

# COMMUNITY HIV PREVENTION VOLUNTEERS PARTICIPANTS HANDBOOK

## Adult Priority Populations (Mobile Populations, Non-injectable Drug Users, PLHIV, and Discordant Couples)



USAID Zambia Community HIV Prevention Project (USAID Z-CHPP)

December 2017



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## How to Use This Handbook

The Participants Handbook was created for the participants of the Community HIV Prevention Volunteers Training. Instead of giving handouts throughout the training, this handbook acts as a one-stop resource for all topics covered in the workshop. The Participants Handbook has 10 chapters, which mirrors the content presented in the workshop.

Participants are not expected to memorize all information related to HIV prevention, testing, and treatment. Instead, participants are encouraged to take this handbook with them when they hold community meetings and refer to it when necessary. Some illustrations and photos are included; please feel free to use these during your prevention meetings and for conversations and explanations.

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## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IDU	Injectable Drug User
MTCT	Mother-To-Child Transmission
NAC	National HIV and AIDS Council
NIDU	Non-Injectable Drug User
PEP	Post-Exposure Prophylaxis
PEPFAR	President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PrEP	Pre-Exposure Prophylaxis
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
VSU	Victim Support Unit
Z-CHPP	Zambia Community HIV Prevention Project

## Introduction to Mobile Populations, Non-injectable Drug Users, Discordant Couples, and PLHIV

This Participants Handbook targets specific adult priority populations that can either transmit the Human Immunodeficiency Virus (HIV) or are at risk of being infected: mobile populations (i.e., miners, sugarcane cutters, fish mongers, truck drivers, and cross-border traders), non-injectable drug users, discordant couples, and People Living with HIV (PLHIV).

The relationship between population mobility and the spread of HIV has recently received increased attention in developing countries because livelihood mobility may be an important factor in HIV risk and the spread of HIV. Consequently, HIV/AIDS prevention interventions among mobile populations have expanded around the world, including Zambia.

As PLHIV are now living longer and healthier lives due to the greater availability of Anti-Retroviral Therapy (ART), the urgency to include behavior change strategies for PLHIV into the public health system increases. Where ART is readily available and HIV/Acquired Immunodeficiency Syndrome (AIDS) decreases, morbidity has been paralleled by increasing HIV/AIDS infection (Cloete et al., 2010<sup>1</sup>). Other than post-test counseling, structured opportunities for PLHIV to learn more about HIV-related risk reduction are important. Studies from Sub-Saharan Africa have shown that PLHIV are, indeed, sexually active. Sexual risk behavior among people receiving ART is a major public health concern not only because of the risk of HIV transmission, but also because of the potential risk of transmission of resistant strains (Yaya et al., 2014<sup>2</sup>).

### Mobile Populations

Mobile people are those people who move from one place to another for any reason; though usually, the impetus is for economic reasons. This is a broad term that can describe the full range of mobility, from short-term movement to long-term or permanent relocation. However, in USAID Z-CHPP when the term “mobile population” is used, it specifically refers to *those persons who travel seasonally and/or temporarily to find work and income*. In USAID Z-CHPP, the mobile populations served are civilian mobile populations who are most often truck drivers, miners, cross-border traders, sugarcane cutters, and seasonal agricultural workers.

### What are the risk characteristics for mobile populations?

Being a migrant is not a risk factor in itself; however, being a migrant can expose people to a greater vulnerability to HIV transmission. Some risk characteristics that are specific to mobile workers are:

- Having multiple concurrent sexual partners and wide sexual networks
- Use of alcohol that may lead to unprotected sex
- Sexual violence and exploitation
- Poor living conditions
- Dangerous working conditions
- Lack of (regular) access to healthcare facilities
- Harder to reach with HIV prevention, treatment, and follow-up programs
- Less/irregular access to information and service in their native language; not well integrated into communities where migrants live
- Boredom and loneliness
- Extended periods of time spent in high transmission areas

<sup>1</sup> Cloete N, Bunting I, Sheppard C (2010). Diversity in higher education in South Africa: From inequality to differentiation. Paper presented at the SANTED conference, Aucklandpark, 22 November.

<sup>2</sup> Yaya I, Saka B, Lando ED, Patchali PM, Makawa MS, Senanou S, Idrissou D, Lamboni B, Pitche P: Sexual risk behavior among people living with HIV/AIDS on antiretroviral therapy at the regional hospital of Sokodé, Togo. BMC Public Health. 2014, 14: 636-10.1186/1471-2458-14-636. doi:10.1186/1471-2458-14-636

- Gaps in knowledge about HIV
- Limited personalized risk perception
- Difficulties with ART adherence
- Not well integrated into communities where they live

### **Where can migrant people and mobile populations be found?**

- Marketplaces (cross-border markets)
- Sugarcane and other mechanized farms
- Motels and hotels (for truck drivers)
- Fish-farming sites
- Mining areas (e.g., Copperbelt area)

### **Non-injectable Drug Users**

Non-injectable drugs are inclusive of any drug that is taken without the use of a needle. Common non-injectable drugs are methamphetamines, crack, cocaine, ecstasy, and opioids. When misused, alcohol is also considered a non-injectable drug.

Injectable Drug Users (IDUs) have long been a target population for HIV prevention because sharing needles is a large risk factor in the transmission of the virus. However, Non-Injectable Drug Users (NIDUs) are also now known to be a critical population for prevention work. NIDUs have elevated numbers of sexual partners, are less likely to use a condom, and are more likely to engage in high-risk behavior that can result in the transmission of HIV and Sexually Transmitted Infections (STIs). While it has long been considered that drug use leads to high-risk sexual behavior, it must also be considered that addiction can lead to transactional sex – and all the risks that come with it.

Since HIV transmission is most commonly spread via sexual relations in Zambia, it makes sense to include NIDUs as a target group. NIDUs, like IDUs, can suffer from harsh stigma and can be difficult to reach.

### **What are the key risk factors for the NIDUs?**

- Less likely to use a condom or other preventive methods
- Elevated numbers of sexual partners
- More likely to engage in transactional sex
- Sexual partners also likely to engage in high-risk sexual activity
- Having multiple concurrent sexual partners and wide sexual networks
- Limited personalized risk perception
- Difficulties with ART adherence
- Likely to avoid health services due to stigma

### **Where can we find NIDUs?**

- Clubs and bars
- At home/at friends' homes/parties
- Drug-rehab centers
- Needle exchange centers
- In communities

### **Discordant Couples**

A **discordant couple** is when one partner is HIV positive and the other partner does not have the virus. Discordant couples can be married or unmarried; they can have a temporary or long-term relationship. Discordant couples can be the same age or span intergeneration.

A staggering 60-90 percent of HIV infection in Zambia happens through discordant couples. Thus, HIV discordant couples represent a critically important target population for HIV prevention, given the high rates of HIV transmission in couples that do not know or do not disclose their HIV status. Among discordant couples, HIV transmission to men increases with HIV-positive pregnant partners in comparison with non-pregnant women. While retesting during the later stages of pregnancy is essential and a component of the Prevention of Mother-To-Child Transmission (PMTCT) protocol, many HIV-negative women do not retest.

## DISCORDANT COUPLES



### What are the risk factors of PLHIV and discordant couples?

- Unprotected sex is common among people who have been on ART for some time because they think that they cannot transmit the HIV virus
- Conforming to social norms that create social pressure to have unprotected sex (happens more often when the man is HIV positive; when a woman is HIV positive, men are more willing to use protection, thus implying that a woman's life is not as valuable as a man's)
- Stigma and discrimination
- Gaps in knowledge and limited personalized risk perception
- Lack of access to healthcare facilities
- Being concerned that condom use is a sign of lack of trust or infidelity.
- Feeling that condoms reduce sexual pleasure or intimacy
- Participating in sexual cultures where non-condom use is the norm
- Wanting to be free of worry about HIV during sex
- Circumcision of young men – although circumcision reduces HIV infection, some men believe that circumcision prevents transmission of HIV and, therefore, do not take secondary precautions

**Where can PLHIV and discordant couples be found?**

- At homes
- ART centers
- Health facilities
- HIV Testing Centers
- Antenatal and postnatal clinics
- Post-test clubs
- Economic strengthening support groups
- PLHIV associations and through the index cases
- Adherence support groups
- In communities
- In churches and mosques

## Chapter 1: Basics of HIV Transmission

### HIV stands for Human Immunodeficiency Virus:

- HIV affects human health by making the body’s immune system weak and less able to fight all kinds of sicknesses.
- As soon as the virus enters the body of an individual, he or she is said to be infected and infectious (capable of infecting others).
- HIV invades the body like termites invading a mud hut. At first, there is no apparent damage, but the termites slowly eat up the poles and thatch, which holds the hut together. One day, a strong wind comes along and knocks the house down. What causes the house to collapse: the wind or the termites?

### HIV is contained in body fluids:

- The virus can be found in four main body fluids:
  - Semen
  - Vaginal secretions (vaginal fluid)
  - Breast milk
  - Blood of the HIV-infected person
- The body fluids of an infected person must enter the body of an uninfected person for infection to occur.
- HIV cannot live outside the body. To survive, the virus needs the food supply of cells in body fluids that have cells. Therefore, HIV will not be found in sweat or vomit.
- HIV must find a way to enter the blood stream. It cannot simply pass through skin.

