



# FACT FILE: HIV/AIDS



This is a *VERY* serious topic, but there is hope!

The more understanding that *YOU* generate, the more reason to be happy about our future!

## HIV Background/History

The HIV virus was first found in 1983, but it wasn't until 1985 that enough was known about it to make testing available for HIV.

There is currently no cure, but there is hope.

Since 1983 medical research has made great advances in treatments, so that people living with HIV/AIDS can live much longer.

## What is AIDS?

AIDS stands for 'acquired immunodeficiency syndrome'. The virus has now reached the level where symptoms and infections cannot be fought off by the immune system.

AIDS is the end stage of the infection, which is known as human immunodeficiency virus (HIV). The virus attacks the human immune system and the majority of people who reach the end stage of the infection, called AIDS, die from diseases known as 'opportunistic infections' such as tuberculosis, pneumonia or AIDS related cancers. These diseases take advantage of the immune system, which is unable to fight off infections.

## HIV/AIDS The facts

1. Transmission: How do you catch HIV?
2. Stages and symptoms of HIV/AIDS
3. Treatment
4. Impact of HIV/AIDS
5. How can Education help?
6. How has HIV/AIDS affected life expectancy in Africa

### 1. HIV Transmission

The virus **CANNOT** be transmitted by casual contact.

The virus is transmitted through:

- sexual intercourse
- re-use of contaminated needles and syringes, whether through medical procedures or drug use
- breast-feeding or whilst pregnant
- blood transfusions using contaminated blood or blood products

75% of new cases occur through sexual transmission. 75% of those, are from heterosexual sex and 25% through sex between men.

**FACT: EVERY DAY 7000 WOMEN ARE INFECTED WITH HIV!**

### 2. Stages and symptoms of HIV

#### Stages of HIV/AIDS

Stage I infected with Virus, but with no symptoms

Stage II minor infections occur

Stage III unexplained chronic diarrhoea for longer than a month, severe bacterial infections or tuberculosis

Stage IV Toxoplasmosis of the brain, candidiasis of the throat or lungs



#### Symptoms of HIV:

- Most people infected with HIV have no symptoms and probably do not know that they have become infected.
- Some have a fever-like illness like glandular fever when they first become infected.
- ALL people infected with HIV are highly infectious and can transmit the virus to another person.

#### 3. HIV Treatment

- As there is NO cure, the only thing that can be done is to stop the HIV virus reaching the end stage called AIDS.
- So far the only treatment that has been developed is Antiretroviral (ARV) therapy in the form of injections

ARV can slow down the progress of AIDS by decreasing the number of virus cells in the body.



**But...** treatment is VERY expensive, the drugs have cost \$millions to develop and produce.

Most African countries cannot afford the price of ARV therapy.

25% of HIV mothers pass on their disease to their infants.

In 1997 550,000 infants were born with HIV or became infected through breast-feeding.

By using a drug called zidovudine, the risk has now dropped to 8%.

#### 4. HIV/AIDS Impact

The region has just over 10% of the world's population, but almost two-thirds of all the people living with HIV/AIDS.

In 2003, an estimated 3 million people were newly infected, and 2.2 million died of AIDS.

13 sub-Saharan African countries have suffered dramatic reversals in human development since 1990 mainly due to HIV/AIDS.

#### 5. Life Expectancy

In seven of sub-Saharan countries, life expectancy has declined to below 40 years.

Life expectancy and HIV rates in selected African Countries

Country	Life expectancy	Life expectancy	HIV prevalence (Ages 15-49)
	1990	2002	
Zambia	47.4	32.7	16.5%
Zimbabwe	56.6	33.9	24.6%
Swaziland	55.3	35.7	38.8%
Lesotho	53.6	36.3	28.9%
Malawi	45.7	37.8	14.2%
Mozambique	43.1	38.5	12.2%
Central Afr Rep	47.2	39.8	13.5%

