Women’s Vulnerability to HIV/AIDS
Basic Information

- Activity

- Presentation

- Additional Information
Objectives

- **Knowledge**
  Knowledge is pivotal to any endeavor and this chapter provides information about HIV/AIDS, its mode of transmission and symptoms.

- **Attitude**
  Dispelling myths related to HIV transmission.

- **Skill**
  Sharing the knowledge concerning HIV/AIDS in a less alarming way, and discussing issues of sex and sexuality with greater ease.

- **Expected outcomes**
  Greater awareness about the problem of HIV/AIDS.
  Increased comfort in discussing issues related to it.

- **Lesson plan**
  Activity 1  Sharing feelings, beliefs, attitudes and concerns about different societal issues.
  Presentation  Basic facts about HIV/AIDS.
               Women’s vulnerability.
  Activity 2  Exploring attitudes related to sex.
  Activity 3  Brainstorming on the spread of HIV.
  Presentation  Routes of transmission.
               How it infects?
               Stages in development of the disease.
  Activity 4  Who is at high risk?
  Activity 5  Problems of affected women.
  Presentation  HIV testing.
               Which Individuals should be tested for HIV antibodies?
Additional Information on HIV.
What is HIV?
HIV and progression to AIDS.
Presentation Major and minor signs found in a person who may have AIDS.
Activity 1 - Sharing feelings, beliefs, attitudes, and concerns about different societal issues.

**Purpose**
Enable participants to reflect on and share their feelings, beliefs, attitudes and concerns about different societal issues.

**Materials needed**
A set of 15 pictures or “posters”, each depicting a tense or dramatic human situation (the reason for which is not clear).

Examples - A heated argument between two people, family celebrating child’s birthday, a group meeting, a handicapped child, a young boy receiving money from a man (purpose unknown), a pregnant lady in pain, a boss shouting at his subordinate, a young girl struggling to carry a pot filled with water, an accident victim and an individual victim in deep reflection.

**Time needed** 45 minutes to an hour

**Methodology** 'Creativity Galore'

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**Facilitator’s Notes**
- Resemblance activity is designed in a light, non-threatening way.
- It is a preparation for more serious group reflection on issues which hold a direct bearing on the HIV epidemic.

**Steps**
1. Divide participants into three groups. Ask each group to select five posters. The participants can arrange them in any sequence they choose and create a story, which has a beginning, a middle and an end.

2. Participants should be encouraged to give names to the characters and to identify the community or village background against which the tale is set.

3. The stories could be humorous, tragic or sentimental and must be “true to life”.

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4. Once the groups are ready, they could be invited to narrate their stories using posters to illustrate the sequence of events. Alternatively, the stories could be acted out.

5. All participants are then asked to reflect on the extent to which there exist similarities or major differences in the stories created and to ponder over reasons behind the parallels and dissimilarities.

**Facilitator’s Notes**

- At this stage the facilitator should not expect to see a clear linkage between the stories and HIV/AIDS.
- The participants should rather have experienced the freedom to be creative and felt encouraged by the appreciative response of their peers.
- This heightened confidence to create will enable them to discuss HIV related issues at a later stage with greater ease and comfort.
Basic Information (Transparencies for Presentation)

HIV VIRUS

Human Immuno Deficiency Virus is the etiological agent of Acquired Immuno Deficiency Syndrome. It infects the T-4 cells of leading to a generalised weakness of the overall immune system. This makes the person vulnerable to a number of secondary infections such as tuberculosis, malignancies.

FACTS ABOUT HIV

- HIV (Human Immuno deficiency Virus) was first discovered in 1983-84 in USA. It was identified in a sex worker in Chennai in 1986. In the year 2000, a total of 34.3 million people were infected with HIV in the world and 3.97 million in India.
- HIV is responsible for AIDS (Acquired Immuno Deficiency Syndrome). Despite intensive research, a vaccine or cure for AIDS has not been found.
- HIV is present in all body fluids like blood, semen, vaginal fluid, mother’s milk, sweat, tears, saliva, urine etc. However, only blood, semen, vaginal fluid and mother’s milk are implicated in the spread of HIV. The concentration of virus in sweat, tears, and saliva is negligible. The virus destroys the T-4 cells which protect the immune system.

WOMEN’S VULNERABILITY

Women are more vulnerable to HIV because of cultural norms, economic dependence and health consequences.

WHY ARE WOMEN VULNERABLE?

Cultural barriers and vulnerability
- Most women are denied the right to make decisions about issues related to sex.
- Most women have no freedom to negotiate safe sexual practices.
- Most women are expected to be faithful to their partners.
- It is believed that use of condoms reduces sexual pleasure for men; many women are forced to have unprotected sex.

