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Overview

HIV (Human Immunodeficiency Virus) is a very small germ called a virus that you cannot see. AIDS (Acquired Immunodeficiency Syndrome) is a disease that develops later, after a person has been infected with HIV, the virus that causes AIDS.

When a person becomes infected with HIV, the virus attacks the immune system, the part of your body that fights off infection. HIV slowly kills the cells of the immune system until the body can no longer defend itself against other infections. Most people who are infected do not get sick from it for five to ten years. But eventually the immune system becomes unable to fight off common infections. Because it takes years for HIV to make someone sick, many people with HIV feel healthy and do not know they have it.

Transmission

HIV lives in certain bodily fluids of people infected with HIV—blood, semen, breast milk, and vaginal fluids. The virus is spread when these fluids get into the body of another person. HIV can be spread:

» During unprotected sex with someone who has the virus, the most common way it spreads
» By blood transfusions if the blood has not been tested to be sure it is HIV-free
» To a baby during pregnancy, birth, or breast-feeding if the mother is infected with HIV
» By using unclean needles or syringes or any tool that pierces or cuts the skin
» By contact with infected blood if it gets into cuts or an open wound of another person

HIV can spread from one person to another as soon as he or she is infected, even though the person might look and feel healthy. You cannot tell from looking at a person if he or she has HIV. The only way to know is to take an HIV test.

Who Can Get HIV

Millions of people are infected with HIV, the virus that causes AIDS. More and more of them are women and girls. There is no cure for HIV or AIDS, but treatment can help people with HIV live longer and stay healthy. To provide care for those who need it and to protect ourselves and each other from HIV and AIDS, we must be willing to talk about HIV with our families and friends.

Many women do not think they are at risk of getting HIV infection, because they may think that only homosexuals, women who have many sex partners (like a sex worker), or women who use drugs get infected with HIV. This is not true. In some communities, married women get HIV at higher rates than anyone else in the community because their husbands are infected.
Myths and Misconceptions

| Spread of HIV |

Every culture has myths and misconceptions related to HIV and AIDS. Be ready to dispel these myths and provide accurate information about HIV and AIDS.

**MYTH:** You can get HIV from kissing or shaking hands.

**TRUTH:** HIV lives only in certain bodily fluids of people infected with HIV—blood, semen, breast milk, and vaginal fluids. The virus spreads when these fluids get into the body of another person. HIV is not in saliva and cannot be spread simply by touching someone who is infected. The most common way HIV spreads is through unprotected sex.

**MYTH:** People with HIV look ill.

**TRUTH:** People with HIV do not always look or feel ill. In fact, many people do not know they are infected with HIV. For this reason it is always important that we protect ourselves by using a condom during sex.

Why HIV and AIDS Are Different for Women

» Women get infected with HIV more easily than men do because during sex a woman is the receiver,” which means that a man’s semen stays in the woman’s vagina for a long time. And if there is HIV in the semen, there is a greater chance of it passing into a woman’s blood through her vagina or cervix, especially if she has any cuts, sores, or sexually transmitted infections (STIs).

» Women are often infected at a younger age than men. Young women and girls are often unable to refuse unwanted or unsafe sex and are often married at a young age to older men who have had more chances to become infected.

» Women often live with untreated STIs, which makes it easier for them to become infected with HIV.

» Women get more blood transfusions than men do because of problems during childbirth.

» Poor nutrition and weakness from frequent childbearing make women less able to fight disease.

» Women are blamed unfairly for the spread of AIDS, even though many men are unwilling to wear condoms or limit their number of sex partners.

» A pregnant woman infected with HIV can pass it to her baby.

» Women are usually the caretakers for family members who are sick with AIDS, even if they are sick themselves.

Diagnosis

The only way to be sure that you or your partner does not have HIV is by getting tested. When HIV enters the body, the body starts to make antibodies right away to fight the virus. These antibodies usually show up in the blood two to four weeks later. The HIV test looks for these antibodies in the blood. An HIV test is the only way to know if a person has been infected with HIV.

A **positive HIV test** means that you are infected with the virus. Even if you feel completely well, HIV is slowly weakening your immune system, and the virus can spread to others any time you have unprotected sex.

A **negative HIV test** means one of two things: You are not infected with HIV, or you were recently infected but your body has not yet made enough antibodies to fight HIV to test positive. It takes about a month after you become infected for the HIV test to be positive. If you have tested negative for HIV but think you might be infected, you should take the test again in about six weeks. Sometimes a positive test also needs to be repeated. A health worker can help you decide.

Symptoms

The following may be symptoms of HIV infection:

» **Weight loss:** Weight loss is a common HIV symptom. Unless you are actively trying to lose weight by exercising and watching what you eat, weight loss is a serious problem.

