Chapter D: More Understanding and Less Fear

Introduction

“One day I went to visit a family with my sister. While we were there I asked for water. The father gave me a glass of water, but my sister stopped me from drinking it. This confused me and really upset the man. We said nothing about it, but when we left my sister told me that people suspected he had AIDS, and touching the glass might have given me AIDS.”

This story is an example of fear-based stigma. The man offered some water, but it was rejected out of fear of getting HIV. This rejection was a form of stigma.

This chapter will address fear and lack of understanding in relation to HIV and AIDS. The fear has two dimensions: a) fear of a disease that has no cure and results in what the media have painted as an agonizing, horrific death; and b) fear of getting infected through “casual contact” with people who have HIV. The second fear is the major focus of this chapter – the fear that people can get infected through sharing the same space, dishes, towels and toilets with a person living with HIV.

This chapter will also address the way people respond to this fear by restricting contact with people living with HIV. This practice is seen as a form of prevention – a strategy to protect people from getting HIV. Some families force HIV-positive family members to eat and sleep separately, or take their children away, thinking that this will minimize HIV transmission. People think they are doing the right thing, but this response has no medical justification and represents a major form of stigma. It makes people living with HIV feel like outcasts in their own homes.
The baseline study conducted for the Reducing Stigma and Violence Toolkit for Health (SVTH) project shows that health workers have some information about HIV and AIDS, but it is incomplete and often incorrect:

- Most health care workers know that unsafe sex and blood transfusions are possible sources of HIV, but have limited understanding of parent-to-child HIV transmission;
- Many do not know the difference between HIV and AIDS, the progression of HIV in the body or the symptoms of AIDS;
- Many do not know that opportunistic infections (such as TB) can be successfully treated for a person living with HIV;
- Many do not know that HIV cannot survive outside the body, resulting in misconceptions that HIV can be transmitted through sharing food, dishes, bed sheets and clothes, and through mosquito bites;
- Most know the symptoms but not the names of different sexually transmitted infections (STIs), nor how STIs make people susceptible to getting HIV; and
- Many are afraid of getting HIV when providing certain services to their patients, such as taking blood samples, suturing or administering an IV drip.

Seventy percent said they did not treat people living with HIV because of fear of infection. They know a little but not enough to deal in a rational way with their fears about AIDS.

This chapter will help teach the basics on HIV transmission so that health workers have the information and understanding needed to overcome fears about getting HIV through casual contact. At the same time it will help them see that keeping people living with HIV at a distance and restricting social contact is stigmatizing.

This chapter also will challenge the view that a positive HIV test result means instant death. Being told that you will die quickly demoralizes those who have HIV, which ultimately produces the expected result – they give up on themselves and die, not because of the virus but because they lose hope. This chapter will provide information on HIV progression in the body, options for treatment, and strategies people living with HIV can use to lead long and productive lives.

Earlier approaches to teaching about HIV and AIDS were fear-based and used one-way communication. This increased people’s fear, but failed to give them knowledge to deal effectively with HIV and AIDS in their daily lives. Instead, this chapter will show you how to create a safe space for people to discuss their fears, concerns and questions about HIV and AIDS. It will provide correct information using discussion-based methods that allow participants to internalize the new information, discuss it with their peers, connect it to their own ideas and experience and apply it to their own lives.

**Educational process in this chapter:**

1. Create safe opportunities for participants to raise all the fears and questions they have about HIV and AIDS, addressing in particular: a) HIV transmission through non-sexual casual contact; and b) What happens to a person after becoming HIV-positive. Get participants to identify situations where they are afraid of getting HIV and why they think this is a high-risk situation.

2. Assess participants’ knowledge level about HIV and AIDS: Find out what they know, what they don’t know, their beliefs and their misconceptions.

3. Provide information to negate people’s specific fears and misconceptions about getting HIV through casual contact. Challenge misconceptions. Help participants fully understand how HIV is transmitted and how to make informed decisions when faced with different risk situations.
4. Provide information on progression of the illness and treatment for people living with HIV to counter views that people living with HIV will die immediately.

5. Use a practical and participatory learning process, which will allow people to internalize the information by discussing it with their peers, connecting it to their own ideas and experience and applying it to their own practice as health care providers.

6. Analyze and challenge myths, e.g. “A man can cure HIV if he sleeps with a virgin.”

7. Emphasize common sense around hygiene. Example: we would not share razors or toothbrushes with other people; and we would not drink from a cup or eat from a plate that has blood on it. This is simple common sense.

8. Emphasize that sex is the main route for HIV: Explain that even though we are discussing non-sexual (casual) contact, people’s biggest risk of getting HIV is by having unprotected sex. HIV IS TRANSMITTED MAINLY THROUGH SEX.

This chapter should be used along with the FACT SHEETS provided in Annex 1. Photocopy the fact sheets and give them to participants.

**Modules**

D1. Assessing Knowledge and Fear Levels
   - Option A – Brainstorming What We Know about HIV and AIDS
   - Option B – Listing Things We Want To Know about HIV and AIDS
   - Option C – Individual Quiz: What Do I Know about HIV and AIDS?
   - Option D – Risk Continuum
   - Option E – Listing Fears and Myths

D2. Basic HIV and AIDS Knowledge

D3. HIV Transmission and Prevention Game

D4. Fears about Non-Sexual Casual Contact

D5. Non-Sexual Casual Contact Game

D6. Knowledge About Living with HIV and AIDS

D7. Countering Myths and Misconceptions

**Individual Quiz: What Do I Know about HIV and AIDS?**
D1. Assessing Knowledge and Fear Levels

Facilitator’s Note: This module assesses participants’ knowledge of basic HIV and AIDS facts and uncovers gaps in their understanding. This will help to establish a baseline to build on, and identify specific points of misunderstanding or fear that underpin stigma.