Economic vulnerability
- Women are not economically independent.
- Women cannot access medical facilities easily.

Biological / health vulnerability
- The risk of entry of HIV / STD into the body during sex through the sexual organs is greater in women compared to men. (Male to female transmission appears to be 2 to 4 times as efficient as female to male transmission).
- Women receive blood transfusions more often than men because of anemia, complications of pregnancy and childbirth, including unsafe abortions.
Activity 2 - Exploring attitudes related to sex

**Purpose**
Make them feel comfortable while talking about matters relating to sex and explore the difference in attitude which will exist in any group.

**Materials needed**
Cards with messages
Two cards - 1. acceptable 2. unacceptable

**Time needed**
30 minutes

**Methodology**
‘Value Hunt’

**Steps**
1. Ask participants to sit in a circle.
2. Give each participant one of the following cards. Instruct them not to disclose to others what is on their card.
   Examples - Oral sex, Living together without marriage, Anal sex, Homosexuality, Incest (having sex with one’s own parents / children / siblings), Masturbation, Extra-marital sex, Bisexuality (sex with both male and female), Sex before marriage, Intravenous drug use, same sex relationship (women with women), Sex with sex workers, Sex with animals (bestiality), Group sex, Watching blue films, Pornography.
3. Place two cards in the center at some distance: one reading “Acceptable”, the other “Unacceptable”. Explain to participants that these cards represent a continuum which ranges from totally acceptable to totally unacceptable.
4. Participants will take turns to read out the word or words on their card, say how they personally feel about that particular issue and then place the card somewhere in the continuum, where they feel it belongs.
5. After everyone has placed their cards, the group is invited to express their opinion on how the cards were placed and why. It is important to be non-judgmental when others share their point of view.
6. After listening to the views of other participants, explain to them that they can change the position of the card if they so desire.
7. Ask participants to share:
   a. How it feels to express their own values in the group?
   b. How it felt listening to others express their values?
   c. Did anything surprise them?

**Facilitator’s Notes**

- The purpose of the activity is not to achieve agreement in terms of responses to these different topics.
- It is instead to explore the differences in attitudes / values which will exist in any group.
Activity 3 - Spread of HIV

Purpose
Develop ability to identify various routes of transmission of HIV.

Materials needed
Black board / chalk pieces or Flip chart / marker.

Time needed
15 minutes.

Methodology
Audio-visual presentation, followed by brainstorming session.

Steps
1. The facilitator should inform the participants about the three major routes of transmission. (Transparencies for presentation.)

   Major routes of HIV transmission
   - Infected blood
   - Sexual contact
   - Infected mother to child

2. Ask each participant to explain how it is transmitted through each route.

3. Ask a participant to write the various responses on the board.

Basic Information (Transparencies for presentation)

   ROUTES OF TRANSMISSION
   Infected blood
   - Blood transfusion of infected blood.
   - Use of infected needles, syringes and other skin piercing instruments from the infected individual to others. Among IV drug abusers, reuse / sharing of infected needles and syringes by many people is very common.
Sexual contact (through infected semen and vaginal fluid)
- If one of the sexual partners had ulcers on the penis or in and around the vagina due to other sexually transmitted diseases (STDs) e.g. syphilis, genital herpes or genital warts HIV can spread faster.
- Anal sex is the riskiest form of penetrative sex because multiple injuries and tears are caused in the anal wall, which makes it easier for the HIV to enter the blood stream of the partner.
- Oral sex – when the mouth is used for penetrative sex – the amount of virus secreted in the saliva is relatively less, but there is still a certain amount of risk of infection. Similarly, the risk factor associated with deep kissing (French kissing) is less but the risk increases if there is bleeding gums and ulcers/ injuries in the mouth or ulcer on the penis for either partners.

From an infected pregnant mother to her child
The HIV passes from the infected mother
- During pregnancy through the placenta to the fetus.
- Through the mother’s breast milk to the baby.

How does it infect?
- HIV affects the white blood cells and destroys the T-4 lymphocytes. (Lymphocytes are like the army, essential for protecting the body from infection.)
- The infected person becomes susceptible to opportunistic infections and diseases like Tuberculosis.
- Affects nerve cells, causing neurological problems.
Stages in the development of the disease

- Window period – asymptomatic and seronegative – gets infected, appears healthy with no symptom.
- Asymptomatic and sero positive stage lasting from 3 months to 12 years.
- Total breakdown of the immune system resulting in respiratory, gastrointestinal, brain infections and cancer.
- Once infected with HIV, the person carries the virus in his or her body throughout his life.
Activity 4 - Who are at high risk?

