

HIV/AIDS and STIs

Few inputs in this chapter are taken from the SAVE Toolkit of INERELA+

What is HIV and AIDS?

Key message	<ol style="list-style-type: none"> 1) What is HIV and AIDS? 2) Routes of HIV transmission and prevention. 3) Treatment. 4) Care and support without stigma/discrimination.
Time	45 mins.

☞ Dear facilitator, you will begin the HIV sessions first by gathering existing information from participants on HIV/AIDS and then you will define and make a clearer understanding of the subject

To open the discussions and help participants feel more at ease, begin with some general questions:

- What is HIV?
- What is AIDS?
- Are HIV and AIDS same?
- Do you think we can tell by looking at a person if he/she is HIV positive (i.e. that they have HIV infection?)

Explain that people living with HIV tend to hide their status due to fear of stigma and discrimination:

<p>Global situation and trends</p> <p>Since the beginning of epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV.</p> <p>Globally 0.8% of adults (aged 15-49 years) worldwide are living with HIV.</p> <p>India situation</p> <p>India (2015) 2.1 million people living with HIV, 0.3% adult HIV prevalence, 86,000 new infections, 68000 AIDS-related deaths</p> <p>India has the third largest HIV epidemic in the world</p>

☞ Dear Facilitator, you will now discuss HIV.

What is HIV?

HIV is the name of the virus that causes HIV infection in humans. HIV mainly affects the immune/defense system in the body, which means the person will become gradually weaker over the years unless the person takes appropriate treatment combined with good nutrition.

What is AIDS?

AIDS is a medical terminology - Acquired Immunodeficiency Syndrome. When the immune/defense system of a person gets very weak they tend to acquire multiple infections (which are called opportunistic infections). So this state where multiple infections are acquired is called AIDS.

Understanding HIV through activity:

☞ Dear facilitator, you could carry out an interactive session to educate the participants on the mechanism of HIV infection. The activity mentioned below will help in explaining to participants how HIV infects a person. This is a simpler way of explaining a technical process of infection and its progress.

Activity:

This activity is a traditional Children's game that adults can also enjoy. Place chairs in a circle and have every person sit on one chair. Play music or get someone to sing and ask everyone to get up and move around the circle. While they are doing that, remove one of the chairs. Stop the music and everyone has to find a chair. The person without a chair has to leave the game. Carry on doing this – playing the music, stopping the music, and removing a chair – until there is only one person left with a chair.

Explain that this activity is similar to the way HIV works: It removes immune cells from a person's system, to the point where the immune system becomes so depleted that there are only a few cells left to fight off infections.

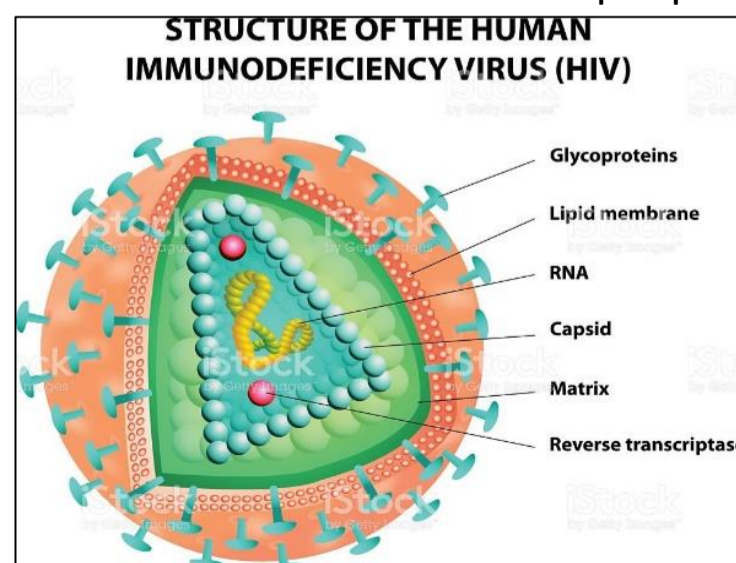
You are now going to explain how this happens and its effects on the body.