### Modes of transmission:

- **Unprotected sex:** HIV is transmitted mainly through unprotected sexual intercourse with an infected partner.
- **Mother-To-Child Transmission (MTCT):** An HIV-positive woman can pass HIV to her baby before birth, during birth, or through breastfeeding. Often, this happens when a woman gives birth without knowing her status.
- **Unsterilized instruments:** HIV is transmitted by sharing needles or unsterilized blades, and through contact with infected blood or blood products from using contaminated syringes or sharp instruments.

### People cannot get HIV from the following:

<ul style="list-style-type: none"> <li>• Handshakes</li> <li>• Touching</li> <li>• Swimming or bathing with an infected person</li> <li>• Sharing utensils (cup, plate, spoon, etc.)</li> <li>• Toilet seats</li> <li>• Mosquitoes</li> </ul>	<ul style="list-style-type: none"> <li>• Using an infected person’s towels and clothes</li> <li>• Sitting next to and sharing a bed with an infected person</li> <li>• Kissing, if there are no bleeding gums and broken skin</li> <li>• Massaging</li> </ul>	<ul style="list-style-type: none"> <li>• Masturbation – stimulating the genitals by hand</li> <li>• Vomit and sweat</li> <li>• Feces and urine do not carry HIV unless they contain blood</li> <li>• Cleaning and bathing a patient is therefore quite safe, if all open wounds are covered</li> </ul>
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**Interventions to reduce the spread of HIV infection are:**

- Abstain from having sex.
- Delay sexual activity until older.
- Be faithful to one partner who is also faithful to you.
- Use male or female condoms correctly each time you have sex.
- Go for an HIV test before you decide to become pregnant or as soon as you find out you are pregnant.
- An HIV-positive pregnant woman can take Anti-Retroviral (ARV) drugs during pregnancy to significantly reduce risk of transmission to the baby.
- Go for infant feeding counseling if you are an HIV-positive mother who needs information about HIV transmission through breastfeeding.
- Do not share needles, razor blades, etc.
- Go for voluntary counseling and testing services before you and your partner stop using condoms.
- Get STIs treated right away, as their presence makes HIV transmission more likely.
- Male circumcision and waiting until the full healing process is over to practice sex.
- If you are already HIV positive, taking ARVs and using condoms can reduce the chance of spreading infection.

## Chapter 1 Pictures for Assistance with Community Work

### Pregnancy

MTCT is one of the ways that accounts for about 10% of new HIV cases in Zambia every year. Therefore, frequent testing of all pregnant women is essential to keep women, children, and families healthy.

### Possible Questions for Discussion

- Do you think most Zambian people know about transmission vulnerabilities during pregnancy?
- Why might a pregnant woman be afraid of getting tested?
- What sort of emotional support can we give pregnant women so that they feel safe enough to get tested?



## Chapter 2: Stages of HIV Infection

**HIV is the infection stage of the condition, whereas AIDS is the disease stage.**

- HIV is a virus that leads to AIDS. It weakens the immune system over time, resulting in the body's inability to fight infections and diseases.
- When a person develops certain opportunistic infections, this is when they are said to have AIDS.
- HIV enters the body and circulates in the blood stream. The HIV virus invades cells – known as CD4 cells – that help the body to protect itself from diseases. When the CD4 cells are depleted, the body's immune system is an easy target for germs and viruses. These result in the person developing opportunistic infections (e.g., skin cancers and pneumonia). These opportunistic infections mark the beginning of AIDS.

**AIDS is a state of lowered immune response to infections and allergies and is characterized by high viral load and presence of opportunist infections.**

The **Window Period** is the 2-3 months (6-12 weeks) that it takes for HIV antibodies to appear in the bloodstream:

- It is the time frame between infection with HIV and the development of antibodies to fight the infection.
- It can take anywhere from 6 weeks to 6 months after HIV enters your body to develop enough antibodies to be measured on an HIV test (the average time is 25 days).
- During this period, an infected person may test negative, even if she or he has the virus and is infectious. There may be some short-term symptoms of infection; but without an HIV test, you will not know for sure if you have the virus.
- Someone can transmit the HIV virus to another person while they are in this “window period.”

**Going for HIV Testing Services (HTS) can determine if you are infected with HIV.**

### Asymptomatic Infection

- The person may remain asymptomatic and feel and appear healthy for years, even though he or she is infected with HIV.
- During this period, the person remains infectious (i.e., able to transmit the virus to others) as the virus continues to replicate.
- It causes progressive damage to both the immune and nervous systems.
- The person can test positive for HIV antibodies.
- Some individuals will have persistently enlarged lymph nodes during the asymptomatic stage of HIV infection.

Many individuals eventually develop a variety of indicators of ill health due to HIV infection without developing opportunistic infections or secondary cancers:

- These symptoms include complaints such as oral thrush, diarrhea, weight loss, low-grade intermittent fever, loss of energy, etc.
- Various fungal or viral diseases may be seen; individuals feel chronically ill during this stage of HIV infection.
- These symptoms alone cannot determine a person's HIV status.

**Opportunistic infections** are infections or diseases that attack or take advantage of the body when it is weak:

- In HIV, opportunistic infections enter the body when the immune system is weak – the way rain enters a house when its roof is falling apart.
- Opportunistic infections are not a sign that the person will soon die. They simply serve as a sign that the body’s immune system is growing weaker. If these infections are treated, the person’s immune system can get stronger.
- A person can prevent opportunistic infections through positive living, including good hygiene, safe drinking water, protecting himself or herself from HIV re-infection, and keeping clinic appointments.
- If a person has signs of an opportunistic infection, treatment works best when it is started early. He or she should seek immediate treatment.
- Many opportunistic infections can be treated with antibiotics and other medication.
- If opportunistic infections are treated, the person’s immune system can get stronger and he or she can enjoy better health.

### List of Common Opportunistic Infections and Their Signs and Symptoms

Type of opportunistic infection	Signs and symptoms
Tuberculosis	Cough lasting over 3 weeks, coughing blood, night sweats, chest pains, your sweat soaks your bed, trouble breathing, loss of weight
Candidiasis (thrush in the mouth, throat, vagina)	Oral/throat pain when swallowing, sore mouth or tongue, whitish patches in the palate or sides of the mouth, swelling, burning, itching, soreness, thick vaginal discharge, pain during sexual intercourse
Meningitis (fungal type)	High fever, frequent and severe headaches, problem in seeing (visual impairment), nausea and vomiting, stiff neck, feeling more and more tired
Pneumonia (PCP)	Difficulties in breathing, especially when climbing stairs; fever or chills; weight loss
Kaposi’s sarcoma (skin cancer)	Skin lesions (rash) that may appear dark, non-itchy and painless lumps that can affect any part of the body
Herpes zoster (shingles)	Very painful blistering rash, fever

**Taking ARVs can prevent most opportunistic infections. ARVs strengthen your immune system.**

### How long will it take after one is infected with HIV until they develop AIDS?

- This depends on many factors – the health of the individual, at what age is one first infected, the general nutrition intake that someone has, access to medical care and treatment, as well as the strain of virus that one has been infected with.
- In some developed countries, people have lived for 20 years or more after being infected with HIV.
- In most developing countries, the time to develop AIDS is generally shorter. In most cases, people will develop AIDS within 7-8 years after first being infected with HIV.

**Knowing the differences between HIV and AIDS can help people to understand that:**

- You cannot tell by looking at someone whether one is HIV positive.
- If you are HIV positive, it does not mean that you will die soon.
- A person who is HIV positive can live a long time without suffering from AIDS.

## Chapter 3: Correct and Consistent Condom Use

**Male condoms** are rubber sheaths made of latex intended to provide a protective barrier to prevent body fluids such as blood, semen, or vaginal fluids, as well as viruses and bacteria, from passing from one person's body to another during sex.

- Male condoms are worn on an erect penis before and during sexual intercourse.
- Any man who is sexually active can use a condom to prevent contracting or passing on STIs.
- No penis is too big or too small for the male condom.
- Most condoms are lubricated for comfort; some of the lubricants contain spermicide.

**Female condoms** are disposable, odorless sheets of latex manufactured from polyurethane.

- They are intended to be a protective barrier to prevent body fluids such as blood, semen, or vaginal fluids, as well as viruses and bacteria, from passing from one person's body to another during sex.
- Female condoms are inserted into the vagina before sexual intercourse.
- Most condoms are lubricated for comfort: some of the lubricants contain spermicide.

**Both male and female condoms are used as a family planning method and to prevent STIs from being passed from one person to another.**

***Can a female condom and male condom be used at the same time?*** No. Only use one condom at a time. Either use a female condom or a male one. These two condoms should never be used at the same time.

***Are male condoms effective in preventing transmission of HIV?*** Condoms are very effective when used correctly and consistently, and they can significantly reduce your chances of getting HIV and other STIs. Latex condoms do not allow HIV to pass through the condom. Human error is usually the #1 cause for condom breakage.

***Are female condoms effective in preventing transmission of HIV?*** The female condom is designed to fully protect you and your partner by lining the inside of the vagina and covering the outer vaginal area. The female condom provides an effective family planning method that also protects against the transmission of STIs, including HIV.

***What can damage condoms?*** Condoms should be handled with care, especially when opening the package. They should not be exposed to sunlight or heat. Do not use oil, Vaseline, or lotions to lubricate the male condom because they damage the condom. Only use a water-based lubricant. Never use it at the same time as a female condom.

