helps the client deal with the results. The client talks with the same counselor about the results and what she/he will do next.

If the results are negative, the client will be asked to come back for another test three months later – at the end of the “window period.” She/he will also be encouraged to stay negative by reviewing his/her risks and how to minimize them.

If the results are positive, these results will be explained to the client. Positive results do not mean the person has AIDS or will die soon, only that she/he has HIV. Many people who test positive stay healthy for several years, even without treatment. The counseling session will also discuss what to do next:

- Who to tell about the results and how to do this;
- How to live a healthy life to delay the onset of AIDS;
- How to prevent infecting sexual partners with HIV;
- How to deal with opportunistic infections; and
- How to access treatment, including anti-retroviral drugs.

Women who test positive will be counseled on options available to prevent mother-to-child transmission of HIV.

**Gender Violence and Partner Notification**

The fear of violence may prevent women from negotiating safe sex, which puts them at risk of getting HIV from their husbands or partners. It also may discourage them from disclosing the results of the HIV test to their partners because this might lead to physical and emotional violence, separation and divorce, and loss of economic support. While disclosure is ideal to avoid spreading infection, the woman’s safety from violence is the first priority. Counselors should take this into consideration when talking with positive women about their next steps, including when and how to tell their partners.
Sexually Transmitted Infections (STIs)

What are STIs?

STIs stand for sexually transmitted infection. STIs are a group of infections that are passed from one person to another, mainly through sexual contact. Many STIs can be transmitted from a pregnant woman to her child during delivery. Some STIs can be passed through unclean injection needles, skin-cutting tools (such as razors) and blood transfusions.

Most STIs are easily treated and cured, but can be very dangerous and even fatal if left untreated. STIs can damage sexual organs and lead to infertility. Gonorrhea, for example, can lead to Pelvic Inflammatory Disease (PID), which makes it impossible to have a baby. Some STIs can cause blindness, cancer and heart problems; others can lead to death.

Women get STIs (including HIV) twice as easily as men. The woman’s vagina has a larger surface than a man’s penis and vaginal walls have thin membranes that easily develop small tears through which STIs can pass.

It is also more difficult for women to know that they have an STI. Some STIs do not show symptoms at all and may be hidden in the vaginal canal. As a result women have to depend on their sexual partners to tell them they have an STI.

Having an STI increases the risk of contracting HIV. STIs produce sores in the genitals, which make it easier for HIV to pass into the bloodstream during sex. Prevention and early treatment of STIs will reduce the spread of HIV.

What are Common Types of STIs?

STIs include: chancroid (genital ulcer), chlamydia, gonorrhea, genital herpes, genital warts, hepatitis B, syphilis and HIV.

There are two groups of STIs: (1) those caused by bacteria and which can be cured and (2) those caused by viruses, which cannot be completely cured.

STIs that can be cured: chancroid, chlamydia, gonorrhea and syphilis.

STIs that cannot be cured: genital herpes, genital warts, hepatitis B and HIV.

What are the Common Symptoms of STIs?

Common symptoms in women are:

- Unusual or excessive discharge and smell from the vagina
- Burning pain when urinating
- Sores, bumps or blisters near or on the sex organs or mouth
- Burning or itching around the vagina
- Unusual itching around the sex organs, especially the pubic area
- Pain in the lower part of the abdomen
- Pain inside the vagina during sexual intercourse
- Unusual bleeding from the vagina when it is not the woman’s regular monthly period
- Backache, fever and chills
Common symptoms in men are:

- Discharge from the penis
- Burning pain when urinating
- Sores, bumps or blisters on or near the sex organs
- Itching or irritation on or near the sex organs
- Unusual scratching around the genital area, especially around the pubic area

Sometimes, people who get STIs have no initial symptoms. The person feels healthy, but the STI germs are inside his/her body injuring his/her reproductive organs. The person can unknowingly pass an STI to someone. Even if symptoms appear to go away, the STI remains so be sure to seek out testing and treatment.

Women often have no visible symptoms, making it more difficult for them to know that they have an STI.

What are the Symptoms of Specific STIs?

**Chancroid (genital ulcer):** Sores on or around the genitals; sometimes the glands in the groin swell up and the sores may burst.

**Chlamydia:** Discharge from the penis or vagina, burning/pain when urinating; women have no symptoms.

**Gonorrhea:** Symptoms for men include discharge from the penis and pain when urinating. Symptoms in women include sores in the vagina; discharge and pain when urinating.

**Genital herpes:** Small painful blisters/ulcers on the genitals or mouth, itching or burning before the blisters appear. The sores can come back, particularly if you are feeling weak or tired, or have a vaginal infection.

**Genital warts:** Small and bumpy warts on the sex organs, which are painless but sometimes itchy. The warts grow around the genitals and can sometimes cause problems in passing urine. Women with untreated genital warts may be at increased risk of developing genital cancers.

**Hepatitis B:** Flu-like feelings, tiredness, jaundice, dark urine and light-colored stool.

**Syphilis:** Painless sore on the vagina or penis; a rash and flu-like symptoms. These signs disappear, but the disease is still growing in the body.

What Should You Do If You Think You Have an STI?

Go to a clinic and get tested and treated. Many STIs can be treated and cured with antibiotics. However, viruses like HIV, hepatitis B and genital herpes cannot be cured. Genital warts can be removed, but may return.

Patients should complete the full treatment. Otherwise the germs will stay in the body and make the person ill later on. The person can also transmit the disease to others. People who are treated for STIs should tell their most recent partners, so they can also be treated.
Opportunistic Infections (OIs)

What are Opportunistic Infections?

Opportunistic infections (OIs) are HIV- and AIDS-related illnesses caused by bacteria, fungi and viruses that take advantage of a weakened immune system. OIs would not normally cause illness in a healthy person, but can affect an HIV-infected person whose immune system has been weakened. Most OIs can be prevented or treated with medication, which can help improve the quality of life for a person living with HIV and delay the onset of AIDS.

There are more than 20 opportunistic diseases associated with AIDS, including tuberculosis (TB), diarrhea, pneumonia, bowel infection, Kaposi’s Sarcoma, candidiasis, skin cancer and meningitis. An individual with an AIDS diagnosis may have two or more diseases at the same time.

When AIDS first appeared in the mid-1980s, many people living with HIV rapidly died from opportunistic infections because their doctors did not know how to treat and prevent these diseases in people with damaged immune systems. But as doctors learned how to prevent OIs with medication and how to recognize and treat these infections more effectively, people living with HIV began to live longer and longer.

