

Additional Information

Women's Vulnerability to HIV/AIDS

Basic Information

Basic Facts

- HIV, the virus responsible for AIDS was first identified in India in 1986.
- In India, 3.97 million people are estimated to be infected with HIV.
- The virus destroys the T-4 cells which protect the immune system.
- HIV is found in blood, semen, vaginal fluid, and mother's milk.

Women's cultural vulnerability

- Most women have no right to make decisions about sex.
- Most women have no freedom to negotiate safe sexual practices.
- Most women are expected to be faithful to their partners.
- The choice of sex practices is often the man's prerogative.

Economic vulnerability

- Not economically independent.
- Can not access medical facilities easily.

Biological and Health Vulnerability

- Male to female transmission more efficient.
- Women receive blood transfusion more often than men.

What is HIV?

- 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 fetal 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 and foreign bacteria.
- The T-4 cell gives command to attack 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 increases, the number of T-4 cells decreases and slowly but surely, the immune system is destroyed.

Major routes of transmission

- Infected blood.
- Sexual contact.
- Infected mother to child.

Infected blood

- Through blood transfusion.
- Use of infected needles, syringes and other skin piercing instruments.

Sexual contact

- Penetrative sex when one partner has the virus.
- Anal sex.
- Oral sex.

Infected pregnant mother to child

- During pregnancy, through the placenta to the foetus.
- Through the mother's 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.
- AIDS - symptomatic - signs of illnesses appear - swelling of lymph nodes, weight loss, prolonged fever and diarrhoea.
- Total breakdown of the immune system resulting in respiratory, gastrointestinal, brain infections and cancer.

Major signs

- Weight loss greater than 10 percent of body weight.
- Fever for longer than one month, intermittent or continuous.
- Chronic diarrhoea 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.
- Generalised lymphadenopathy (swelling of lymph glands).

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

- It is a preventable illness.
- HIV infection is life long and the infected persons remain infected and infectious for life.
- There is no cure for AIDS. Only symptomatic relief from the illness is available.
- At the moment there is no immunization available against HIV infection.

Sexually Transmitted Diseases

The Way They Affect Women

Reasons why STDs remain hidden

- Men who are aware of their STD status often hide it from their partners.
- There is a fear that if one is detected to have STD, she will be labeled as one with “loose morals”.
- Many sexually transmitted infections in women are asymptomatic, hence there is no urge to seek health care.
- Many women have limited understanding and awareness of sexual and reproductive health. Thus, even in the presence of symptoms, these are frequently ignored or not associated with STD.
- Home remedies are seen as adequate treatment as women feel awkward to discuss issues related to sexual activity.

Some facts about STDs

- Sexually transmitted diseases are caused by germs.
- STD is spread through sexual contact with a person who has STD.
- Even a single sexual contact with an infected person is sufficient to cause STD.
- STD may be present with only one symptom or many symptoms or without any symptoms.
- STDs are curable if early and effective medical care is obtained.

Commonly seen problems in men with STD

- Genital ulcer / pimple or a rash.
- Discharge from urethra.
- Pain or burning sensation while passing urine.
- Blisters on and around the genitals.
- Swelling in the groin and scrotum.

Commonly seen problems in women with STD

- Some may not have any symptoms.
- Pain in the lower abdomen.
- Vaginal discharge / burning micturation / itching in genital region.
- Ulcers or blisters around the genitals and swelling in the groin / lymph nodes.
- Low back pain.
- Irregular menstruation with either scanty or excessive bleeding.

- Still birth if pregnant.
- Discharge from eyes in new born.
- Infertility.

Symptoms of syphilis

- Boil or ulcer on the genitals or extra genital ulcers.
- Rash in the whole body.
- Painless enlargement of local lymph nodes (groin).

Symptoms of gonorrhoea

- Acute urethritis in male (burning sensation while urinating).
- Urethritis and cervicitis in female.
- Abscess.
- Urethral stricture.
- Smelly discharge.

Symptoms of chancroid

- Multiple ulcers which are tender on the genitals.
- Pain on the penis.