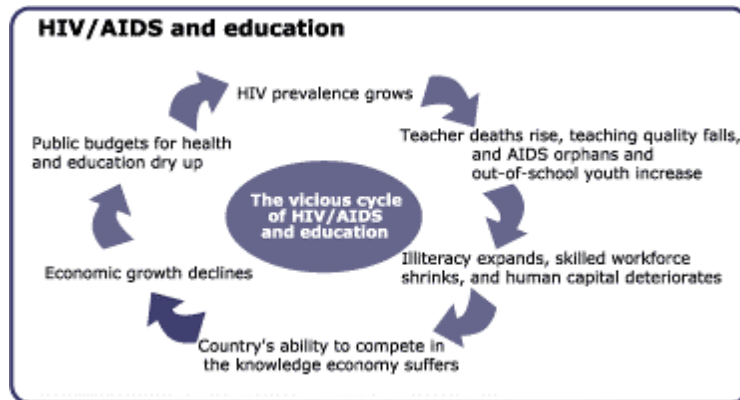
HIV prevalence (Ages 15-49) means: what is the percentage of people in the country between 15 and 49 years old that have HIV.

What percentage of Swaziland between the ages of 15 and 49 has HIV?

## 6. HIV Education

Education is increasingly being regarded as a key asset in the strategy to prevent HIV infections among young people, particularly in Africa.

Young rural Ugandans with secondary education are three times less likely to be HIV positive than their uneducated peers.



In Swaziland, 70% of adolescents in secondary school are not sexually active, while 70% of out-of-school youths in the same age group are sexually active.

40% of children in sub-Saharan Africa are not in school, the majority of them girls.

### HIV/AIDS Current Events

World AIDS Day. December 1<sup>st</sup> every year. Make a note in your calendar.

The focus of the 2004 event was women, girls, and HIV and AIDS

The campaign was called 'Have you heard me today?' which looks at how gender inequality fuels the AIDS epidemic.

Links to W. Aids Day: <http://www.unaids.org/WAD2004/>

International Women's Day is the 8<sup>th</sup> March every year!

In 2005 a five city tour of the US was organised which looked at the issue of women and AIDS.

The tour was entitled 'Empower Women, Save Lives'.

Links to I <http://www.internationalwomensday.com/>

The 3 by 5 Initiative: "3 by 5" is the WHO global target to provide three million people living with HIV/AIDS in developing and middle income countries with life-prolonging antiretroviral treatment

(ART) by the end of 2005. It is a step towards the GOAL of making universal access of HIV/AIDS prevention and treatment accessible for all who need them as a human right.

Link to 3 by 5: <http://www.who.int/3by5/cfsheet/en/>

## Case Study: Read how Uganda has tackled the HIV/AIDS crisis

### Uganda

Thanks to a national commitment to awareness and health promotion about HIV/AIDS, there has been an 18% decline in the number of new cases, which means the number of people living with HIV in Uganda is now at 6% of the population.

90% of the population live in rural areas and due to conflicts in northern and eastern Uganda, healthCare is often limited and only unqualified health workers are available. AIDS is the leading cause of death for those aged between 15-49.

Of a total population of over 24.7 million, 2 million are orphans (half of these due to their parents dying of AIDS).

HIV/AIDS prevention and control is a main focus in many different areas of government planning, such as the National Poverty Eradication Action Plan. All parts of the country have been encouraged to play a part. UNAIDS run an HIV Drug Access Initiative which tries to improve the drug-distribution system and improved healthCare facilities.

Some traditional practices lead to greater risk of HIV transmission, such as circumcision (with unsterilised instruments), preparing the dead for burial (cleaning bodily orifices without protective gloves) and polygamy, so helping the Imams give accurate information in their spiritual teachings has been really important.

The Family AIDS Education and Prevention through Imams project is a good example of how better training has led to improvements in minority communities. Imams (mosque leaders) were given a bike for themselves and their team of volunteers so that they could visit the rural areas.

They were trained with accurate information about HIV/AIDS. Money was donated to set up small businesses, which empowered the women. By increasing their self-respect and financial independence, they hoped to avoid high-risk behaviour and make sure that children were properly educated and the HIV/AIDS message was understood.



