



# *Know Much More About HIV*

*Staying positive and healthy in the workplace*



**SAHADS** Southern Africa  
HIV and AIDS Information  
Dissemination Service



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# Why HIV is a concern in the world of work

## Purpose of this booklet

This booklet is for you. It's about keeping yourself healthy and able to work. It's written for men and women of all ages, and all sexualities, working in southern Africa.

Please read on, even though you already know things about **HIV** and **AIDS**! You may learn something new. And you will find important ways to help yourself, your family and your colleagues stay healthy.

Words in **bold** are explained in the glossary on page 47



### 1.1

## What has HIV got to do with your workplace?



There are many different things which affect how well you and your colleagues work, and how productive your organisation is. Among those many factors, the impact of the HIV epidemic is likely to be significant.

The effects of HIV in the workplace include:

- **If employees become infected** with HIV and do not access treatment, then HIV will, in time, badly affect their health and productivity, leading to severe illness and their eventual death;
- **Increased staff absenteeism and higher staff turnover** cause problems. These include stalled projects, missed targets, colleagues becoming overworked, managers spending too much time sorting out problems related to health issues, and lower morale in the workforce;
- **Staff costs tend to rise.** This is due to higher medical costs, more funeral expenses and death benefits, and increased recruitment and training costs;
- **Efficiency is also undermined** when staff are indirectly affected by HIV. For example, caring for sick relatives, or taking on responsibility for relatives' children, takes time and causes stress.

### Estimated HIV prevalence among 15-49 year olds in 2009

Mozambique	<b>11.5%</b>
South Africa	<b>17.6%</b>
Zimbabwe	<b>14.3%</b>
Zambia	<b>13.5%</b>

Source: UNAIDS Global Report 2010, page 181

However, we are not powerless against HIV. We can manage HIV in the workplace in three ways:

1. Support staff and their family members to **protect themselves from HIV infection**
2. Support staff (and sometimes their family members) who are HIV infected to **maintain their health and their ability to work.**
3. By **advocating for and creating a supportive working environment** that implements its HIV policy and operates a wellness programme, with peer educators, educational awareness campaigns and programmes for staff.

Large companies in southern Africa were among the first to demonstrate that it is possible to manage HIV in the workplace. They showed that it makes good sense for their staff and for their business. Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) has been supporting workplaces in the private sector and civil society to do the same. This booklet is part of that work.



## 1.2

### *What's in this booklet?*

**Section 2** covers basic information on HIV transmission, progression to AIDS, and treatments for HIV and the **opportunistic infections** that arise from it. It may be a useful reminder for you, even though you already know a lot. You can use the information there to work out for yourself if a certain situation has potential for HIV transmission.

**Section 3** deals with ways of preventing HIV transmission. This means both protecting yourself from getting infected, and stopping transmission of HIV to others.

**Section 3.1** goes beyond the usual ABC of HIV prevention, and gives you 14 different options for reducing the chance of HIV transmission through sex! You may find new options there that you can use.

**Section 3.2** concentrates on reducing HIV transmission from mother to child. It includes options for couples who want to get pregnant where one or both of them are infected with HIV.



*Section 3.3* looks at ways of maintaining health and preventing opportunistic infections

*Section 3.4* looks at ways of reducing HIV transmission through medical, cutting and injecting procedures. This section should also give you food for thought.

In **Section 4** we move on to the more general topic of valuing our health. HIV is not the only threat we face, and there is a lot we can do to increase our chances of enjoying good health and productive lives.

Lastly, in **Section 5** we set out the key ways in which we can create a supportive workplace for the benefit of all staff.

**SAfAIDS has been, and does support workplaces in the private sector and civil society to manage HIV in the workplace.**

## Basic information on HIV and AIDS

### 2.1

#### *What are HIV and AIDS?*

**HIV** is a virus. When HIV infects us it starts to reproduce itself, mainly inside our white blood cells (especially **CD4 cells**). These are the immune system cells which usually protect us from disease. This is how HIV makes our body weak.

We can stay healthy for many years while HIV quietly multiplies inside us.

Without treatment, for most people, HIV infection eventually results in **AIDS**.

The right treatment – known as ‘**antiretroviral therapy**’ or **ART** – can stop HIV from reproducing itself. Taken correctly, ART reduces the levels of HIV, so our immune systems can work properly, and keep us strong and healthy.

If we do not get ART, HIV keeps reproducing, and gradually weakens our body’s defences. After about five to ten years, we begin experiencing symptoms, such as weight loss and opportunistic infections.

When HIV-infection causes us to develop a number of opportunistic infections, cancers and other illnesses, we are said to have AIDS.

AIDS is not a single disease; it’s a syndrome - a group of particular health problems that make up a disease. Without effective treatment to bring the HIV levels down, one or more of these infections or illnesses will kill us.

### 2.2

#### *How is HIV transmitted?*

If we are infected with HIV, then HIV is present in our body fluids. However, only blood, breast milk, semen, and vaginal fluids contain enough HIV to infect other people.

The amount of HIV in our blood and body fluids – often called the **viral load** – varies over time. When we are first infected, it is very high and then it reduces for a time. When we get opportunistic infections or other illnesses, the viral load rises again. The likelihood of HIV being transmitted is higher when the viral load is higher.

HIV can only infect us if it gets into our blood. The possible routes are:

- **Through mucous membranes.** These are the wet tissues at the openings of our bodies, including the mouth, inside of eyelids, **vagina**, **foreskin** and head of the **penis**, and **anus**.
- **Directly into our bloodstream through damaged skin** (e.g. a cut or a sore), or via a procedure which cuts through the skin (e.g. an injection or surgery).
- **From our mother’s blood while growing in her womb**, or during delivery, or from her breast milk.

These three routes lead to a small number of ways in which HIV is transmitted:

*Unprotected sex with an infected person:* sexual partners who do not use condoms expose their mucous membranes to each others' body fluids (semen and vaginal fluids). This applies for vaginal, anal and oral sex.

*Blood from someone who is HIV infected entering another person's body:* This may happen if infected blood ends up on damaged skin, if unsterilised injecting or cutting equipment is used on more than one person, or if someone receives a blood transfusion, skin graft or organ transplant from an infected person.

*From an HIV-infected mother to her child:* HIV can be transmitted during pregnancy and delivery, and through breastfeeding.

## 2.3

### *How is HIV not transmitted?*

When thinking about other ways HIV could be transmitted, keep in mind these key points:

- HIV is only present in high enough concentrations to be infectious in the blood, breast milk, semen, and vaginal fluids of people who are infected with HIV.
- One of those body fluids has to find its way into another person's blood for HIV transmission to be possible. HIV does not travel through healthy, unbroken skin.
- The concentration of HIV rapidly reduces when HIV is exposed to air. Spilled blood, breast milk, semen and vaginal fluids can contain HIV, but as they dry, the HIV dies. HIV is also killed by the acid in our stomachs, by heat, and by disinfectants such as bleach.

#### **A note for young employees**

Everything in this booklet applies, whatever your age. However, there are a few extra points for you if you are young.

In southern Africa, more young women are HIV-positive than young men. This is partly due to biology; HIV can be transmitted more easily through a young girl or woman's **mucous membranes**. Young women also tend to have sexual partners who are older than them. These older men are more likely to be HIV-positive than young men with less sexual experience. If you are a young woman, bear these points in mind as you assess your options for staying HIV negative.

Compared to older employees, you young workers are less likely to be settled with a spouse and children. You may also experience peer pressure to be sexually active.

However, you may also be better placed to protect yourselves. It is often the youth who question social norms, and who create new expectations and better ways of doing things.

Be at the forefront of change!

Do what you can to develop more gender equal relationships, seek emotionally fulfilling sexual relationships, and take up the options to prevent HIV transmission.

From these three points it should be clear that HIV cannot be transmitted through:

- Breathing the same air
- Sneezing or coughing
- Swimming in the same water
- Everyday touching such as shaking hands
- Sharing utensils or furniture
- Sharing food
- Having a haircut (unless blood is transferred from one customer to another)
- Hugging
- Kissing (except 'deep kissing' by people who both have bad gum disease or sores or bleeding in the mouth)

HIV is also not transmitted by biting or blood sucking insects such as mosquitoes. This is because they inject saliva, and not blood, into us. Saliva can transmit other viruses, such as malaria, but not HIV.

Furthermore, HIV is not transmitted by other creatures. There are similar viruses which affect cats and primates (e.g. monkeys), but their viruses are harmless to us. Also, they cannot be infected with HIV, as it is only infectious to humans.

Importantly, AIDS is caused by HIV infection. It is not caused by witchcraft or poisoning. But because it is a syndrome, people with HIV can suffer from a range of illnesses.

## 2.4

### *Is there a cure?*

There is no cure for HIV infection or AIDS.

Once we are infected with HIV we cannot get rid of it. ART only reduces the levels of HIV infection in our blood. If we can get the right medicines, and take them correctly, as instructed, they can enable us to stay healthy and to live for much longer.

ART is not a simple fix, however. Once we start ART we need to stay on it for the rest of our lives. But it can be difficult to get this treatment and to maintain it. The medicines can cause unpleasant side effects.

ART can become ineffective if the medicines are not taken correctly, as instructed, all the time. This can result in the HIV getting stronger than the medicines we are taking (**drug resistance**), which will mean we need to take stronger medicines that are harder to get and more expensive.

ART may also be less effective if treatment begins when HIV has already caused too much damage to the immune system.

Recent evidence shows that it is better to start ART before the level of HIV in our bodies has caused too much damage to our immune systems, so early testing for HIV is important.

In addition to ART, there are medicines we can take to help our bodies fight opportunistic infections, as well as to prevent some of them occurring. Where people cannot get ART, these medicines can help to prolong their lives.

## 2.5

### *How can we know if we are infected with HIV?*

The only way to be sure that you are HIV positive or HIV negative is to have an HIV test. Unfortunately, too few people in southern Africa have been tested for HIV. Now that HIV treatment is available, a positive HIV test is no reason to fear.