Treatment for STD

- Consult a medical practitioner followed by medical examination and laboratory testing.
- Take medicines prescribed by the doctor without fail. Complete and continue the treatment even if symptoms disappear.
- Not to have sex till all the symptoms disappear or the course of medication is completed. In case, there is a need to have sex, use condoms.
- Inform the sexual partner and refer her for treatment.
- In case the symptoms persist, contact the medical practitioner for an evaluation.

Relationship between STDs and HIV

- The predominant mode of transmission of HIV and STD is sexual.
- Many STDs significantly enhance the acquisition and transmission of HIV.
- Many of the measures for preventing the sexual transmission of HIV and STD are the same.

Partners of Alcohol / Drug Abusers Equally Susceptible to HIV

Alcohol and HIV

- Heavy alcohol / cannabis use can reduce the number of white blood cells which are responsible for fighting infection leading to reduced immunity level.
- Those clinically diagnosed as alcoholics appear to be more prone to bacterial infections and certain forms of cancer.
- The individual's vulnerability to being infected with HIV increases if exposed to the virus.
- In those already infected with HIV, alcohol can speed up the course of the disease.

How does alcohol consumption increase the risk of being infected with HIV through sex?

- Alcohol disinhibits the person and this leads to high risk sexual behaviour (sex without condoms, anal sex etc.)
- Alcohol acts as a depressant, affects perception and motor co-ordination which interferes with the sexual act.
- Alcohol impairs the ability to process negative consequences of an action.
- Heavy use of alcohol over a period of time impairs sexual performance, and the person engages in risky behaviour like visiting sex workers to check his virility.

Drug use and HIV

- One uses another person's syringe and / or needle after he has used it.
- While pooling their money to purchase drugs, injectors jointly prepare and share drugs.
- Fluids are mixed without actually passing a syringe and/or needle from one person to another.
- Injectors prepare their own drugs but use injection paraphernalia, such as water, cookers, cottons, and spoons, that others have used.

Drug related risky behaviors leading to problems

- Impaired judgment leading to high risk sexual practices.
- Exchange of sex for drugs.
- Sharing of drugs and drug paraphernalia.
- Illicit drugs carry bacterial and fungal contaminants.
- Drug users have poor nutrition and have many medical problems.

Injecting drug users may be out of contact

- Services are geographically inaccessible.
- Services are irrelevant to their needs.
- They do not seek help or do not perceive that they need it.
- They fear the consequences of giving up drugs totally.
- They are marginalized by their lifestyles.
- Services are not proactive in seeking clients.

Community based outreach involves

- Identifying and making contact with target population in their natural environment.
- Establishing rapport with the target population.
- Providing information about risky behaviors.
- Promoting safe behaviors.
- Enlisting commitment to behavioral change.

Outreach prevention programmes provide

- Information on risk behaviors.
- Risk reduction methods.
- Materials for the literate.
- Referrals.

Hierarchy of risk reduction strategies for IDUs

Stop using drugs.

Stop injecting drugs.

If injecting practice continues.

- Never reuse or share drugs or drug paraphernalia.
- Use needles and syringes from reliable sources.
- Use new sterile syringe, sterile water.
- Clean the injection site with alcohol swab.
- Safely dispose off syringes after use.

Harm Reduction Methods

Needle Exchange Programmes

- Distribute sterile needles and remove contaminated ones.
- Provision of bleach.
- To provide a point of contact with IDUs for dissemination of Information Education and Communication (IEC) material about safer injecting and prevention of sexual transmission.

The aims of drug substitution

- To lessen the risk of contracting or transmitting HIV / AIDS.
- To reduce health consequences due to IV drug use-cellulites, abscesses, hepatitis etc.
- To switch users from black market drugs of indeterminate quality, purity and potency to legal drugs of known purity and potency.
- To minimize the risk of overdoses.
- To switch from an injected to a non-injected substance.
- To reduce hazardous drug use e.g. sharing injecting equipment, polydrug use, injecting crushed/ filtered tablets.
- To reduce the need for addicts to commit crimes to support their drug habits.
- To maintain contact with drug users.
- To provide counselling, referral and treatment.
- To help drug users stabilize their lives and reintegrate with the general community.

Role of Family in Relapse Prevention of Addicted / HIV Affected Individuals

What is relapse?

- Relapse is a process, not an event.
- Starts in the mind of the patient.
- Shows itself in a progressive pattern of behaviour.
- Relapse is preventable.

What are the relapse warning signs?