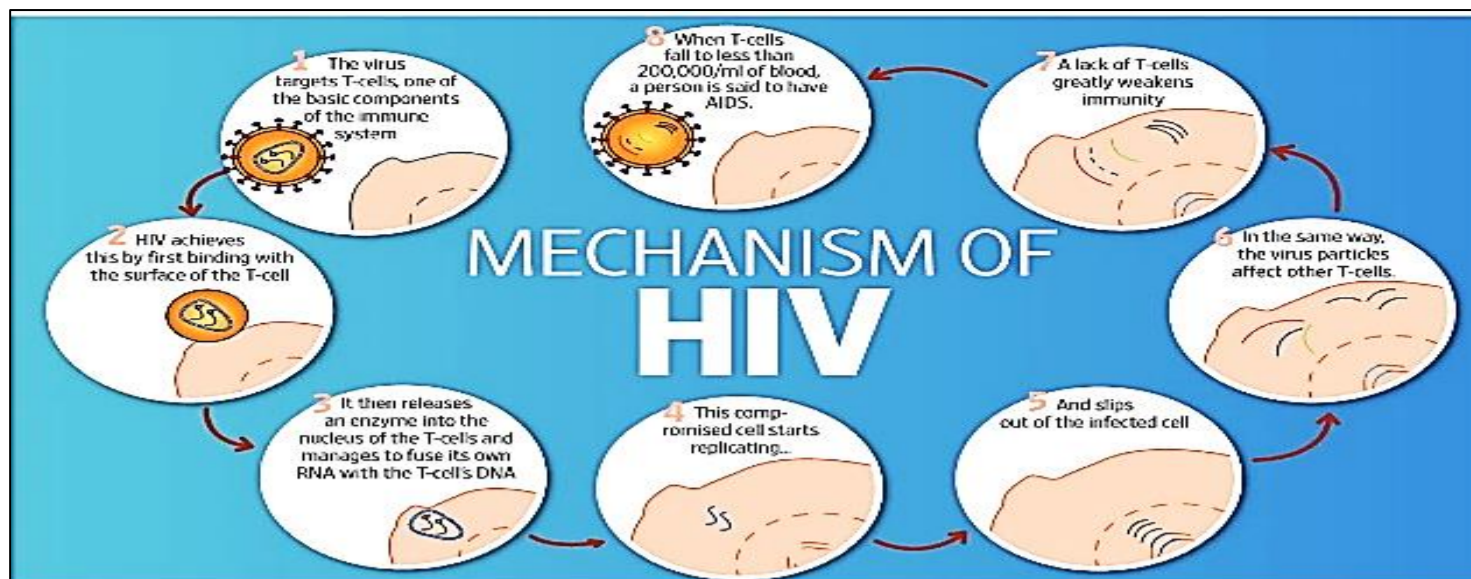
- ★ The participants of the game represent the defence cells of the body.
- ★ This activity works in the same way HIV does; it removes immune cells from a person's system, depletes their performance within a span of time to the point where the immune system becomes so exhausted and diminished that there are only a few or no cells left to fight off infections.

☞ Following the activity, the facilitator is now going to explain how the technical process of HIV infection in the human body.

Although the explanation that is given here is basic, the information is sufficient for people to understand how the virus works in the body.

- ★ Bacterial infections are treated with Antibiotics and not infections caused by viruses.
- ★ Viral infections are treated with anti-viral medications





Dear facilitator, you will now discuss the aspects of HIV transmission, causes and prevention:

How Is HIV Transmitted and how could it be Prevented?

HIV is transmitted from person to person through infected body fluids/ secretions such as blood, breast milk, semen, vaginal fluids, etc.

Routes of transmission	Routes of prevention
Unprotected intercourse with an HIV infected partner. There is a chance that you could acquire the HIV infection if one of the partners is affected with HIV.	Consistent usage of condom is the only method to prevent HIV and STI infection. Used condoms cannot be re-used. Condoms should be used during all sexual activities. If one feels that they have gone through a high-risk sexual behavior, immediately access medical care for early HIV prevention and this is called Post Exposure Prophylaxis(PEP)
Mother who has HIV can transmit HIV virus during delivery and breastfeeding.	Pregnant women living with HIV and the newly born child are given ART/ARV (anti-retroviral treatment) to prevent transmission during delivery. Breastfeeding should be avoided unless the mother is on ARV treatment.
Blood transfusion if the blood has HIV infection.	Blood must always be tested for HIV before transfusion to any other person. It is now compulsory for all hospitals and medical professionals across the world to test blood for HIV before transfusion.
Injection with an HIV-infected needle.	Always use disposable syringes and needles. (People who use using injectable drugs should always use. separate/individual disposable needles)
Certain professionals e.g. hospital/healthcare/ laboratory staff are at risk of coming into contact with infected blood/ body fluids during operations, delivery, lab tests, etc.	PEP- Post Exposure Prophylaxis- In cases of occupational hazard, immediately take PEP? under the guidance of the doctor

Importance of Testing:

It is not possible to detect the presence of HIV in a person just by looking at them. The existence of HIV infection does not have any visible or discernible symptoms. People mostly seem healthy just like everyone else. Hence it is very important to test oneself to know your own HIV status.