Encouraging everyone to know their HIV status is something that we can all make happen in our workplaces. Have a ‘know your status’ campaign and help reduce HIV stigma and discrimination by creating a supportive environment where HIV positive employees can work openly with HIV. Your employer may even help by arranging for a mobile HIV testing clinic to visit, and having a test him or herself.



HIV is not 100% effective in its transmission. If we are exposed to HIV, we may not be able to tell if we have been infected or not for about three months after the exposure.

It takes time for our bodies to respond to HIV infection so that it shows up in an HIV test. During this **window period** HIV is multiplying rapidly, which makes it easier for us to pass HIV on to others. This means that during this time we are highly infectious.

Some people get symptoms of HIV infection in the month after infection. Common ones are flu-like symptoms, tiredness, rashes and swollen **lymph nodes**. However, not everyone gets these symptoms, and of course, they could also be caused by other things.

The only way to know for sure is to take an HIV test, and then, if it is negative, to test again after three months. Even if we test negative today, it is important to get retested regularly – just in case we have been exposed to HIV risk unknowingly.

## 2.6

### *How long does it take for HIV infection to become AIDS?*

Without ART, the global average is about ten years. However, this varies a lot.

Progression to AIDS is usually faster among people who get infected when they are over 40 years old. It is also faster in people who have other infections, such as the bacteria which causes TB, and parasitic worms. Poor access to medical care, low levels of nutrition and high levels of stress and worry also cause people to progress to AIDS more quickly.

The type of HIV is another variable. Although we talk of 'HIV' as one virus, there are two types of HIV and lots of subtypes. Some of them cause faster progression from HIV infection to AIDS.

The story overleaf illustrates the options which we all face in relation to the HIV and AIDS timeline. In each time period, Alice can test for HIV, or not. The longer she leaves it, the more illness she experiences.

Please note, the times shown illustrate a typical timeline for adults in southern Africa. However, some people may progress from HIV to AIDS more quickly or more slowly. The time line is shorter for children infected with HIV who do not receive ART.

See illustration on opposite page.

## 2.7

### *HIV and TB*

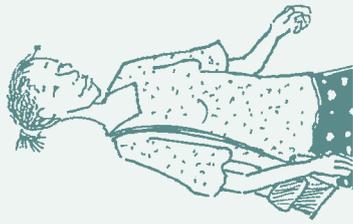
TB is one of the most common, and most serious, opportunistic infections in people who are HIV positive. It is often the first sign we may have that we are HIV infected.

TB is also the most common cause of death in people who have HIV, but TB can be cured, even if we are living with HIV.

#### *What is Tuberculosis (TB)?*

TB is an infectious disease caused by bacteria called mycobacterium tuberculosis. TB that affects the lungs is known as pulmonary TB, but TB can also affect almost every other part of our body, including the brain, kidneys, spine and joints.

TB bacteria are spread through droplets in the air, when someone who has untreated TB disease of the lungs or throat coughs, laughs, talks, sings or sneezes.

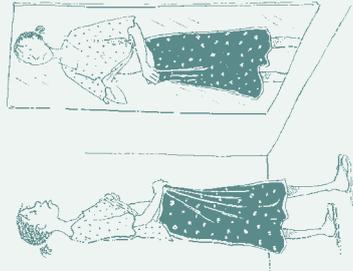


**The first 3 months of HIV infection:** Alice has some flu-like symptoms in the first few weeks. But a blood test would probably not show she has HIV infection, as her body has not yet responded to HIV.

**From 3 months to around 6 years:** Alice feels well, except for sometimes having swollen glands. The only way to discover she is HIV-positive is by taking an HIV test.

Alice takes an HIV test which shows she is HIV-positive.

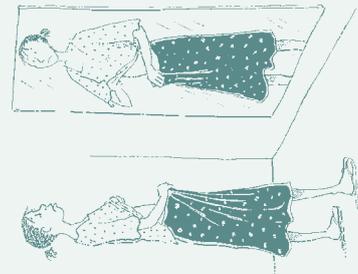
Alice goes for regular blood tests to monitor HIV's effects on her body. She starts treatment before her immune system is badly damaged by HIV, and so is able to stay healthy.



**After about 5 to 7 years:** Alice starts getting symptoms of HIV infection such as weight loss, tiredness, and rashes. Her work is suffering.

Alice takes an HIV test which shows she is HIV-positive.

Alice starts treatment. The symptoms go away, and her immune system recovers. She is back to her old self.



**After about 6 to 8 years:** Alice's symptoms are getting worse. She has a fungal infection in her mouth, and gets fevers and bad diarrhoea. She is often off work.

Alice takes an HIV test which shows she is HIV-positive.

Alice starts treatment and gradually recovers. Her recovery is much slower than if she had started treatment earlier. She has missed work, but is able to go back and play her part once more.



**After about 9 to 10 years:** Alice is often unwell. She has lost a lot of weight and keeps getting bacterial pneumonia and other infections. She is unable to work.

Alice takes an HIV test which shows she is HIV-positive.

Alice starts treatment and eventually recovers. She is fortunate: others in her situation have died. But she has suffered a lot. She also lost her job because she was unable to work for so long.



### *What is the relationship between TB and HIV?*

TB and HIV are two separate diseases but they act on each other in a way that worsens the health of someone who is infected with both diseases.

If we are living with HIV, we are more likely to develop active TB disease because our immune system has been weakened by HIV. TB also weakens the body and the TB is more likely to develop into serious illness more quickly. Because TB also weakens the body, it encourages HIV to progress more quickly.

### *How can we prevent ourselves from developing TB if we have HIV?*

If we are living with HIV we may be given medicines to prevent us from getting TB disease. This is called **prophylaxis**.

- Cotrimoxazole is a readily available antibacterial medicine that, taken regularly, can stop us developing TB, as well as other bacterial infections. People living with HIV are recommended to take Cotrimoxazole prophylaxis regularly if their CD4 count falls below 250
- Isoniazid is a medicine used in TB treatment and we may also be given it to prevent us from developing TB if we are HIV infected.
- Isoniazid preventive therapy (IPT) is also recommended for children under five who are in contact with someone with TB. If we have a health clinic in our workplaces, we can ask our health worker about IPT, or visit our local clinic.

## 2.8

### *TB and the workplace*

TB spreads quickly in overcrowded and poor living conditions, and also when our nutrition is poor. If we have close, prolonged contact with someone with active TB, we may also develop TB, especially if we are living with HIV.

Smoking, and being in work environments with a lot of dust and other particles in the air, also make TB infection more likely. We can discourage people from smoking in our workplaces, and see that employers provide protective masks for employees working in dusty or smoky environments.

We can make sure our workplaces are not fertile ground for TB to spread by:

- Keeping windows open and allowing air to move freely
- Making sure workmates and family members who are in close contact with anyone with TB get screened for TB
- Supporting a workmate we know is on TB treatment, to make sure they take their medicine as instructed and that they complete the full course, even if they feel better

- Covering our mouths with our arm when sneezing, or by coughing into our elbow and not our hands
- Keeping our immune system healthy, by eating well and exercising
- Washing our hands regularly under running water with soap or ash, especially if we have a cough
- Getting ourselves screened for TB and HIV regularly
- Always taking our TB medication as advised by our health care provider
- At home – by regularly hanging our bed linen in the sun.

### *Looking out for our children*

“If you see an adult with TB there’s going to be a child who’s exposed and at high risk,” says Anneke Hesseling<sup>1</sup>, yet many parents are unaware of the symptoms of TB in children. Evelyn Dodgen, the head teacher at the Brooklyn Chest Hospital School in South Africa<sup>2</sup> says,

“listen to the children when they tell [you] they’re sick - there are so many signs to look for: headaches, coughing, vomiting, not eating, and especially when they complain that they are so tired that they just want to sleep... If your child stays absent from school for three weeks, there is something wrong”.

Take this important information to your homes and discuss these issues with your workmates. Awareness of TB saves lives.

**If we are living in the same home or working closely with someone with active TB, we are at great risk of contracting TB – all family members and workmates should get screened for TB.**

<sup>1</sup> Director of the Paediatric TB Research Programme at the Desmond Tutu TB Centre at Stellenbosch University in Western Cape Province

<sup>2</sup> <http://www.plusnews.org/Report/95132/SOUTH-AFRICA-Children-with-TB-below-the-health-radar>

## Preventing HIV transmission

This section answers the following questions: How can we protect ourselves from becoming infected with HIV? And if we are already **HIV-positive**, how can we protect ourselves from further infection (with a different HIV sub-type) and prevent transmission to others?

### A note for people with less power than their sexual partners

If your partner has more decision-making powers than you in your relationship, it may be difficult for you to act on HIV prevention advice.

The good news is that some of the options we present here do not require your partner's agreement.

You may be able to test for and, if necessary, get treatment for sexually transmitted infections and other key infections (points k and l). You may also be able to apply lubricant to yourself before sex (see point g). These actions will reduce your likelihood of getting HIV and of giving HIV to others.

Staying in control (point n) will make you less vulnerable to HIV infection and other dangers. You might also consider testing for HIV infection, and accessing treatment if necessary (point j), without your partner's knowledge. And you may have influence over how many partners you have.

Perhaps with determination and support you can influence your partner to take up some of the other options. Power balances can shift.

**You have the right to protect yourself from HIV infection.**

It is not always easy or even possible to stick to these prevention methods in real life. But many of us can reduce our likelihood of becoming infected with HIV, or of passing HIV to others, and help our workmates to do the same. We know it can happen. The citizens of 33 countries - including Mozambique, South Africa, Zambia and Zimbabwe - managed to reduce their national rate of new HIV infections by more than 25% between 2001 and 2009<sup>1</sup>.

### 3.1

## Preventing sexual transmission

Sex is the main way in which HIV is transmitted in many regions of the world, including southern Africa.