***Which is most effective – a male condom or a female condom?*** Both condoms are effective; it all depends on how they are used. However, the female condom has some advantages over the male one:

- The female condom is 10 times stronger than the male condom.
- The female condom can be worn up to 8 hours before sexual intercourse, while the male condom can only be put on an erect penis.
- The female condom generates warmth from the vagina; there is no need to withdraw the penis immediately after ejaculation.
- In addition to blocking the exchange of body fluids between the man and the woman, the female condom also protects the outer part of the vagina.

### Reasons to Wear a Condom

- They are safe and secure. If used correctly and consistently, they prevent most STIs, including HIV.
- If you use condoms correctly and consistently with every partner, you will also reduce the number of times you visit the clinic for STI treatment and prevent HIV infection.
- They prevent unwanted pregnancy and, therefore, prevent the responsibilities of unprepared parenthood.
- They can be used for child spacing.
- Condoms, especially the male condom, are convenient and inexpensive to use.
- They reduce worry about getting HIV and AIDS.
- They protect people from getting an STI, which may cause infertility and other complications.
- They can make sex last longer by delaying the male orgasm.
- Most condoms are lubricated, and this helps if the woman’s vagina is dry.

### Tips for Condom Negotiation

- Say no to sex without condoms – clearly and directly.
- State firmly and clearly that your life and health are more important than the sexual relationship.
- Ensure that you have a condom before you have sex.
- Persuade your partner that you will make putting on and using a condom very exciting.
- State your reasons for refusing sex without a condom in a firm manner.
- Tell your partner that, in addition to your concern for your own safety, you are concerned about his or her safety.
- Always be conscious of situations you may not be able to handle and, wherever possible, avoid him or have a well-thought-out escape route.
- A partner that has consumed a lot of alcohol may not be reasonable. Female condoms are a good alternative in this situation.
- If your partner is not ready to use the male condom, introduce the idea of the female condom.

### How to Use a Male Condom

The condom should be put on after the penis becomes hard (erect) and before any genital contact. Always use a new condom every time you have penetrative sex. Check the packaging, including the date of the condom. If the wrapping is ripped or damaged in any way, or the “use by” date has passed, use a new condom.



Tear open the condom packet and remove the condom. Do not use your teeth to open the wrapping and be careful of long nails or jewelry damaging the condom. Hold the tip of the condom between your finger and thumb, leaving space at the tip to collect semen. With your other hand, put the condom on the end of the penis and unroll it down the length by pushing down the round rim of the condom. If this is difficult, the condom is inside out; turn it the other way around by taking hold of the other side of the tip and unrolling it.



When the rim of the condom is at the base of the penis (near the pubic hair), penetration can begin. Soon after ejaculation, withdraw the penis while it is still hard, holding the bottom rim of the condom to prevent it from slipping off the penis.



Do not let the penis go soft inside your partner because the condom may slip off and spill semen in or near the vagina. Wrap the used condom in waste paper before disposing of it safely.



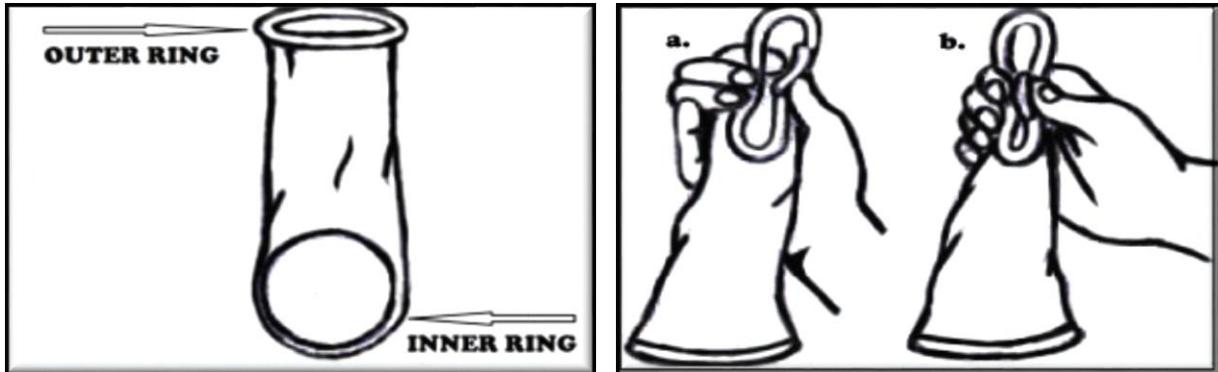
Do not throw the condom in a flushing toilet because it can cause a blockage – throw condoms down a pit latrine or bury/burn them. Put them in a place where children will not find them. Wash your hands and other body parts if contact with semen or vaginal fluids occurs.

**Use another condom if you want to have sex again!**

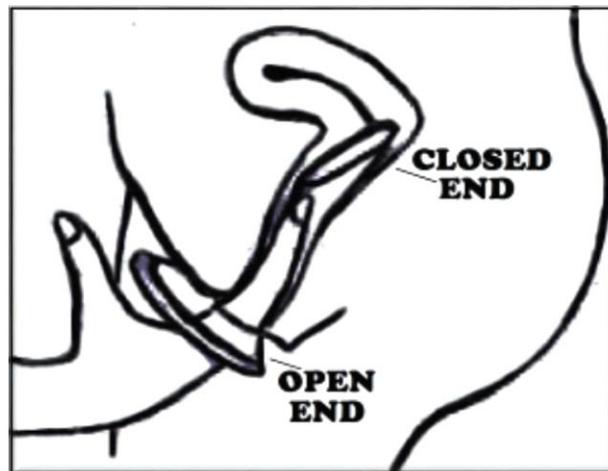
### How to Use a Female Condom

- This condom can be inserted up to 8 hours before sex or immediately beforehand.
- Check the packaging, including the date of the condom. If the wrapping is ripped or damaged in any way, or the “use by” date has passed, use a new condom.
- Carefully tear open the packet and remove the condom. Do not use your teeth to open the wrapping and be careful of long nails or jewelry damaging the condom.
- The condom has two plastic rings – a loose, smaller inner ring at the closed end, which is inserted into the vagina, and a firm, larger ring at the open end, which stays outside the vagina.

- Hold the condom by the inner ring (closed end), squeezing it between your thumb and middle fingers, or simply grasp it in your hand, whichever is easier – you may find this a little difficult to get used to at first.



- Find a comfortable position – either squatting, lying down, or with one foot on a chair – and insert the inner ring into the vagina.
- Put your middle finger inside the condom and push the inner ring up inside your vagina.
- The condom is in place when you can feel the inner ring pushing against your cervix – your cervix feels like the tip of your nose.



- Let go of the condom, and the inner ring should stay in place, with the outer (open) ring outside.
- When your partner penetrates, you may need to guide his penis into the condom – the outer ring should remain flat against your vagina, and you should not be able to feel the condom during sexual intercourse.
- Your partner does not need to remove his penis immediately after ejaculation – the condom can be removed when you are both ready.

- To remove the condom, twist the outer ring (to keep the sperm inside) and gently pull the condom from the vagina.



- Wrap the used condom in waste paper before disposing of it safely.
- Do not throw the condom down a flushing toilet because it can cause blockage – throw condoms down a pit latrine or bury/burn them.
- Wash hands and other body parts if contact with semen or vaginal fluids occurs.

**Use another condom if you want to have sex again. Do not ever reuse or wash a condom!**

#### **Where Can You Get Male/Female Condoms?**

- Condoms are free of charge at government health facilities and at other HIV service provider organizations.
- Condoms can also be bought at any chemist warehouse or supermarket around the country.
- There are different types and brands in the Zambian market. Male and female condoms are subject to quality assurance tests before they are introduced into the market.
- Condoms come in different colors and scents to create variety.

## Chapter 4: Male Circumcision

**Male circumcision** is the removal of all parts of the foreskin of the penis:

- The foreskin is the fold of skin that covers the head of the penis. All baby boys are born with foreskin over the penis.
- Circumcision is often performed within 2 weeks of birth or during adolescence. In many places, it has an important symbolic, cultural, and religious meaning.
- The prevalence of circumcised men varies greatly, from as low as 15 percent in parts of Southern Africa to more than 70 percent in parts of Eastern Africa.

**Scientific evidence clearly shows that male circumcision reduces men’s risk of HIV infection during vaginal sex.**

- Male circumcision reduces the risk of HIV acquisition in men by about 60 percent.
- The foreskin of the penis has many cells of a type that is vulnerable to HIV infection. Removing the foreskin removes these target cells and makes the penile skin more durable, which might also reduce risk.
- Male circumcision offers additional protection from HIV because it reduces the possibility of tear and injury to the penis during sex and removes cells that are vulnerable to HIV infection.
- A circumcised penis also dries more quickly after sex, which may reduce the life span of any HIV present after sex.

**Circumcision is not protective for all men.** There is currently no evidence that circumcising men already living with HIV will reduce the likelihood of HIV being transmitted to their sexual partners. There is no evidence that male circumcision is protective for men who have sex with men.

**Male circumcision does not provide complete protection against HIV and needs to be part of a comprehensive prevention package, including condoms.**

- A man who is circumcised can still contract the HIV virus.
- Male circumcision does not replace other HIV prevention methods. Whether circumcised or not, men are at risk of HIV infection during sexual intercourse.
- Even if they are circumcised, men should limit their number of sexual partners, use condoms consistently and correctly, and seek prompt treatment for STIs to further reduce their risk of infection.
- Men and their partners should not relax their attitude toward safer sex after circumcision.