## Personal testimonies



Francine's story: Francine lives in Rwanda. Her husband was killed in the genocide and she was gang raped. She now has HIV.

Link : <http://www.who.int/features/2004/aids/en/>

Balabwe's Story: Link: <http://www.who.int/features/2004/aids/en/>

"Women are at the forefront of the global fight against AIDS. They are not victims, but resilient and resourceful leaders and catalysts of action persevering against seemingly insurmountable odds. Women are the fabric of society holding together the families and communities they live in." Sarah Russell, UNAIDS

### HIV and Gender

- Young Women, Orphanhood, Poverty and HIV Risk
- Why is it difficult for women to negotiate safer sex?
- How has the UN responded to Gender issues?
- What is UNESCO doing about HIV and Gender?

Women's vulnerability is compounded by gender inequalities, including societal beliefs, customs and practices (e.g. wife inheritance, polygamy)

### UN Responses to Gender

In 2001, the UN Declaration of commitment on HIV/AIDS recommended a set of multi-sectoral measures to address the unequal risks faced by women and girls. These include:

- Addressing the epidemic's gender dimension.
- Accelerate national strategies that promote women's advancement, their full human rights and skills to negotiate safer sex.



- Eliminating discrimination against women, including violence against women, harmful traditional practices, trafficking and sexual exploitation.
- Reducing mother-to-child transmission by increasing women's access to antenatal care, information, counseling, testing and other prevention and treatment services.
- Reviewing the epidemic's social and economic impact, especially on women and their role as caregivers.

### YOUNG WOMEN, ORPHANHOOD, POVERTY AND HIV RISK

The Population Council in KwaZulu Natal, a province in South Africa, conducted a study to find out why such a large percentage of young women in South Africa had HIV. Here are some of their Key Findings:

- Girls are more likely to have sex at a younger age if they have a low socio-economic status
- Extreme income inequality
- Male dominated culture
- Deprivation increases the risk of forced sex and encourages trading sex for money, goods or favours
- Lack of social status undermines a girl's ability to negotiate safer sex
- Females who are orphans start having sex at an earlier age, have an older sex partner, and higher risks of early pregnancy

#### Why is it difficult for women to negotiate safer safe?

- The fear that discussing condom use demonstrates lack of trust in partners
- The fear of forced sex or rape
- The fear of violence
- The fear of loss of favour or gift
- Some men with HIV/AIDS believe the myth that sleeping with a virgin could cure their illness; in some regions young girls are being raped for this very reason

Several studies show that, in the absence of other sexually transmitted infections or immune-suppressing diseases, male-to-female transmission during unprotected sex is twice as likely to occur as female-to-male transmission.

Read Balabwa's story: <http://www.who.int/features/2004/aids/en/>

In South Africa, 58% of people living with HIV/AIDS are women and girls. Women, like Balabwa (aged 19), who are subject to violence and rape, are particularly vulnerable.

### How has UNESCO dealt with Gender and HIV?

UNESCO realises that HIV/AIDS work is inextricably linked to gender issues. Whether this is:

- \* caring for the infected and affected
- \* preventing the spread of the epidemic
- \* protecting the most vulnerable

Gender issues are embedded in specific socio-cultural experiences and histories that translate complex power relations between women and men.

Education in its broadest sense, both formal and non-formal, whether geared towards the learning life skills or formal knowledge, has a major role to play in changing attitudes and behaviours that sustain vulnerability to the disease and put girls, young and adult women at risk of infection.

UNESCO's focus on prevention education is directed towards five core tasks:

1. advocacy, expansion of knowledge and enhancement of capacity;
2. customizing the message and finding the right messenger;
3. reducing risk and vulnerability;
4. ensuring rights and care for the infected and affected;
5. coping with the institutional impact.