Changes in attitude

- No efforts / commitment towards sobriety.
- Becoming too negative about life / pessimistic.
- Impatience.
- Tunnel vision.
- Overconfidence.
- Open rejection of help.

Changes in thought

- Thinking that "I deserve drugs".
- Thoughts about substitution drugs like alcohol or marijuana.
- Denial and resistance to change.

Changes in feelings

- Increased moodiness or depression.
- Strong feelings of anger and resentment.
- Increased feelings of boredom and loneliness.

Changes in behaviour

- Increased episodes of disagreement with others.
- Skipping self help meetings.
- Visiting drug taking friends.

- Displaying visible signs of stress
- Threatening to use drugs to have his own way
- Talking about pleasures associated with drug use

Relapse symptoms	Specific methods
Thoughts about the pleasures associated with drugs	Remind oneself about the worst Drug taking episode Recite serenity prayer repeatedly.
Fear and anxiety	Living life one day at a time. Praying to a higher power.
Loneliness leading to depression	Making efforts to develop friendship with recovering addicts Developing interest in leisure time activities Spending time with family members taking medical help for depression.
Anger and resentment	Let go (of the past) and let God Sharing the pent up emotions openly without hurting others
Impatience	'I should always do my best' living life one day at a time.
Self-pity	Instead of looking at the closed door, look for many more windows. Instead of asking 'why', think of 'how' to deal With issues.
Compulsive behaviour	Involvement in healthy recreational activities.
Impulsive behaviour	Discussing decisions small or big with people at home / friends / colleagues. Postponing implementation of the decision taken, at least for 24 hours.
Tunnel vision	Leading a balanced life Spending time with the family and playing with children. Reading, gardening, visiting relatives / friends.
Over confidence	Prioritize issues First things first.
Open rejection of help	Family to take the initiative to contact self-help group members.
Progressive loss of daily structure	To have a structured plan of activities - adequate rest, regular for work and time for recreation. Visiting the treatment center, attending Self-help meetings on a regular basis.
Visiting drug taking friends to have fun	Developing friendship with self-help group members and non drug taking friends.
Return to drug use	Approach the treatment center / self-help groups for help.

Coping plans to prevent relapses in HIV patients

Stage 1 - Awareness of HIV as a personal risk factor

Challenge: Responsibility vs. harm

Coping plans

- Accept personal vulnerability to HIV.
- Recognize that sexual addiction compounds problem.
- Learn about safe sex and practice it.
- Strengthen sobriety to avoid high risk behaviour.

Stage 2 - Deciding to get tested and interpreting the results

Challenge: Courage vs. avoidance

Coping plans

- Deal with anxiety about being tested.
- Receive pre and post test counselling.
- Deal with shame and guilt related to past high risk behaviour.
- Renew commitment to change high risk behaviour and stay sober.
- Develop coping plans before learning the results to prevent relapse.

Stage 3 - Learning to live with an HIV positive diagnosis

Challenge: Taking charge vs. denial

Coping plans

- Learn about potential triggers for relapse such as negative emotions.
- Reassess priorities in life.
- Develop a support system.
- Follow a healthy lifestyle.

Stage 4 - Encountering opportunistic infections

Challenge: Hope vs. despair

Coping plans

- Identify opportunistic infections early.
- Deal with depression and anger to avoid relapse.
- Remain hopeful.

Stage 5 - Dealing with multiple chronic illnesses and the possibility of death

Challenge: Self determination vs. loss of control

Coping plans

- Accept the unpredictability of late stage AIDS.
- Avoid taking alcohol / drugs to relieve pain.
- Learn about available treatment options.
- Make use of self-help groups.

Guidelines for counsellors

- Assess patient's current and past use of drugs and alcohol.
- If the patient is tested positive, assess the relapse risk factors.
- Help him to develop a plan to deal with negative emotions without using alcohol / drugs.
- Encourage the efforts taken by the patient to remain sober.

Role of family

Enabling factors

- Learn about the symptoms of relapse.
- Be alert in recognizing warning signs.
- Bring the symptoms to the attention of the spouse.
- Approach the treatment agency / self-help group.
- Listen with empathy when the spouse shares problems.
- Emphasize the need for follow-up and self-help group meetings.
- Provide hope and support.
- Appreciate improvements made.