» **Repeated respiratory infections:** Dry or productive cough, pneumonia (an infection and inflammation of the lower respiratory tract associated with a high mortality rate), and/or tuberculosis (fever, productive cough, hemoptysis, and chest pain)

» **Recurring fever or profuse night sweats**
» Profound and unexplained fatigue (tiredness or weakness): Fatigue can be a common problem for those living with HIV. Increase your energy level by first identifying the cause of your fatigue.

» Swollen lymph glands in the armpits, groin, or neck

» Diarrhea that lasts for more than a week: Diarrhea is the recent change in constancy and character of stool and/or passing more than three watery stools per day. Diarrhea can be a life-threatening problem if it is not treated correctly and rapidly. In addition it is one of the most annoying HIV symptoms. Diarrhea purges the body of needed fluid and electrolytes, resulting in dehydration and electrolyte imbalance.

» White spots or unusual blemishes on the tongue, in the mouth, or in the throat (thrush): In people with weakened immune systems, such as people infected with HIV, the fungus (Candida albicans) grows unchecked, appearing in colonies of white patches in the mouth, throat, esophagus (food tube), and vagina. Candida found in the mouth is called thrush. Symptoms of thrush are a stale, pasty, bad-tasting coating on the tongue and oral cavity.

» Red, brown, or pink marks on or under the skin or inside the mouth, nose, or eyelids

» Memory loss, depression, and other neurological disorders

Remember: Each of these symptoms can be related to or associated with other illnesses, so do not assume the person is infected if they have any of the above symptoms. The only way to determine if a person is infected or not is by testing for HIV specifically.
HIV Testing and Treatment

There are a number of tests to determine whether someone is infected with HIV. There are also a number of tests available once a person has been diagnosed with HIV. It is important for all women to get tested even if they have been with only one partner. They key to living a healthy life with HIV is getting diagnosed early. 1

HIV antibody tests are the most appropriate test for routine diagnosis of HIV among adults:

» **EIA (enzyme immunoassay) test:** The test draws blood from a vein or collects oral fluid or urine to look for antibodies that someone infected with HIV produces to fight the infection. If these antibodies are detected, the person is most likely HIV-positive.

» **Rapid HIV test:** This test looks for antibodies in the blood or saliva, but it does not require laboratory analysis. It is easier to use and produces results within 20 minutes. It must be followed up with another test to confirm final diagnosis.

Women who know their status can also protect their partners and children. For women who plan to become pregnant, testing is even more important. Women should be tested during each pregnancy. If a pregnant woman discovers that she is infected with HIV, certain medical care and drugs can lower the chance of passing HIV to her baby.

When HIV enters the body, the body starts to make antibodies right away to fight the virus. These antibodies usually show up in the blood two to four weeks later. The HIV test looks for these antibodies in the blood. An HIV test is the only way to know if a person has been infected with HIV.

» **A positive HIV test** means that the person is infected with the virus. Even if the person feels completely well, he or she can spread the virus to others.

» **A negative HIV test** means one of two things: The person is not infected with HIV or was recently infected but his or her body has not yet made enough antibodies to HIV to test positive. If the person tested negative for HIV but thinks he or she might be infected, he or she should take the test again in about six weeks. Sometimes a positive test also needs to be repeated. A health worker can help the person to decide.

Treatment for HIV

Currently there is no cure for HIV, however, adhering to antiretroviral treatment can slow and nearly halt the progression of HIV in the body. Increasingly, people living with HIV are able to continue living productive lives for extended periods of time, even in low-income countries.

1 “HIV/AIDS Testing,” Avert, [www.avert.org/testing.htm](http://www.avert.org/testing.htm).
Counseling for People with HIV

A counselor is someone who listens and talks with a person and his or her family to help them cope with their worries, concerns, and fears and to make decisions. Counseling is important throughout the life of a person with HIV, not only when they first discover they are infected.

A skilled counselor may be able to help a person:

» Decide who to tell about being HIV-infected and how.
» Find the support of others who are also HIV-infected.
» Get the care and treatment she needs early from health centers, including preparing for and taking ART.
» Get the support she needs from her family.
» Understand how to stay healthy for as long as possible.
» Plan for her future.
» Learn how to be sexual in a safe way.
Preventing HIV

You can prevent the spread of HIV in several ways:

» If possible, have sex with only one monogamous partner (who has sex only with you).
» Practice safer sex—sex that prevents semen, blood, and vaginal fluids from getting into your vagina, anus, or mouth. Use condoms correctly whenever you have sex.
» Get tested for HIV and treated for other STIs, and make sure your partners do too.
» Avoid piercing or cutting the skin with needles or other tools that have not been disinfected between uses.
» Do not share razors.
» Do not touch someone else’s blood or wound without protection, such as nonabsorbent gloves or even plastic bags on your hands.