**Male circumcision has the following additional health benefits for both men and women:**

- Circumcised men have a lower risk of some STIs, especially those that cause ulcers on the genitals, like chancroid (symptoms of which include sores and swelling) and syphilis.
- There are lower rates of infections of the urinary system in male infants who are circumcised.
- Circumcision prevents swelling of the head of the penis and of the foreskin.
- Men who are circumcised do not suffer health problems associated with the foreskin such as *phimosis* (an inability to pull back the foreskin) or *paraphimosis* (swelling of the foreskin when pulled back, causing an inability to return it to its normal position).
- Circumcised men do not have to clean under their foreskin, so they may find it easier to maintain cleanliness of the penis.

- Female partners of circumcised men have a lower risk of cervical cancer.
- Circumcision is associated with a lower risk of cancer of the penis.

**Circumcision of a male has benefits to his female partner. However, there are NO benefits for Female Genital Mutilation (FGM)/cutting. FGM must be discouraged as a harmful practice with zero health benefits to women or men.**

***How long does it take to heal after circumcision?*** The dressings can be removed after a couple of days, but full recovery takes 6 weeks. Sex and masturbation should be avoided during this period to ensure the penis is fully healed, as there could be an increased risk of infection during this time.

***Is the procedure safe?*** Circumcision should be done in health facilities with appropriately trained providers, proper equipment, and under aseptic conditions. However, whether the procedure takes place in a clinical or traditional setting, safety is of paramount importance.

***Will I be tested for HIV?*** Yes. People who go for male circumcision are given HIV counseling and testing before the procedure.

To access the service, please visit your nearest health facility (service provided with support from the Society for Family Health, Jhpiego IntraHealth, and the Centre for Infectious Disease Research in Zambia).

## Chapter 5: HIV Testing Services

**HIV Testing Services (HTS)** is a common term used to describe the process of taking an HIV test. HTS is the process by which an individual undergoes pre- and post-test counseling, enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual, and he or she must be assured that the process will be confidential. HTS is “client-centered” to the extent that it focuses on the client’s unique issues and circumstances related to HIV risk.

### **HTS is a form of HIV prevention:**

- HTS helps people know their HIV status; whether positive or negative, this helps prevent the spread of HIV.
- If negative, an individual can learn about ways to protect himself or herself from HIV infection.
- If positive, an individual can learn about how to live positively, which includes not transmitting HIV to others.
- Pregnant women can seek advice at HTS centers on how to reduce the risk of transmitting HIV to their babies.

There is no set time to go for testing. However, it is important to go for testing if you do not know your HIV status, and you think you may have been exposed to HIV. If this is the case, testing and knowing your status is vital to enable you to be sure.

**HIV testing is recommended** if someone is concerned that he or she may be infected because:

- Of unprotected sex
- Of transfusion with untested blood
- Of sharing needles or other injection material
- One of the sexual partners is infected

***Adolescents under the age of 16 must have a parent’s or guardian’s consent to their HIV test.***

### **HTS is an entry point to HIV treatment and care:**

- By knowing their status, people can begin treatment and positive living – if they are HIV positive, *before* they become ill.
- With the increasing availability of ARVs, knowing your HIV status is no longer the “death sentence” it was once thought to be. With ART programs and more knowledge of how to stay healthy with HIV, there are many real benefits to knowing your status.
- HTS can link PLHIV with other services, such as support groups and medical facilities.

### **Barriers to going for HTS:**

- Stigma surrounding HIV and AIDS
- Concerns about confidentiality of results
- Fear/belief that HIV is a death sentence
- Cost of taking the test
- Location of services (distance)
- Time that services are offered

### Step One: Pre-Test Counseling

An HTS counselor will talk to the individual alone (or with a friend or partner, if they prefer) about confidentiality, what will happen during the test, and what the test results mean. No one will know about the person's results or even that they have come to have an HIV test, if they prefer it that way. To proceed with testing, **informed consent** must be reached between the individual and counselor. If the person decides they do not want to take an HIV test after pre-test counseling, they are fully entitled to make that choice. **HTS is voluntary and NOT mandatory testing.**

**A positive result** on an HIV test means that HIV antibodies are present in your bloodstream and that the person is HIV positive.

**A negative result** on an HIV test usually indicates that the person is not infected with HIV. However, if this test is during the window period, HIV may be present in the body, but the body's immune system has not yet developed antibodies. Retesting after 3 months is suggested if the person has engaged in high-risk behavior since the test.

### Step Two: Blood Sample

Depending on the type of test kits used, the person may be able to wait for a few minutes to receive their results. In many tests used now, the person will be able to receive the results in a matter of 15-30 minutes!

### Step Three: Post-Test Counseling

After the test, the HTS counselor will talk to the person alone about their results (it is up to them whether they want to tell others their status). This is called *DISCLOSURE*. In addition to discussing the test results, the counselor should provide information on HIV prevention, care, and support. The HTS counselor is there to discuss any other issues or problems the person may have (e.g., family planning, questions about STIs) and can give that individual a referral to other health services, if needed.

### Step Four: Knowing Your Status

The most empowering aspect for people who use HTS is that they will know their HIV status and more about HIV and AIDS.

- Whether they are HIV positive or negative, knowing their status will allow individuals to make important choices about their health and future life.
- Ongoing counseling and support is often made available to those who are HIV positive so that they can begin to live positively and know they are not alone.
- It is important to consider the window period (the time immediately after HIV infection when HIV antibodies may not appear in a person's blood). Therefore, it is possible that during the window period individuals infected with HIV will test negative (a result called a **false negative**). If they feel they have been at risk of contracting HIV, they should have another HIV test approximately **3 months after the time they felt they were at risk.**

#### HTS can be offered by:

- Local clinics and hospitals
- Special clinics set up just for HTS
- A mobile or door-to-door unit that offers services in your community
- Non-governmental, faith-based, or community-based organizations
- Lay counselors in the community who have been trained in HTS

#### Where are the best testing centers in YOUR area?

## Information on Sexually Transmitted Infections

### What is a Sexually Transmitted Infection?

Sexually transmitted infections, commonly called STIs, are diseases that are spread by having sex. One can get an STI from sexual activity that involves the mouth, anus, vagina, or penis. STIs are serious illnesses that require treatment. Common STIs include: Genital herpes, HIV/AIDS, Genital Warts, Hepatitis B, Chlamydia, Syphilis, Gonorrhea, Vaginitis, and Trichomonas.

### Transmission, Signs, and Symptoms

One can get an STI by having unprotected sexual contact with someone who already has the infection. One cannot tell if a person is infected because many STIs have no symptoms. However, STIs can still be passed from person to person, even if there are no symptoms. STIs are spread during vaginal, anal, or oral sex, or during genital touching. Thus, it is possible to get some STIs without having intercourse. Not all STIs are spread the same way. Sometimes there are no symptoms. If symptoms are present, they may include:

- Bumps, sores, or warts near the mouth, anus, penis, or vagina
- Swelling or redness near the penis or vagina
- Skin rash
- Painful urination
- Weight loss, loose stools, night sweats
- Aches, pains, fever, and chills
- Yellowing of the skin (jaundice)
- Discharge from the penis or vagina (vaginal discharge may smell bad)
- Bleeding from the vagina other than during a monthly period
- Painful sex
- Severe itching near the penis or vagina

### Treatment and Prevention

If someone thinks they have an STI, it is important to see the health care provider. Treatment can:

- Cure many STIs
- Lessen the symptoms of STIs
- Make it less likely the disease will spread
- Help one to get healthy and stay healthy
- Provide one with information on how to prevent getting and spreading STIs

### Prevention of STI Transmission

- Use a condom every time one has sex, especially with more than one sex partner; always use a condom correctly.
- Be faithful. This means having sex with only one person whose STI status you know. That person must also have sex with only you to reduce your risk.
- Get checked for STIs on a regular basis. Do not risk spreading the infection to someone else.
- Do not use alcohol or drugs before you have sex. You may be less likely to practice safe sex if you are drunk or high.
- Know the signs and symptoms of STIs. Look for them in yourself and your sex partners.
- Learn about STIs. The more you know about STIs, the better you can protect yourself.
- Follow your health care provider's instructions for treatment.

**If you have been diagnosed with an STI and given some form of treatment, it is very important to remember:**

- Avoid drinking alcohol while taking your STI medicines.
- Drugs should be swallowed with water and not alcohol. Alcohol and some drugs interact in the liver and make drugs ineffective and cause further complications.
- You should NOT STOP taking medicines when you feel better; rather, you SHOULD complete your medicines as directed by a health worker.
- You should not share your STI medicines with your partner or friends.
- There are no prevention medicines that can be taken minutes before sexual intercourse that can protect you from getting an STI if you have unprotected sex with an infected person.
- Share your diagnoses with any potential sexual partners and speak to your health provider so you do not infect anyone else.

## Chapter 6: Anti-Retroviral Therapy

If a person has HIV, at some point that person will likely need treatment. HIV treatment is the use of Anti-Retroviral (ARV) drugs in people with HIV infection to slow the development of AIDS. In most people, this helps in reducing the viral load to undetectable levels.