There are five OPTIONAL METHODS for this assessment. Select the one that best fits your situation.

Objective: By the end of this session, participants will be able to identify what they do and do not know about HIV and AIDS.

Time: 1 hour

FIVE OPTIONAL METHODS TO ASSESS KNOWLEDGE

Choose one of these exercises only. Use the fact sheets as a resource for answering questions or areas of confusion.

A. Brainstorming What We Know About HIV and AIDS:

Put up sheets of flipchart paper on the walls and write these topics at the top of each sheet (one topic per sheet):

a) Difference between HIV and AIDS
b) How HIV is transmitted
c) Parent-to-child transmission
d) Symptoms of AIDS
e) HIV prevention
f) Opportunistic infections caused by HIV
g) STIs
h) HIV testing
i) Antiretroviral (ARV) treatment
j) What precautions do you use in your clinic/practice to prevent HIV transmission?

Divide into pairs and ask participants to walk around and write down, for each topic: a) what they know about the topic; and b) any questions, concerns or fears. Then, as a group, review each sheet and respond to questions, concerns or misinformation.
B. Listing Things We Want To Know About HIV and AIDS:

Divide into pairs. Hand out five blank cards to each pair. Ask pairs to write on each card something they want to know about HIV and AIDS and tape the cards on the wall. Eliminate repetition. Then discuss each of the questions, with participants contributing their ideas. Help to sort out fact from misinformation.

Examples of questions from a workshop with registered medical practitioners (RMPs) and traditional birth attendants (TBAs)

Where and when did HIV first occur? What is the difference between HIV and AIDS? What are the symptoms of HIV and AIDS? How does HIV spread? Can you get HIV through washing the clothes of people living with HIV? How long after sex does it take for AIDS symptoms to appear? What is the life cycle of HIV and AIDS? In what part of the body is HIV found? What body fluids have high a concentration of HIV? How would a mother know that she may have HIV? How can an HIV-positive mother avoid infecting her unborn baby? What precautions can people living with HIV and their families take? What precautions can health providers take when treating people with HIV? What is ARV treatment? Where can ARV drugs be found? What food and nutrition is needed by people living with HIV? What services are provided by Integrated Counseling and Testing Centers? What is the impact of HIV and AIDS on people who have it? What diseases are spread through sexual contact?

C. Individual Quiz – What Do I Know About HIV and AIDS?

Hand out the quiz attached at the end of this chapter. Then discuss the questions where most participants are confused about the responses.

D. Risk Continuum

Materials and preparation: Write up on cards the 16 “Ways In Which HIV May Be Transmitted” listed below – one card for each activity. Then, write on cards the three risk categories – “HIGH RISK,” “LOW RISK” and “NO RISK” – and tape them across the wall to create a risk continuum.

Activity:

Hand out the activity cards to participants and ask them to tape each card under the appropriate position on the risk continuum. Then discuss their choices.

Ways in Which HIV May Be Transmitted – Correct Responses

|-------------------------------|-----------------------------------------------------------------------------------------------------|
E. Listing Fears and Myths (Card storm)

Put up two title cards on the wall – “FEARS” and “MYTHS.” Divide into pairs and hand out blank cards and markers. Ask participants to write down their fears about HIV and AIDS, or myths they have heard about HIV and AIDS, one on each card, and tape the cards to the wall. Discuss as a group, helping to answer questions and counter misinformation.

Sample Responses:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Myths about HIV and AIDS</td>
<td>AIDS only affects sex workers and truck drivers. Men can cure AIDS by sleeping with a virgin. Herbal medicine can cure HIV. Men can prevent HIV by washing their private parts with lime after intercourse. The partner who falls sick first is the person who got infected with HIV first – who “brought HIV into the family.” If one partner is HIV-positive, the other must also be HIV-positive. You can get HIV from a mosquito bite. If you urinate in the same place that a person living with HIV has urinated, you will get HIV. Using condoms makes women barren.</td>
</tr>
</tbody>
</table>
D2. Basic HIV and AIDS Knowledge

Facilitator’s Note: This module builds on the assessment of existing knowledge (module D1), and will vary according to the target group. For example, many health center staff have already had training on HIV and AIDS, so they will need less briefing on this subject than RMPs and TBAs will. Build on the participants’ specific knowledge and correct the misperceptions of your target audience.

We recommend three approaches for delivering basic information on HIV and AIDS:

1. Ask local doctors to give presentations on the basic facts. Inviting local doctors to provide this information has a number of advantages:
   a) It helps ensure that the information is factually correct;
   b) It responds to the demand from health workers (especially RMPs) to be briefed on technical matters by qualified doctors;
   c) It helps to strengthen relations between doctors and other health workers – a form of collaboration that is crucial in an effective response to the epidemic; and
   d) It provides an opportunity to brief the doctors on the strategy and activities for stigma reduction and involve them in this campaign.

2. Make use of other resource persons or educational materials available in your area, e.g. speakers from the Network of People Living with HIV, or flipcharts and pamphlets provided by the State AIDS Control Societies.

3. Photocopy and hand out the fact sheets in Annex 1.

Meet the doctors or other invited resource persons beforehand to brief them on the participatory approach used in the training, provide them with the assessment information and go over their presentations.

Objective: By the end of this session, participants will have a much stronger knowledge of the basic facts on HIV and AIDS.

Time: 2 hours

Steps: Specific content to be chosen by the trainers, based on gaps identified in the knowledge and fears assessments (module D1).