Different Types of Opportunistic Infections

Tuberculosis (TB) is a lung disease that affects many people with HIV. It is preventable and curable. (Read the TB Fact Sheet for more details.)

Candidiasis is a fungal infection, commonly known as “thrush” in infants. It appears as white patches on the tongue and ulcers in the mouth. These patches are sometimes painful, making it difficult to swallow. This fungal infection can also affect the vagina, causing vaginal candidiasis. Symptoms include thick, curd-like vaginal discharge, painful intercourse and redness of the vaginal wall.

Kaposi’s Sarcoma is a cancer commonly diagnosed in people living with HIV. Symptoms include dark skin lesions or nodules appearing on different parts of the body. It usually affects the skin, lymph nodes and the mouth. Lesions also can be found in the stomach and the lungs, causing severe breathing problems.

Pneumocystic Carinii Pneumonia (PCP) is an infection of the lungs that can cause severe pneumonia and results in difficult breathing, fever and dry cough. PCP is the leading cause of death of infants with AIDS in India.

How to Prevent or Treat Opportunistic Infections

- Maintain regular medical check-ups. Seek medical care at the first sign of sickness.
- Get plenty of rest, good food and nutrition, good hygiene, and avoid alcohol and smoking.
- Avoid infection: Many people fear getting infections from people living with HIV, but in fact they have more to fear from getting infections from “healthy” people.
- Access TB prevention therapy.
- Use available medicines to cure most infections or reduce the impact of the symptoms (e.g., reduce itchiness of skin rashes).
**Medicine for Treating Opportunistic Infections**

- **Fluconazole** is used to treat severe oral candidiasis or thrush infections. Thrush causes painful little white sores in the mouth.

- **Acyclovir** is used to treat herpes, which are painful blisters on the lips or genitals.

- **Cotrimoxazole** is an antibiotic given to people living with HIV whose CD4 count is below 200. This medicine helps to prevent PCP (Pneumocystis Carinii Pneumonia).

**Other Common Symptoms of AIDS and What to Do**

The most common symptoms of AIDS include: weight loss; fevers; breathing problems; digestive problems; and infections of the mouth, skin, and genital areas. Some of these conditions can be treated at home, with support from a health care provider.

**Nausea and vomiting.** AIDS patients often feel nauseous. Patients should keep their mouths clean by frequently rinsing with clean water and using a toothbrush to brush the teeth and tongue. Nausea can lead to vomiting, making them unable to eat. If the patient is vomiting, he/she should avoid fatty foods and not eat or drink fluids for one or two hours, then gradually increase intake of fluids.

**Tiredness and weakness.** People living with HIV often feel tired and should rest often. Help them do simple exercises, such as moving their arms and legs. If the patient is bedridden, encourage him/her to regularly move the arms and legs. Turn the patient every now and then. Keep him/her involved in daily home activities and help with daily needs, such as bathing and using the toilet.

**Sore mouth and throat.** This is a common problem among people living with HIV.

- Rinse patient’s mouth with warm, clean water mixed with a pinch of salt.

- For white patches in the mouth, give the patient a lemon to suck – but sometimes this may be too painful.

- Apply gentian violet solution to sores on the lips.

- Use soothing local remedies to help the patient relieve soreness.

**Pain.** To help alleviate pain, give the patient two aspirin or paracetamol tablets every four hours. Make sure the patient does not have an empty stomach when taking aspirin or tablets.

**Swelling.** Raise the legs or the swollen part of the body on pillows and massage the sore muscle using some oil or soothing cream. Regularly move the patient to change positions.

**Fever.** Treatment for a fever can include:

- Removing unnecessary clothing and blankets.

- Wiping the patient down with a wet cloth, or using a cold compress.

- Getting the patient to drink lots of water or other liquids.

- Using aspirin or paracetamol (two tablets every eight hours)

If the patient is too hot and the fever continues for a long time or is accompanied by stiffness, severe pain, confusion, yellow color in the eyes, sudden diarrhea or convulsions, seek medical assistance immediately. The fever may be caused by malaria.
**Diarrhea.** Diarrhea is very common in AIDS patients. The stools are very watery and sometimes contain blood. Patients suffering from diarrhea often get dehydrated. Treatment for diarrhea can include the following:

- Keep the skin clean and dry. Wash with clean water after each bowel movement.
- Treat dehydration with an oral rehydration drink. Add half a flat teaspoon of salt and eight flat teaspoons of sugar to one liter of cooled boiled water. Make a fresh mixture every day. If the diarrhea continues, get help from a health worker.
- Give the patient solid or starchy foods such as rice water.
- Don’t feed patients food containing a lot of sugar, which can worsen diarrhea.

**Skin Problems.** Skin problems include rashes, itching, painful sores, skin dryness, slow healing wounds, boils, and abscesses. Each problem may need a different treatment.

**Itching.** Keep cooling the skin with water. Apply lotions such as calamine. Keep the skin dry.

**Wounds.** Clean the wounded area with boiled, clean water. Cover with a bandage or cloth wrapped loosely around the wound. Put a warm compress of weak salt water on the wound four times a day (a teaspoonful of salt to one liter of clean water). If the wound is on the foot or leg, raise the affected area as high as possible and as often as possible. During sleep, rest the foot or leg on a pillow. During the day, try to raise the foot for five minutes every 30 minutes. Walking helps circulate blood. Standing or sitting with the affected foot down for long periods is harmful. When wounds are infected, seek medical attention immediately.

**Bed Sores.** Bed sores are caused by pressure on parts of the patient’s body, which often results from lying in the same position for long periods. Bed sores often occur on the buttocks, elbows, hips, back, and feet. Treat bed sores by doing the following:

- Get the patient out of bed as much as possible.
- Change the patient’s position often, at least every two hours.
- Use soft bed sheets and padding, which should be hung daily to air out. Change sheets when soiled with urine, vomit or sweat.
- Straighten the bedding because lying on wrinkled bedding can hurt the skin.
- Put a cushion under the patient to support bony parts.
- Encourage the patient to eat well. Extra vitamins help to heal the sores.