### **What are ARVs and what is Anti-Retroviral Therapy (ART)?**

- ARVs are medicines used to treat PLHIV. ARVs can bring a person with AIDS back to good health and keep an HIV-positive person healthy for a long time. It is a treatment and not a cure for HIV.
- ART refers to the treatment of HIV using ARVs.
- ART or ARVs can help in decreasing the viral load (amount of virus).
- ARVs are taken in combination.
- The combination of drugs is tailored for each person. (*Usually*, people take two to three ARVs a day.)
- Once started, ARVs must be taken for the rest of a person's life.

Previously, not everybody who was positive was encouraged to start taking ARVs immediately. However, experts are now advocating the “test and start” approach to suppress the virus early and to reduce further infection. The Government of Zambia is now encouraging PLHIV to speak to an ART health professional once they know their status to discuss possibly starting earlier. When PLHIV are linked to treatment, the ART clinicians will assess the condition of the client per the current standard and procedure.

- Treatment may not be given for every HIV-infected person for different medical and social reasons.
- Treatment is recommended for all HIV-infected pregnant women and for all HIV-infected children.
- People infected with HIV can still stay strong by maintaining healthy living as discussed earlier.

To determine if someone is a fit for treatment, a blood test called the CD4 count, which looks at the strength of the immune system, will be carried out. A different blood test (called viral load) can determine how much HIV is in the body. In addition, the doctor or health care provider will consider the following factors:

- Whether the client has advanced symptoms.
- Client's willingness to start treatment.
- Whether the client will be able to take treatment daily and per instructions given (drug adherence). This is important, as it will determine the success of the treatment.
- How the treatment will benefit the client or whether the client is likely to have side effects. (This may be because the client is already taking other drugs, which may have side effects, or the client may develop drug resistance.)

**What is a CD4 count?** The CD4 cells are the cells that fight off infections. HIV attacks CD4 cells, weakening the immune system. A CD4 count records how many CD4 cells are remaining in the body. The more CD4 cells, the stronger the body is.

**Who should take ARVs?** In the past, not every person with HIV needed to take ARVs. Recently, however, the Government of Zambia is providing treatment to people who tested positive right away. Treatment should begin before the virus damages the immune system.

***HIV-positive pregnant women should take ARVs to reduce the risk of HIV transmission from the mother to child during pregnancy, labor, delivery, and breastfeeding.*** A pregnant

woman should take ARVs throughout her pregnancy and continue them after delivery so that her child is protected when breastfeeding.

**MTCT may occur at different times:**

<p><b>During pregnancy:</b> The baby can be infected during the pregnancy. The risk is higher if the mother has a high amount of HIV virus in her blood (e.g., a high viral load).</p>	<p><b>During labor:</b> The most dangerous time for the baby in terms of being infected is during labor. As the baby is being born, it struggles to get out, and the mother struggles to bring it out; this often leads to the baby being bruised and exposed to the mother’s body fluids (vaginal fluid and blood).</p>	<p><b>After delivery:</b> HIV is contained in breast milk; therefore, it is possible for a mother to pass on the virus to her child while breastfeeding. The presence of breast sores or infection increases the risk of transmission to the infant.</p>
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**ARV drugs are available for children.** As with any drug, the dosage is not the same as for an adult, and the drugs should be prescribed by a qualified medical practitioner. Like adults, once children start taking ARVs, they must take them for the rest of their lives.

**Post-Exposure Prophylaxis (PEP)** refers to a method of preventing the uptake of HIV after being exposed to transmission by blood or other body fluid contact with an HIV-infected person. PEP itself is an ARV and should be taken within 72 hours from the time of exposure to HIV infection. PEP must be taken for a full 4 weeks to ensure HIV uptake. While PEP often refers to a specific medication taken by people who think they have been exposed to HIV, there are other precautions they can take in cases of exposure before taking PEP drugs, or if PEP is unavailable.

**Pre-Exposure Prophylaxis (PrEP)** refers to a method of preventing the virus from establishing a permanent infection in the body after exposure. PrEP is a combination of medications taken orally for people at high risk of contracting HIV. Recent data shows that if used properly, it can be up to 92 percent effective. However, PrEP must be taken regularly; it is less effective if not. Clients on PrEP must be committed and able to take their medication consistently.

**If someone thinks they have been exposed:**

- Immediately wash (with soap and water) any wound or skin site in contact with infected blood or fluid, then wash it out with saline or a mild disinfectant.
- Rinse eyes or exposed mucus membranes thoroughly with clear water or saline.
- Report immediately to a hospital or clinic in charge of PEP and follow the local PEP protocol.

**Advantages and benefits of ARVs:**

- Controls or inhibits the virus from multiplying
- Protects and/or restores the immune system
- Improves overall health and prolongs life
- Reduces HIV-related illness and deaths
- Prevents MTCT of HIV infection
- Is used as a PEP
- Improves quality of life

**Disadvantages:** Side effects are reactions that may occur when ARVs are taken. All drugs have side effects; some are more severe than others. ARVs can cause side effects (e.g., nausea, anemia, rashes, and headaches). Health care professionals often have advice on how to mitigate these side effects.

**ARVs must be taken properly every day at the correct times. If a person does not take all of the right medicines (ARVs) every day at the right times, the ART will not work.**

When a person takes all the medicines every day at the right times, we say that there is compliance or adherence. Adherence maintains the correct number of drugs to fight HIV in a person's body. If ARVs are not taken properly, they can cause more harm than good.

Everyone should know their status! Go for HTS and undertake the HIV test. Then, if positive, have a medical examination conducted by a qualified medical practitioner before embarking on ART.

ARV drugs should never be shared. When they are prescribed, they are for one person. Do not buy drugs from a pharmacy or drugstore. Take the correct medications as prescribed, at the right time, for the rest of your life. To access the service, please visit your nearest health facility, rural health center, or a faith-based health center or community-based ART center.

The Beenzu Case Study is presented on the next page, followed by the Answers sheet.

## Beenzu Case Study from the Workshop

Beenzu is a married man. He is 41 years old and has a wife and four children. Beenzu is a truck driver with a good job and steady pay; he drives between Zambia and Tanzania – often away from home for several weeks at a time. He knows he has been at risk of infection because he has had unprotected sex, both with a girlfriend in Dodoma and with sex workers he buys from, from time to time. When Beenzu's friend at work became ill with AIDS, it scared him into getting tested. So, he found a mobile testing center on the border; within an hour it was confirmed that Beenzu was HIV positive.

At the mobile testing counseling center, Beenzu met Mercy. Mercy is a nurse and was very helpful in giving Beenzu information. Mercy explained that ART does treat the symptoms of HIV, but it is not a (1). ART works by suppressing the (2) in a person's body. ART can keep a PLHIV (3) for a long time. ART can also make someone who is sick with (4) feel well again.

Beenzu told Mercy that he knows people who are HIV positive but do not take ARVs. Mercy explained that most people do not start ART immediately when they know their status. However, experts are now suggesting that people “test and (5)” to suppress the viral load early, and the Zambian government is encouraging this.

Beenzu asked, how do I know if it is best for me? Mercy explained that once you begin ART, you cannot (6) and must take it for the rest of your (7). Therefore, to start, you must be committed. Mercy explained that it is also important to take ARVs at the same (8) every day, and a person should never miss a dose. Following these instructions is called (9), which is critical for ART. This is especially hard for truck drivers, so it was critical that Beenzu not begin until he knew he could stick to his treatment.

Mercy added that all pregnant women should start ARVs (10). In case one of Beenzu's sexual partners becomes pregnant, he needed to know.

Mercy tried to reassure Beenzu. By working with the clinic and drug adherence, there is a good chance of leading a long life. Mercy explained that, if taken appropriately, ARVs decrease a person's (2) and increases their (11) count. The more (11) count in your blood, the stronger your immune system is.

Beenzu started to worry about his children. He asked about babies and kids – what if they are HIV positive? Mercy explained that children (12) take ARVs. Like adults, they must take them for the rest of their (7), but it is an option.

Beenzu was scared. He had a cousin on ARVs who had experienced nausea and rashes. Mercy said that, yes, all medicines have (13), including ARVs. It is something to consider, though they should not deter Beenzu from seeking treatment.

Beenzu asked about price – are ARVs expensive? How would he afford them? Mercy assured him that ARVs were free for all Zambians who needed them.

Beenzu left and thought about it further for a few weeks. Then he returned to speak to Mercy again and agreed to begin ART. Before they started to discuss specifics, Mercy once again stressed the importance of (9). If taken improperly, ARVs can do more (14) than good. She also stressed that ARVs should never be shared; prescriptions are specifically for (15) only. Mercy also said how important it was for Beenzu to practice (16) sex and eat (17) food.

**Answers:**

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

16)

17)

## Chapter 6 Pictures for Assistance with Community Work

### Adherence

ART can be extremely successful in helping PLHIV live long, healthy lives – and for helping to slow the transmission of HIV, because when the virus is suppressed in the body it is less likely that an infected person can pass it forward. However, ART is not a cure, and PLHIV still have to practice safe sex and not be lulled into a sense of safety.

### Possible Questions for Discussion

- Is there a stigma against ART in your community? Explain your answer.
- Do you think people are ashamed to take ART?
- Do you think there is a perception that ART is the same as a cure?
- Do you personally have any fears or questions about ART?