It is very important for young people to get tested for HIV and maintain their HIV-negative status by abstaining from risky sexual behaviours. Testing and receiving a negative test once does not rule-out the chances of further HIV infection. Therefore, it is best is to avoid risky behaviour, and if you continue to practice risky behaviour then make sure you test yourself regularly.

In 2015, youth aged 13 to 24 are accounted for 22% of all new HIV diagnoses in the United States. Most of those new diagnoses among youth (81%) occurred.

Population that are at high risk HIV infection:

1. Young people: Many young people initiate sexual activity in their adolescence and engage in sexual risk behaviours that can result in getting HIV, sexually transmitted infections (STIs), and/or becoming pregnant. In addition to risk behaviours, there are several environmental and structural factors that put youth at higher risk of getting HIV.
2. Gay and Bisexual Men.
3. People who inject drugs.

What are the High-Risk behaviors for HIV that youth indulge in?.

A man who unprotected sex with other men.
Have multiple sex partners (male/female/others), especially partners who inject drugs.
Inject drugs or steroids, especially if you share needles, syringes, cookers, or other equipment used to inject drugs.
Have high-risk partner(s) (a man or woman who has multiple sex partners or injects drugs, or a man who has sex with men).
Have or have recently had a sexually transmitted infection, such as syphilis or genital herpes.

HIV is detected mainly through blood tests. There are other tests like saliva testing also. There are multiple tests to detect HIV such as:

- ★ Those that detect anti-bodies against the virus. These tests are cheaper and available at all laboratories and can give you instant results. Every person produces anti-bodies against every infection that enters the body. Similarly, a body produces antibodies (armies) when the HIV viruses enters the body. It takes up-to 3 months to produce antibodies against the HIV virus. Hence, it is necessary to get tested 3 months after carrying out/ experiencing a risk behaviour if you suspect being infected with HIV.
- ★ The test that detects the virus in the body.

Where you can access HIV testing:

I would include a list of places young people can go to find confidential counselling and testing services. They may become anxious after this session and would keen to test be so we must provide them with as much support as possible to do so. Also there is a national HIV/AIDS hotline where people can call for advice and information. Would be great to include this if so.

HIV Treatment and care: HIV is treatable not curable

The Centers for Disease Control and Prevention (CDC) recommend that everyone between the ages of 13 and 64 get tested for HIV at least once. Some people should get tested more frequently:

Anyone who has unsafe sex should get tested for HIV at least once a year

Anyone who shares injection drug equipment should get tested for HIV at least once a year
Sexually active gay, bisexual, and other young men who have sex with men (MSM) may benefit from more frequent testing (e.g., every 3 to 6 months)

It is important to get tested on HIV as it will prevent the disease from spreading further which generally happens if one is not informed about their HIV status.

- ☞ It is vital for people living with HIV to do all they can to boost their immune system by including good nutrition, enough sleep, exercise and care and support without stigma/discrimination.
- ☞ ART- Anti Retroviral medicine is a treatment for HIV infection. This treatment is available at all government hospitals free of cost.
- ☞ ART helps a person living with HIV maintain a low virus count (viral-load) and higher immune status (CD4 count).
- ☞ People taking treatment of ART can live a healthy and normal life. Furthermore, people on ART have a lower virus count, meaning that this reduces the chance that they will transmit the virus to others.

☞ Dear facilitator, you will now discuss the stigmas and discrimination related to HIV.

Understanding Stigma and Discrimination related to HIV and AIDS:

☞ Dear facilitator, this case study can be taken up as a story for discussion. Discussions should include stigma discrimination and how it can impact the health of those discriminated against.