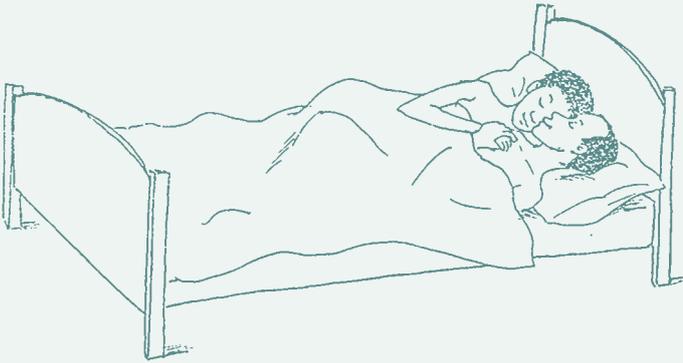
HIV is not transmitted in every sexual act involving someone who is HIV-positive. The risk for any one act may be low, but that depends on the type of sex, and on the viral load of the infected partner; but the probability increases with the number of times we have sex.

**Anal sex** has the highest risk, and **oral sex** has the lowest risk, with **vaginal sex** being in the middle.

Correct and consistent condom use is one of the best ways to prevent HIV transmission. Ask your employer to supply condoms (both male and female) in the workplace, whether in toilets, or through the clinic. They can even be given out with pay packets!

In this section we set out 14 other ways to reduce your chance of HIV transmission through sexual activity. You may not find them all acceptable, and you may not be able to use some of them, particularly if it is difficult for you to negotiate with your sexual partner. But the more you use them the more you reduce your risk of HIV infection. So please read on, and consider what combination of options you can use.

<sup>1</sup> UNAIDS (2010): Global Report: UNAIDS Report on the Global AIDS Epidemic 2010, [www.unaids.org](http://www.unaids.org)



### *Away from home postings*

Some employers are unaware of the risks they expose their staff to when they ask them to work away from their homes and their families. If travelling away from home for prolonged periods is common at your workplace, you can try and request that provision is made for

the employee's partner to travel with them, at least on some occasions, or when the period away from home is prolonged.

Other possibilities are that the employer provides for the employee or their partner/family to visit the 'away partner' from time to time, to reduce the strain and make it less likely that either partner will seek additional sexual partners.

Or if you are the employer, perhaps you can find ways of reducing the need for staff to work away from home, by setting up additional offices, or employing additional staff in other areas. As we have already discussed, HIV infection in employees is an additional, avoidable cost to the organisation. It makes sense to reduce that risk wherever possible.

Take action to cut your and your colleagues' chances of getting infected, or of passing on HIV infection!

### **a. Choose not to have sex**

If you would like to have sex but cannot without risking HIV infection, you could (if you control the situation) choose not to have sex. For example, when you travel away from home you could do so without seeking a temporary partner. Or if, when expecting to have sex using a condom you find you do not have a condom, you could choose not to have sex (or to have **non-penetrative sex** – see option 3.1c).

Some people believe they need to have sex regularly to stay physically healthy. This is not true. A man's sexual ability and health are not damaged if he does not **ejaculate** regularly. Nor are a woman's sexual organs and ability to have children affected if she does not have **sexual intercourse** regularly.

If you decide to use this strategy you may need to develop determination to do it, particularly if it means changing a long-standing habit, or going against pressure from your peers. Be clear in your mind why you are making the choice, and what the benefits to you and others are.

### A note for people who know their HIV status is different from their regular partner's HIV status

Your situation is very common. Blame and resentment will not help. The following suggestions may help:

- Try to develop the joint goal of keeping you both as healthy as possible (see Sections 4 and 5.2).
- Agree whether to disclose to others or not. The HIV-positive partner should have the final say.
- Use the options in Section 3.1 to do all you can to prevent HIV transmission.
- Use the options in Section 3.3 to protect future children from HIV infection.
- Keep talking to each other.
- Get couple counselling if you need someone to help you talk through issues.
- Don't allow HIV to define your relationship. You are still the same people; you can still love and take care of each other.

### b. Get sexual pleasure by yourself

Gaining sexual pleasure by touching yourself – also known as **masturbation** - has no HIV risk. There is also no chance of getting other **sexually transmitted infections** (STIs) or of creating an unintended pregnancy. We can all experience arousal and reach **orgasm** without involving another person.

This may be a suitable option for you if you feel the need for sexual pleasure but don't have a regular sexual partner, if you are working away from your partner, or if your partner doesn't want to have sex.

Sex by yourself is not the same as sex with someone else, but in some ways it can be better. You can respond to your own desires, at your own pace. You can use your imagination to think of your partner or any other ideas which are sexually stimulating and acceptable to you.

There are a lot of myths about masturbation, such as that it stops us from growing tall, harms our eyesight, or makes us weak. These stories are untrue and are often told to stop young people from exploring their bodies. Masturbating does our bodies no harm, unless it is done so much that soreness results. Many people do it, it's just that we don't talk about it.

This may not be an option for you if you feel that masturbation is not compatible with your religious beliefs. Most faiths discourage or forbid it. However, some faith groups regard masturbation as the best resort if the alternative would be to have sex outside of marriage or your stable relationship. Some religious authorities see masturbation as a way of handling different sexual needs within marriage; rather than forcing their partner to have sex, the partner with a greater sexual appetite can sometimes opt to masturbate.

### c. Have non-penetrative sex

HIV can be transmitted through sexual intercourse because it brings the partners' possibly infectious body fluids into contact with each other's mucous membranes.

Fortunately, we can be sexually intimate with another person and have orgasms, without penetration. We can even do this with our clothes on! We can use rubbing, touching and kissing to give pleasure, while keeping the key body fluids (blood, semen, and vaginal fluids) away from each other's mucous membranes. This mainly means not inserting the penis inside the vagina, anus or mouth. It does not matter if sperm or vaginal fluids touch healthy skin.

Non-penetrative sex allows us to experience sexual pleasure without the risk of getting HIV or of creating an unplanned pregnancy. You might find it is an acceptable way of being intimate with your partner before getting married. Or you can use it as a way of having sex

during your/your partner's menstrual bleed; this avoids contact with potentially HIV-infected blood. It can also be used if one partner does not want to have sexual intercourse; they can use their hands to stimulate their partner. However, to be effective in preventing HIV transmission, this option requires you both to limit yourselves to non-penetrative activities.



### A note for employees with alternative sexualities

Everything in this booklet applies, whatever your sexual orientation is. Here are a few extra points if you have sex with people of the same sex as yourself.

Unprotected anal sex is the most risky form of sex as far as transmission of HIV is concerned. The risk is highest for the man or woman who is penetrated.

Oral sex performed on a woman (mouth to her vagina) when she does not have her period (menstrual bleeding) has the lowest risk.

Much vulnerability for people with alternative sexualities is due to social norms about non-heterosexual sex. These may force us to hide our sexual preferences, to marry when we would prefer not to, or to feel guilt and self-hatred.

Do whatever you can to value your health (see Section 4) despite the pressures you face. Know your rights. Seek out people you can trust to support you. And, if possible, get information, support and STI and HIV testing and treatment from specialist providers.

### d. Use a male condom

Male condoms cover the penis and catch the semen and any fluids before ejaculation. They can be used in vaginal, anal or oral sex. If you use them, or persuade your partner to use them, they stop body fluids getting on to mucous membranes during penetrative sex. They also prevent pregnancy and transmission of STIs.

To use this option effectively you need to:

- get your partner to agree to use condoms;
- have a condom with you when you need it which is within its expiry date (this is printed on the packaging);
- if you are adding any **lubricant** make sure it is not oil based. Vaseline, for example, can damage condoms, whereas KY Jelly is safe to use;
- follow the instructions that come with the condom on how to use it.



You will probably find it easy to get hold of male condoms. You can buy branded condoms, or get free ones from health services, and perhaps in your workplace too. But you may need to overcome other issues before you use them regularly.

One key issue is about trust. For many of us, condoms are linked to promiscuity and sex work. The suggestion to use one can be understood as an accusation of unfaithfulness or promiscuity. Yet in many - perhaps most - situations, sexual partners do not know their own or their partner's HIV status. Having sex without a condom may demonstrate trust (rightly or wrongly), but it does not show respect for your own and your partner's health.

If you are a man, you may also not like the feeling of sex with a condom. Perhaps you could think about whether your dislike for condoms is greater than your dislike of becoming HIV-positive, or of passing HIV to your partner. Or you could try option 3.1f, using a female condom.

Here are some common excuses given for not using a condom, and some suggestions for how you might respond to a partner who gives them.

Excuses not to use a condom	Persuasive answers
It doesn't feel as good with a condom.	I'll feel more relaxed. If I'm more relaxed, I can make it feel better for you.
Don't you trust me?	It's not about trust. People can have infections without realising it.
I can't feel a thing when I wear a condom.	Maybe we should try ribbed condoms, they add to the sensation. And maybe you'll last even longer and that will be good for both of us.
I don't have a condom with me.	I do!
Do you think I'm a prostitute?	No! I think you're valuable, and worth protecting.
I never have sex using a condom.	I always do. No glove, no love.
It's up to him... it's his decision.	It's your health. It should be your decision too!
None of my other boyfriends use a condom. A 'real man' isn't afraid.	A 'real man' cares about his partner, himself and their relationship.
Condoms are too expensive.	How expensive is a pregnancy, STI or HIV?
You've got a condom with you? You were planning to seduce me!	I have one with me because I care about us both.
I don't stay hard when I put on a condom.	I'll help you put it on, that will help you to stay hard.
I'm on the pill, you don't need a condom.	I'd like to use it anyway. It will help to protect us from infections we may not realise we have.
Putting it on interrupts everything.	Not if we make putting it on part of the fun.
I guess you don't really love me.	It's because I love you that I want to make sure we're both protected.
Condoms feel too tight.	Let's try a different size or brand.
But I love you.	Then you'll help us to protect ourselves.
I will pull out in time.	A lot of pregnancies have happened that way! A condom is better.
Are you saying I have an infection?	No! But it's better to be safe than sorry.
But we've had sex before without a condom. What's changed?	That was a bad decision, afterwards I was worried. Let's not take chances from now on.
Just this once.	Once is all it takes.

### e. Use a female condom

Female condoms fit inside the vagina and catch semen during penetrative sex. There are several different designs, but each is a pouch with a ring or frame which rests just outside the vagina, to keep the condom in place. Some of them can also be used inside the anus, for anal sex. They are effective in preventing pregnancy and transmission of STIs, including HIV.