Six Steps of Proper Male Condom Use

The following steps outline the proper way to use a male condom.

Step 1: Check the condom wrapper and condom to ensure that it is not out of date or damaged. Check the expiration date on the condom package, and look for signs of wear such as discolored, torn, or brittle wrappers. Do not use condoms that have passed the expiration date or seem old.

Step 2: Open the condom wrapper carefully. Tear the package carefully along one side. It is better not to use teeth or fingernails to avoid damaging the condom.

Step 3: Place the rolled-up condom on the tip of the penis.

Step 4: Pinch the tip of the condom (to leave space for the semen to collect).

Step 5: Place the condom on the end of the penis, and unroll the condom down the length of the penis by pushing down on the round rim of the condom. If this is difficult, the condom is probably inside out. You should not turn the condom the other way around as some semen could already be on it. You
should open another condom and unroll it correctly over the penis. When the rim of the condom is at the base of the penis (near the pubic hair), penetration can safely begin.

**Step 6: After intercourse and ejaculation, carefully remove the condom.**
After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Remove the condom and tie it in a knot, sealing in the semen. Dispose of the condom in a safe place. Use a new condom each time you have sex where the man puts his penis inside you.²

**Five Steps for Proper Female Condom Use**

To insert a female condom take the following steps:

**Step 1: Apply spermicide or lubricant** on the outside of the closed end. Apply spermicide or lubricant to the outside of the closed end of the female condom.

**Step 2: Insert the female condom.** Find a comfortable position. You can stand with one foot on a chair, sit on the edge of a chair, lie down, or squat. Squeeze together the sides of the inner ring at the closed end of the condom, and insert it into the vagina like a tampon.

**Step 4: Push the inner ring into the vagina** as far as it can go—until it reaches the cervix. Pull out your finger, and let the outer ring hang about an inch outside the vagina.

**Step 5: After intercourse and ejaculation, carefully remove the condom.**
After intercourse and ejaculation, squeeze and twist the outer ring to keep semen inside the pouch. Gently pull the condom out of the vagina or anus. Throw it away. Do not flush it down the toilet. Do not reuse the female condom.

During vaginal intercourse, it is normal for the female condom to move side to side. Stop intercourse if the penis slips between the condom and the walls of the vagina or if the outer ring is pushed into the vagina. As long as your partner has not yet ejaculated, you can gently remove the condom from the vagina, add extra spermicide or lubricant, and insert it once again.³

**Proper Use of Needles**

HIV infection spreads easily when people share equipment to use drugs. Sharing equipment also spreads hepatitis B, hepatitis C, and other serious diseases. Infected blood can be drawn up into a syringe and then get injected along with the drug by the next user of the syringe.

Even small amounts of blood on your hands, drug cookers, filters, tourniquets, or in rinse water can be enough to infect another drug user. To reduce the risk of HIV and hepatitis infection, never share any drug-related equipment. Carefully clean your cookers and the site you will use for injection.

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A recent study showed that HIV can survive in a used syringe for at least four weeks. If you have to reuse equipment, you can reduce the risk of infection by cleaning it between users. If possible, reuse your own syringe. It still should be cleaned because bacteria can grow in it.

The most effective way to clean a syringe is to use water first, then use bleach, and rinse it once more with water. Try to get all blood out of the syringe by shaking it vigorously for 30 seconds. Use cold water because hot water can make the blood form clots. One way to partially kill the HIV and hepatitis C virus, leave bleach in the syringe for two full minutes. Cleaning does not always kill HIV or hepatitis. Always use a new syringe if possible.°

Deciding Whether to Breast-Feed When You Are Infected with HIV

A health worker trained in infant feeding and preventing mother-to-child transmission can help you consider:

» Do children in your area often get sick or die from infections, diarrhea, or poor nutrition? If the answer is yes, then breastfeeding may be best.

» Do you have access to antiretroviral therapy? Taking these medications makes breast-feeding safer for a woman with HIV.

» Are clean, nutritious milks or formula available to replace breast milk? You will need supplies for six months to a year, which is very costly. You will also need clean, boiled water, containers for mixing, and must learn how to feed with a cup. Animal milks do not have all the nutrition babies need and should be a last resort. You will need to add vitamins, sugar, and clean water. Ask a health worker for a recipe for the kind of milk you will use.

HIV and AIDS and Pregnancy, Childbirth, and Breast-Feeding

Pregnancy itself does not make HIV worse for a mother. But her pregnancy can be more complicated if she has HIV or AIDS. She may:

» Lose the baby during pregnancy (miscarriage)
» Get infections after pregnancy that are harder to cure
» Give birth too soon or have a baby infected with HIV

Despite these problems, many women with HIV still want to get pregnant and have a child. If you want to get pregnant and you are not sure whether you or your partner is infected with HIV, you should both get tested. If you cannot get tested, you can reduce your risk of becoming infected with HIV while trying to get pregnant if you:

» Have sexual intercourse without a condom only during your fertile time. At all other times, use a condom or practice safer sex.
» Never have sexual intercourse when there are signs of an STI.