## Chapter 7: HIV and Gender

**Gender** is the collection of social, cultural, and psychological features that a society often considers as either masculine or feminine. Gender is:

- Highly variable across cultures;
- Learned behavior; and
- Continually subject to change.

**Sex** is the biological and physiological characteristics that describe the difference between individuals as female and male. Sex classifies a person as either male or female. Sex characteristics are:

- Universal and naturally unchanging; and
- Defined by genetic make-up, such as chromosomes, external and internal genitalia, and hormonal status.

### Difference Between Sex and Gender

Sex	Gender
<ul style="list-style-type: none"> <li>• Biological/born with it</li> <li>• Same throughout time</li> <li>• Same everywhere</li> </ul>	<ul style="list-style-type: none"> <li>• Social/learned</li> <li>• Changes over time</li> <li>• Changes according to social context</li> </ul>

**What are sex roles?** Sex roles are biologically – and physiologically – determined functions distinct to females and males. Sex roles are naturally unchanging and include:

- **Women:** Pregnancy, giving birth, breastfeeding
- **Men:** Impregnation

**What are gender roles?** Gender roles are behaviors, activities, tasks, and responsibilities that females or males learn in society (e.g., cooking, income generation, and decision-making). Gender roles:

- Can change over time
- Are affected by age, race, economic status, culture, education, religion, technology, ethnicity, etc.
- Can change based on individual choices, social or political changes, natural disasters, and conflict

### Differences Between Sex Roles and Gender Roles

Sex Roles	Gender Roles
<ul style="list-style-type: none"> <li>• <b>Women:</b> Pregnancy, giving birth, breastfeeding, menstruating</li> <li>• <b>Men:</b> Impregnating a woman and producing sperm</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Women:</b> Cooking, taking care of the children, nursing the sick, cleaning/sweeping the home, babysitting, washing clothes, serving food</li> <li>• <b>Men:</b> Decision makers, breadwinners</li> </ul>

**What are gender stereotypes?** Gender stereotypes are rigidly held and oversimplified beliefs about the characteristics of females and males.

- For example, men are strong, women are weak. Women are emotional, men are able to make important and objective decisions.
- Society overlooks the reality of individual differences and, instead, judges females and males simply for being a man or a woman.
- Gender stereotypes strengthen assumptions that reinforce inequality.

- Gender stereotypes define how people should be and limit the options and life choices for everyone: women, men, boys, and girls. They also violate human rights.

### Illustrative Gender Stereotypes

Masculine	Feminine
<ul style="list-style-type: none"> <li>• Aggressive</li> <li>• Adventurous</li> <li>• Assertive</li> <li>• Powerful</li> <li>• Unemotional</li> </ul>	<ul style="list-style-type: none"> <li>• Obedient</li> <li>• Timid</li> <li>• Passive</li> <li>• Weak</li> <li>• Emotional</li> </ul>

### How Stereotypes Influence Behaviors and Risks Associated with Sexual Relationships

Aggressive, Adventurous Behaviors	Timid, Passive Behaviors
Has many sexual partners. Dominates in the relationship. May use psychological or physical violence to exert control. May use money as a way to bribe/coerce in the relationship.	Afraid to say “no.” Unable to negotiate terms of relationships, including safe sexual interactions. May be vulnerable because of a need for money.

**Note:** The problem is not that girls/women and men/boys are biologically different; the problem is that society values them differently based on these differences. Gender stereotypes reinforce the power imbalance that exists in society between men and women. The gender power imbalance perpetuates gender discrimination and gender inequalities at all levels, and greatly constrains the advancement of women in a nation. Gender equality demands that people of both sexes are free to develop their personal abilities and make free choices. Gender equality means that no one is held back by gender stereotypes or prejudices.

### How can gender norms be restrictive to men?

- Being a provider of a family causes stress and pressure. This is especially true if a man is poor and/or cannot find work.
- Feelings of stress can lead to physical illness, risky behaviors (like alcohol consumption), and suicide.
- Men are not taught to be emotional, so they have no outlet for feelings. They must remain strong even when they feel sadness (e.g., after the death of a family member).
- Men may be forced into violence even though they do not want to participate because they feel the need to live up to social expectations.
- Men are expected to have side chicks, so they might be forced into sexual relationships they do not want.
- Gender norms may limit a man’s role in the family or prevent him from enjoying fatherhood.
- The role of “leader of the house” can sometimes come with violence and emotional distance. This stifles relationships with his wife and/or children.
- Any man that does not fit into the social ideal of being big, strong, and powerful does not feel like a productive member of society.

### How can gender norms harm women?

- Women are taught to be submissive, which can lead to a range of issues in their personal and professional life, including:
  - Being a victim of Gender-Based Violence (GBV)
  - Having sex when, how, or where they do not want to, but not being able to say no

- Being forced-into sex
  - Standing back during decision-making processes and not speaking their mind
  - Doing things because it is their “duty,” even if they find them hurtful, humiliating, or demoralizing
- Women can be prevented from education.
  - Women can be pressured not to seek employment.
  - Once employed, women are told to focus on the home, not on their career.
  - Women often do not reach their potential because they are taught to put others before themselves.
  - Women have long and hard days because they are tasked with all household chores and all child-rearing responsibilities.
  - Women who do not marry and/or do not (or cannot) have children are judged and thought to be a failure.

**What do gender stereotypes and norms have to do with HIV risk for men and boys?**

- It is OK for men and boys to have many sexual partners, which leads to increased risk. Often, men are judged if they do not have multiple partners.
- Men and boys experience social pressure to drink heavily, which can lead to risky behavior.

**What do gender stereotypes and norms have to do with HIV risk for women and girls?**

- Men and boys decide if and when to have sex; women and girls are not allowed to say no.
- Men and boys decide how to have sexual relations; women and girls are not allowed to have an opinion or their own desires.
- Men and boys can decide if and when to use a condom; women and girls are not allowed to have an opinion or make a suggestion.
- Men and boys have the social power to dominate relationships; they will find a way to get what they want, one way or another.
- Because women and girls are taught to be weak and passive, they often do not initiate sexual relationships; they can feel pressured into doing things they do not want to do.

**How are the following groups affected by gender and/or sex?**

<p><b>Women in general from a biological perspective.</b> How are women more vulnerable to men biologically?</p>	<p>Semen has a higher viral load than vaginal fluid. The vagina has more surface area than the tip of the penis, therefore a greater chance of tearing or abrasion that can lead to HIV transmission. Young women have a thin and delicate vaginal lining that makes tearing even more likely. Women who take part in anal sex (either by choice, coercion, or force) are 13 times more likely to contract HIV from a positive partner than she is to give HIV to a negative partner.</p>
<p><b>Migrant workers from a cultural perspective.</b> How are migrant women more vulnerable because of cultural reasons?</p>	<p>As all women, migrant women are raised to be submissive and not have any opinions about sexual relationships, and they cannot negotiate condom use. Wives of migrant men are vulnerable because their husbands are very likely to have multiple sexual partners, but not use a condom in the home.</p>

<p><b>Migrant workers from an economic perspective.</b> How are migrant women more vulnerable because of economic reasons?</p>	<p>Migrants are usually poor and migrate to seek greater income. Therefore, migrant women are often economically vulnerable, which can force them into transactional sex for food, housing, jobs, transportation, and other needs.</p>
<p><b>Discordant Couples – Examine the power dynamics between the two options.</b> How is an HIV-negative woman more vulnerable than an HIV-negative man?</p>	<p>Because men have the power to make decisions about sex, if a woman discloses that she is HIV positive, he is likely to use a condom. However, if he is HIV positive, he is less likely to use a condom. Therefore, men can always negotiate condom use if it suits them – but women cannot.</p>

## Chapter 8: Sexual and Gender-Based Violence

### Gender-Based Violence (GBV)

- Violence is a tool of oppression that one person uses to control another. GBV is a form of violence that also takes into account the unequal power balance between men and women in society.
- GBV includes any act or threat by male or male-dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of her gender.
- GBV is derived from unequal power relations between male and female. In most cultures, traditional beliefs, norms, and social institutions legitimize – and therefore perpetuate – violence against women.
- GBV occurs in both the public and private spheres.
- GBV happens in all societies, across all social classes, with women and girls particularly at risk from men they know.
- GBV infringes on one's freedom to decide with whom to have sex.
- Not all violence between a man and a woman is GBV.
- Men often suffer from domestic violence, but rarely from GBV.

### There are four kinds of GBV:

1. **Physical violence** is characterized by actions that include beating, kicking, biting, burning, strangling, slapping, punching, assault using weapons (e.g., guns, knives, electric cables, razor blades).
2. **Sexual violence** is the forcing of undesired sexual behavior by one person on another. Sexual abuse includes the following:
  - **Sexual harassment:** Any unwanted, non-contact sexual behavior that embarrasses, humiliates, or intimidates an individual based on sex or sexual orientation. The behavior may be verbal, such as sexist remarks and jokes, obscene phone calls, sexual propositions, suggestive sounds, or demeaning gender-specific criticisms. It may also include pornographic visual displays or physical gestures.
  - **Incest:** Sexual abuse by family members who are related by blood (e.g., father and daughter, sister and brother).
  - **Rape:** Sexual intercourse (vaginal, anal, or oral) without consent. Rape can happen to boys/men and to girls/women. Rape is illegal and a human rights violation.
  - **Defilement:** Having sexual contact with a child below the age of 16 years. Consent is immaterial.
  - **Child sexual abuse:** Any contact or non-contact sexual behavior imposed on a child. The abuse can be physical, verbal, or emotional, and includes sexual touching and fondling; exposing children to sexual activity; having children pose, undress, or perform in a sexual fashion; exposing children to pornographic materials.
3. **Emotional violence** is any behavior that attempts to control a person by causing emotional harm to that person. Emotional abuse can include being threatened, intimidated, humiliated, coerced, or bullied.
4. **Economic violence** is behavior that aims to strip resources from women so that they are dependent on others, often to create greater dependence on her abuser; for example, not allowing women access to family finances or inheritance.