**Purpose**

To provide knowledge on the degree of risk of transmission.

**Materials needed**

- Small slips of paper
- Bowl
- Three large cardboard circles - high risk, low risk, no risk

**Time needed**

15 minutes

**Methodology**

Circle sorting exercise

**Steps**

1. Take small slips of paper and place them in a bowl. Depending on the size of the group the slips are marked as high, low or no risk of infection.

   Examples - Multiple sexual partner, Casual unprotected sex (without using condoms), Sex with a faithful partner, Sex with male or female sex workers, Having sex under the influence of drugs, Homosexual encounters, Using condom during every sexual act, Intravenous drug user, Celibate (abstinence from sexual activities), Persons who receive blood transfusion with untested blood, People needing multiple blood transfusions due to haemophilia, thalassaemia, etc, Unprotected sex with a woman who is menstruating, Breastfeeding by a HIV positive mother, Ear piercing in a public place, Sharing shaving blades, A woman donating blood, Using disposable needles, HIV tested blood for transfusion, Tattooing.

2. Ask the participants to divide themselves into teams (pairs or triads).

3. Keep three large cardboard circles, labeled “high risk”, “low risk” and “no risk” respectively.

4. Pass the bowl around and ask each team to pick one slip and decide in which of the three circles it should be placed: high, low, or no risk.

5. Invite each team in turn to read its statement aloud for the benefit of other participants and to place the slip in the circle it considers appropriate. In doing so, the team members concerned should justify why they chose that particular circle for placing their slip.

6. The ‘floor’ is now open for other participants to agree or disagree with the team’s choice of circle.

7. The proponent team should feel free to transfer its slip to another circle if it decides to change its mind following a group discussion.
8. Invite the participants to set aside slips which may require further discussion, in cases where there is no consensus or the participants need more information.

**Facilitator’s Notes**

- The facilitator does not take sides or act as a final judge in the case.
- He encourages the participants to critically examine their points of disagreement by raising appropriate questions for further reflection.
Activity 5 - Problems of affected women

**Purpose**

Develop an understanding of the problems experienced by women and ways to handle them.

**Materials needed**

Caselets, black board, chalk pieces

**Time needed**

20 minutes.

**Steps**

1) Ask the participants to divide themselves into three groups.
2) Provide a caselet to each group.
3) After discussion, ask one participant from each group to write their responses on the board.

**Caselets**

a) Ahalya was diagnosed as HIV positive recently. She was furious after she got to know that her husband was unfaithful to her. To compound her misery, she had to look after her sick husband.

What kind of emotional state would Ahalya be in?
What kind of support does she need?

b) Sudha who is HIV infected, lost her husband - a prosperous businessman. She has no children. Sudha’s husband, an AIDS victim died without leaving a will.

What kind of legal problems would she face?
What kind of support would she need?

c) Usha and Ashok got married without their parents’ consent. Two years after their marriage, Usha came to know that Ashok was HIV positive. As of now, Ashok does not have a steady job.

What kind of problems would Usha face?
What kind of support does she require?
Facilitator’s Notes

Ahalya

Ahalya needs
- Emotional support to accept her HIV status.
- Counselling to deal with her emotions.
- Physical support with regard to taking care of her husband.
- Financial support.
- Social support.

Sudha

Legally Sudha is eligible for half the wealth and her husband’s parents the other half. Since she has no issue, parents-in-law may be reluctant to give her the financial support she needs.

Sudha needs
- Legal support to establish her right over her husband’s property.
- To be rehabilitated into gainful employment.
- Medical support to deal with her HIV related issues.
- Emotional and social support.

Usha

Usha needs
- Counselling to deal with the issue of HIV.
- Protection from HIV.
- Immediate financial help.
- Medical support for Ashok.
- Moral and social support from extended family and friends.
- Employment for Ashok and Usha.
HIV Testing

- Two tests are available: Elisa and Westernblot.
- If the person is tested positive in Elisa, Westernblot is done for confirmation.
- Elisa testing facilities are available in government hospitals and in many private laboratories in cities and towns.
- The tests are done free of charge in government hospitals. In private laboratories, Rs. 100 - 300 is charged for Elisa test and Rs. 600 - 1,000 for Westernblot.

Who should be tested for HIV antibodies?

- Individuals who have had many sexual partners.
- Individuals who have had sex with sex workers, male or female.
- Individuals with STDs.
- Men who have had sex with other men.
- Individuals who share needles for drug use.
- Individuals who have had a blood transfusion in the last five years; and
- The sexual partners of all those mentioned.