**Shingles.** Shingles is a rash, blisters or sores that develop on the chest or back. It is very painful and itchy. Treat shingles by doing the following:

- Apply calamine lotion twice a day to relieve pain and itching.
- Keep sores dry and do not let clothing rub against them.
- Let the patient wear clean, loose-fitting clothing.
- Relieve pain with aspirin or paracetamol.
- Bathe sores with clean water three times a day or apply gentian violet solution.
- Watch for signs of infected sores, such as redness or pus.
**Boils and abscesses.** These are painful, raised, red lumps on the skin that commonly appear on the groin, buttock, armpits and upper parts of the legs. Treatment can include the following:

- Wash boil and abscess with salt water (one teaspoonful of salt in a cup of clean water).
- Put a hot compress over the wound for 20 minutes four times a day. Be careful not to burn the patient.
- If the boil continues to grow, seek medical help.

**Difficulties in breathing.** People living with HIV often have infections in the lungs and experience chronic coughing and difficulties in breathing.

- Make the patient lie with pillows under his/her head, or with the head of the bed raised on blocks.
- Make the patient sit forward with his/her elbows on his knees or on a low table.
- Make sure someone is there to watch over the patient, as not being able to breathe could make him/her very frightened.

**Coughing.** If pain is felt in the chest or ribs during coughing, a pillow or hand should be held tightly over the area that hurts. This makes the cough less painful. Where possible encourage the patient to keep walking, turning around in bed or simply sitting up. This helps the lungs to drain. Give the patient a clean cloth to cover the mouth when coughing.
**Tuberculosis (TB)**

- **What is Tuberculosis (TB)?**
  Tuberculosis (TB) is a fatal disease of the lungs and other parts of the body caused by germs that create “holes” in the organs they affect. Most TB cases are pulmonary (lungs). TB can travel through the blood and attack other parts of the body, including glands, bones, brain, nervous system and spine.

- **How is TB Transmitted?**
  TB spreads through coughing, spitting or sneezing sputum (droplet nuclei) into the air. Not everybody who breathes in TB germs will get it. If people are healthy and strong, their body can fight the germs.

- **How Do You Know if You Have TB?**
  Some of the signs of TB include productive coughing (rather than a dry cough), feeling weak and/or tired, loss of appetite, not being able to sleep and, sometimes, night sweats. If you suspect that you have TB, you should go to your nearest clinic for some tests.

- **TB is Treatable and Curable**
  The treatment for TB involves taking a tablet every day for six months to one year. After the first two to three weeks of treatment, the patient is no longer infectious. Patients should complete the entire course of treatment; otherwise the TB germs can get stronger and medicine becomes less effective.

- **Do TB Patients Need to be Isolated?**
  No. Patients are no longer contagious after the first two weeks of treatment. As long as TB patients abide by their treatment regimes, they can eat, sleep and work with others. Special utensils or separate bedding are not necessary. During the first two weeks of treatment, the patient should take precautions to prevent spread of infection by keeping the house well ventilated, and covering their mouth when coughing.

- **What Is the Link between TB and HIV?**
  If you are infected with TB, it does not mean you have HIV or AIDS. However, if you are living with HIV, you may be more vulnerable to TB because your immune (defense) system may be weak.

  If you are HIV-positive, you can take a course of treatment that will prevent you from getting TB. In many places these treatments are freely available.

  If you are living with HIV and you do get TB, you can still cure the TB through treatment.
Anti-retroviral (ARV) Therapy

■ How HIV Makes the Body Sick

There are many different kinds of cells in our bodies. One is white blood cells, also known as CD4 cells, which are found in our blood. White blood cells protect our bodies by attacking germs that get into the body, keeping us from staying sick.

Once a person becomes infected with HIV, the virus begins to live and spread in white blood cells. HIV attacks and damages the white blood cells so that the blood cells cannot do their work of keeping the body healthy. Germs then take advantage of the weakened immune system and attack the body.

The weakening of the immune system takes place over a period of time. People who are infected with HIV do not die right away. A person living with HIV often feels perfectly healthy and feels no sign of sickness. But over time the immune system weakens. The body has to work harder to fight off other germs and diseases.

As the body gets weaker, it is attacked by different opportunistic infections, or AIDS-related diseases, including TB, pneumonia, bowel infection, cancer and meningitis. When the body is too weak to fight these diseases the person is said to have AIDS, a collection of diseases that attack a person after HIV has made the body weak. When the body becomes weak, the person can die.

■ What is Anti-retroviral (ARV) Therapy?

ARV therapy is a combination of medications – usually two or more – that slow down the growth of HIV in the body. ARV therapy helps to improve the immune system, helping the body protect itself against AIDS-related diseases. If the ARV therapy is properly taken, a person with HIV can live a healthier, more productive and longer life.

ARV therapy is not a cure for HIV or AIDS. The combination of medicine will reduce the amount of HIV in the body, but the virus is still in the blood. ARV therapy is lifelong. If people stop taking treatment, HIV will continue to grow and they will become sick again.

People taking ARV therapy need to take their medications at the right time and in the right way each day. If they stop or forget, HIV will become stronger and may become resistant to the medication.

ARV therapy is given to people who are HIV-positive but do not yet have AIDS and to people who have AIDS. But not every HIV-positive person needs ARV therapy. ARV therapy is only for those people whose immune systems have been seriously weakened by HIV.

Once a person discovers that he or she is HIV-positive, he or she should get tested to determine if ARV therapy is needed (when the CD4 count is low). A CD4 count test measures the amount of white blood (CD4) cells. When a person starts ARV therapy, tests will indicate how well the medicine is working by checking if the immune system is getting stronger. This is indicated through a viral load test, which measures the amount of HIV in the blood.

When people start taking ARV therapy, their bodies may react to the medicine. These side effects may include: stomach pain, nausea and vomiting, diarrhea, skin rash, excessive tiredness, headaches, tingling feeling in fingers and toes, and sleep disturbances. People should not stop taking the medicine when they have these side effects, but they should report them to their health care provider.
Is ARV Therapy the Only Medication Available for People with HIV and AIDS?

No. People living with HIV and AIDS often take other medications for opportunistic infections such as TB.

People taking ARV therapy should try to live healthy and positive lives to help the ARV therapy fight the HIV in their bodies. Things they can do include:

- **Eating good food and drinking plenty of liquids** to strengthen their bodies and keep up body weight. (People living with HIV lose weight as a result of opportunistic infections or lose nutrients because of diarrhea or vomiting.)
- **Being physically active.** People living with HIV will be healthier if they keep themselves busy.
- **Getting enough sleep and rest** to allow their bodies to recover.
- **Keeping their bodies and homes clean** to help reduce germs that can bring diseases.
- **Practicing safe sex (using a condom).** HIV-positive people can still pass HIV on to others, even if they are taking ARV therapy. By practicing safe sex, they not only protect their partner, but also protect themselves from getting re-infected and increasing the amount of HIV in the body.
- **Living with hope and getting emotional support from family and friends.** This helps people living with HIV feel loved, accepted and better about themselves, strengthening them to live longer and more productively.