**Women often suffer more than one kind of abuse at a time. For example, rape can be both sexual violence and emotional violence because it makes the victim feel violated, weak, and/or powerless.**

**Domestic violence is a common form of GBV.** Domestic violence is an act or threatened act of violence by a family member, spouse, or romantic partner, including the forceful detention of an individual, which results in or threatens to result in physical injury.

**The following practices are common in several cultures in Zambia, and these influence our upbringing and socialization:**

- Polygamy
- Sexual cleansing and inheritance
- Merry dance (among people in Chama)
- Initiation ceremony (across many cultures)
- Circumcision ceremonies, culminating in initial sexual encounters to remove spirits after the ceremony
- Early marriages
- Belief in the saying: “A man’s promiscuity will never break a home.”
- The belief in dry sex; therefore, women insert or tend to use all sorts of agents inside their vagina, some of which are injurious (likely to cause harm)

**GBV Along the Care Cycle of HIV:**

<p><b>Prevention</b> ← → <b>SGBV</b> = How can acts of HIV prevention potentially lead to GBV? How can GBV limit a woman’s ability to prevent the transmission of HIV?</p>
<p>A woman may suggest condom use. This may provoke her partner, who might feel that she is suspecting him of being promiscuous. This may result in physical or emotional abuse toward the woman. A woman whose sexual partner is violent and abusive may fear negotiating condom use. Forced sex often leads to HIV as forced sex commonly leads to tearing of the vagina, which puts a woman at greater risk.</p>
<p><b>Testing</b> ← → <b>SGBV</b> = How can testing potentially lead to GBV? How can GBV limit a woman’s ability to access testing services?</p>
<p>If the test results are positive, the partner might react with violence. A woman whose sexual partner is violent and abusive may fear suggesting to go for an HIV test, or she might even be afraid to go in secret for fear that her partner will find out and the GBV will increase.</p>
<p><b>Treatment</b> ← → <b>SGBV</b> = How can treatment potentially lead to GBV? How can GBV limit a woman’s ability to access and adhere to treatment?</p>
<p>A woman who has not disclosed her HIV-positive status to her partner might sneak her ARVs. If she is discovered, she risks GBV. A woman in an abusive relationship may not remember to take her drugs on time and hence fail to adhere to treatment.</p>
<p><b>Care</b> ← → <b>SGBV</b> = How can palliative care potentially lead to GBV? How can GBV prevent a woman’s ability to access proper care?</p>
<p>A woman who is dependent on a man to care for her is vulnerable to GBV. A woman who has not disclosed her status might not go for the care that she needs for fear of GBV.</p>

## Reporting and Referrals for SGBV Victims

- The project encourages you to refer SGBV victims to a One-Stop Center or the YWCA.
- The One-Stop Centers and YWCA have contacts at the Victim Support Unit (VSU) and will ensure that they pursue the case. **Therefore, the project encourages all referrals to go to the One-Stop Centers or other GBV service providers, such as the YWCA.**
- When in doubt, talk to your district coordinator first. Remember: ALWAYS keep information confidential until the victim is ready to disclose publicly. Our #1 priority is to do no further damage or put the victim in greater danger.
- It is true that many rural areas do not have access to a One-Stop Center or a YWCA. In these circumstances, speak to your district coordinator so that the correct course of action can be determined.

## Bupe and Daniel Case Study from the Workshop

Bupe and Daniel are married and have five children ages 2-13. They used to be very poor, but a few years ago Daniel's brother got him a job with a trucking company. After a few years of experience, he moved to a bigger company, and now he makes good and steady money. Bupe and Daniel no longer fear for their day-to-day expenses.

Daniel is away for several weeks at a time. During this time, Bupe manages the house fine. It is when Daniel comes home that things are bad.

Bupe is used to managing the house, but Daniel comes home and expects everything the old way, with him in charge. Bupe argues with him, and this makes Daniel angrier. They also argue about money; now that they have extra money, where will it go? Bupe suspects Daniel makes more than he tells her and spends it at the bar or on prostitutes on his routes. Daniel spends a lot of time at the bars during his days off and often comes home drunk. This never improves the situation.

Lately, their fights have turned violent. Daniel hits Bupe, sometimes in front of their kids. He is also sexually aggressive toward her; Bupe does not like to consider it "rape" since he is her husband. But sometimes Daniel forces himself on Bupe when they are arguing, which makes her feel violated and powerless. She also worries that one day Daniel will be violent toward the children, although that has not happened so far.

Bupe loves the times when Daniel is away. Sometimes she dreams about taking the kids and running away before he returns.

### Questions for "Bupe" Groups:

- Why do you suppose Bupe does not leave the marriage?
- What does this relationship have to do with HIV?
- How might a Prevention Volunteer working with Bupe handle this situation?

### Questions for "Daniel" Groups:

- From your experience, what are some reasons why Daniel might be violent to Bupe?
- Is it likely that anyone in his life has confronted him?
- How might a Prevention Volunteer working with Daniel handle this situation?

## Chapter 8 Pictures for Assistance with Community Work

### Unwanted Sex

Boys and men often take advantage of women who have impaired decision-making capacity due to alcohol. GBV can happen when a woman is intoxicated. It is never okay for a man to proceed with unwanted sexual relations, even when a woman has been drinking or even if she is dressed provocatively.

### Possible Questions for Discussion

- What do you think this man is thinking?
- Would it be OK if he acted on these thoughts?
- Have you ever heard that it is a woman's fault for being raped or sexually assaulted? Explain. Do you agree/disagree? Why?
- For boys/men: What can you do to ensure you never perpetuate GBV?
- For girls/women: What would you do if a man was violent toward you when you were drunk? Why?



## Chapter 9: Alcohol, Substance Abuse, and HIV

**Alcohol and substance abuse** refers to misuse of alcohol and drugs to cause harm to the human body.

A drug is any substance that is used as medicine, such as caffeine, aspirin, and nicotine. Drugs and alcohol are potentially damaging to a person's physical, social, and mental health if taken in excess. Drugs should only be taken as advised by a medical practitioner, and alcohol intake should be limited to safe levels. Alcohol is among the most widely used recreational stuffs. Alcohol is the most common mood-altering drug in Zambia.

### Types of drugs:

- **Depressant** refers to any drug or chemical that decreases the activity of any bodily function. The term most often is used to refer to drugs that reduce the activity of the central nervous system. The sedative effects of these agents tend to reduce pain, relieve anxiety, and induce sleep. They include alcohol and tranquilizers.
- **Stimulant** refers to a group of drugs that excite the central nervous system, increase alertness, and alleviate fatigue. Caffeine is perhaps the most socially acceptable and commonly used stimulant. Other stimulants include cocaine and amphetamines, which create intense feelings of joy (well-being). Amphetamines, commonly known as pep pills or diet pills, also decrease appetite.
- **Hallucinogens** refer to drugs that change a person's perception. People using these drugs often see images, hear things, or feel sensations that are not there. Marijuana and heroin are two examples.

**Legal drugs and illegal drugs:** Legal drugs are those that have been approved for sale either by prescription or in shops. If used improperly, people can become physically dependent on some prescription drugs, such as morphine and valium. Illegal drugs are drugs that people may not manufacture, sell, purchase for sale, or possess. These include drugs such as marijuana (dagga), cocaine, snuff, and heroin.

### Drugs commonly abused in Zambia:

- Alcohol
- Benylin
- Tobacco
- Dagga (also known as marijuana or cannabis)
- Cocaine
- Heroin
- Khuba
- Snuff

### Common causes of drug/alcohol abuse:

- Peer pressure
- To hold onto a relationship
- Because they are bored, lonely, or angry
- To fit in
- To satisfy curiosity
- To give them confidence
- Like the taste or the feeling
- Trying to forget problems or reality
- Because their families use them

Some people become addicted to drugs. Addiction occurs when the normal functions of the body are altered in such a way that the body requires the continued presence of the drug to function. Addiction can

be psychological or physical, depending on the drug. The person who is addicted cannot function normally without the drugs of addiction.

**If you drink a lot of alcohol over a period of time, it can seriously damage your body and mind:**

- Alcohol acts as a depressant on the body. It slows our reflexes, constricts blood vessels, and influences the way we see and interpret events around us.
- Drinking too much can make men impotent (they cannot keep an erection).
- For a pregnant woman, drinking can damage her unborn child.
- Health problems associated with alcoholism include permanent loss of memory, liver and heart damage, blackouts, and shaky balance.
- Frequent mood swings and may have outbursts of violence or depression while drinking.
- Young people's normal growth and development is affected.
- Drug abuse and addictive behavior interferes with the establishment of healthy relationships.
- Drug use impairs judgment in critical areas.
- Accidents, missed opportunities, unintended pregnancies, and academic failure are more likely when you cannot think straight.
- Drug addiction and alcoholism also divert needed financial resources from more constructive endeavors.