One cannot get HIV through

- Normal social contact like shaking hands, hugging, sharing plates, cups, glasses.
- Using public toilets, swimming pools, public transport like buses, trains.
- Insects, bugs, mosquito bites.
- Sneezing, coughing.
Important points to remember

- HIV infection can be prevented.
- HIV infection is life long and the infected persons remain infected for life.
- There is currently no known cure for AIDS. Only symptomatic relief from the illness is available.
- At present there is no immunization available against HIV infection.
What is HIV?

Our body is like a fortress, with a very efficient defence / immune system. The first line of defence is the skin, mucus membrane, etc. They ward off the surface dangers the body could be exposed to. If the infective agents get under the surface, the WBC (White Blood Cells) and lymphoid tissues like tonsils, spleen, lymphatic system etc. attempt to fight it. If it persists, then the acquired immunity system takes over. Antibodies are produced to vanquish that particular infection.

- The essential ammunition the WBC system contains is the T-4 lymphocyte or helper T- cell.
- The T-4 cells are produced in the spleen and bone marrow during the foetal stage, infancy and childhood.
- The T-4 cells keep circulating in the lymph and blood, during which they pass through the thymus gland.
- The gland acts like a computer and programmes the T-cells to identify self cells belonging to one's own body and foreign cells from foreign bacteria, viruses and other germs.
- The T-4 cell not only recognises anything foreign but also gives the command to the rest of the immune system to go ahead and attack the foreign organisms.
- The T-4 cell has a projection on its wall into which the HIV agent fits like a key fits into a lock.
- On impact, the T-4 cell unwillingly starts producing viral particles. Thousands of HIV are produced in one T-4 cell and the T-4 cell bursts, releasing these viruses which then go on to attack other T-4 cells.
- As the number of viruses in a person's body increase, the number of T-4 cells decrease, and slowly but surely, the immune system is destroyed.

What happens when a person is exposed to HIV?

It is important to establish the fact that exposure to the virus may or may not lead to infection. Many factors such as the route of infection, the quality, quantity of virus and some as yet unknown causes play a part.

HIV and Progression to AIDS

Window period - asymptomatic and sero negative

After being infected, the HIV positive person may develop mild flu-like symptoms - fever and cough or even diarrhea. These symptoms are mild and usually disappear after a few days. Although the person is capable of spreading HIV infection to others, he appears normal and has no medical problems.
Until about three to six months, he is said to be in the window period. Even though he is carrying the virus and can spread the infection, it is not possible to detect it through a blood test. Even if he is tested, he may only be reported as HIV negative, despite the infection.

**Asymptomatic and sero positive**

An asymptomatic stage occurs when no symptoms are noticed. Between six and 12 weeks after infection, the body produces antibodies against the virus. This period lasts from three months to 12 years. When a blood test is taken, the HIV virus is found.

**AIDS - symptomatic and sero positive**

It takes 5-12 years after the infection for illnesses associated with HIV infection to appear. The person may begin to show signs of illness such as generalised swelling of the lymph nodes, particularly at the back of the neck and armpits. Other signs such as weight loss, prolonged diarrhea, unexplained fever lasting more than a month and fungal infection in the mouth appear. Breathlessness, fatigue, night sweats, persistent cough and recurring skin infections may occur.

Since by this time the immunity system has totally collapsed, he is unable to resist the infection. Therefore, any opportunistic infection can set in and become life threatening. Some of the common infections are:

- Lung infections - Pneumonia and Tuberculosis.
- Gastro-intestinal infections - fungal infection, severe diarrhea.
- Brain infections causing severe headaches, fits and dementia.
- Cancers - skin cancer (Kaposi Sarcoma, non Hodgkin’s lymphoma and primary lymphoma of the brain).

The person dies in about 6 months to two years.
Facilitator’s Notes

Major signs
- Weight loss greater than 10% of body weight.
- Fever for longer than one month, intermittent or continuous.
- Chronic diarrhea for longer than one month, intermittent or constant.

Minor signs
- Persistent cough for longer than one month.
- General itchy dermatitis (skin irritation).
- Recurrent herpes zoster (shingles).
- Oropharyngeal candidiasis (fungus infection in the mouth / throat).
- Chronic progressive and disseminated herpes simplex infection (viral infection which is malignant).
- Generalised lymphadenopathy (swelling of lymph glands).

If two major signs and one minor sign are found in a person, he has AIDS.

(Reference - WHO Manual on HIV/AIDS)