How Many Extra Years of Life Can ARV Therapy Give a Person Living with HIV?

ARV therapy can allow most people to live up to 10 years longer, depending on how advanced the HIV infection had been when the ARV therapy was started. New medications are likely to increase this time period. Lifestyle, diet and adherence also will determine how well ARVs will work.

How Is ARV Therapy Different from Other Medicine?

It is like other medicine in that it has side effects. The difference is that it requires 100 percent adherence to prevent HIV from becoming resistant to medication.

Why is Drug Resistance Such A Danger?

In the case of ARVs, drug resistance is particularly dangerous because no other drugs are available to treat HIV and prolong life. A newly resistant strain of HIV could then spread to other countries. This is why the use of ARV therapy requires a lot of responsibility and commitment from everyone.

Why Should People Living with HIV Stop Smoking and Drinking Alcohol?

Smoking and drinking are bad for a person’s health, and tobacco and alcohol break down a person’s immune system.
Parent-to-Child Transmission (PTCT)

What Is Parent-to-Child Transmission (PTCT)?
When HIV passes from an HIV positive mother to her baby, this is sometimes called “mother-to-child transmission.” This wording has the limitation of singling out women as the carriers of HIV infection. Both parents produce a child and the responsibility of giving birth to a healthy baby lies with both of them. Men can take responsible steps to prevent PTCT and support women in making decisions around childbearing.

How Does the Baby Get Infected with HIV?

- Babies may get infected with HIV while they are in the mother’s womb, though this mode of transmission is rare. The baby’s blood (circulatory) system is separate from the mother’s system. The fetus is attached to the mother’s uterus by the placenta, which acts as a barrier between the mother and fetus. The mother’s blood carries nutrients to feed the baby after passing through the placenta. The placenta is meant to filter out bad things like infections, but this sometimes fails.

- Babies may get HIV through direct contact with blood and fluids during birth. Most HIV transmission occurs during labor and delivery. When the baby travels through the mother’s birth canal, the baby’s skin can get damaged, and HIV can be transmitted when the baby comes into contact with the mother’s blood. A delivery that causes a lot of bleeding from the mother through cuts or instruments used to help the delivery may increase the chances of the baby getting infected with HIV.

- Babies may get infected with HIV when the mother is breastfeeding. The chances of the baby getting infected are higher if the mother has a high level of virus in her blood while she is breastfeeding. If the mother has cracked nipples, painful swelling of breasts through mastitis, or if the baby has thrush or sores in the mouth, the risk of transmission becomes higher.

Why Do Some Babies Born to HIV-positive Women Get Infected and Others Do Not?
Roughly one third of HIV-positive mothers pass the virus to their babies. The more HIV is present in the mother’s blood, breast milk and other fluids, the higher the chance of transmitting HIV to the baby. The amount of HIV present varies depending on the stage of the illness. Soon after a person is infected with HIV, a lot of the virus is present in their blood and bodily fluids because there are no antibodies to fight it. Later, if the person gets sick with illnesses caused by HIV, the amount of virus goes up. When the person becomes very ill (with AIDS), the virus is very high and can easily be passed on. If a woman becomes infected while she is pregnant or breastfeeding, then the chances of that baby getting infected are higher. If a woman gets pregnant or breastfeeds when she is showing signs of AIDS, the chances are high that the baby will be infected.
How to Reduce Parent-to-Child Transmission

The most important way is for men and women to prevent HIV infection. Ideally, parents should be tested for HIV before planning a pregnancy. It is especially important to prevent HIV infection in the expectant mother during pregnancy and later when she is breastfeeding.

During pregnancy, some men may have sex with other women and become infected with HIV. When men resume sexual relations with the mother of their child, she is at risk of contracting HIV. If she becomes newly infected while breastfeeding, the baby is at a higher risk of contracting HIV because the amount of virus present in the blood and milk of the mother is relatively high at this point.

Men should support women during pregnancy, childbirth and breastfeeding. They can avoid infections by staying faithful and avoiding sex with other women. If they are not able to abstain from casual sex, they should practice safe sex and use condoms.

How to Minimize HIV Transmission During Childbirth

Most HIV transmissions occur at the end of pregnancy and during delivery. The following practices in childbirth reduce contact between the baby and the mother’s fluids during childbirth:

- Women should go to the place of delivery early in their labor so they do not delay after their water has broken.
- Health workers should try not to manually rupture the membranes unless birth is imminent and not use forceps or other instruments during delivery unless the baby’s life is in danger. Practices such as cutting the mother’s vagina (episiotomies) should be avoided because they result in heavy bleeding for the mother.
- Health workers should routinely wipe out the mother’s vagina with antiseptic lotions before delivering the baby. This should be done for all women in labor, whether they are HIV-positive or not.

How to Minimize HIV Transmission During Breastfeeding

Breastmilk provides babies with the best nutrition and protection from infection. All mothers are advised to do exclusive breastfeeding (feeding the baby only breastmilk) for the first four to six months. Feeding the baby anything besides breastmilk (e.g., cow’s milk or other foods) can damage the lining of the baby’s gut. If the mother is HIV-positive, the virus can infect the baby through the damaged lining. Babies who receive mixed feeds (mixing formula and breast milk or feeding with breastmilk and giving other fluids or solids) are more likely to become HIV-infected than those who receive exclusive breastfeeding or exclusive substitute feeds.

Exclusive breastfeeding is best:

- Give breastmilk only – no solids or other fluids, even water.
- Breastfeed for up to six months – then wean abruptly. After six months, stop breastfeeding completely and change to substitutes without any mixed feeding.
Can Anti-retroviral Drugs be Used to Prevent Transmission of HIV?

Yes. The ARV drug can be given to the mother twice daily starting from the 36th week of pregnancy and during labor. This short course of ARVs during pregnancy and delivery significantly reduces the risk of HIV transmission from parent to child.

Historically, the tendency has been to view the “mother” as simply a vehicle for producing a healthy baby, and efforts were directed mainly at providing ARV treatment to pregnant women to prevent HIV transmission to the baby. This view is now being challenged and defined in a broader way as a combined set of efforts to:

- Prevent HIV in the first place
- Prevent unintended pregnancies among HIV-positive women
- Prevent HIV transmission from HIV-positive women to their children
- Provide treatment, care and support for HIV-positive women

What is the Effect of Anti-retrovirals on the Mother? Is There any Harm to the Child?