Example (technical content delivered to RMPs during pilot training program)

HIV basics: History of HIV. What is HIV? AIDS? Difference between HIV and AIDS?

HIV transmission facts: Bodily fluids and levels of concentration. How HIV is transmitted – and ways it cannot be transmitted. Parent-to-child transmission.

Other relevant facts: Symptoms of AIDS. How to prevent HIV infection. Different types of testing. Links between STIs and HIV. Opportunistic infections. Universal precautions.
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D3. HIV Transmission and Prevention Game

Facilitator’s Note: This game demonstrates how people might be exposed to HIV in a community and how they can use different approaches to prevention.

The initial explanation is very important so that everyone understands that this is a game – it does not imply that anyone has HIV.

In one SVTH pilot workshop where this game was played, 90 percent of the people were exposed to HIV in round one, but only 30 percent in round two. This means that if many people protect themselves (as in the game), we could reduce HIV transmission significantly.

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

a) Explain how HIV is and is NOT transmitted; and
b) Assess the value of strategies for preventing HIV transmission.

Time: 2 hours

Materials and preparation: Prepare a slip of paper for each participant. Most should be blank, and a few should have “X” written on them. Fold the papers to hide the “X” before handing them out. You will also need a supply of plastic bags.

Steps:

1. INTRODUCTION: Explain the following – This is a game to show how HIV spreads. The roles that people play are decided by chance. The game does not imply that anyone in the group has or doesn’t have HIV.

2. ROUND ONE (game): Conduct the first part of the game, issuing the following instructions:

   a) Take one piece of paper, but don’t look at it until I tell you to.

   b) Walk around the room and when I clap, shake hands with one person and remember their name. [WALK – CLAP – FIRST SHAKE].

   c) Now walk again and when I clap, shake hands with a new person and remember their name. [WALK – CLAP – SECOND SHAKE].

   d) Now walk again and when I clap shake hands with a new person and remember their name. [WALK – CLAP – THIRD SHAKE].

   e) Look at what is written on your slip of paper.

   f) Those who have an “X” on your paper come forward. These people have HIV infection in the game.

   g) Those who shook hands with “X” on the first round, come and sit in the middle.

   h) Those who shook hands with “X” in the second round or with any of those sitting in the middle, come and sit in the middle.

   i) Those who shook hands with “X” in the third round or with any of those sitting in the middle, come and sit in the middle.
3. DEBRIEFING – Ask:

- What is the handshake pretending to be? [Sexual intercourse. Emphasize that you cannot get HIV through shaking hands.]

- How many people have been exposed to HIV through “shaking hands?” [All those sitting in the middle.]

- Explain that HIV can spread silently through the community because at first it shows no symptoms and stays in the body for life.

4. ROUND TWO (game): Explain – We will now play the game again. This time you can make a choice to protect yourself from getting HIV.

Ask – How can you protect yourself from getting HIV?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A) Abstinence – No shaking hands</td>
<td></td>
</tr>
<tr>
<td>B) Having sex with one partner who does not have HIV and only has sex with you – only shaking hands with the same person (for all three rounds)</td>
<td></td>
</tr>
<tr>
<td>C) Having sex only using condoms – shaking hands with plastic bag (condom)</td>
<td></td>
</tr>
<tr>
<td>D) Having sex without intercourse – fingertip shaking</td>
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</tbody>
</table>

Ask participants to decide what approach they will use, but not to tell anyone yet. To make sure that all of these approaches are used, tell them to close their eyes and raise hands for A-B-C-D. If any of the approaches have not been chosen, ask a few participants to switch.

Allow participants who want them to come forward and take plastic bags.

Shake up the papers and hand them out again. Tell people not to look at their papers.

Repeat the instructions for the three rounds (Step 2 above), emphasizing that participants should choose their own actions and not necessarily listen to the facilitator’s instructions. (Example: if the instruction says, “shake hands with a new person,” participants who are using approach B ignore those instructions.)

Repeat as in Round One to find out how many people are infected this time.

a) Those who have an “X” on their paper, come forward and sit in the middle.

b) Those who shook hands with an “X” on the first round should come and sit in the middle, unless either of them was wearing a plastic bag.

c) Those who shook hands on the second round with a person now in the middle should join the people in the middle, unless either of them was wearing a plastic bag.

d) Those who shook hands on the third round with a person now in the middle should join the people in the middle, unless either of them was wearing a plastic bag.
5. DEBRIEFING: Ask—

- How many people have been exposed to HIV in this round?
- Those sitting on the outside – what were you doing during the game?
- What were the people who refused to shake hands doing? (Not having sex) Are they infected? (Not unless they had an “X.”) Who used this approach? (Show of hands) How did other people feel when these people refused to shake hands?
- Did people using the plastic bag get infected? (Not unless they already had HIV. Explain that anyone who had an “X” was already infected, whatever their behavior, but they could prevent infecting others if they abstained or wore a condom). Who used this approach? (Show of hands) How did you feel when you “shook hands” using the bag? Did anyone say anything or laugh or go to another person? How do people feel about it now?
- What happened to those who shook hands with the same person all the time?

Sample Responses:

- If they shook hands with a person with a condom, they will not be infected.
- If neither of them had HIV and they only shook hands with each other, they will not be infected.
- If the person they shook hands with had HIV or they had HIV, both will be in the middle.

Ask – Which people did not get exposed to HIV during the game?