To use a female condom:

- get your partner to agree to use female condoms;
- have a condom with you when you need it which is within its expiry date (this is printed on the packaging);
- follow the instructions on the packet on how to use it.

Female condoms are more difficult to get hold of than male condoms, and are more expensive. Perhaps your workplace can provide them freely, or at low cost? They have the advantage that the woman can insert the condom before sex. This suits couples who don't want to interrupt sex to put on a male condom at the right time. It also puts women in more control, knowing the condom is in place at the outset. Unlike male condoms, the male partner does not have to withdraw the penis straight after ejaculation.



If you are a man who dislikes the feeling of wearing a male condom, you may prefer the more natural sensation of a female condom. If you are a woman you may also like the feeling of the female condom, as some users report that the outer frame stimulates the clitoris.

Brands you may find in addition to the ones shown are; the Female Health company FC2...Medtech

India condom: Reddy, VAmour, L'amour, VA WOW Feminine condom, and Sutra. Reality, Femidom, Dominique, Femy, Myfemy and Protectiv.



### f. Withdraw before ejaculation

A more risky alternative to non-penetrative sex is to withdraw the penis before ejaculation. If done in time, withdrawing stops semen from coming into contact with vaginal or anal mucus membranes.

There are several problems with this method:

- The penis is still in contact with the vaginal secretions, so HIV transmission to the man can still happen;
- Withdrawing does not prevent contact with the small amount of fluid that comes out of the penis before ejaculation. This fluid can contain HIV, though there is less of it than semen, so the risk of transmission is lower. HIV transmission from the penetrating man to his partner can still happen – so can pregnancy!
- Withdrawing is difficult to do, as it interrupts sex and depends on the penetrating man having good control over when he ejaculates. Many men do not have this control and ejaculate earlier than they expect to. For sex to be enjoyable they and their partners need to be confident that they can (and will) withdraw before ejaculation.

In summary, this option is better than having unprotected penetrative sex with ejaculation inside the vagina or penis. But it carries higher risks of HIV transmission (and pregnancy) than sex with a condom, or non-penetrative sex.

### **g. Have slippery sex**

It is easier for HIV to pass through mucous membranes and into our bloodstream if those membranes are damaged. Soreness and small breaks in the membranes can be caused by friction during penetrative sex. So slippery sex is safer.

Unfortunately, some men prefer their partner's vagina to be dry and so feel 'tighter'. And some people think that having a wet vagina during sex reflects badly on a woman's morals. In fact, it just shows that she is aroused, or at the fertile stage of her menstrual cycle. These two factors lead to women sometimes drying their vagina before sex. This decreases the woman's pleasure and increases the risk of HIV transmission.

The safe way for women to get a tighter vagina is through regularly exercising the relevant muscles. Doing this increases sexual pleasure for both partners. Men who exercise their relevant muscles can benefit from harder and longer erections. Strengthening these muscles also helps both men and women to avoid urine leaks.

To find the right muscles, when you are passing urine, stop yourself in mid flow (and then finish what you were doing!). Those are the muscles you need to focus on. To exercise them, repeatedly squeeze them up and in, and then relax them. You shouldn't hold your breath, press your legs together, or tighten your tummy, buttock or thigh muscles. Do this for five minutes twice a day. You should notice the difference after a couple of months.

If you or your partner have experienced discomfort due to friction during sex, take action to stop it. Try to talk about it. A wet vagina is natural (the wetness helps sperm swim, and so increases the chances of pregnancy). Make sure the woman is sexually aroused before penetration; you may find this results in enough lubrication through vaginal fluids. Or try buying some lubricant such as KY Jelly. You can apply it before or during sex. You should find that slippery sex feels more pleasurable, in addition to reducing the risk of HIV transmission.

## h. Have fewer sexual partners

If you have sex without using a condom, then your chance of being exposed to HIV increases as your number of sexual partners increases along with the number of times you have sex. The number of people you might transmit HIV to also goes up in line with your number of partners.

The risks increase if you or your partners have concurrent sexual partners – that is, having two or more sexual relationships that overlap in time. This is because when someone is first infected with HIV, they are highly infectious during the first month or so. One person can easily pass HIV to their partner, who then passes it on, and so HIV spreads within that sexual network.

There are a lot of different and complicated reasons why people have more than one sexual partner. If you are in this situation, do your best to reduce the number. Or perhaps you can reduce the risk by using options 3c) to f) above.



## i. Have only one partner

To protect ourselves from HIV infection the safest number of partners is zero. However, that's not acceptable to many of us. Having just one partner is the next best thing.

If you are able to be faithful to (only have sex with) one person you will reduce your chance of exposure to HIV. However, your partner could already be HIV-positive, so it's important to have an HIV test together before having unprotected sex. This still won't protect you if they become HIV-positive after you've tested. Unless you only have non-penetrative sex together, or always use male or female condoms, you will not be wholly protected.

If you have only one partner but want to reduce the risk of HIV transmission further, consider getting tested for HIV and options c) to f).

## j. Test for and treat HIV infection

If you don't know your HIV status, you can take the important step of getting confidential counselling and an HIV test to find out. You will probably need a second test, after three months, to spot any HIV infection which has happened recently. Your workplace may have a health clinic, or be able to link you with good providers. Alternatively, suggest they ask a mobile testing unit to visit the workplace at regular intervals.



Knowing your status is useful for HIV prevention in three key ways:

- Finding you are not infected can help you develop more determination to try and stay HIV-negative.
- Finding you are HIV-positive may help you develop resolve not to transmit HIV to others.
- Finding you are HIV-positive is crucial if you are to manage HIV and protect your health. If you are not yet ill, get your status monitored so that you can get treatment as soon as you need to. If you already have symptoms, get ART to get better. Getting treatment helps HIV prevention because taking ART lowers our HIV viral load and so makes us less infectious so starting ART is now recognised as a method of HIV prevention.

Of course, you also want to know the status of your sexual partner(s). Suggest you go for HIV testing with your regular partner. Couple counselling and testing can help you communicate and respond as a team, whatever the results of the tests.

It is worth seeing if your employer can assist with the cost of ART, either through a company scheme or clinic (for larger employers) or by assisting employees to join medical aid/health insurance packages that cover the costs of ARVs and the other blood tests that people living with HIV need.

### **k. Test for and treat other sexually transmitted infections**

Being infected with other STIs makes it easier for HIV to be transmitted. STIs cause changes in our bodies, including breaks in our skin or mucous membranes, which make it easier for us to get HIV. They also increase the risk that we will transmit HIV, by greatly increasing the amount of HIV in semen and vaginal secretions.

Many STIs have symptoms, such as soreness, unusual lumps or sores, itching, pain when urinating, or an unusual discharge. However, we can have STIs without knowing. This is more common for women.

If you have any STI symptoms, go and get treatment. Don't delay! Aside from the increased risk of HIV transmission, STIs can be very unpleasant and even dangerous to your health. Fortunately, they can be treated quickly and effectively. Be sure to access formal medical treatment; 'cures' from informal healers are very unlikely to work.

If you do not have any symptoms you can still get tested for STIs to check if you do or do not have any infections. Getting a hidden infection treated is a positive step you can take to reduce your risk of getting or transmitting HIV.

### **l. Test for and treat other key infections**

In addition to STIs, some other key infections make our bodies more susceptible to HIV infection. This is because they attack our immune system, and so make it harder for our bodies to resist HIV, or because they cause damage to membranes, making it easier for HIV to get into

our blood. These key infections also make us more likely to pass on HIV by raising our viral load. TB has already been discussed in detail in section 2.7.

You can reduce your chances of getting or passing HIV by making sure that you and your sexual partner(s) are not infected with the following:

- malaria and
- tuberculosis
- worm infections
- lymphatic filariasis (also known as elephantitis)
- schistosomiasis (also known as bilharzia and snail fever)
- roundworm, hookworm and whipworm



### m. Get circumcised

Male circumcision involves removing the foreskin (the fold of skin which covers the head of the penis). HIV can enter through the mucous membrane on the inside of the foreskin, and the foreskin creates a moist place where HIV can survive for longer than if it is exposed to air. Removing the foreskin removes these factors and is a straightforward outpatient procedure. It may also cause the head of the penis to become tougher and therefore more resistant to HIV infection.

A circumcised man who has unprotected sex with someone who is HIV-positive is less likely to get infected. However, the risk is not zero, and is still higher than if he had instead opted to wear a condom. Once a man has been circumcised, he should still use condoms to protect against HIV infection.

It's important to know that circumcision does not reduce the chance of HIV-positive men transmitting HIV to others, especially if they have unprotected sex before the wound has fully healed.

If an HIV negative man has unprotected sex before the circumcision cut is fully healed, the risk of infection is increased.

Circumcision must be done in a formal medical setting. You want it to be done well, using sterile equipment, and with a low risk of complications.

You should be aware that this procedure has risks; the most common complications are excessive bleeding, infection and excessive pain. The number of men experiencing complications depends on many things, including the skill of the staff, the quality of the equipment they use, and the standard of hygiene.

We should also stress that there is no medical benefit to any form of female circumcision or genital cutting. In fact this is associated with a raised risk of HIV transmission due to use of unsterile tools and bleeding following the procedure. The more extreme forms cause bleeding during sex and lead to serious health problems.



## n. Stay in control

One of the reasons that people drink alcohol and take illegal drugs is that these substances change our mood and make us feel more relaxed. Unfortunately, these substances also make us less able to work out what is happening around us, and to make good choices for our safety.

You may make excellent decisions to prevent HIV transmission when you are sober, but forget them when you are drunk or under the influence of other drugs. You may also be less able to persuade your sexual partner to use a condom, and be more likely to become violent. Here are some suggestions for staying in control:

- Know your limit and stick to it. You may be able to operate reasonably well with a low to moderate intake, but lose control beyond that;
- Avoid social occasions where you are put under pressure to use alcohol or drugs;
- Avoid socialising with people who overuse alcohol or drugs, and nurture friendships with people who do not;
- Stop using alcohol or illegal drugs altogether;
- Develop interests that do not involve alcohol and drugs.