The ARV slows viral replication and lowers the amount of virus in the body. This reduces PTCT and does no harm to the pregnant woman or her child. However, it does not treat the mother’s HIV infection. The whole purpose of using this drug is to reduce the risk of passing HIV to the child.

What if a Woman Takes Anti-retrovirals for PTCT and Stops?

When a mother takes ARVs for PTCT prevention her viral load will fall. This is how HIV transmission is prevented. When she stops taking it, her viral load will return to the level she had before she started taking the ARVs. Although the ARVs won’t deal with the mother’s HIV condition, it will not make it worse. It will not increase her viral load or further weaken her immune system.

Is There a Risk of Drug Resistant HIV if a Pregnant Woman Takes ARVs?

This risk is considered to be minimal when taking a short course of ARVs.

Can a Mother Keep Taking Anti-retrovirals after the Baby is Born?

Taking a single ARV is not effective in treating HIV. A combination of two and usually three ARVs is needed to treat HIV. Therefore taking a single anti-retroviral over the long term will not be of any benefit. This will also lead to drug resistance.
Shouldn’t HIV-positive Women be Discouraged from Having Children?

It is generally accepted that it is every woman’s right to decide for herself whether or not to have children. The responsibility of health workers is to provide HIV-positive women and their partners with comprehensive information about the risks associated with childbearing, the risks of parent-to-child transmission, and the additional burden on the family if the child is HIV-positive. But the final decision is the woman’s, and she should not be pressured into not having children. Health workers should support whatever decision she makes.

If a Pregnant Woman is HIV-positive, Shouldn’t She Tell her Husband?

Ideally, all people living with HIV and AIDS should disclose their status to their partners to prevent HIV transmission to an uninfected partner and to gain the partner’s support. The couple should be encouraged to come together for counseling and the partner encouraged to seek voluntary testing and counseling to learn his status. However, some HIV-positive pregnant women will feel unable to discuss this with their husbands/partners. They may be worried that they will be blamed, beaten and abandoned. Their worries should be discussed, but the decision whether they disclose or not should be their own.

What about Testing for Pregnant Women?

The Government of India has adopted a policy of providing HIV testing to all pregnant women on an opt-out basis. This means that HIV testing is offered to all women who come to government clinics for antenatal services, but each woman has the right to decline testing.
Universal Precautions

What Are Universal Precautions?

Universal precautions are designed to help minimize the risk of HIV exposure for clients and staff in health care settings. Health care providers should follow them with every client, regardless of whether they think the client may be HIV-positive. This is important because it is impossible to tell who is HIV-positive based on appearance. Blood-borne infections that pose a risk to us go undetected and can be present in the blood of all persons. Diseases do not discriminate, and health care providers should not discriminate.

Universal Precautions in Health Care Settings

Use the following precautions to avoid injury and reduce the risk of infection:

Handwashing

- Wash your hands with soap and water after coming into contact with blood, body fluids and contaminated items, whether you have worn gloves or not.
- Wash your hands immediately after removing the gloves and between client contacts to avoid transferring micro-organisms among the clients.

Gloves

- Wear gloves when coming into contact with blood, body fluids and contaminated items.
- Put on clean gloves before touching eyes, nose, and mouth and non-intact skin.
- Put on a new clean pair of gloves between tasks or procedures on the same client after contact with blood or body fluids.
- Rinse gloved hands in 0.5 percent chlorine solution before removing the gloves.
- Remove gloves immediately before touching non-contaminated items and surfaces.
- If gloves are not disposable, wash and disinfect after use with each patient.

Note: Health care providers with open cuts or rashes should avoid direct client contact and should not handle contaminated equipment because breaks in the skin provide points for micro-organisms to enter the bloodstream and cause infection.

Eye Protection

Wear eye protection, face shield and mask to protect mucus membranes of the eyes, nose and mouth during procedures (e.g., during delivery, cutting of the umbilical cord) and client care activities that might produce splashes or sprays of blood or body fluids.

Protective Clothing

- Wear clean, non-sterile gowns to protect skin and prevent clothes getting soiled during activities that might produce splashes or sprays of blood or body fluids.
- If possible, use a plastic or rubber barrier (e.g., apron) to protect clothing if large amounts of soiling are anticipated (e.g., during delivery).
- Remove a soiled gown immediately, placing it in a designated container for decontamination, and wash hands.
Instrument Processing

- Decontaminate, clean, disinfect and/or sterilize the instruments using standard infection prevention procedures.
- Make sure that instruments are not used on another client before this processing has been done.

Handling Sharp Instruments

- Don’t recap needles after use. This is the most common cause of needle stick injury.
- Don’t bend, break or cut needles after use.
- Don’t remove the needle from the syringe before disposal.
- Dispose of used needles in a puncture-proof container immediately after use.

If injured by a contaminated needle or sharp instrument, wash the area immediately with soap and water and then apply post-exposure prophylaxis (PEP).

Maintaining a Clean Environment/Waste Disposal

- Make sure that liquid waste is placed in a container with enough disinfecting solution to kill organisms.
- Make sure that all contaminated waste (e.g., bloody dressings, swabs, tissues, gauze, cloths soiled with body fluids, etc.) is placed in designated and clearly marked containers, collected and taken for incineration or other safe disposal.
- Immediately clean up surface spills of blood and body fluids with a disinfectant solution, such as 0.5 percent chlorine solution, and clean the area with detergent and water.

Handling and Processing Soiled Linen

- When handling linen soiled by blood or body fluids, wear gloves and place items in designated and clearly marked bags. If using a plastic bag, use double bags.
- Transport the soiled linen in a way that avoids puncturing the bag or loss of soiled items on the way to the laundry.
- Wash soiled linen using detergent and germicide following standard infection prevention guidelines.

Universal Precautions Summary

- Regard all blood, body fluids and objects as contaminated and infected.
- Follow the same precautions and procedures of cleanliness, sterility and hygiene that are followed for other viruses, (e.g., Hepatitis B).
- Avoid accidental exposure to areas with broken or cut skin, scratches, rashes, acne, chapped skin or fungal infections.
- Avoid accidental splashes of blood or body fluids, especially on eyes or mouth.
- Report needlestick injuries or accidental splashes to the clinic authorities.
- Dispose of all contaminated materials appropriately.
- Use gloves, masks and protective eye shields when coming into contact with blood or body fluids of the patients.
Wash hands thoroughly with soap after coming into contact with blood and body fluids, before and after each procedure, and after removing gloves.