Sample Responses:

- Anyone wearing a bag over their hand (condoms)
- Anyone who refused to shake hands (abstinence)
- Anyone who shook hands with the same person throughout if that person did not have HIV (being faithful)

6. SUMMARY:

- To be safe when you are having sex only with each other, you should know that you are both free of HIV, or use condoms until you have a test.
- If your partner has HIV, having sex only with that person will not protect you unless you use condoms.
- People with the “X” who used a plastic bag all the time or refused to shake hands will not have infected anyone or been re-infected.
- People living with HIV can protect themselves from re-infection and protect their partners from getting HIV by enjoying sexual activities without intercourse or intercourse with condoms.
D4. Fears about Non-Sexual Casual Contact

Facilitator’s Note: In this exercise, health workers identify specific forms of contact with people living with HIV that they fear might result in their becoming infected with the virus. Then they explain the reasons behind their fear, and the trainer provides information to counter these fears.

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

a) Name their fears in relation to specific forms of contact with people living with HIV; and
b) Explain why HIV cannot be transmitted through non-sexual casual contact.

Time: 1–2 hours

Steps:

1. FEARS ABOUT NON-SEXUAL CASUAL CONTACT (Card storm): Divide into pairs and ask – What fears do you have about non-sexual casual contact with people living with HIV at work or in other situations? Ask pairs to write single points on cards and tape on the wall.

Sample Responses:

■ Accidents – getting HIV through an accidental needle prick.
■ Contact with the blood of a HIV-positive woman while delivering her baby.
■ Contact with the blood of an HIV-positive patient while suturing.
■ Infecting other people through food cooked by a person living with HIV.
■ Helping to lift an injured person living with HIV who has open sores on his body.
■ Using a public toilet that has been used by a person living with HIV.
■ Sharing dishes, utensils, etc. with a person living with HIV.

Then ask participants to prioritize – Which of these fears should we focus on? Which are your biggest fears?

2. ANALYZING THE FEAR: Take one fear at a time and ask the pair that raised the fear to explain the reasons behind it.

Sample Responses:

■ Public toilet: A man living with HIV sits on a toilet, his sweat gets onto the seat, and the next person who sits on the seat comes into contact with the sweat – and through this acquires HIV.
■ Contact through food: A woman living with HIV cooks food for her family. While cooking, she cuts her finger. The blood gets into the food and through the food into the mouths of her family, who then get HIV.
■ Carrying injured person: While carrying the person, the carrier comes into contact with the person’s blood from an open cut and gets HIV.
Then respond to each of these statements, using information drawn from Fact Sheet 2 on Quality, Quantity and Route of Transmission. Hand out and discuss the fact sheet.

Examples of Responses by the Trainer

- **Public toilet:** There is no HIV in sweat, so one cannot get HIV by coming into contact with sweat. There are only small quantities of HIV in urine or feces, and HIV does not survive once it is outside the body.

- **Contact through food.** HIV cannot survive outside the body, so even if the blood gets into the food, the HIV would die as soon as it is exposed to air. In addition the heat of the cooking would kill the HIV.

- **Carrying injured person:** While carrying the injured person the carrier might come into contact with the person’s blood and get HIV. There is a slight chance of this, but it is unlikely for the same reasons given above: HIV does not survive very long outside the body.

- **Needle prick or contact with blood during delivery or suturing:** All of these are possible ways that HIV might be transmitted. A needle prick would allow HIV to go directly into one’s body – one of the conditions for getting HIV. The other forms of contact could lead to infection only if the health worker has an open cut. In this case HIV could attach itself to the mucous membrane.

### 3. SUMMARY

There are three conditions, all of which need to be satisfied for HIV to be transmitted:

- There must be enough **QUANTITY** of the virus in body fluids. HIV is found in large quantities in blood, semen, vaginal fluids, and breast milk – so in these fluids there is a risk of transmission. HIV is found in small quantities in saliva, vomit, feces and urine; and not at all in sweat or tears – so in these cases there is no risk.

- There must be enough **QUALITY** – the virus must be STRONG ENOUGH. 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.

- HIV must have a **ROUTE OF ENTRY** through the skin into the bloodstream of the uninfected person:
  - Through a vein (e.g. a needle injection, which puts infected blood directly into the blood of the uninfected person);
  - Through the lining of the anus or vagina, or through sores on the penis; or
  - Through open cuts in the skin.

Our body is a closed system. Healthy skin is an excellent barrier against HIV. HIV cannot pass through unbroken skin. Even if skin is broken, HIV cannot pass through it very easily.
D5. Non-Sexual Casual Contact Game

Facilitator’s Note: This is an adaptation of the Risk Continuum Exercise used in many AIDS education workshops and in module D1, option D. The aim here is to get at participants’ actual beliefs, as opposed to what is accepted as “correct knowledge.” Naming the forms of casual contact that really scare participants serves as a starting point for helping to address these deep-seated fears.

Objectives: By the end of this session, participants will be able to name their own fears in relation to non-sexual casual contact with people living with HIV.

Time: 1 hour

Materials and preparation: Write up on cards the forms of non-sexual contact listed below – one card for each activity. Then, write on cards the three risk categories – “HIGH FEAR/DISTRUST,” “LOW/NO FEAR/DISTRUST” and “REAL RISK” – and tape them across the wall to create a continuum.

Steps:

1. FEAR AND DISTRUST (Continuum Exercise): Hand out cards and ask each person to place the card under the category that represents their own position.