Have a look at the UNIFEM site on Gender and HIV/AIDS: [http://portal.unesco.org/en/ev.php-URL\\_ID=11616+URL\\_DO=DO\\_TOPIC+URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=11616+URL_DO=DO_TOPIC+URL_SECTION=201.html)

UNESCO's gender-sensitive response to HIV/AIDS includes the following kinds of activities:

- 1) Getting education systems to be gender-responsive: seeking system wide responses through EFA national action plans;
- 2) Promoting Human Rights-based and culturally appropriate approaches;
- 3) Using training and non-formal education as key entry points to address HIV/AIDS issues.
- 4) Developing empowering educational prevention strategies and material for adult and lifelong learning.
- 5) Developing and promoting the better use of ICTs, the media, drama and public entertainment and awareness Campaigns (radio and TV) to spread socially targeted, gender-sensitive and effective messages about HIV/AIDS

Do you want to know more about their strategy? [http://portal.unesco.org/en/ev.php-](http://portal.unesco.org/en/ev.php-URL_ID=11608&URL_DO=DO_TOPIC&URL_SECTION=201.html)

[URL\\_ID=11608&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=11608&URL_DO=DO_TOPIC&URL_SECTION=201.html)

### Global Stats

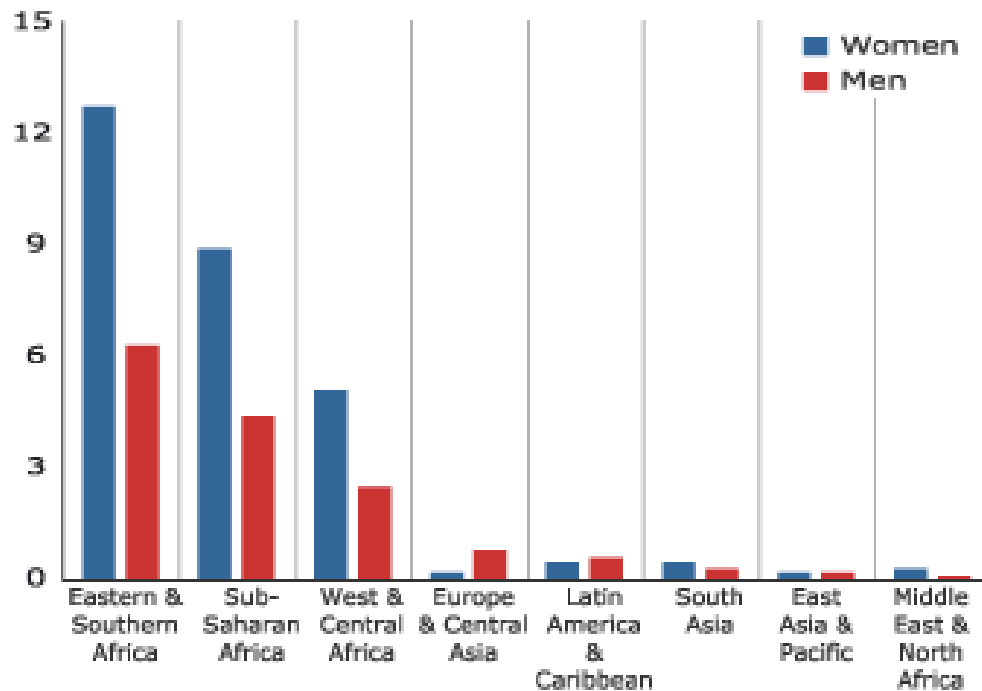
#### The Global Aids Epidemic as at End 2003

Estimated number of HIV/AIDS cases by region. Source: UNAIDS

- Sub-Saharan Africa	25,000,000
- East Asia	900,000
- Oceania	32,000
- South & South-East Asia	6,500,000
- Eastern Europe & Central Asia	1,300,000
- Western Europe	580,000
- North Africa & Middle East	480,000
- North America	1,000,000
- Caribbean	430,000
- Latin America	1,600,000
Global Total	37,800,000

# HIV Stats by Gender

**Youth living with HIV/AIDS**  
ages 15–24, end 2001 (%)



Source: Joint United Nations Programme on HIV/AIDS.