Remember—

1. Assume that blood and body fluids from all persons are infected with HIV, regardless of the known or supposed status of the person.
2. Universal precautions are intended to isolate the virus and body fluids, not the patient.

Health Care Providers Can Get HIV through Injuries on the Job

Health care providers can get HIV accidentally through injuries sustained on the job. Two types of injury can lead to HIV transmission:

- Needlestick injuries that pierce skin with contaminated needle or sharp instruments.
- Splashes on the nose, eyes or mouth by blood or body fluids from infected patients.

The risk of HIV infection from these forms of occupational exposure is very low:

- The risk from a needlestick or sharp instrument injury is around 0.3 percent.
- The risk from splashing blood or body fluids on nose, mouth and eyes is about 0.1 percent.

Nonetheless, health care staff need to avoid these forms of exposure.

Support staff who clean up and dispose of contaminated instruments are also at risk of getting HIV through their handling of these instruments.

Clients Can Get HIV When Health Care Providers Use the Wrong Practices

Clients also are at risk of HIV infection when health care providers do not clean their hands between clients, or use instruments that are not cleaned or sterilized properly. For example, health care providers may reuse contaminated needles, which have been rinsed in water between injections or the needle is changed but the syringe remains the same for many patients. Water will not kill the blood-borne micro-organisms, and syringes become contaminated because negative pressure is generated when the needle is removed, drawing up whatever blood is in the needle into the syringe. The acceptable standard is one sterile syringe and needle for each client.

Community Can Get HIV through Improper Disposal of Medical Waste

The community is also at risk of HIV infection from the poor disposal of medical waste, such as contaminated sharps, and other practices:

- Improper disposal of medical waste, including contaminated dressings, tissues, needles, syringes and scalpel blades. These items can be found by children or others scavenging in open dumps. Medical waste is often scattered on the ground in areas where adults and children travel, putting them at risk of infections and injury.
- Not providing information to family members who are caring for people living with HIV and AIDS on how they can protect themselves.
Post-exposure Prophylaxis (PEP)

Post-exposure prophylaxis (PEP) is the anti-retroviral (ARV) treatment provided to a health care worker following exposure to HIV.

The PEP procedure aims to reduce the changes of getting infected and involves the following:

Immediately Following Exposure:
- Report exposure to the relevant authority and treat the condition as an emergency.
- Immediately flush the injured area with running water.
- Wash your hands with soap and water.
- Where there is bleeding, allow the skin to bleed briefly.
- If the eyes or mouth were exposed to blood or body fluids, flush the area with lots of water. If the eyes have been affected, wash with clean water, saline or sterile irrigating solution.
- Provide counseling for the injured health care worker.
- Determine the HIV status of the source patient (using testing if necessary), following counseling and informed consent. If the source patient is HIV negative, there won’t be a need to use ARVs.

If the Injured Health Worker Decides to Take PEP
- Start the ARV treatment as soon as possible after the injury (i.e., ideally within two hours and at most within 24 hours).
- Provide counseling.

Follow-up Care for Health Staff Taking PEP
- Organize regular testing for up to six months after exposure.
- Provide ongoing counseling and support to the health care worker as needed.

Care and Support for People Living with HIV

People living with HIV and their families need care and support to face the challenges of HIV infection. They have many needs, which vary according to the stage of infection.

They need a comprehensive set of services as well as a continuum of care for prevention, care, treatment and support provided by the family, community and health workers who are working together in a coordinated response.

**Comprehensive care** responds to all the needs of a person living with HIV in a holistic way and goes beyond just medical treatment. It includes: diagnosis; treatment; referral and follow up; nursing care; counseling; advice on food and nutrition; ideas on income generation; and support to meet psychological, economic, social and legal needs.

**Continuum of care** means responding to the full range of care and support needs in different places – home, community, hospital – throughout the stages of the illness for a person living with HIV. Continuum of care involves a network of services provided by different players including families, community, health care workers, counselors and support organizations for people living with HIV. This continuum requires a good referral network and linkages between different players and different levels of care – hospitals, clinics, communities and homes. Different players have different roles (e.g., diagnosis and treatment by hospitals, care in the community provided by nongovernmental organizations (NGOs), and home-based care provided by families). Health care workers need to learn how to provide a broader range of services and be able to refer patients to other available services.

Care and support for people living with HIV can:

- Improve their quality of life
- Help keep them healthy and able to work as long as possible
- Build up their confidence and hope
- Decrease stigma and discrimination
- Help prevent the spread of HIV to other people

An HIV-positive person goes through a number of stages of illness. Care needs to be organized in relation to each stage. The five stages are:

1. Uninfected but at risk
2. HIV-positive with no symptoms
3. Early HIV disease
4. Late disease or AIDS
5. Terminal stage
Different Ways to Address Care and Support Needs

- Counseling and basic information
- Support groups and networks of people living with HIV
- Home-based care
- Community-based approaches and community mobilization
- Support for children orphaned by AIDS
- Clinical guidelines for individual patient management
- Improved access to essential drugs
- Hospital-based services for HIV and AIDS management
- Palliative and terminal care

Palliative Care

Palliative care is designed for someone who is dying. This includes psychological, emotional, spiritual and physical care of the person and the people close to that person (e.g., friend, spouse, family or partner).

Goals of palliative care:

- To provide the patient with as much control over their symptoms as possible.
- To keep the patient comfortable.
- To assist the person in coping with the impact of HIV infection.
- To help the person, their families and caregivers organize their lives.
- To prepare the person and their loved ones for death.

Palliative care begins when:

- Medical treatment is no longer effective.
- The person or relatives decide that they do not want to continue the treatment.
- The body’s vital organs begin to fail.
- The relatives opt to have the patient discharged from the hospital or medical facility.

Terminal Care and Support

Most people living with HIV will require some form of terminal care. This can be provided either in the hospital, in a terminal care center or in the community and home with help and assistance. Care includes:

- Effective analgesia/pain relief;
- Management of distressing symptoms;
- Spiritual and emotional support for the dying person;
Spiritual and emotional support for the caregiver and family;
Training caregivers in basic skills, if care is managed at home; and
Assistance with material needs.

**Signs of Imminent Death**

Some signs indicate death may be imminent, but these are general and will not apply to all people. In some cases, death comes unexpectedly. As death approaches, a patient’s level of consciousness often decreases or she/he becomes unconscious. However, keep communicating to the person even if you get no response.