Sample Responses: (these sample responses do not correctly identify genuine risks; the point of the exercise is to uncover participants’ fears)

<table>
<thead>
<tr>
<th>High Fear/Distrust</th>
<th>Medium or Low Fear/Distrust</th>
<th>REAL RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>Shaking hands</td>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td>Hugging</td>
<td></td>
</tr>
<tr>
<td>Sharing utensils</td>
<td>Toilet seats</td>
<td></td>
</tr>
<tr>
<td>Washing person living with HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing food/eating together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person living with HIV prepares food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying dead bodies to cemetery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep kissing</td>
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</tr>
</tbody>
</table>

2. TASK GROUPS: Divide into groups and assign each group one or more of the forms of casual contact listed under HIGH FEAR/DISTRUST. For each activity, ask the groups to:

a) Discuss – Why do people think that this activity may lead to HIV infection? Ask them to explain how people think HIV is transmitted in this situation.

b) Prepare a presentation to challenge this misperception, based on the Fact Sheet on Quality, Quantity and Route of Transmission.

3. REPORT BACK: Ask each group to give their presentation. Ask the other participants to play “devil’s advocates” by pretending they don’t trust the information presented and challenging the presentation.
D6. Knowledge About Living with HIV and AIDS

Facilitator’s Note: This module is designed to challenge the view that a positive HIV test result means instant death. If people living with HIV are told they will die quickly, it demoralizes them and produces the expected result – they give up on themselves and die, not because of the virus alone, but because they lose hope.

This module provides information on HIV progression in the body, options for treatment, and how people living with HIV can lead long and productive lives.

We suggest inviting an experienced resource person (a speaker from the Network of People Living With HIV) to deliver this information, and supplementing his or her presentation with the Fact Sheets on Opportunistic Infections (#6), Antiretroviral Treatment (#8) and Care and Support for People Living with HIV (#11).

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

a) What happens to a person who is living with HIV (progression of illness, longevity, etc);

b) Antiretroviral treatment; and

c) Basic information on positive living.

Time: 1 hour

Steps:

1. YES OR NO (Quiz): Ask participants to complete the quiz below.

   If a person is HIV-positive–
   ■ Does the person have AIDS?
   ■ Is the person’s life over?
   ■ Will the person be dead in two years?
   ■ Will the person be infectious to other people?
   ■ Is there any medicine she or he can take?
   ■ Will other people be able to tell if the person has HIV?
   ■ Should the person give up his/her job?
   ■ Should she or he stop doing physical work, such as farming?
   ■ Is the person’s sex life over?
   ■ Can the person have children?
   ■ Can the person take part in family decision making?
2. **REPORT BACK:** Review each of the questions and agree on the correct information.

3. **OPTIONAL ACTIVITY (Card storm):** Divide into pairs and hand out cards. Ask pairs to write on cards all the things they have heard about what happens to people once they have tested positive, and to tape the cards to the wall. Cluster common points and review the list. Explore the thinking behind any misconceptions and the effect they may have about people living with HIV. Clarify questions and uncertainties.

4. **TESTIMONY:** Invite a person living with HIV to talk to the group about his or her own experience and answer questions.

5. **SUMMARY:** Many people think that an HIV-positive test result is an immediate death sentence. They think that a person who tests positive will get sick quickly and die. Believing this, they give up on people living with HIV and treat them as a drain on the family. This stigmatization – being told you are no longer part of the living – hurts and demoralizes the person living with HIV. If not stopped, it produces the expected result: the person living with HIV gives up and dies, in large part due to loss of hope.

   Getting HIV does not mean instant death.

   - HIV and AIDS are not the same. A person can have HIV and live for 10 or more years before the immune system is affected and AIDS develops.
   - If the person living with HIV lives positively and takes care, she or he can lead a long life.
   - Most opportunistic infections, including TB, can be treated and cured.
   - Treating opportunistic infections quickly will help to prolong lives.
   - People living with HIV can continue to work and lead productive lives.
   - Antiretroviral treatment slows down progression of the illness and increases immunity.
D7. Countering Myths and Misconceptions

Objective: By the end of this session, participants will be able to assess a number of beliefs that affect people’s attitudes toward HIV and AIDS.

Time: 1 hour

Steps:

1. WARMUP – WHISPERING GAME: Ask 10 participants to form a line and ask the other participants to observe. Whisper a message to the person at one end of the line. Have this person whisper the message to the next person, and so on down the line. The person who receives the message at the end of the line writes it on the flipchart. Then display the original message. Alternatively, ask each “whisper” to be spoken aloud so those watching and those who have already passed the message can hear how it gets distorted – but ask players further down the line to cover their ears so they don’t hear the message until it is their turn.

Discuss–

a) What happened as the message got passed along?

b) Why did the message change?

c) How could participants ensure that it is passed along the line unchanged?

d) What does this game tell us about communication?

Summarize – The game shows how information is distorted as it is passed from one person to another. The same is true about beliefs on HIV and AIDS. These ideas are also distorted as they are communicated from one person to the next.

2. INTRODUCTION (Brainstorm): Divide into pairs and ask pairs to brainstorm beliefs around HIV and AIDS (or use the list of myths generated in Module D1, Option E).

Sample Responses:

AIDS only affects sex workers and truck drivers. Men can cure AIDS by sleeping with a virgin. Herbal medicine can cure HIV. Men can prevent HIV by washing their private parts with lime after intercourse. The partner who falls sick first is the person who got infected with HIV first – who “brought HIV into the family.” If one partner is HIV-positive, the other must also be HIV-positive. You can get HIV from a mosquito bite. If you urinate in the same place that a person living with HIV has urinated, you will get HIV. Using condoms makes women barren.

Task Groups: Divide into task groups. Ask each group to select one of the beliefs and try to explain it.

a) Where does this belief come from?

b) What are some of the reasons or thinking behind the belief?

c) How does this belief lead to HIV stigma?
Sample Responses:

“Sex with a virgin cures HIV.” Men use this belief to justify having sex with young women and avoid safe sex practices. It puts young girls under tremendous pressure – and increases their risk of getting HIV from older men.