## 3.2

### *Preventing transmission through cutting and injecting*

Here we discuss how you can avoid the risk of HIV infection through medical procedures, cutting and injecting. We don't know how much HIV transmission happens in these ways, but some analysts think that in some countries it may be significant.

#### **a. Reduce your risk of infection from skin-piercing and other situations with potential for HIV transmission**

Use your understanding of how HIV can and cannot be transmitted (see Sections 2.2 and 2.3) to take action, when necessary, to reduce risks.

For example:

- If you or someone else is bleeding, cover the wound to prevent the blood getting into a cut on another person.
- If you are sharing an implement to break skin (e.g. using a needle to get splinters or jiggers out) then sterilise it before and after each person (this is good practice anyway, to reduce the risk of other infections). Use tweezers to hold the needle in the side of a flame, and then allow it to cool.
- If you use a razor, don't share it, and ask your barber to use a new blade.
- If you are having body piercings, make sure the equipment used is either new, or properly sterilised.
- If you have sores on your scalp (e.g. from hair straightening chemicals), don't share your comb. If you are going to the hairdressers when you have sores, boil your comb and take it with you.

## b. Get formal health care

Staff in medical settings, including dentists, should use standard precautions to minimise the risk of exposure to pathogens, including HIV.

As a patient, you should expect medical staff to:

- wash their hands before treating you;
- wear gloves if touching any blood, body fluids, secretions, mucous membranes or broken skin;
- put on new gloves when moving between patients;
- use bedding and equipment which is not soiled with blood or body fluids;
- use a new disposable needle and a new disposable syringe for any injections (watch the staff open the packs);
- use sterilised reusable injecting and surgical equipment where disposable equipment is not available or suitable (ask if it has been steamed (autoclaved) or boiled to make it sterile).



If you observe staff not keeping to these standards try talking with them to explain your concerns, complain to the managers, or change to a different health provider.

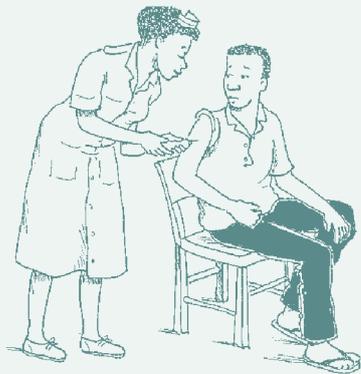
Although HIV deteriorates when exposed to air, it can survive for more than a month inside a syringe. That's why it's important to use new or sterilised needles and syringes.

If you are having an injection such as a local anaesthetic or vaccine, check that a new sterile needle and syringe is used every time liquid is taken from the bottle (including if the same person gets two doses). If you can't be sure, request a new needle and syringe and a single-dose bottle, or that you get the first dose from a multi-dose bottle.

### c. Have fewer injections

Despite the use of standard precautions in medical settings, there may still be risks of infection, particularly if supplies are unreliable and staff are overworked. You can reduce your possible exposure by requesting alternatives to injections. For example, instead of regular injections of hormones, use other forms of contraception.

Injections are frequently used in Africa partly because patients think they are more effective than a pill or drink. Yet most treatments are just as effective if taken in tablet or capsule form instead of injected, and this carries no risk of infection. Unless you are unconscious or vomiting a lot, you should take all of the following by mouth:



- vitamins;
- glucose;
- Paracetamol and other medicines to reduce temperature;
- most pain-killers;
- treatments to stop diarrhoea or vomiting;
- medicines to treat asthma;
- most antibiotics (with a few exceptions, such as penicillin);
- treatment for most STIs (with a few exceptions, the most common being syphilis).

### d. Reduce your risk of infection from drug addiction

If you are addicted to a drug which you inject into yourself you are at a high risk of HIV infection. This is partly because you need to inject frequently. Also, addiction tends to outweigh other concerns; it's more important to inject the drug than to worry about sterile equipment. And because HIV is transmitted very efficiently when people use the same, unsterile equipment, HIV rates tend to be high among injecting drug users. Remember, HIV can survive for over a month inside a syringe.

The way to eliminate this risk is to tackle your addiction. If you cannot do that, try to lower your risk of infection in the following ways:

- Get support to reduce how frequently you are injecting;
- Switch from injecting to other ways of getting the drug into your body, such as smoking or sniffing;
- Switch to a prescribed substitute, taken as a pill or liquid;
- Use a new, disposable needle and syringe every time you inject. Do not let anyone else use them, and dispose of them safely;
- Disinfect the needle and syringe using clean water and bleach before you use them and before anyone else uses them. This is not as good as using new disposable equipment (which is sterile), but it reduces the amount of HIV and other viruses.

### e. Refuse unsafe treatment in non-medical settings

Informal providers such as unqualified dentists and traditional healers may not follow the standard precautions to protect you and them from infection. Watch out for any treatment they propose which could be unsafe. Avoid any cutting or injecting.

If you agree to treatment involving cutting or injecting, you could supply the equipment yourself. Buy disposable equipment and dispose of it safely afterwards, so that it cannot be reused. If you cannot use new disposable equipment, ensure that any reused equipment is boiled, or washed and heated in a flame, to sterilise it.

### f. Reduce your chance of becoming infected with HIV from blood transfusion

If you receive a transfusion of blood from someone who is HIV-positive, you are almost certain to become infected with HIV.

The chance of getting an infected transfusion is low if two conditions are met. First, all blood donations are from unpaid volunteers with low risk behaviours regarding HIV. Second, all donations are tested for key infections, including HIV. If these conditions apply where you live, then you are very unlikely to get HIV through a blood transfusion. For example, Zimbabwe has very strict regulations for taking blood donations and HIV infection via blood transfusion is very unlikely in that country.

Unfortunately these conditions are hard to meet in places where there are too few regular blood donors, no facilities to store blood, stock-outs of testing kits, use of expired or badly stored kits, power cuts and staff shortages. In situations when there is no safe blood in stock, blood may be taken from family members and others at the scene and transfused without being screened.

If this is the situation where you live, there are some things you can do for yourself and your family members:

- Try to reduce the chances of needing a transfusion. Protect yourself and your children from malaria and get any malaria treated early; malarial anaemia is the main reason for children under five receiving blood transfusions. If you are pregnant, get tested for anaemia, and avoid it by taking iron supplements and folic acid.
- Refuse a blood transfusion if it is not essential or if other options are available. For example, there are better treatments for patients with anaemia who are clinically stable, yet many of them are given transfusions because they are seen as a 'quick fix'.
- If a transfusion is essential and there is no screened blood available, try to find lower risk donors.



- If you are pregnant or know you are going to be having surgery in the future, you may be able to pre-deposit your own blood in advance. Then, if you need a transfusion during labour or surgery, you receive your own blood.
- Use the best quality health care you can get access to.

### **g. Ensure you are not at risk when donating blood**

Blood donors save lives. If you know you are not infected with HIV, or if you have a low risk (based on the screening questions asked of donors), then you can help others by donating blood.

Make sure you are not putting yourself at risk of infection (including HIV) by insisting that staff use new, disposable needles, tubes and collection bags when taking your blood. Watch them open the packets.

If disposable equipment is not available find out whether the reused equipment has been properly sterilised – either boiled or steamed (autoclaved). You do not have to donate if you are not convinced it is safe.

## **3.3**

### ***Preventing mother-to-child transmission (MTCT)***



HIV can pass from an infected woman to her child as the baby grows inside her, as the baby is born, or while she breastfeeds the baby.

Between 20% and 35% of babies born to HIV-positive mothers become infected with HIV if no preventative action is taken. This section outlines how you can greatly reduce your chance of having an infant who is infected through mother-to-child transmission.

#### **a. Before you conceive**

The fundamental thing men and women can do to prevent mother-to-child transmission of HIV is to try to not get infected with HIV. Your future children will not get HIV from their mother if she is HIV-negative.

If you are planning to get pregnant, go for HIV testing with your partner. If neither of you is infected with HIV, do what you can to stay negative.

If one of you is infected with HIV and one is not, do what you can to stop you both becoming positive. It's quite common for partners to have different results (called serodiscordancy), even if they have been faithful to each other for many years. Or perhaps you are both HIV-positive, in which case you both need to protect yourself from re-infection. However, to get pregnant if the man is the one who is HIV positive, then his partner must expose herself to the risk of HIV transmission. Here are the steps you can take to make the risk as small as possible:

*If the woman is HIV-positive:*

- The no risk option is to conceive without having unprotected sex; first the man ejaculates into a container or condom, second, use a plastic syringe (with no needle) to put the sperm as high as possible in the vagina. This should be done as close as possible to the time the woman is ovulating - about 14 days before her next period (bleed) is due, when vaginal secretions are thin and slippery. Alternatively, the man can lower his chances of acquiring HIV through unprotected sex by getting circumcised (and then not having sex at all until the wound is healed).

*If the man is HIV-positive:*

- Ideally, the man should begin ART before the couple attempt pregnancy, as the resulting reduced viral load will make HIV transmission to his partner less likely.
- Make sure you only have unprotected sex on the days when your partner is most likely to conceive - about 14 days before her next period (bleed) is due, when vaginal secretions are thin and slippery. The rest of the time you should use condoms correctly and consistently when you have sex.
- Make sure the female partner does not have any cuts or abrasions on her genital parts as these could facilitate the entry of HIV.

**Note:** If the male partner is suffering from an opportunistic or other infection, you should delay attempting pregnancy either by unprotected sex, or using the syringe method, until he is fully recovered. This is because the viral load tends to increase when someone is unwell, and the level of virus in the semen will also be correspondingly higher.

### A note for men

Please don't skip this section thinking it's only about "women's stuff". While it is women who carry and deliver babies, preventing mother-to-child transmission involves men and women! We all share the responsibility of protecting our future children from HIV infection.

You have a direct role to play by:

- negotiating that you and your partner find out your HIV status;
- working together to protect yourselves from HIV transmission;
- supporting your partner to access treatment if she is HIV-positive;
- supporting her to follow medical advice during her pregnancy and after the birth.