Childbirth

A baby can become infected while it is in your womb, during birth, or while breast-feeding. Without treatment, one out of three babies born to HIV-infected mothers becomes infected. Antiretroviral therapy (ART) can protect your health and greatly reduce the risk of passing HIV infection to your baby. Check with a health worker trained in preventing mother-to-child transmission (PMTCT) about ART during pregnancy and childbirth.

A mother with HIV always passes along the HIV antibodies, but not always the virus itself, to her baby. With the usual HIV test, the baby will have a positive result because the mother’s antibodies stay in the baby’s blood for 18 months. After that, the mother’s antibodies will disappear from the baby’s blood and, if the baby is not infected, the HIV test will be negative. A new blood test now available in some places can show if a baby is HIV positive from six weeks of age.

Most mother-to-child transmission of HIV happens during childbirth. Using ART before and after birth can help protect the mother and the baby. The transmission risk is greatest when the mother’s water breaks more than four hours before birth, when the birth canal tears, and when the baby has more contact than usual with blood and vaginal fluids during birth. Infections after birth can be more dangerous if you have HIV. Get treated immediately.

Breastfeeding

HIV infection can be passed from a mother to a baby in her breast milk. The risk is greater if the mother is newly infected or is very sick with AIDS. Some ways that mothers with HIV can reduce the risk of infecting their babies are:

» Take antiretroviral therapy for your own health or only while breast-feeding.
» Give nothing but breast milk—not even water—until the baby is six months old.
» Prevent breast and nipple infections and cracked or bleeding nipples. See a health worker right away if you have any signs.
» Treat for thrush if you see white spots or sores in your baby’s mouth.

» Only give replacement feeding, such as formula, if you will be able to do it safely for the whole time the baby needs it (see below).

In many places the risk of diarrhea and malnutrition from other liquids and unclean water is much greater than the risk of HIV, especially in the baby’s first six months. For these reasons, giving only breast milk for the first six months is usually the safest choice for the baby of a woman with HIV. After six months, add complementary foods, and then wean the baby at 12 months, if you can meet the baby’s nutritional needs. It can take three days to three weeks to wean a baby.
Caring for Persons with HIV or AIDS

The health and medical problems of HIV or AIDS may take a long time. These problems can take a lot of the energy and resources of the sick person and his or her family.

If You Are Sick with AIDS

If you are sick with AIDS, you will probably need to see a health worker or go to a clinic regularly to have an infection treated or to get medicines. But you may never need to stay in the hospital. You may be more comfortable at home, cared for by family members in familiar surroundings.

Try to find a health worker, clinic, or doctor you trust who is experienced with HIV. Then go to the same person or clinic whenever you have a problem or have a problem that does not get better with home treatment. Going to a clinic where you are known saves time, energy, and money and can help keep you out of the hospital.

In many communities, HIV programs send community health workers to people’s homes to help families care for those with HIV.

Taking Care of Someone with AIDS

If you are caring for someone with AIDS, be sure to take care of your own needs too. Try to get help from family members, friends, and people in the community. Community clubs, religious groups, youth clubs, and AIDS self-help groups may assist you. Community support like this can help girls to stay in school, who may otherwise leave it to care for a family member with AIDS.

Preventing the Spread of HIV in the Home

With a few simple precautions, there is almost no risk of spreading HIV from an infected person to others around her. In fact, the risk of getting infections like diarrhea is greater for the person with HIV or AIDS than getting HIV is for the caregiver. Wash your hands with soap and water before and after giving all care.

» **Use clean water to wash dishes and food** before eating or cooking.

» **Keep bedding and clothing clean** to help keep the sick person comfortable and prevent skin problems. To clean clothing or sheets stained with blood, diarrhea, or other bodily fluids: Keep them separate from other household laundry. Hold an unstained part and rinse off any bodily fluids with water. Wash the bedding and clothing in soapy water, and hang it to dry—in the sun if possible. You can also add bleach to the soapy water and soak it 10 minutes before washing it. If you have them, wear gloves or plastic bags on your hands.

» **Avoid touching bloody bodily fluids with bare hands.** Use a piece of plastic or paper, gloves, or a big leaf to handle dirty bandages, cloths, blood, vomit, or stool.

» **Do not share anything that touches blood,** including razors, needles, any sharp instruments that cut the skin, and toothbrushes. If you must share such things, disinfect them before another person uses them.

» **Keep wounds on both caregivers and persons with HIV or AIDS covered.** Burn or bury soiled bandages that cannot be rewashed.