Story for reflection:

A 19-year-old girl named Rina got into a steady relationship with a boy from her town college. After 7 months of dating, the boy suddenly left Rina. Rina realized that she has missed her periods during the last two months. On testing, she found herself to be pregnant. Tensed and panicked, Rina went to the city hospital for routine blood check to confirm her pregnancy. During the blood tests, it was detected that Rina was HIV positive besides being pregnant. Horrified by the event, Rina confided to her parents. Soon, her relatives and friends came to know about the news. Rina could see the changing differences among her friends, acquaintances, relatives and people from her town. They started talking behind her back and avoiding her and her family at various social places. The community were demonstrating their objection at Rina's situation and Rina and her family were forced to leave the town.

Ask the question to the participants –

If you were part of Rina's community and family, how do you think you would feel?

And what would you have done facing a similar situation?

☞ Dear facilitator, the participants do not need to give you an answer - simply ask them to think about it, and then break down the story of Rina as follows:

At the end of discussing Rina's story ask the following questions:

- ☞ What impact has this story had on you?
- ☞ What forms of discrimination and stigma have you seen in your community, around what kinds of issues?

☞ Dear facilitator, you will now discuss Stigma and Discrimination a little deeper.

Ask the following questions.

1. Can you share any examples of how have we all have experienced stigma in our lives?
2. Do you see anyone around you being stigmatised due to their race, gender, religion, caste, sexual orientation?
3. How do we feel when we have been stigmatised?
4. Why do you think people stigmatise those with HIV? What do you think they are afraid of?

☞ Dear facilitator, you will now discuss the definitions of Stigma and Discrimination related to people living with HIV.

Definitions of stigma and discrimination:

HIV-related stigma:

It refers to the negative beliefs, feelings and attitudes towards people living with HIV, groups associated with people living with HIV (e.g. the families of people living with HIV) and other key populations at higher risk of HIV infection, such as people who inject drugs, sex workers, men who have sex with men and transgender people.

HIV-related discrimination:

It refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of other key populations, such as some social contexts, women, sex workers, people who inject drugs, men who have sex with men, transgender people, people in prisons and other closed settings and, in some social contexts, women, young people, migrants, refugees and internally displaced people. HIV-related discrimination is usually based on stigmatizing attitudes and beliefs about populations, behaviors, practices, sex, illness and death.

Do not forget to share the following points to the participants

- ❖ Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support.
- ❖ Research has shown that stigma and discrimination undermine HIV prevention efforts by making people afraid to seek HIV information, services and modalities to reduce their risk of infection and to adopt safer behaviours.
- ❖ Fear of stigma and discrimination, is also linked to fear of violence, discourages people living with HIV from disclosing their status even to family members and sexual partners and undermines their ability and willingness to access and adhere to treatment.
- ❖ Thus, stigma and discrimination weaken the ability of individuals and communities to protect themselves from HIV and to stay healthy if they are living with HIV.
- ❖ Show love, care and support to people living with HIV so that they can access treatment, services and disclose their HIV status. This way, the risk of HIV transmission also reduces.

☞ Facilitator will now discuss Myths and facts related to HIV.

1. A person can get HIV by hanging around with people living with HIV?

Answer: One cannot get infected by hugging, kissing, shaking hands, touching toilet seat or door knob after it is touched by a PLHIV, or through sharing food, talking, etc.

2. HIV spreads through mosquitoes?

Answer: Mosquito bites do not spread HIV. HIV survives only in humans.

3. People Living with HIV or AIDS patients can be easily recognized?

Answer: with anti-HIV (ART) treatment, person can live a healthy and long life.

4. Only sex workers, homosexuals, injectable drug users, or people indulging in promiscuous sex behaviors will contract HIV. Individuals living within society approved norms will not get it.

Answer: HIV does not discriminate. Anyone in society can be infected with HIV if they practice any of the high-risk behaviours outlined earlier in this session.

5. Babies born to HIV positive mothers are also positive.

Answer: There is a 30-40% chance that an HIV-positive mother transmits the HIV virus to her new born baby. If the HIV status of mother is known early, then she can begin ARV treatment to prevent the transmission of HIV from mother to child. If the mother is on ARV treatment the chance of HIV spreading from mother to child is negligible.