## Statistics

The majority of people infected with HIV, if not treated, develop signs of AIDS within 10-15 years. But in developing countries this can be as quickly as 5-7 years, as there are generally poorer health and nutritional conditions.

The World Bank has given US\$1 billion in grants to 28 countries to expand national prevention, care and treatment programs through the Multi-Country HIV/AIDS

Program (MAP), which gives funds directly to civil society organizations and communities.

- How many cases of HIV/AIDS were there in every region by the end of 2003?

- How many young people, between 15-24 live with HIV/AIDS?
- What percentage of young people living with HIV/AIDS are women?
- Which region contains almost 10% of the world's population, but have 66% of all people living with HIV?

Source: UNAIDS 2004

Young People Stats

YOUNG PEOPLE (15-24) LIVING WITH HIV/AIDS, BY REGION, END 2003

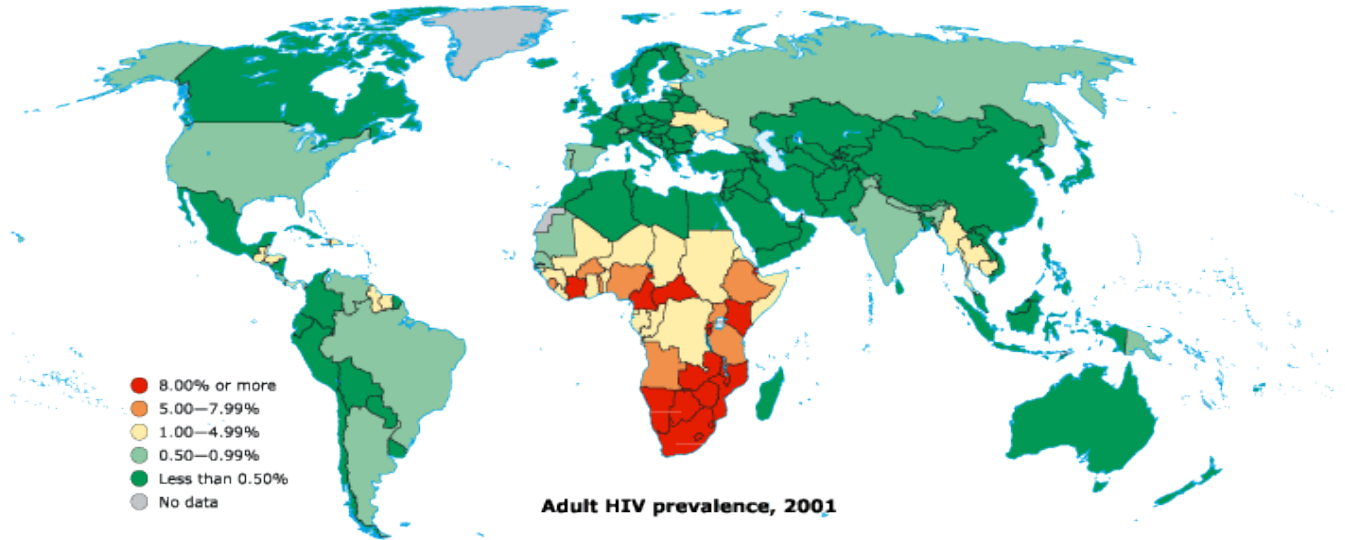
REGION	NUMBER	PREVALENCE RATE (15-24yrs)
Sub-Saharan Africa	6,200.000	4.5%
South/South-east Asia	1,800.000	0.5%
Eastern Europe/C Asia	630.000	1.0%
Latin America	610.000	0.6%
East Asia	340.000	0.1%
Caribbean	130.000	2.0%
North America	130.000	0.3%
North Africa/ Mid East	120.000	0.2%
Western Europe	57.000	0.1%
Oceania	7.200	0.2%

Prevalence means how often something occurs for a set topic. In this instance it is the number of cases of HIV/AIDS amongst young people between 15-24. So in Sub-Saharan Africa, 4.5% of the young have HIV/AIDS, the highest prevalence globally!