**When you are under the influence of a drug, you can make unsafe sexual choices and put yourself at risk of STIs and HIV infections:** Alcohol consumption is considered a risk factor for STI and HIV infection. This is especially true if a person abuses alcohol or drugs. Alcohol consumption impairs judgment and reasonable thinking. Those who intend to use condoms may lose the sense to make informed decisions after drinking alcohol. Condom negotiation with a partner who is drunk is very difficult. Alcohol is also related to GBV.

## Chapter 9 Pictures for Assistance with Community Work

### Alcohol Abuse and the Family

Alcohol and drug abuse does not just harm the individual. Adolescents and young women often feel trapped and powerless to do anything about the situation.

### Possible Questions for Discussion

- Can you relate to this cartoon? Why or why not?
- What would you do if someone in your family had a drug or alcohol problem? Do you think offering help is interfering?
- Who would you ask for help if you needed it?
- What if this woman in the photo was your sister or your daughter? What would you do to help?
- What if this man in the photo was your brother or your son? What would you do to help?



## Chapter 10: Stigma, Discrimination, and Positive Living

**Stigma** can be described as a set of negative (and often unfair) beliefs that an individual, society, or group of people has about something. It can also be a mark of disgrace associated with a particular circumstance, quality, or person. Stigma often is not based on fact, but perception. Stigma also has negative consequences for the way in which individuals come to see themselves.

**Discrimination** is the unjust or prejudicial treatment of different categories of people (e.g., on the grounds of race, age, sex, or HIV status). It occurs when a distinction is made against a person that results in their being treated unfairly and unjustly on the basis of their belonging (or being perceived to belong) to a particular group.

### **HIV stigma often leads to HIV discrimination:**

- Stigmatize is something that people do to other people.
- People can stigmatize others directly or in a passive way.
- The group who stigmatizes others is made to feel superior.
- The groups that are victims of stigma are often devalued and ashamed.

### **Types of stigma include:**

- ***Felt or perceived stigma*** – Real or imagined fear of societal attitudes due to the arising of a particular undesirable attribute, disease (like HIV/AIDS), or association with a particular group. This may include denial of the risks of HIV, refusal to use condoms, refusal to disclose status for fear of possible negative reactions from friends and relatives.
- ***Self-stigma*** – A person living with HIV who blames and isolates himself or herself.
- ***Enacted stigma*** – The real experience of discrimination. For example, if someone's HIV status is disclosed and leads to the isolation of the individual by family, friends, and workmates.
- ***Moralizing behavior*** – An individual with a judgmental attitude. For example, someone who believes that PLHIV are sinners or deserve what they are going through.
- ***Cultural norms*** – Where individuals are denied information or services that would empower them in making choices because of their status or position.

### **Examples of stigma include:**

- Isolation, insults, judging, blaming
- Stigma by looks or appearance
- Stigma by type of occupation
- Stigma by association – whole family affected by stigma

### **Possible effects of stigma:**

- Stigma results in denial, rejection, and discrediting.
- Stigma leads to discrimination, which inevitably leads to the violation of human rights.
- Stigma fuels the spread of HIV because it undermines prevention activities, care, and support of infected individuals.
- People hiding their status may not be able to refuse sex to avoid arousing suspicion, which increases the risk of transmission and reinfection.
- Stigma also causes discrimination against individuals suffering from HIV/AIDS infections.
- Stigma brings about shame, denial, self-isolation, neglect, loss of hope, depression, alcoholism, self-rejection, anger, and violence.

- Kicked out of the family, house, work, rented accommodation, organization, etc.
- Dropout from school (resulting from peer pressure – insults).
- Depression, suicide, alcoholism.

**Positive living with HIV is living with hope and determination to delay the onset of AIDS and being able to live a healthy and long life.** It means maintaining a positive mental attitude and healthy lifestyle to help the immune system cope with HIV (or any other illness). It means avoiding infecting others and reinfecting oneself with HIV. This includes talking to your doctor before becoming pregnant to take steps to prevent passing HIV to your baby. Doing things that help your immune system to be strong and avoiding that which weakens your immune system. Living a positive lifestyle when you are HIV positive can help you to lead a normal and healthy life and live longer. Positive living is a way of life to make the environment friendly and safe for people living with HIV and AIDS.

**Accepting one's status is the foundation of living positively.** A person cannot accept his or her status if he or she does not know their status.

- Once someone finds out they are HIV positive, they need to work hard to accept this status. This will not happen overnight, but PLHIV need support to be able to cope.
- Sharing this status and concerns with loved ones helps.
- PLHIV should never blame themselves for their condition.
- PLHIV should learn about the disease and its implications.
- PLHIV should share experiences with others in the same state as a way to find strength and hope.

**Make plans for a good life:** Being infected with HIV does not mean one will die immediately. PLHIV may live for 20 years or more with the availability of ARVs. Negative emotions like worry, anger, hate, fear, etc., make the body produce hormones that weaken the immune system. Whenever PLHIV have negative emotions, they should consult a trusted counselor for help.

#### **Seek emotional support:**

- Find someone you can trust to talk to about your HIV status.
- Go back to the counselor who will listen to your fears and worries about your status. The counselor will help with the information on how to take care of yourself.
- Involve your friends and family members who you can trust to help you deal with your worries.
- Talking to somebody helps you cope with stress and ease the tension. It will lighten the load.

#### **Engage in social activities and seek social support. PLHIV:**

- Should avoid being alone. Mix with friends and family members.
- Visit friends and participate in meetings of the local network of people living with HIV and AIDS to share experiences and challenges. This will help you overcome difficult conditions.
- Staying in the company of a good friend might help avoid depression.

**Spiritual support might be helpful if you are a member of a church or religious organization.**

**Maintaining good health is important!** The immune system is already fighting with HIV when there are opportunistic infections. It means that the system is overworked. This will weaken the immune system and lead to an increase in the amount of HIV in the body. (Viral load goes up.) Immediate treatment of opportunistic infections helps to keep the immune system stronger and therefore brings the viral load lower.

#### **Avoid infections and diseases. PLHIV should:**

- Seek early treatment at the onset of illness.
- Visit the doctor or health care provider regularly, even when they are not sick.

- Sleep under a mosquito net to prevent malaria.
- Prevent diarrhea. Drink boiled water and eat clean food.
- Avoid infectious diseases such as tuberculosis and STIs.

**Avoid reinfection with HIV and protect others from infection. PLHIV should:**

- Either abstain from sex or use consistent protection every time they have sexual relations.
- Always share their status with potential partners so they understand the risk.
- Seek help from a counselor, health care provider, or a doctor if they ever decide to get pregnant or want to have a child.
- Avoid taking alcohol as this may lead to forgetting about using a condom correctly and consistently.

**Sexual health and “discordant couples”:** A discordant couple is when one partner is HIV positive and the other partner is HIV negative. It is vital that a discordant couple use condoms when they have sex. This will enable the partner who is HIV negative to remain negative. The couple should work together to enable the partner who is HIV positive to live positively.

**PLHIV can maintain good personal hygiene by:**

- Taking a bath at least once a day (excessive baths may lead to dryness of the skin; apply oil after a bath to prevent skin dryness)
- Wearing clean clothes
- Brushing teeth after eating
- Washing hands after using the toilet and before handling food
- Ensuring that the living environment is clean

**Do exercise regularly. Work in the garden, take walks, or do other simple exercises. However, care should be taken to avoid strain or injury.**

**Get proper sleep and enough rest to keep the body strong.**

**Good nutrition is very important, particularly for PLHIV.**

- HIV weakens the body’s immune system, thereby giving rise to frequent diarrhea, indigestion, and severe loss of weight.
- Good nutrition will help boost the body’s immune system and helps protect the body against diseases and infections. Vitamins and minerals help the body to fight diseases.
- To maintain good nutrition, eat a balanced diet.
- Eat food high in nutrients, such as beans, nuts, meat, milk, eggs, fish, *kapenta*, chicken, caterpillars, termites, and all edible insects.
- Even if poor, eating healthy and locally available foods, such as green leafy vegetables, fruits, nuts, and soya foods, will help.
- Fats, sugars, and salt should all be taken in moderation. Too much fat in the diet will lead to excessive weight gain and can cause heart problems as well as diarrhea. Too much sugar leads to excessive weight gain and can cause tooth decay. Too much salt leads to high blood pressure and is also associated with heart problems.
- Ensure that the food eaten is clean.
- Boil drinking water.
- Always buy fresh foods.
- Always eat freshly cooked food.

## Chapter 10 Pictures for Assistance with Community Work

### Positive Living

Positive living for PLHIV is not much different than positive living for all people – PLHIV simply have to take a few extra steps to keep themselves healthy, and the people around them healthy: adherence to ART, practicing safe sex, and avoiding alcohol and drugs are critical.

### Possible Questions for Discussion

- How does this picture make you feel? What message do you see in this picture? Why?
- How do you relieve stress?
- Do you think this is a healthy way to relieve stress or an unhealthy way?
- Do you need to explore other ways to relieve stress?
- Do you know what a balanced diet looks like? Do you feel like you eat a balanced diet, or do you need help to ensure this?