Factors hindering recovery

- Suspicious and not trusting.
- Lack of communication with the spouse.
- Treating him like a child, giving him instructions.
- Criticizing about what had happened in the past.
- Complaining about spending time with self-help members.
- Not providing cash even for basic needs like coffee/ tea.
- Checking for presence of drugs / alcohol in his personal belongings.
- Having very high expectations, too soon in recovery.
- Criticizing minor setbacks.

HIV/AIDS - Preventive and Supportive Counselling

What is HIV counselling?

An ongoing dialogue and relationship between client and counsellor with the aims of

- Preventing transmission of HIV infection.
- Providing psychosocial support to those already infected.
- Handling the feelings of spouses (tested positive or negative).

Issues in pre-test counselling

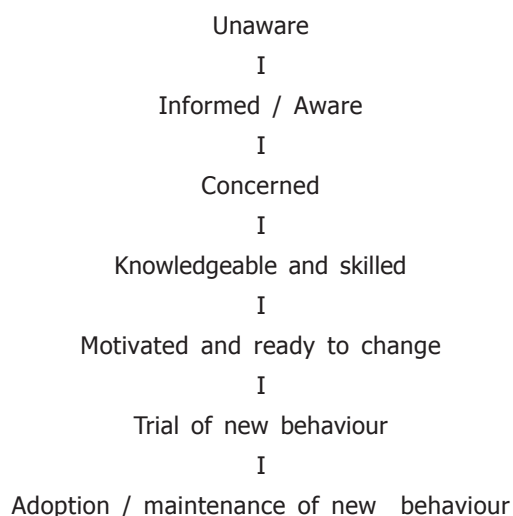
The initial counselling should include a discussion on.

- the meaning and potential consequences of a positive or a negative result.
- behaviour change to reduce the likelihood of infection or transmission to others.

Steps in pre-test counselling

- Establishing rapport.
- Assuring confidentiality.
- Exploring high risk behaviour.
- Assessing knowledge regarding HIV/AIDS and clarifying myths.
- Assessing specific life situations (job, marriage, pregnancy, etc.).
- Explaining the test - window period, positive, negative result.
- Explaining how the test will help the individual.
- Discussing implications of who should know the result.
- Assessing client's ability to cope.

Steps in behaviour change



Counselling - Negative result

- Ensure that the 'window period' has been taken into account.
- If in 'window period', discuss need for subsequent test. Discuss safe practices.
- Emphasize that negative result does not mean protection from infection in future.
- Discuss risk reduction methods and update HIV related knowledge.

Counselling - Positive result

- Break bad news tactfully so that client can handle it without serious psychological consequences.
- Strengthen emotional resources to enable him to cope.
- Handle issues related to spouse, family and children.
- Discuss and plan for healthy pattern of living and help him assume responsibility for his health.
- Discuss measures to prevent further transmission.

Steps in post-test counselling

- Ensure that the implications of positive HIV test result is understood.
- Discuss feelings about being infected.
- Provide support to deal with these feelings.
- Discuss plans for the immediate future.
- Establish a relationship with the person as a basis for future counselling.
- Schedule appointments for medical evaluation and follow-up counselling.
- Counsel partner if possible.

Possibility of an emotional crisis

- Intensely threatened.
- Completely shocked and caught unawares by whatever is happening.
- Emotionally disturbed due to helplessness.
- Emotionally paralyzed because there does not seem to be any solution to the problem.

Partner notification

- In case of HIV infected partner, helps prevent transmission to others.
- In case of uninfected partner, helps protect oneself from getting infected.

Guidelines for partner notification

- Respect the human rights and dignity of the HIV client and the partners.
- Be non-coercive and non-prejudicial.
- Maintain strict confidentiality of all information concerning both the client and the partners.
- Inform the possibility of HIV exposure, without identifying the index person.

Negotiating Skills for Women to Enable Them to Assert Their Rights

Aggressive behaviour

- Focusing only on one's own needs with no concern for others.
- Forcing others to do what one wants and ignoring others' needs.
- Hurting others by words or actions.
- Believing that only rude language and shouting works.
- Saying 'no' in a hostile and sarcastic manner.

What happens if you are aggressive?