Breathing is often difficult, irregular and noisy. Sometimes a person might have trouble with mucus in the throat, which causes them to gurgle because they are unable to cough it out. The person’s skin can become pale and cool, covered in perspiration, and their hands and feet turn blue. During this time, ensure that the person is comfortable.

**Support for Those Preparing for Death**

- Allow the person and his/her family to talk about how they are feeling.
- Enhance self-esteem by looking at life achievements and reflecting on past events.
- Accept people’s feelings of anger, grief and other emotions and reactions.
- If the person asks, and having assessed what they want to know, describe what will happen as he or she nears death. Give reassurances about controlling the pain and symptoms resulting from the process of dying, where possible.

**Bereavement Counseling Principles**

- Help the survivor absorb the shock of the loss. One of the best ways to help the survivor is to talk about the loss. The counselor can encourage this.
- Ask questions such as, “Where did the death occur? How did it happen? Who told you about it? Where were you when you heard it?”
- Help the survivor identify and express feelings. Expressing feelings may be difficult for some people. Anger, guilt and sadness need to be addressed.
- When the deceased has a partner, help the person deal with the loss by facilitating his/her ability to live without the deceased. The counselor can help the person to learn coping and decision making skills so the individual will be able to take over the role of the partner.
- Facilitate emotional withdrawal and encourage the survivor, in time, to form new relationships.
- Provide time to grieve.
- Examine defenses and coping styles. It is important to examine coping styles and determine whether if these are healthy or unhealthy. The counselor can highlight the different coping skills and help the client to evaluate their effectiveness.
Effective Approaches for Care and Support

Comprehensive Care and Support

The comprehensive care concept covers medical treatment, nursing care, counseling and other social and psychological support for people living with HIV, their families and dependents.

1. It requires establishing an effective mechanism for linkages between the different levels of care – hospitals, health centers, communities and homes – through a good referral network.
2. Using this model – integrated AIDS care as part of general health services – hospitals will provide diagnosis, clinical management and treatment of acute conditions, while care in general is intended to be provided in a community setting by NGOs and at home by the family members.

Comprehensive care consists of four interrelated elements:

1. **Clinical management** – early diagnosis and treatment and planning for follow up care of HIV related illness;
2. **Nursing care** – care to promote and maintain hygiene and nutrition, provide palliative care, educate individuals and families and practice infection control by observing universal precautions;
3. **Counseling** – psychological support, promoting positive living and helping individuals make informed decisions on HIV testing, planning for the future and behavioral changes and involving sexual partners in such decisions; and
4. **Social support** – information and referral to support groups, welfare services and legal advice for individuals and families, including surviving family members.

Communities

Communities have major roles to play in care and support of people living with HIV. Communities should organize care and support to people living with HIV and to their families and make full use of the existing programs from the government and NGOs in the health and social sectors.
Gender Violence: What Is It? What Can We Do?

What is Gender Violence?

Gender Violence is when a man abuses or exerts his power to cause harm to a woman or girl. It is humiliating, painful and terrifying. The aim of the abuser is to intimidate, dominate and control the other person.

What Are Forms of Gender Violence?

Gender violence takes four forms:

Physical: Hitting, slapping, punching, kicking, scratching, choking, pulling hair, biting, stabbing or hitting with a weapon, cutting, burning, throwing objects, throwing gasoline or acid into face, forcing wife to abort a child, or dowry killings.

Emotional: Insulting; belittling; scolding; jealous suspicion; threatening; shaming and blaming the wife for having no children, having a girl, not raising children properly, etc., or threatening the wife for questioning the husband’s extra-marital affairs.

Economic: Controlling all household spending, withholding necessary household money, wasting family money (e.g., drinking, playing cards), preventing wife from earning money, forcing wife to do work against her will, grabbing the money she has earned, forcing a wife/daughter to do excessive work, or dowry harassment.

Sexual: Forcing a woman to have sex against her will (marital rape), forcing her to do oral/anal sex, inflicting pain during sex, preventing wife from using birth control, refusing to use a condom when wife has concerns about sexually transmitted infections (STIs) including HIV. Sexual violence also includes rape, sexual teasing and coercion at work places or schools, and incest.

What Are the Effects of Gender Violence?

Gender violence results in the following:

Physical: Cuts and bruises; broken bones and other injuries; chronic back or neck pain; beatings to the head, which may result in brain or eye damage or hearing loss; disability (e.g., loss of function of fingers, hands, legs); disfigurement; miscarriages; exposure and increased vulnerability to STIs and HIV.

Psychological: Feeling belittled or worthless; shame; fear; isolation; loss of self-esteem; self-blame and denial; loss of sense of control over life; stress; anxiousness; depression; sleeplessness; feeling suicidal.

Economic: Deprived of income and economic support; loss of property; reduced ability to work and generate income.

Effects on family: Family breaks up through desertion, separation, divorce, property loss; children are fearful of violence, unable to talk, depressed, drop out of school.
Effects on HIV Epidemic: Because of fear of violence, the woman cannot negotiate safe sex, so she cannot protect herself from getting HIV. She does not tell her husband if she discovers she has a STI or is HIV-positive. As a result she may get infected or she may infect her husband, and the HIV epidemic spreads.

What Are the Causes of Gender Violence?

The central cause of gender violence is gender inequality, or unequal power relations between men and women. Men have been socialized to dominate and control women; and women have been socialized to submit to men and not question male behavior. Women are treated with contempt, stigmatized as “inferior,” “bad luck” and “a burden.” Given this lack of respect, men feel they have a right to abuse women.

Some men treat women as property: They feel they own them so they have a right to do anything to them without being questioned. They also feel it is acceptable to express their anger through intimidation, verbal abuse or physical beating. Some men think that beating women is “a form of discipline.”

There are a number of “triggers” to gender violence, including poverty; alcohol; men’s insecurities and jealousies; perceptions that a woman is “talking back” or “disobeying”; arguments over money; an women’s perceived inability to bear male children, dowry pressures, etc.

Why Don’t Women Report Violence to Authorities?

Women don’t report violence to the police for the following reasons:

- They fear that if they report the violence, the physical violence will continue.
- They also fear they will lose economic support and be kicked out of the home.
- They fear that reporting the violence will bring shame on the family.
- They have been taught to stay silent and protect the family secrets at all costs.
- Women are not aware of their rights and have accepted gender violence as a norm.