“Whoever gets sick first gets the blame.” This belief is often used by men to shift the blame of who infected whom to their wives. In reality, there is no way to know who was infected first because the period of time that elapses between contracting HIV and showing AIDS symptoms varies from person to person.

3. PROCESSING: Ask – How can we change or challenge these beliefs?
Individual Quiz: What Do I Know about HIV and AIDS? 50 True or False Questions

What is HIV and AIDS?
1. HIV is the same thing as AIDS. There is no difference.
2. AIDS is a punishment from God for promiscuous people.
3. HIV is a virus that destroys the immune system.
4. HIV needs to penetrate the skin or mucous membranes to cause HIV infection.
5. HIV is most commonly spread through vaginal fluids, blood, breast milk and semen.
6. HIV can be spread through sweat, urine, tears and saliva.
7. HIV can live for a long time outside the body.
8. AIDS is the condition of the body when its immune system has become weak.

What is the cause of HIV? Who spreads HIV?
9. Sex workers are largely responsible for spreading HIV.
10. Eighty-five percent of people who are infected with HIV in India got it through sex.
11. HIV can be transmitted when two people share needles during drug use.
12. All babies born to HIV-positive mothers are infected with HIV.

Who is at risk of getting HIV and AIDS?
13. HIV is a problem only in the towns, not the rural villages.
14. HIV only affects young people. Adults over 30 cannot get HIV.
15. Married people cannot become infected with HIV.
16. You can get an STI or HIV the first time you have sex.
17. More than ninety percent of women in India who have HIV were infected by their husbands.
18. Anal sex has a higher risk of HIV transmission than vaginal sex.
19. If you stick to only one partner, you cannot get HIV.
20. People with STIs have a higher risk of getting HIV than people who have no STIs.
21. If you are fit and healthy, you will not become infected by HIV.
22. Women are safe from HIV so long as they use the birth control pill.
23. Women are at greater risk than men of getting HIV through heterosexual sex.
24. The risk of clinic staff getting HIV from needle pricks is very low – only 0.3 percent.

One CAN get HIV from:
25. Sharing food, drinks or cutlery with an HIV-positive person.
26. Using the same toilet as an HIV-positive person.
27. Bites from mosquitoes.
One CANNOT get HIV from:
29. Donating blood if sterilized instruments are used.
30. Sharing toothbrush with an HIV-positive person.

Appearance of HIV:
31. You can tell that a person has HIV by just looking at him or her.
32. A person can have HIV for two to 10 years before becoming sick with AIDS.
33. Some people have HIV but do not know they have it.

Signs and symptoms of AIDS
34. Swollen glands, weight loss, diarrhea and skin problems.
35. Burning pain when urinating and sores on the genitals.
36. Getting opportunistic infections such as TB, pneumonia, diarrhea and skin cancer.

HIV and AIDS can be cured by:
37. Having sex with a virgin.
38. Some RMPs and doctors.
39. There is no cure for AIDS.

You can prevent yourself getting HIV by:
40. Not having sex (abstinence).
41. Choosing healthy-looking partners.
42. Using condoms during sex.

Sexually transmitted infections (STIs):
43. You always know if you have an STI.
44. If STI symptoms go away, you are okay.
45. One out of 10 people with an STI has HIV.
46. A woman living with HIV can infect her partner more easily during her period.

People with HIV can live normal lives for as long as possible if they:
47. Practice safe sex to minimize the amount of HIV in the body.
48. Stop working immediately.
49. Get treatment for opportunistic infections as early as possible.
50. Eat well, avoid alcohol and tobacco and avoid stress.
Answers

WHAT IS HIV AND AIDS?

1. HIV is the same thing as AIDS. There is no difference.
   FALSE. HIV and AIDS are different. HIV is the virus that causes AIDS. HIV attacks and destroys the body’s immune system over a period of time. Once the body is weak, the person begins to suffer from illnesses such as diarrhea or TB. When these illnesses begin to appear, we say the person has AIDS. AIDS is the result of the worsening of HIV infection.

2. AIDS is a punishment from God for promiscuous people.
   FALSE. AIDS is a disease, not a punishment. If we blame or stigmatize people for getting HIV, we are destroying their self-esteem and making their condition worse.

3. HIV is a virus that destroys the immune system.
   TRUE. One type of white blood cell is the CD4 cell. These cells are a crucial part of the body’s immune system – the system that protects us against sickness. The CD4 cells are like a fence around the body, protecting the body from diseases. They attack germs that get into the body so that we do not get sick. When HIV enters a person’s bloodstream, it attacks, enters and destroys the white blood cells so that the white blood cells cannot do their work of keeping the body healthy. Germs then take advantage of the weakened immune system and attack the body.

4. HIV needs to penetrate the skin or mucous membranes to cause HIV infection.
   TRUE. HIV found in the blood, semen or vaginal fluid of an HIV-positive person has to get inside the body and into the bloodstream of the other person to be transmitted. The skin is normally a barrier to this type of penetration, but breaks in the skin such as cuts, sores and ulcers, can allow the HIV virus to pass through and get into the bloodstream. HIV can pass through the skin on the genitals – penis, vagina, or anus – during sex, because the skin here is much thinner and has small openings where HIV can pass through. Infections in the genital area (e.g. sexually transmitted infections, or STIs) provide an easy way for HIV to enter the bloodstream. This is why people with STIs are at higher risk of getting HIV than other people.

5. HIV is most commonly spread through vaginal fluids, blood, breast milk and semen.
   TRUE. HIV is found in large quantities in vaginal fluids, blood, breast milk and semen, and therefore most likely to be spread through these fluids.