- You hurt others by your words or actions.
- You become insensitive to other's feelings.
- You may get things done at that point of time, but people will start avoiding you.
- Relationships become strained.
- When you have a problem, support will not be available to you.
- You will feel lonely.

Passive behaviour

- Always giving into others' requests and putting pressure on oneself.
- Saying 'yes' when one wants to say 'no'.
- Feeling that one is being "used" and "ignored".

What happens if you are passive?

- You will allow others to manipulate you and you feel pushed around because you have not learnt to stand up for yourself.
- You get easily hurt by what others say and do and constantly inhibit yourself.
- You often feel miserable and don't know why.
- You don't use your full potential and therefore feel inferior.

Assertive behaviour

- Feeling comfortable in expressing one's needs and feelings.
- Being able to say 'no' without affecting the relationship.

Benefit of being assertive

- Reduces anxiety.
- Helps in developing self confidence.
- Reduces fear in interpersonal relationships.
- Helps to gain self respect.
- Avoids exploitation and manipulation.
- Helps to deal with fear, anger and depression appropriately.

Legitimate rights of women

- Right to do anything, so long as it does not hurt someone else.
- Right to make decisions about your life - choose goals, establish priorities and pursue dreams.
- Right to your own values, beliefs, opinions and emotions - respect yourself for them and not depend on opinion of others.
- Right to maintain your dignity (even if the other person is unhappy about it) and be assertive, if you feel you are being manipulated.
- Right to make a request to others, as long as you realize that others have the right to say 'No'.

What prevents a person from being assertive ?

- Social fears (fear of being disliked or rejected).
- Internal fears (anxiety, anger, low self-esteem).
- Not knowing how to respond in situations firmly and comfortably.
- Not being aware of one's rights.

How do you become assertive?

- Stand up for your rights.
- Build up a good self image.

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- Practice saying 'No' to unreasonable requests verbally and non verbally.
 - Display appropriate body language.
 - Express yourself firmly and clearly.

Effective Negotiation Skills

Communicating to arrive at an agreement / compromise

- Separating the people from the issue.
- Be soft on people and hard on issues.
- Recognize other's real needs and interests.
- Generate a variety of options to arrive at a solution.
- Work within mutually agreed upon standards of fairness.

Before entering into negotiation

- Be clear about the outcome one prefers.
- Express preference clearly with supporting statements.
- Listen to identify common interests and possible options.
- Know what one is willing to give as well as what one would like to receive.

Helpful hints for negotiation

- Determine how to broach the issue with your partner (humor/ concern/ discuss an article...).
- Choose the right time and place.
- Decide on thoughts and emotions you want to convey.
- Identify what you and your partner agree on.
- Describe what needs to be compromised.
- Visualize the process / steps of the discussion before you talk.
- Imagine all possible outcomes and think about which are acceptable and unacceptable.
- Practice role plays beforehand to improve negotiation skills.

Home Care for the HIV Affected

Legitimate problems of care givers - spouse and girl children

- Financial hardship when the breadwinner falls sick.
- Oppressive workload - taking care of the sick person and managing the household.
- Secrecy and fear of disclosure leading to lack of support from other members of the family.
- Guilt resulting from inability to meet the needs of children.
- Isolation, insecurity and fear of the future.

The role of the family

- Giving emotional support, love and care.
- Helping with daily chores at the time of sickness.
- Providing relief for minor illnesses.
- Support to handle fear of death and make plans for the future.

How does awareness help the family?

- Understand facts and overcome fears.
- Reduce stigma and discrimination.
- Increased motivation to provide care and support.
- Identify and manage AIDS related illnesses.
- Know when and where to seek help.
- Protect themselves from infection.

Facts the family should know

- What is HIV-AIDS?
- How HIV is transmitted (and how it is not transmitted)?
- What can they do to prevent the transmission?
- Problems / symptoms commonly associated with AIDS.
- Recognize and take care of emotional and physical problems caused by HIV infection and AIDS.
- Sources of help available

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- medical services.
 - counselling services.
 - vocational training.
 - spiritual guidance.
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- Support to lead as normal and satisfying a life as possible.
 - Know about legal and human rights.