Gender Violence, STIs and HIV

- Men who have sexually transmitted infections (STIs) like HIV and knowing this have sex with women are perpetuating a form of sexual violence. If a man who has STI symptoms has unprotected sex with a woman, he knows he is giving her the STI too. He may also be HIV-positive, since STI and HIV co-infection is relatively common. If he is HIV-positive and has sex while he has open sores or a discharge on his penis, the risk of giving HIV to the woman is greatly increased.
- Fear of violence prevents a woman from protecting herself from HIV or STIs. She is afraid she will be beaten if she refuses to have sex or asks the man to use a condom, even if she knows he has been having sex with other women or that he has HIV or STIs. So she finds it difficult to protect herself from HIV or STIs.
- Fear of violence stops a woman from telling a man that she has an STI or HIV. This fear stops her getting treatment for the STI from a health care provider, because she cannot do this without her husband’s consent. As a result she will continue to have unprotected sex with her husband and give him the STI or HIV.
Sexual violence, which involves forced sex, increases risk of HIV transmission. Sexual violence results in bleeding in the vagina and small internal cuts or sores that make it easier for the virus to be transferred.

Women are vulnerable to getting HIV because of their vulnerability to other forms of violence such as rape in the workplace or in the community.

Women’s fear of violence, which limits their control over their sexual lives, is a major factor in the growing spread of HIV in India.

Women face severe violence when HIV or STIs enter the home. They are the first to be blamed and abused (for getting HIV) even if the husband is the carrier. Women are beaten, chased from their homes, abandoned to relatives, and lose their property. When women become sick, they are abandoned and left on their own.

**Cycle of Domestic Violence**

Domestic violence often follows a pattern. The man first abuses the woman verbally, starts to slap her, and then moves to battering. Following this there may be a “honeymoon” phase, when the husband is loving and kind. However, the cycle usually repeats itself.

**Women’s Response**

Many women who suffer through a long-term, violent relationship are often reluctant to get out of the relationship. Men may threaten women to keep them from leaving. Women may feel unable to tell their relatives, fearing that they will be blamed or not taken seriously. Women also may fear losing their children or that the children will be harmed if there is an open conflict in the marriage. Women may not want to break up the family, admit the marriage has failed or they may simply have nowhere to go. Sometimes they have no choice but to stay in a violent relationship. But nobody chooses to be beaten.

**How Does the Community View Gender Violence?**

*Gender violence can be seen as normal.* Communities may believe men have the right to beat their wives as a form of discipline.

*Health care providers may see gender violence as normal.* They treat it as an “accident,” rather than something they need to take action on.

*Gender violence is perceived as a “domestic affair,” which needs to be resolved at home, not taken to the police station.* Communities often believe that women should not tell others about being beaten by their husbands.

**Gender Violence is Wrong**

*Gender violence is painful and humiliating.* It destroys women’s health and self-esteem, their productivity, and the health of the family and community.

*Gender violence also fuels the HIV epidemic.* Women become silent out of fear and don’t disclose their status to others – and in this way HIV keeps moving.
■ Gender violence not acceptable. Even a slap is violence. Gender violence should be stopped, rather than accepted in silence.

■ There is no excuse for violence. Nobody deserves to be beaten. Women have the right to be safe from all forms of violence.

■ Assault is a criminal offense. People who beat women should be held accountable for their behavior.

■ Health providers should do more than patch women up and send them home.

What Can a Community Do to Fight Gender Violence?

■ Talk with family, friends and clients and encourage community leaders to speak out against gender violence. Get people talking openly and make this problem visible.

■ Help everyone – men, women and children – understand that gender violence is wrong.

■ Stand up and challenge others when they “blame and shame” women. Stop the stigma toward women and girls. Women should be respected.

■ Reach out to abused women and support them. Once they feel accepted, they will be more open to discussing their situation with others and getting help.

■ Empower women and educate them on how to get support when abused.

■ Form women’s groups and encourage women to support each other.

■ Encourage women to report violence to police and get police to treat them seriously.

■ Get police to enforce existing laws on domestic violence.

■ Address problems of excessive drinking.

What Can Health Care Providers Do to Counsel Women who Have Been Abused?

■ Welcome the woman and make her feel comfortable. Treat her with respect.

■ Meet with the woman without her husband and help her decide what she wants to do. Don’t try to counsel the couple together and “negotiate violence.” This is not inappropriate when one partner dominates the other.

■ Give her time to tell her story and express her feelings. Let her do the talking.

■ Give her your full attention and listen attentively. Remember – a good counselor has big ears, big eyes, and a small mouth.

■ Listen to and believe what she has to say. She needs a friendly, supportive ear, not a challenging or accusing response. She needs help, not disbelief or hostility.

■ Build on her strengths. Compliment her on what she has achieved so far, her coping strategies and survival skills such as coming to see you.

■ Don’t question her behavior by asking questions such as “What did you do to make him so angry?” or suggest that her behavior provoked the violence. Focusing on her behavior will not solve the problem: The problem is with the man’s controlling behavior.
Tell her:

a) You will treat her information in confidence, and you will not tell other people.

b) She is brave to talk about her problem. It is sometimes difficult to talk about these things – sometimes it feels easier to stay silent and suffer.

c) Violence is wrong. No one has the right to beat another person.

d) Getting beaten is not her fault. She did not ask to be beaten.

e) Her feelings of love, anger, betrayal, hope, fear, sadness, guilt are all normal.

After she has explained her situation, get her to talk about what to do next. Be realistic and do not frighten her.

Help her plan for her safety. Don’t tell her what to do. Help her consider her options, but empower her to make her own decisions.

The woman will decide if she wants to press charges. Many women want to end the violence, but maintain the relationship. If she leaves, she might lose her home, economic support and children so this is a difficult choice.

Some health care providers may refuse to take responsibility for this type of case, saying “It is not a health issue.” Gender violence, however, is a health issue – it results in injury, chronic health problems and even death. If a woman reports her case and you see her injuries, you are obliged to help get it reported to the police.

**How to Advise a Woman on Her Options**

Discuss which trusted people might support her to cope with the situation.

Discuss going to the police to take legal action.

Discuss options to prevent or end the violence and help her decide on the best course of action. Her options might be:

- Leave her husband and live with a supportive person.
- Get support from others (e.g., community leaders, relatives, friends) to change the man’s behavior.
- **Build the woman’s support network to pressure the man to change.**
- Address triggers that result in violence such as alcohol abuse
- Support the woman to go to the police.

Consider the pros and cons of each option. This will help the woman make an informed decision. Do not expect a quick solution to the problem of violence. It often takes time for a woman to work through her feelings and options.

Support the woman to choose what action she wants to take.