6. HIV can be spread through sweat, urine, tears and saliva.
   Answer: False. HIV is found in tiny amounts in saliva, tears, vomit, feces and urine, but not enough for there to be any risk of transmission, unless blood is present. HIV is not found at all in sweat.

7. HIV can live for a long time outside the body.
   FALSE. HIV is a very fragile virus that cannot live outside the body for a long time. It starts to die the minute it is exposed to air. It does not live on the surface of skin – it lives inside the body.

8. AIDS is the condition of the body when its immune system has become weak.
   TRUE. AIDS is the advanced stage of HIV when HIV has weakened the body’s immune system. With advanced HIV disease, opportunistic infections cause disease because the HIV-positive person’s immune system has been weakened.
WHAT IS THE CAUSE OF HIV? WHO SPREADS HIV?

9. Sex workers are largely responsible for spreading HIV.
FALSE. India has an estimated 53 million people living with HIV and AIDS, including 200,000 sex workers and 175,000 truckers. This means there are 52,625,000 people with HIV or AIDS who are not sex workers or truckers. This shows that HIV is now affecting the general population, not just populations at high risk. So we cannot continue to blame sex workers or truckers as if they are the only people with HIV – they are only a small fraction of those with HIV.

10. Eighty-five percent of people who are infected with HIV in India got it through sex.
TRUE. Sex is the main form of HIV transmission in India.

11. HIV can be transmitted when two people share needles during drug use.
TRUE. Sharing needles during injection drug use carries a high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to inject drugs.

12. All babies born to HIV-positive mothers are infected with HIV.
FALSE. The majority of babies born to HIV-positive mothers will not be infected. If preventive measures are not taken, roughly one-third of HIV-positive mothers will 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 HIV transmission to the baby. The amount of HIV depends on the stage of the illness. Soon after a person is infected with HIV, there is a lot of virus present in blood and bodily fluids because there are no antibodies to fight it. As the immune system develops antibodies, levels of the virus will drop for a while. Later, if the person gets sick with illnesses caused by HIV, the amount of virus goes up again. When the person becomes very ill (having AIDS) the amount of virus is very high, and HIV can easily be passed on. This means that if a woman becomes infected at the time when she is pregnant or breastfeeding, then the chances of that baby getting infected are higher. It also means that if a woman gets pregnant or breastfeeds when she is showing signs of AIDS, then the chances of that baby getting infected are high.

WHO IS AT RISK OF GETTING HIV AND AIDS?

13. HIV is a problem only in the towns, not the rural villages.
FALSE. HIV is present in both towns and villages in India.

14. HIV only affects young people. Adults over 30 cannot get HIV.
FALSE. HIV is found in adults of all ages. While young people are more likely to get HIV because of more high-risk behavior, HIV affects all age groups. Fifty percent of all HIV infections happen among people between the ages of 15 and 25.

15. Married people cannot become infected with HIV.
FALSE. Being married does not prevent HIV. A woman may be faithful, but her husband may be having sex with other women. For many women, marriage is a risk factor for getting HIV, because they cannot refuse to have sex or ask their husbands to use condoms, even if they know their husbands have been unfaithful or already have HIV or STIs.

16. You can get an STI or HIV the first time you have sex.
TRUE. While it is estimated that only one percent or fewer of sexual exposures lead to transmission, it only takes one sexual encounter to get HIV. You have the same chance of getting HIV any time you have unprotected sex.
17. More than ninety percent of women in India who have HIV were infected by their husbands.

TRUE. The vast majority of women in India who have HIV were infected by their husbands. Most of them were infected by their husbands without knowing they were at risk.

18. Anal sex has a higher chance of HIV transmission than vaginal sex.

TRUE. Both anal and vaginal sex are unsafe. Both the vagina and the rectum are lined with a mucous membrane, which tears easily during sexual intercourse and allows HIV to pass directly into the bloodstream. Anal sex has a higher risk of HIV transmission because the anus is not as elastic as the vagina and sexual activity can cause tearing and bleeding in the anus.

19. If you stick to only one partner, you cannot get HIV.

FALSE. Your partner may not be faithful to you – or she or he may have had sexual partners before meeting you who were HIV-positive.

20. People with STIs have a higher risk of getting HIV than people who have no STIs.

TRUE. Having an STI increases the risk of getting HIV. STIs produce sores in the genitals that make it easier for HIV to pass into the bloodstream during sex. The prevention and early treatment of STIs will reduce the spread of HIV.

21. If you are fit and healthy, you will not become infected by HIV.

FALSE. It does not matter how healthy you are, anyone can get HIV.

22. Women are safe from HIV so long as they use the birth control pill.

FALSE. Birth control pills prevent pregnancy, but they do not prevent HIV.

23. Women are at greater risk than men of getting HIV through heterosexual sex.

TRUE. Women get HIV and other STIs during sex twice as easily as men. There is a higher concentration of HIV in semen than in vaginal fluids. Also, the woman’s vagina has large areas of exposed and sensitive skin that can develop small tears during sex. This allows HIV and other STIs to enter the woman’s bloodstream. Semen stays longer in the vagina after sex, increasing the risk of transmission. In contrast, the penis has a small surface area in contact with vaginal fluids for a shorter time, and men can more easily wash off vaginal fluids after sex. This is why women face much greater risk of getting HIV through sex. Young women are particularly vulnerable to HIV infection through penetrative sex, because their sexual organs are still not fully developed and are more vulnerable to tearing.

24. The risk of clinic staff getting HIV from needle pricks is very low – only 0.3 percent.

TRUE. The risk of HIV infection from occupational exposure is very low – about 0.3 percent for a needle stick injury and 0.1 percent from splashing of blood on nose, mouth or eyes.