Providing Care

Take care of physical needs

- Provide nutritious and well balanced meals.
- Ensure prompt medical treatment for opportunistic infections.
- Tune in to his needs as he may hesitate to ask for help.
- If bed ridden, help him change position often.
- Make sure that frequently needed things are easily accessible.
- Make sure the home is clean, bright and cheerful.

Recognize and meet emotional needs

- Respect his independence and privacy.
- Involve him in decisions related to his care. This makes him feel in control.
- Provide opportunities to help with family chores.
- Help him participate in common family activities.
- Encourage outdoor leisure activities.
- Encourage socialization by inviting friends.

Being supportive

- Recognize that he is trying to cope with intense negative feelings of anger, loneliness etc.
- Help him deal with his feelings.
- Take time to be a good listener.
- Show that you care.

- Demonstrate affection by touching, hugging etc. Touch is a powerful way of saying that you care.

How does the care giver protect herself?

- Ensure that hands are washed completely in running water with soap for at least 30 seconds.
- Wash palms, fingers, back of hands, knuckles, thumbs, finger tips and wrists.
- Use protective gears.
- Use a piece of plastic or paper, gloves or a big leaf to handle soiled items.
- When gloves are used, remove carefully ensuring that the exterior surface does not come into contact.
- Used gloves should be immersed in household bleach.
- Clean spilt blood immediately with a disinfectant such as bleaching powder.
- Protect abrasions and cuts in skin with water proof dressings / bandage / cloth.
- Keep all open wounds covered.
- Use apron or gown when soiling is expected.
- Use a mask when splashing is likely to happen.
- Not to share sharp skin-piercing instruments / toothbrushes, razors, needles, or anything else that can cut or come into contact with blood.

Providing care for someone who is dying

- Respect his wish, if he wishes to die at home.
- Give physical and emotional comfort.
- Protect him from problems that can make him feel worse.
- Respect requests for privacy.
- Permit him to talk and listen to his feelings.
- Assist him in grieving for, and coping with, the continuing losses he experiences.
- Help him prepare for death
 - Making a will
 - Handling relationships
 - Transferring responsibilities
- Openly talk about how the family will cope after his death to reduce his anxiety towards family's well being.

Family Support Groups

Similarities between addiction and HIV

- Both are stigmatized diseases.
- Others do not empathize or understand their pain.
- Secretiveness is high.
- Poor support from the extended family or friends.
- Both the patient and the family deny the problem and minimize its impact.
- Usually unwilling to change one's behaviour in spite of problems.
- Affect both the individual as well as the entire family.
- Pre-occupation with the problem resulting in neglect of family.

Membership Rules

- No qualification is needed other than the acceptance that one is affected.
- No membership fees.
- Anonymity safe guarded - name, address or other information not essential.
- Emotional support for growth and no offer of financial help or jobs.

Objectives of family support groups

- To share their experiences with, and offer strength and hope to others who have similar problems.
- To help solve problems arising as a result of addiction at home.
- To improve the family's emotional health and spiritual growth.

What happens in a meeting?

The members sit in a circle or in rows

- The meeting begins with the serenity prayer being said by everyone.
- The twelve steps and twelve traditions are read out.
- The person conducting the meeting asks one or more members to share.
- Members speak about themselves and not about the addict.
- Confidentiality is maintained.

Benefits of attending family support group meetings?

- Accept that addiction is an illness.
- Stop protecting him by covering up the consequences of his drug / alcohol use.
- Not to feel or give the impression that the addict is doing them a favor by not 'using' chemicals.
- Start communicating openly to the other family members about their concerns.
- Understand the need to look after their own needs and the needs of other family members.
- Accept that they are not alone and that help is available.
- Understand the need to get involved in healthy leisure activities.

What do the family learn to avoid?

- Hiding / throwing away alcohol / drugs.
- Arguing when the addict is under the influence of chemicals.
- Look for or ask reasons for alcohol / drug use.
- Punishing, threatening, bribing, lecturing or making emotional appeals.

Important slogans of family support groups

- One day at a time.
- First things first.
- Easy does it.
- Live and let live.
- Let go, let God.

Benefits for families of HIV affected patients

- Learning to live with a HIV patient.
- Handling the pressures of daily life.
- Dealing with feelings of loneliness, depression and powerlessness.
- Safeguarding oneself.