Regardless of which partner is HIV-positive, or if both are:

- Both partners should go for STI testing and, if necessary, get STI treatment;
- Any partner on ART must be taking their medication correctly and not be suffering from any illnesses or infections;
- Get regular viral load tests, and only have unprotected sex if it has been very low for several months;

## b. During pregnancy

If you or your partner is pregnant be sure that you both get tested for HIV infection. You may be scared to do this, but if you are HIV-positive and pregnant you can get treatment that can reduce the risk of your child being HIV-positive to below 5%<sup>1</sup>.

If you are both HIV-negative, do your best to stay uninfected. Use condoms correctly and consistently every time you have sex during the pregnancy and while breastfeeding

If the man is HIV-positive, use all possible options to prevent HIV transmission to the woman, including starting ART if the man's health is poor. Use condoms correctly and consistently every time you have sex.

If the woman is HIV-positive, there are two possibilities:

**Prevention of mother-to-child transmission programmes** (PMTCT) are being implemented in all southern African countries. The medicines and methods of treating may be different, but all are very effective. Make sure the pregnant woman is registered on a PMTCT programme as early on in her pregnancy as possible. Start (or continue) ART: You may be advised to start ART immediately if your immune system is already damaged. (If you are already on antiretroviral therapy, you should continue with it, but check with your antenatal clinic that the medicines you are on will not harm your baby.)

**Take ARV prophylaxis:** If your immune system is still strong, then it is too early for you to begin antiretroviral therapy. However, you can use antiretroviral medicines to reduce the chances of HIV infecting your child as it grows and during labour. The WHO 2010 guidelines for PMTCT suggest that all pregnant women take ART once their CD4 count is 350 or below. If the CD4 count is still above 350, then the woman is advised to begin ART from the 14th week of pregnancy if possible, until after birth, and to continue if she is breastfeeding, until the end of the breastfeeding period. However, it is still worth taking them later in your pregnancy, or even when you are in labour.

<sup>1</sup> WHO (2010): Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants: Recommendations for a public health approach, [www.who.int](http://www.who.int)

### c. After giving birth

If the mother has been given ART purely for PMTCT and her CD4 count is above 350, there is no need for her to continue taking ART once she stops breastfeeding, unless the current guidelines change. However, she should continue to be monitored in case her CD4 count drops below 350. If the mother's CD4 count was below 350, then she needs to continue taking ART for her own health, for life. Do your best to stick to the treatment you are given, and to attend appointments to monitor your health.

If you or your partner took ARV prophylaxis during pregnancy, keep taking them until a week after you stop breastfeeding.

Breastfeeding is the best possible start for babies, especially in southern Africa, where there are many serious diseases, as well as malnutrition, that can affect newborns. Breast milk includes important antibodies from the mother that protect the baby from many severe diarrhoeal infections. However, it does carry the risk of HIV infection. Using baby formula has no HIV risk, but causes other problems if unclean water, unsterilised bottles or too little formula is used.

All women (whether HIV positive or not) are advised to breastfeed exclusively for six months, and then to add in other foods alongside breastfeeding for a further six months.

If the risks from using formula milk are low and adequate supplies and sterilising equipment are available, you may opt to use formula feeding.

In either case, babies born to HIV positive mothers should be given antiretrovirals for the first nine months of life or until breastfeeding stops. The baby's ART dosage will need to be altered as the baby grows, so it is important to keep in touch with your health service provider.



## 3.4

### *Preventing HIV infection with post exposure prophylaxis (PEP)*

If you are HIV-negative and think you may have been exposed to HIV, especially in cases of rape, you may be able to get post-exposure prophylaxis, known as PEP. This means taking a course of ARV medicines in order to try to stop HIV from getting into your body's cells, and so stop you from becoming infected with HIV.

To be effective, you must start taking PEP drugs within 72 hours of the possible exposure. You must also keep taking them exactly as instructed for a full month, even if you experience side-effects such as feeling sick, being sick, diarrhoea, tiredness, and generally feeling unwell.

If you think you may have been exposed to infection, you will need to ask for PEP as it may not be offered automatically. Also remember that PEP is not totally effective. You will need to have an HIV test three months after the exposure to see if it has worked.

If there is a risk of HIV exposure in your workplace, such as with nurses, safety officers, or tasks where there is a likelihood of workers getting cut, your workplace should provide you with PEP. They should be able to link you with medical providers who can prescribe PEP.

### 3.5

## *ART as prevention*

Antiretroviral treatment works by reducing the HIV viral load. This has huge benefits for us if we need to take ART; as the amount of HIV in our blood goes down, allowing our immune system to recover and work more effectively to keep us healthy.

The other significant benefit is that we become less infectious. As ART lowers the viral load in our blood, breast milk and semen or vaginal secretions, the chance that HIV can be transmitted from us to another person is greatly reduced. ART also has a substantial effect in preventing HIV-associated tuberculosis (TB).

So taking ART is not only about preserving ourselves, it is also about protecting others. By taking ART properly, or supporting others to stick to their treatment, we are helping prevent HIV transmission.

In 2010 the guidelines for when to start ART were changed so that people would begin ART earlier<sup>2</sup>, at a CD4 count of 350 or less. It's possible that they may change again, to an even earlier start on ART. This is because research shows that an even earlier start prevents the viral load rising, and greatly reduces the chance of HIV transmission. However, it is not known what the long-term effects of this would be on the people taking ART, as the medicines themselves can have many side effects.

If you are part of a serodiscordant couple, (this means one partner is HIV negative and the other is HIV positive) it is now recommended that the HIV positive partner should start ART, regardless of their CD4 count or viral load, in order to reduce the likelihood that they will infect the HIV negative partner.

<sup>2</sup> When the CD4 cell count is less than 350 cells/mm, regardless of symptoms, and in all in all people living with HIV who have active TB or chronic active hepatitis B disease whatever their CD4 cell count (WHO (2010): Antiretroviral treatment for HIV infection in adults and adolescents, [www.who.int](http://www.who.int)).

So far we have been talking about HIV infection. But, of course, there are many other health problems and other issues that can affect you and your colleagues.

This section looks at what you can do to seek good health, for yourself, your family members, your work and your colleagues.

We mostly believe that having good health is part of a good quality of life. So why then do we often fail to value our health?

- We may think of health as a matter of luck, or of fate. There is some truth in this, but it is not the whole story. There is a lot you can do to increase your chances of staying in good health.
- We might think our health is in God's hands, and so beyond our control. Prayer may be an important way in which we seek good health, or assistance for bad health. But most faiths also encourage us to use our bodies carefully and with respect. Trying to be healthy, and seeking medical help when we are unwell, are in keeping with having faith.
- We may simply take our good health for granted. We focus on trying to deal with the problems we have now, not preventing potential future ailments. This is understandable, but we also need to take steps to maintain good health in the future.



There are many other reasons. But if we are to protect ourselves from illness and to recover well when we are ill, we need to learn to value our health. This means developing the following beliefs:

- that we are important, as individuals, and within our networks of relatives, workplaces and communities;
- that our health is important;
- that it is worthwhile to invest time and money in our health;
- that using modern medicine is a key strategy, whether or not we also use other strategies, such as traditional healers, faith healers, complementary therapies and self-treatment.

We need not stop at valuing our own health; we can also act to increase the chance that our partners, children and colleagues enjoy good health. Although this section addresses you, you can use the ideas not only for yourself, but also to support others to seek good health.

## 4.1

*Seek physical and mental health*

We are more likely to have good health if we seek it. Here are some suggestions:



**Eat well:** Within your budget, try to eat a variety of foods, including lots of fresh fruit and vegetables, carbohydrates (brown rice, brown bread, roller meal, mealie porridge, sadza, ncima, pap, samp, potatoes and pasta), and some protein (beans, lentils, soya, nuts, eggs, fish and meat). Eat fat, sugar and salt in moderation. Avoid junk food, fizzy drinks and a lot of sugar. To make sure you get all the necessary vitamins and minerals, you should try and eat a variety of fruit and vegetables of different colours; red, orange, yellow and dark green leafy vegetables.

**Get enough sleep:** Try to have a routine time to go to sleep and to get up, and aim for eight hours sleep a night in a darkened room.

**Get some exercise:** Your heart is a muscle which works best if it gets a good workout a few times a week! Try to do something which raises your heart rate so that you are out of breath for 30 minutes or so a few times a week. It could be sport, or other physical activities such as gardening, or walking fast while carrying shopping!

**Don't smoke:** It is very bad for your health, and for others who breathe your smoke.



**Be a healthy weight:** Too much body fat increases your chances of developing health problems, including high blood pressure, heart disease, stroke, diabetes and some types of cancer. If you are overweight, only eat until you feel satisfied, reduce the fat and sugar in your meals, cut out snacking between meals, and take more exercise.

**Prevent illnesses:** Do what you can to protect yourself from infections. For example, practice good hygiene (always wash your hands after using the toilet and before cooking or eating, use malaria prophylaxis or bed nets impregnated with insecticide, and drink boiled or filtered water where possible. **If you know someone has a contagious infection, support them to get it treated.** When you suffer from colds and flu, make sure you wash your hands regularly with soap or ash and try and sneeze or cough into your elbow or shoulder, rather than into your hand.

*Seek happiness:* Research from around the world<sup>1</sup> suggests these things are important if we are to be happy, regardless of our wealth;

- Do things for other people - it makes you feel good and builds stronger relationships;
- Value and develop your relationships with others, both with close family and other relationships, such as with your workmates and friends;
- Appreciate the world around you; notice what's good in your life today;
- Try new things. It's good to be exposed to new ideas and to learn something new;
- Have realistic goals to motivate yourself and to gain a sense of achievement (but not unrealistic ones, which cause stress);
- Try to develop resilience to bounce back when you are hit by problems;
- Take a positive approach to life; experience of positive emotions tends to create an upward spiral;
- Be comfortable with who you are. It doesn't help to focus on your flaws, so be kind to yourself when things go wrong and accept yourself as you are;
- Learn to meditate, or be mindful, in order to reduce stress.

Find meaning in your life by being part of something bigger. This might be through religious faith, your role as a parent, your work, or being part of a club or political movement.