ONE CAN GET HIV FROM:

25. Sharing food, drinks or cutlery with an HIV-positive person.

FALSE. HIV is found only in blood, semen and vaginal fluids, and has to get inside the body and bloodstream of another person to spread. HIV cannot survive outside the body. These are the two reasons why HIV does not spread through sharing food, drinks or cutlery (or shaking hands, sharing rooms or clothing, or using the same toilet).

26. Using the same toilet as an HIV-positive person.

FALSE.
27. Bites from mosquitoes.
FALSE. The blood containing the virus goes into the mosquito’s stomach where the virus is digested and killed. Mosquitoes only suck blood; they do not inject it into people. HIV is very rare among children ages 5–15, even though this age group is often bitten by mosquitoes.

ONE CANNOT GET HIV FROM:

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

29. Donating blood if sterilized instruments are used.
TRUE. You cannot get HIV through donating blood using sterilized instruments.

30. Sharing toothbrush with an HIV-positive person.
TRUE. No one can get infected from sharing a toothbrush. But for reasons of hygiene it is better not to share toothbrushes.

APPEARANCE OF HIV

31. You can tell that a person has HIV by just looking at him or her.
FALSE. There are no symptoms to show that one has HIV. You can only know for sure from an HIV blood test. Most people who have HIV do not show any signs of illness for years. However, the virus remains in the body and can be passed on to other people. People with HIV look ill only when they have AIDS.

32. A person can have HIV for two to 10 years before becoming sick with AIDS.
TRUE.

33. Some people have HIV but do not know they have it.
TRUE. UNAIDS estimates that 90 percent of people with HIV are not aware of it. People can carry the virus for many years without knowing they have it, because there are no signs. They can look and feel entirely healthy before developing any symptoms of AIDS.

SIGNS AND SYMPTOMS OF AIDS

34. Swollen glands, weight loss, diarrhea and skin problems.
TRUE.

35. Burning pain when urinating and sores on the genitals.
FALSE. The above symptoms are the symptoms of some STIs, but not AIDS.

36. Getting opportunistic infections such as TB, pneumonia and skin cancer.
TRUE.
HIV AND AIDS CAN BE CURED BY:

37. Having sex with a virgin.
FALSE. Virgins do not have any power to heal HIV-infected individuals. This myth puts young girls at more risk of getting HIV.

38. Some RMPs and doctors.
FALSE. Some RMPs claim they can cure HIV or AIDS, but none of these claims are true.

39. There is no cure for AIDS.
TRUE. There is no cure or vaccine for HIV infection. There are drugs (ARVs) to slow down the production of the virus in an infected person, and there are other drugs to control opportunistic infections, but these do not cure AIDS. They can only postpone symptoms or death. After infection, HIV remains in the body for life.

YOU CAN PREVENT YOURSELF GETTING HIV BY:

40. Not having sex (abstinence).
TRUE.

41. Choosing healthy looking partners.
FALSE. There is no way to tell through looking whether a partner has HIV.

42. Using condoms during sex.
TRUE.

SEXUALLY TRANSMITTED INFECTIONS (STIS):

43. You always know if you have an STI.
FALSE. Some people who get STIs have no symptoms at first. It is harder for women to know that they have an STI than men. Roughly 60 percent of women have no noticeable discharge, and it is rare for a woman to develop an infected urethra that causes burning while urinating. Other symptoms may be hidden in the vaginal canal. As a result, many women do not find out they are infected with STIs until they develop pelvic inflammatory disease.

44. If STI signs go away, you are okay.
FALSE. The symptoms may go away, but the STI will remain. If it is not treated, it will continue to harm the body, and can leave both women and men infertile. Infection can be passed on to unborn babies, leading to miscarriage, stillbirth, handicaps or death. The infection also can be transmitted to other people.

45. One out of 10 people with an STI has HIV.
TRUE.

46. A woman living with HIV can infect her partner more easily during her period.
TRUE. Menstrual blood from HIV-infected women contains the HIV virus, putting partners at higher risk if they have penetrative sex during this time.
PEOPLE WITH HIV CAN LIVE NORMAL LIVES FOR A LONG TIME IF THEY:

47. Practice safe sex to minimize the amount of HIV in the body.

TRUE. This is important not only to stop the transfer of HIV to others, but also to minimize re-infection – getting infected by others who are HIV-positive. When the virus replicates in the body, it changes, so any HIV-positive person may have many variations of the virus. The body’s immune system has to adapt to fight off each form of the virus, which puts further strain on the immune system. If two HIV-positive people have unprotected sex, they may reinfect each other with all the different forms of the virus that either may have. This will put more strain on their immune systems and increase their viral loads.

48. Stop working immediately.

FALSE. People living with HIV and AIDS should not be forced out of work. Many of them are still strong enough to hold down a job and earn some income. Working is also an important basis for morale. People with HIV can live for many years before coming down with AIDS symptoms, so they should be allowed to continue to work.

49. Get treatment for opportunistic infections as early as possible.

TRUE. Most of these infections can be prevented or treated with medication, and this can help to improve the quality of life and delay the onset of AIDS. People living with HIV and AIDS should be encouraged to be proactive in preventing and treating opportunistic infections. The earlier they get treatment, the better chance their body has of fighting off the disease.

50. Eat well, avoid alcohol and tobacco, and avoid stress.

TRUE. The body needs nutritious foods to build it up, give it energy and make it stronger so that it can fight some infections and sicknesses. Alcohol and cigarettes can damage the body’s ability to fight off diseases, so stopping or reducing their consumption can help to keep the body strong.