The key messages to take away from the session:

- Supporting people living with HIV and AIDS. Every person has a right to get tested / not get tested for HIV, and to access confidential counselling and testing.
- People living with HIV can live a healthy life with support from family, the wider community and government. They can also have satisfying healthy sexual relations. It is important however that they adopt a responsible behaviour towards their partners and practice safe sex to prevent onward transmission to others.
- Counselling and support services available include: group sessions, forming support groups, emotional support, partner education and counselling, family counselling, assistance for proper nutrition, medicines and care.

H2: SEXUALLY TRANSMITTED INFECTIONS (STI):

Key message	1) What are STIs? 2) Factors affecting likelihood of STI contraction 3) Signs and symptoms 4) Appropriate protection can prevent most STIs 5) Treatment for STIs
Time	45mins.

☞ Dear Facilitator, you will now discuss the following aspects of STI-Definitions, causes, symptoms, consequences and prevention.

Sexually transmitted infections (STI) or disease (STDs) are infections that affects the reproductive or sexual organs. And when they are transmitted, they are called sexually transmitted infections.

What factors increase the likelihood of acquiring STIs?

- Not using condoms, and engaging in unprotected intimate bodily/sexual behaviour.
- Having multiple sex partners.
- Using alcohol or drugs- which can affect a person's negotiating skills and / or decision making processes, thereby increasing the likelihood of unsafe sexual practice.
- Being a sex worker, or exchanging sex for favours. The person who is giving the favour may try to oblige / coax the person receiving the favour to not use a condom.
- Living within a community where there is high HIV prevalence and practicing high risk behaviours.
- Using only birth control pills or other contraceptive methods and not condoms.
- Gay and bisexual men are at greater risk.
- Young adolescents tend to have more STIs as they encounter barriers in accessing Services, e.g. the inability to pay for the medical tests, lack of information on STIs and their prevention, hesitation to go to the doctors where adults or their neighbourhood people go, confidentiality issues.
- Sexually active adolescents (15-19 years) and young adults (20-24years) are at higher risk of acquiring STIs for a combination of behavioural, biological, and cultural reasons, as compared to older adults.

What are the signs and symptoms of STI?

Though STIs may be present despite the absence of the signs and symptoms, most of the symptoms and females and males are as follows:

Females:

- Discharge (thick or thin, milky white, yellow, or green leakage from the vagina)
- Vaginal itching.
- Vaginal blisters or blisters in the genital area (the region covered by underwear)

- Burning urination.
- Painful urination.
- Pain during intercourse.

Males

- Itching at the tip of the penis.
- Rash on the penis, testicles, or groin.
- Discharge (a milky white, yellow, thick or thin substance coming from the tip of the penis)
- Pain during urination.
- Pain during ejaculation.
- Painful blisters on the genitals (penile spots/penile bumps).

In women, untreated STIs can cause pelvic Inflammatory Disease (PID), which is the inflammation of reproductive tract organs (uterus, ovaries, fallopian tubes) or in extreme severe and untreated cases, death may occur.

In men, untreated STI's can cause testicular infections and infertility or in extreme severe and untreated cases, death may occur.

Methods of protection against STIS AND HIV:

- ✓ All STIs, including HIV infection, are preventable.
- ✓ Condoms (aside from abstinence) are the only method to prevent STIs including HIV.

STIs seems to be on the rise across the world:

- ☞ A total of more than 2 million cases of chlamydia, gonorrhoea and syphilis were reported in the United States. That's the highest number of cases ever reported for these three STDs combined since the agency began tracking STDs in 1941.
- ☞ 470,000 people were diagnosed with gonorrhoea, and 28,000 people were diagnosed with either primary or secondary syphilis, the most contagious stages of the disease, in 2016.

Sexually Transmitted Infection is stigmatized.

- ◆ Fifty percent of new infections detected across the world occur in young people, ages 15-24.
- ◆ According to the American Sexual Health Association (ASHA), one in two people will contract an STD before the age of 25. This does not include most of individual cases which go unreported and a great number of people who are infected remain undiagnosed.
- ◆ Despite recommendations from the CDC and the United States Preventive Services Task Force (USPSTF) for annual chlamydia and gonorrhoea screening for sexually active women younger than 25, experts are concerned that not enough women get tested and therefore don't know they are infected.

Do not stigmatize yourself and get tested if you suspect to be infected.

Treatment

If you suspect that you may have an STI, immediately seek access to medical care from health facilities. It is also important to ensure your partner seeks treatment to prevent re-infection.

For treatment one should go to a health facility? Nurse? Who is also specialized in treating STIs.