*Limit your intake of alcohol:* You are drinking too much alcohol if it causes problems in your personal relationships, your well being, or your work. Ask others for their opinion; it is easy to be in denial about alcohol abuse. Try to limit how much you drink, and to be a good influence on your friends and colleagues. For an average man, any more than two 12g normal strength beers a day is bad for your health; for women it is closer to one beer. Pregnant women should not drink any alcohol. Never drink and drive. Alcohol is the cause of many deaths and road accidents that cause permanent disability.

*Address violence against women:* The use of violence, including sexual violence, to control and dominate women is very common in sub-Saharan Africa because most societies are still patriarchal in nature. Gender-based violence has far-reaching consequences for both the women involved, and also for the men who do it.

If you are a man with a female partner, there are steps you can take to develop a gender-equitable relationship with her, based on trust and respect<sup>2</sup>:

- Get informed about violence against women; read about it, and listen to what women have to say;
- Think about what kind of relationship you want, and how to make you and your partner happy in the long term. What changes will you need to make to your attitudes and your behaviour?
- Talk openly and honestly with your partner about both of your feelings and what you both want;

<sup>1</sup> This advice adapted from the Action for Happiness movement, [www.actionforhappiness.org](http://www.actionforhappiness.org)

<sup>2</sup> These steps adapted from the One Man Can campaign, [www.genderjustice.org.za/onemancan](http://www.genderjustice.org.za/onemancan)



- Understand that if she says ‘no’ to sex she means ‘no’, and that silence does not mean ‘yes’. Always respect her decision. You will gain her trust and respect. Go back to section 3 of this booklet and see if you can adopt some of the ideas there, so that you satisfy your sexual desires without forcing sex on your partner, and without exposing you both to HIV infection;
- Agree on ways to protect yourselves from HIV and STIs, and keep to your agreement;
- Speak out about violence against women at work and with your family members and friends by challenging other people’s attitudes.

If you are a woman experiencing violence, talk to someone you trust about what is happening to you. Whatever your partner says, you do not deserve to be beaten or hurt. You are not responsible for his violence, nor should you feel shame. One of the reasons that violence against women continues is because we fear to talk about it, and to involve others in challenging it.

## 4.2

### *Keep an eye on your body*

Another strategy for valuing our health is to watch out for any changes in our bodies which may signal a problem.

*For example, the following symptoms can be signs of cancer:*

- an unusual lump or swelling anywhere on your body
- a change in the size, shape or colour of a mole
- a sore that won’t heal after several weeks
- a mouth or tongue ulcer that lasts longer than three weeks
- a cough or croaky voice that lasts longer than three weeks
- persistent difficulty swallowing, or indigestion
- problems passing urine
- blood in your urine or faeces
- unexplained weight loss or heavy night sweats
- an unexplained pain or ache that lasts longer than four weeks
- breathlessness
- coughing up blood
- having a swollen, bloated stomach
- an unusual change in your breasts
- bleeding from the vagina after the menopause or between periods

These symptoms might show you have diabetes:

- being very thirsty
- having a dry mouth
- needing to urinate frequently
- loss of weight
- weakness or fatigue
- blurred vision
- cuts or sores that take a long time to heal
- itching skin or yeast infections

Common symptoms of tuberculosis include:

- a productive (coughing up sputum) cough that lasts longer than three weeks
- pain in the chest
- coughing up of blood or sputum
- weakness or fatigue
- weight loss
- lack of appetite
- chills, fever and night sweats

There are lots of other conditions which have symptoms you might spot, and which could help you to get earlier treatment and so have a better chance of recovery. Remember: watch out for changes in your body. If you notice something strange, go to your health service provider.

### 4.3

## *Get an early diagnosis and treatment*

Unfortunately, many of us don't go straight to our health service provider when we have a problem. We tend to put it off, and may only go when our other strategies have failed, or when we can't ignore it any longer. Men tend to go for medical help later than women do. As parents, we are also generally more likely to try to ignore our own ailments than those of our children.

Of course, sometimes we are right to do nothing. A pain may go away, and our bodies may fight off a cough or cold without any need to seek help. But for many health problems, it is much better to get an early diagnosis. Treating a problem in its early stages is quicker, cheaper and more effective. For infections, early treatment also reduces the chance of transmission to others, stopping the problem multiplying among your friends, relatives and colleagues.

Going for a diagnosis when you first notice a problem or unexplained change in your body will lead to better health. You may also use other strategies to treat ailments, such as traditional and faith healers. If so, please make going to a doctor or medical centre your first choice, not your last.



## Creating a supportive workplace

There are almost certainly HIV-positive people in your workplace. Perhaps you are among them. In this section we outline what we can all do to support colleagues who are living with HIV; those who know they are positive, those who don't, and those who may become infected in the future. Providing good support benefits us all by helping our organisations to work effectively, and by creating a good working environment.

### 5.1

#### *Reduce stigma and discrimination in the workplace*

We have all been affected by HIV in some way. Some of us are infected with HIV, whether or not we know it. Yet despite our shared experiences, there is still stigma and discrimination around HIV infection. This takes different forms.

Type	What is it?	Examples	Alternatives
<b>Stigma</b>	An invisible label which we attach to someone, and which discredits them.	Gossiping that a colleague has HIV because their behaviour is immoral.	Don't gossip, speculate or judge. Try to empathise with other peoples' situations.
		Having low expectations of a colleague because you think they are HIV-positive.	Don't discriminate. Support HIV-positive colleagues to stay physically and mentally healthy.
<b>Self-stigma</b>	The negative labels we attach to ourselves.	Believing our HIV-infection is a punishment for bad behaviour.	We need to try to accept it has happened (we can't be sure how) and focus our energy on the future.
		Feeling we are less deserving because we are HIV-positive.	We have the same rights as all humans. We can still love and be loved, and be fantastic parents and excellent workers.
<b>Fear of stigma</b>	The expectation of experiencing stigmatisation.	Not going for an HIV test, or not accessing ART, for fear that others will find out and be horrible to us.	We can take care to test or get ART in a way that reduces the chance of others finding out. We can choose to be open with others about testing or ART and we can challenge instances of stigma against others.
<b>Discrimination</b>	Not treating people equally.	Not promoting someone, or not allowing them to go for training because they are HIV-positive (or a woman, or gay).	We can promote and train people based on their abilities and potential.
		Giving staff ill with other chronic conditions more paid leave than those with HIV.	We can make sure our organisation has up-to-date and fair personnel policies and that they are used properly.

Stigma and discrimination are damaging to all of us, and to our organisations. They split us apart when we should be working together. They create guilt and upset where none is needed. And, crucially, stigma and discrimination help HIV to spread and to hurt us.

To reduce transmission we need to be able to talk about HIV and to test for HIV. To prevent HIV infection from developing into AIDS, and AIDS leading to death, we need to test for HIV, access treatment, and be supported to stick to our treatment. Stigma and discrimination hold us back. The more they stop or delay us from talking, testing and treating, the better it is for HIV. And what's good for HIV is bad for us, our families and communities, and our organisations.

Remember that stigma and discrimination can also affect women in the workplace. Make sure your organisation has gender sensitive policies and equal employment opportunities. There is no reason why a woman should be excluded from any particular job because she is a woman (or vice versa).



### a. Formal responses

Workplace policies can help address stigma and discrimination. If your workplace does not yet have policies regarding HIV and other chronic illnesses, see if you can help to form them. Key principles with regard to tackling stigma and discrimination are:

- **Non-discrimination:** no discrimination or stigma against workers on the basis of their real or suspected HIV status;
- **HIV testing:** no screening of job applicants for HIV. Any HIV testing in the workplace must be voluntary (chosen) and confidential;
- **Confidentiality:** access to worker's personal data, including their HIV status, should be bound by agreed rules of confidentiality;



- *Continued employment:* workers with HIV-related illnesses should be able to work for as long as they are medically fit, and in appropriate conditions. Where possible, alternative, less strenuous jobs should be found, so that someone who is unwell can continue to make a productive contribution for as long as possible. Hopefully, with proper support and treatment, the individual will be able to return to their original position in time. Of course, this should also apply to workers suffering from other chronic health conditions.
- *Peer educators:* your organisation's HIV policy should allow for the creation of peer educators, whether paid, or just as volunteers; employees whose role is specifically to explain to others about HIV, how it is transmitted or not, possible treatments, and any benefits your organisation offers, such as HIV testing, ART, or other treatment. If your organisation does not already have peer educators, consider volunteering to be one yourself. The information in this booklet can provide a sound basis for opening up discussions on HIV in the workplace..

However, policies are not living things. It is we - the employers and the workers - who act them out, or ignore them. It is we workers who know or do not demand that policy commitments are upheld. Make sure you know what your organisation's policies are. Lobby for change if they need to be improved. It is also useful to know your rights in the workplace. Use your rights and your organisation's policies for your benefit and those of your colleagues.

## **b. Informal responses**

Aside from formal policies, we can also avoid stigmatising others or ourselves in our daily thoughts and interactions. Every one of us can help create a more open and supportive workplace environment. Here are some ideas:

- Some stigma comes from people not understanding how HIV is and is not transmitted. Make sure you know (see Section 2) , and share your knowledge with those who do not;
- Be willing to challenge instances of stigmatisation;
- Talk about your own experiences of being affected by HIV. The more we open up, the more normal HIV infection becomes;
- Seek and respect the input of colleagues who are HIV-positive;
- Take on the role of educating your colleagues (and family and friends) about HIV, whether you are formally called a peer educator or not;
- If you are HIV-positive and keeping your status secret, carefully consider the advantages and disadvantages of opening up. HIV-positive people can be powerful advocates in the workplace and elsewhere.