Safeguarding Families and Women from HIV/AIDS

Primary Prevention

Primary Prevention

Focuses on keeping people from becoming infected with HIV

- People who are at risk of HIV infection / their family members, but not infected.
- People who are unaware of the risk involved in their behaviour.

Secondary Prevention

- for persons known or considered likely to be HIV infected and their family members.
- providing information about availability of services.

Prevention Activities

- Individual level interventions - education and behaviour change.
- Group level interventions - peer education and interpersonal skills training.
- Community level interventions - change in attitude, norms and practices in high risk groups.
- Public information programmes - dispelling myths, reducing discrimination and promoting HIV intervention activities.

While on prevention work

Determine whether the behaviour of the individual is at high risk

- Help them understand and acknowledge the risks associated with their behaviour.
- Help them to identify their potential for changed behaviour.
- Continue to work with them to sustain their modified behaviour.

When talking about HIV, remember the following:

- Do not lecture - people want facts, not to be told what not to do.
- Be sensitive because AIDS can create fear.
- Be honest and accurate because AIDS is about choices.
- Avoid scientific and technical terms.
- Be prepared to answer questions on sex and sexuality, because these topics will definitely come up.

- If you do not know the answers to their questions, say you will find out for them, do not invent an answer.

Prevention through

- sexual route.
- mothers to babies.
- blood transfusion.
- injecting equipment.

Prevention through sexual route

- Staying in a mutually faithful relationship where both partners are uninfected.
- Avoiding sexual relationship with casual or unknown partners.
- Using a condom for all types of sexual intercourse (vaginal, anal or oral).
- Avoiding penetrative sex, for example by replacing with: masturbation, massage, dry kissing and hugging.
- Avoiding sex when either partner has open sores or a sexually transmitted disease (STD).

Prevention of transmission from mothers to babies

- Protecting women of child bearing age from becoming infected with HIV.
- Terminating the pregnancy.
- Anti retroviral therapy during pregnancy.
- Avoiding breast feeding.

Prevention of transmission through blood transfusion

- Blood transfusion to be avoided unless the situation is life threatening.
- Using HIV tested blood for transfusion.
- Using blood given by a voluntary donor or a known person who is not involved in any risk behaviour.

Prevention of transmission through injecting equipment

- Oral medicine to be given priority over injection.
- Using disposable needles and syringes, if not sterilized ones.

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- Not sharing any of the drug paraphernalia with others.
 - Maintaining universal precautions in case of service providers.

Needle stick injury

- Encourage it to bleed.
- Wash thoroughly with soap and water.
- Dress the wound.
- Provide access to VCT and counselling.
- Use anti retroviral drug therapy for post exposure prophylaxis.

Prevention programmes for different target groups

- Young girls
- Women
- Injecting drug users, families
- Sex workers

When working with young people

- Involve all groups that exert influence over young people - families, schools and peer groups.
- Address both sexual and drug-related risks.
- Take into account the diversity of needs of young people.
- Involve the young people in implementation.
- Work in a climate of openness that recognizes and respects the realities the youngsters face.
- Provide opportunities to address issues of gender.

When working with women

- Use a multifaceted approach that addresses economic and other needs (including poverty alleviation).
- Empower women to make choices with regard to sexual practices.
- Teach assertive techniques and negotiating skills.
- Address the need for improved health services.
- Acknowledge the support the women can provide to one another.

When working with injecting drug users

Focus on reducing the harm as well as total abstinence

- Adopt a multi pronged approach of detoxification, rehabilitation, substitution therapy, HIV-AIDS care, vocational rehabilitation, self-help groups and counselling.
- Eliminate risky injection practices through education, needle exchange and provision of cleaning supplies.
- Outreach, counselling and condom promotion.
- Encourage partner notification by HIV-positive drug users.
- Treatment of HIV and sexually transmitted infections for HIV-positive drug users.

When working with sex workers

- Acknowledge the wider concerns of sex workers which include social, legal and economic issues.
- Address the prejudices and stigmatization that sex workers face.
- Acknowledge the importance of empowering them to negotiate for safe sexual practices.

Six paths to empowerment

- Combat ignorance - make sure girls get educated.
- Provide women - friendly services.
- Develop female controlled prevention methods.
- Build norms promoting women's rights.
- Reinforce women's economic independence.
- Reduce vulnerability through policy change.