# Stats Map

Sub-Saharan Africa is by far the region worst affected by the AIDS epidemic. It contains almost 10% of the world's population, but has 66% of all people living with HIV.

In seven Southern African countries (Botswana, Lesotho, South Africa, Swaziland, Zambia and Zimbabwe) 20% of the adult population between 15-49 are living with HIV.





### The African Epidemic

African countries with the highest number of people living with HIV/AIDS

Country	HIV cases
South Africa	5,300,000
Nigeria	3,600,000
Zimbabwe	1,800,000
Tanzania	1,600,000
Ethiopia	1,500,000
Congo DR	1,100,000
Zambia	920,000
Malawi	900,000
Cote d'Ivoire	570,000
Cameroon	560,000

## Glossary

**AIDS:** Acquired Immunodeficiency Syndrome. The virus has now reached the level where symptoms and infections cannot be fought off by the immune system.

**HIV:** Human Immunodeficiency Virus. The virus attacks the human immune system and the majority of people who reach the end stage of the infection, called AIDS, die from diseases known as 'opportunistic infections' such as tuberculosis, pneumonia or AIDS related cancers. These diseases take advantage of the immune system, which is unable to fight off infections.

**Toxoplasmosis:** a single celled parasite that causes swollen glands and eye infections, not usually harmful for those with good immune systems

**Candidiasis:** fungal infection (yeast infection), can be treated easily in healthy people

## Useful Links

[http://www.unaids.org/wad2004/graphics/Epicore2004\\_Deco4\\_en.ppt](http://www.unaids.org/wad2004/graphics/Epicore2004_Deco4_en.ppt) UNAIDS website which contains all the statistics for 2004.

<http://www.unaids.org/en/default.asp> The UN AIDS website. It has a region by region breakdown, including individual country breakdowns.

<http://www.aidsalliance.org/sw1280.asp> Leading UK charity working on HIV/AIDS

<http://www.aidsmap.com/> Information and current news on the AIDS

<http://womenandaids.unaids.org/tour/default.html> The official website about the 5 city American tour in connection with International Women's Day, which in 2005 focused on Women and AIDS.

<http://www.un.org/events/tenstories/story.asp?storyID=400> AIDS orphans in sub-Saharan Africa: a looming threat to future generations. And 9 other stories the world should hear about from the UN website. (also good for orphans)

<http://www.unaids.org> The official UN AIDS website. They are responsible for coordinating the international response to the epidemic.

<http://www.undp.org> The official UN Development Programme website, go to focus areas and there is a section on HIV/AIDS.

<http://www.worldbank.org> Under the Millennium Development goals, there is a section on what projects the World Bank is involved in.

<http://www.who.org> World Health Organisation, the UN organisation responsible for all health issues. If you click on the "3 by 5 Initiative" there are testimonies from people living with HIV.

# Discussion Points: HIV/AIDS

How are people's lives affected by HIV/AIDS?

What is the difference between HIV and AIDS?

How long can people live with AIDS?

Can education make a difference?

How do I know if someone has HIV/AIDS?

Can I catch the HIV virus by kissing someone?

What impact has this made on life in Africa?

Is there a cure?

What can happen if you don't teach people properly about transmission?

What are the diseases associated with HIV/AIDS?

Why do the symptoms of HIV make the disease so dangerous?

At what age should teaching about the causes of HIV/AIDS begin?

Should drugs be made available free to anyone who has the HIV virus?

Should women with HIV/AIDS be prevented from having children?

What is the average life expectancy of people living in the developing countries?

How do the prevalence rates in Sub-Saharan Africa compare to other regions?

What is the link between education and HIV/AIDS?

How could the method of teaching about HIV/AIDS affect discrimination?

Why is Gender such an issue with HIV/AIDS?

Should Gender Issues be taught as a separate topic?

Why is there such a large difference between the genders?

What reasons might there be for the equal numbers of men and women with HIV/AIDS in some countries?

What can be done to change attitudes to sex?

What can be done to help women negotiate safer sex?

What do you find surprising about Balabwe's story?