## 5.2

### *Live positively with HIV*

The idea of 'living positively' was thought up by some of the first HIV-positive people in Africa. It involves us accepting our status if we are infected with HIV, and then making the best of it. We can manage HIV in our own lives and we can also support others to live positively. Key elements are to:

- Get support, find someone to talk to. This could be a friend or colleague, or perhaps you could join (or set up) a support group.
- Develop a positive attitude to living with HIV. Believe in yourself, remind yourself why you are important and needed;
- Set yourself goals for the future, things that you can realistically do;
- Eat as well as you can afford to, and if possible, take multivitamin supplements. Good nutrition can help delay the need to take ART;
- Look after your body; get regular exercise and enough sleep; don't drink alcohol to excess, smoke tobacco, or use illegal drugs;
- Get treatment for STIs, tuberculosis, malaria and worm infections, including schistosomiasis (bilharzia). Treating these will reduce your viral load and delay the need to take ART;
- Protect yourself from re-infection with HIV, and prevent transmission of HIV to others, by using all the prevention options you can (see Section 3);
- Try to find a medical practitioner who is experienced in HIV treatment. If possible, have regular blood tests to monitor your CD4 count and viral load;
- If possible, start ART when indicated by your blood tests, or when you begin to develop opportunistic infections;
- Take your ARV medicines at the right times and in the right quantities. Don't share them with anyone. If you experience side effects go back to your doctor, but don't skip doses. Missing doses can lead to drug resistance (when HIV changes so that the medicines no longer work on it);
- Seek early medical treatment for any opportunistic infections;
- Use complementary therapies such as massage and mediation to help you deal with stress and to keep living positively;
- Know your rights. Most countries have rules to protect HIV-positive people from discrimination. Leading HIV groups in your country should be able to tell you more;
- If you have disclosed your status at work, ask for the support you need to avoid overworking and to keep working.



### 5.3

## *Decide about disclosure*

Once someone knows they are HIV-positive, they have to manage that information. Should they keep it totally secret and tell no one; or tell a few people who must tell no one else? Or disclose more widely? It can be difficult deciding what to do.

Keeping an HIV-positive status secret can be stressful. It becomes more difficult to hide your status once you are on treatment and need to attend medical appointments and take ARVs. There may be benefits in telling someone you trust, but there are risks too. Before disclosing, think through these questions:

- *Who do I want to tell, and why do I want them to know?*
- *How much am I ready to share, and how much are they ready to hear?*
- *How will disclosing my HIV status affect me, and how will it affect the people I tell?*

If you are thinking of disclosing your status in the workplace, first find out what your organisation's policies are. Is there is a written commitment to protect you from discrimination, and have you observed it being upheld? Perhaps there are other members of staff who are HIV-positive who you can talk with and from whom you can find out more about their experiences.

You may find it useful to disclose in stages. Begin with someone you really trust. Over time you may wish to include others. You may also need to disclose to a certain staff member to access benefits for staff with chronic illnesses.

If a colleague discloses their HIV status to you, be clear what level of confidentiality they want from you, and ensure you provide it. Never tell anyone else unless you have their permission to do so. Try to give the support they would like, within your abilities.

If you have a colleague who is struggling with ill health it may be a good idea to approach them. An offer of support from a friendly colleague may help them to seek medical help for whatever is ailing them. We may feel it is inappropriate to approach others, that it is 'not our business'. But our silence can imply a lack of care or stigma. They may reject your help, but you can still try.

### 5.4

## *Reduce sexual harassment in the workplace*

At the beginning of Section 3.1 we noted that it is not always easy or even possible to follow all the advice on preventing sexual transmission of HIV. This is often due to the different levels of power which occur in our workplaces as well as in our communities.

Sexual harassment in the workplace can take many forms. The common factor is that it is not welcomed by the recipient. Harassment includes sexual comments, sexual gestures, staring, display of sexually explicit images, as well as physical contact ranging from inappropriate touching, to sexual assault, coerced sexual trading, and rape.

Women are the most common recipients of sexual harassment. Men and women from sexual minorities are also commonly targeted.

As with the task of reducing stigma in the workplace, there are two ways you can help reduce sexual harassment.

First, contribute to ensuring that your organisation has appropriate policies. A sexual harassment policy should define the problem, set out the complaint procedure and the disciplinary actions. There should also be a policy of non-discrimination by gender and by sexual orientation.

Second, in your day to day interactions, help create a workplace environment which supports all staff, regardless of their gender or sexual orientation. Don't commit any form of sexual harassment yourself, and challenge others if they do. This includes not making jokes at the expense of women, gays or lesbians. These jokes may seem 'harmless', but they are part of a spectrum of behaviours which link to violence, intimidation and rape.

If someone sexually harasses you in the workplace, find out what your organisation's policy says about such cases. Talk to others you trust who may be able to support you; you may find you are not the only one to suffer. Perpetrators partly get away with their actions because (for many good reasons) their victims do not speak up. If the harassment is ongoing you may be able to gather evidence of the perpetrator's actions. Depending on your situation, you may decide to take informal action. For example, you might ask a colleague to challenge the perpetrator. You may decide to make a formal complaint to your human resources department, or to the police, in the case of assault or rape. Whatever you do, hold on to the fact that it is not your fault. You do not deserve to be harassed.

Sexual trading may be distinct from sexual harassment - if, for example, the employees involved willingly consent to trade sexual favours in exchange for benefits. If you agree to take part in sexual trading be sure to negotiate condom use or another means of reducing the chances of HIV transmission. First, however, consider the ethics of what you are doing, or being asked to do. Job offers, promotions and salary rises should be decided on merit, not on the giving and receiving of sexual favours. Sexual trading is a form of corruption which undermines the efficient functioning of our organisations. As such, we should do our best to challenge and stop it.

Some organisations find it useful to develop a Code of Conduct for their staff. These codes remind employees of their duty to:

- refrain from any form of sexual harassment of colleagues or community members;
- never use the organisation's resources to gain sexual favours with colleagues or community members;
- never offer sexual services to gain advantage within the organisation;
- always try to reduce the chance of sexual transmission of HIV;
- report instances of colleagues failing to follow the Code of Conduct.



## Conclusion

Thank you for reading this booklet. We hope we have given you strategies you can use to prevent HIV transmission both in the workplace and outside it.

HIV has caused too much damage in our families, workplaces and communities. Please do what you can to minimise its future impacts.

Through our individual actions and our joint efforts we can improve how we respond to HIV. With determination and courage we can change our workplace culture (and our families and communities) to become less stigmatising and more supportive.

We can also dare to create more gender-equitable relationships. We can try our best to protect ourselves and others from HIV infection. And we can live positively with HIV infection. Let's together manage HIV in our workplaces, and in our lives.



<b>AIDS</b>	AIDS stands for Acquired Immune Deficiency Syndrome. This syndrome is caused by HIV.
<b>Anal sex</b>	Penetration of the penis in the anus. The risk of HIV transmission is lower for the man who is inserting his penis than for the man or woman who is being penetrated.
<b>Antiretroviral therapy (ART)</b>	Treatment to stop HIV from multiplying. ART usually involves a combination of three different antiretroviral medicines, often combined in one tablet.
<b>Anus</b>	The opening at the end of our digestive systems where faeces (excrement) comes out.
<b>CD4 cells</b>	CD4 cells are a special type of white blood cell (lymphocytes) that is attacked by HIV. A special blood test called a CD4 count is used to determine whether or not you should start ART, and also to check that your ART is working as it should.
<b>Drug resistance</b>	This means that the virus or bacteria being treated has become resistant to the medicines used to treat it. It usually happens because people do not take their medicines as instructed, or when they stop taking medicines because they feel better. However, it is also possible for someone to become infected with a strain of HIV or TB that is drug resistant.
<b>Ejaculation</b>	The expulsion of semen from the penis at the moment of male orgasm.
<b>Foreskin</b>	The fold of skin which covers the head of the penis.
<b>HIV</b>	HIV stands for Human Immunodeficiency Virus. HIV is the virus which causes AIDS.
<b>HIV-negative</b>	Not infected with HIV. This phrase comes from the HIV test result: it refers to the absence of antibodies to HIV in the blood. This indicates that the immune system is not responding to HIV infection. An HIV-negative test result should be followed by a repeat test after three months if it is possible that the person is in the window period.
<b>HIV-positive</b>	Infected with HIV. This phrase comes from the HIV test result: it checks for the (positive) presence of antibodies to HIV in the blood, showing that the immune system is responding to HIV infection.
<b>Lymph nodes</b>	Small masses of tissue which act as filters and immune monitors, removing viruses, bacteria, and cancer cells. Most lymph nodes are found in our necks, underarms and groin. They swell when they are busy fighting an infection.

<b>Lubricant</b>	A substance which reduces friction by making surfaces slippery. Vaginal secretions act as a natural sexual lubricant. Saliva can be used as a short-acting lubricant. Manufactured lubricants such as KY Jelly last for much longer.
<b>Masturbation</b>	Touching one's own body to gain sexual pleasure.
<b>Mucous membranes</b>	The wet tissues at the openings (and in the passages) of our bodies, including mouth, inside of eyelids, foreskin and head of the penis, vagina, and anus.
<b>Non-penetrative sex</b>	Sex which does not involve the penis entering the vagina, anus or mouth.
<b>Opportunistic infections</b>	Infections that do not usually cause disease in someone with a good immune system; a damaged immune system presents an opportunity for these infections to take hold.
<b>Oral sex</b>	Sex involving one partner's mouth on the other partner's genitals. The risk of transmission is generally low. It is highest for a partner who performs it on a man (penis in their mouth) and the man ejaculates in the mouth. The risk is lowest when performed on a woman (mouth on vagina).
<b>Orgasm</b>	The peak of sexual excitement, characterised by extremely pleasurable sensations and, in the male, accompanied by ejaculation of semen.
<b>Penis</b>	The male organ for sexual intercourse, and for expelling urine.
<b>Prophylaxis</b>	A medical or public health procedure with the aim of preventing, rather than treating or curing a disease.
<b>Semen</b>	The thick white fluid containing sperm that is ejaculated from the penis.
<b>Sexual intercourse</b>	Sex involving penetration by the penis; usually refers to vaginal sex, but can also include anal sex.
<b>Sexually transmitted infections (STIs):</b>	A term covering all infections which can be passed through sexual intercourse or genital contact. HIV is an STI.
<b>Vagina</b>	The opening in females' bodies that leads to the womb.
<b>Vaginal sex</b>	Sexual activity where a male's penis enters a female's vagina.
<b>Viral load</b>	A measure of how bad a viral infection is. For HIV the viral load is the amount of HIV circulating in the blood.
<b>Window period</b>	The time between when an infection occurs and when a test for that infection can reliably detect it. For HIV the window period is usually taken as three months.

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