

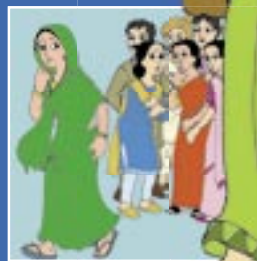


National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

Shaping Our Lives

Learning to Live Safe and Healthy

A Booklet on
Women and HIV and AIDS
for
Auxiliary Nurse Midwife (ANM)
Accredited Social Health Activist (ASHA)
Anganwadi Worker (AWW) and
Members of Self-help Groups (SHGs)





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This booklet was prepared through a consultation process with the Training Division of NRHM, HIV and AIDS Unit of UNIFEM, UNDP and Technical Divisions of NACO.

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Foreword

Today there is an urgent need to develop appropriate tools for front-line workers in addressing challenges of working with women and augmenting the process of change. One of the emerging issues today is of women's vulnerability to HIV and AIDS. Women, especially in villages, have to deal with many challenges because of hard socio-economic conditions and limited access to information and opportunities.

The booklet titled, '**Shaping Our Lives: Learning to Live Safe and Healthy**', is not limited to providing knowledge and skills related to HIV and AIDS prevention, testing and treatment. This is a resource material which can be used by ANM, ASHA AWW and members of self-help groups in developing an understanding of their own work in relation to larger issues of poverty, deprivation, and discrimination faced by women. I am sure this booklet will train our women workers in dispelling myths and misconceptions associated with HIV and AIDS. While working with other community groups in the village, they can help in fighting stigma and discrimination faced by people living with HIV and AIDS.

I am confident that this collaborative initiative among the Ministries of Health and Family Welfare, Women and Child Development and Rural Development will benefit millions of young women who can use relevant knowledge and skills in making their lives healthier and safer. I take this opportunity to acknowledge the contribution of UNIFEM and UNDP Delhi office for its technical support.

Ms. K. Sujatha Rao
Special Secretary and Director General
National AIDS Control Organisation

Purpose of the booklet

The booklet has been designed to facilitate the work of ANM, ASHA, AWW and SHG members who are working as front-line workers in the area of reproductive health, nutrition, empowerment and poverty alleviation programmes.

Though the booklet takes inspiration from various existing IEC materials, yet it provides a new insight into how HIV and AIDS impacts women and their conditions. Consultations with different programme managers and civil society groups have helped in transforming technical know-how into a simple step-by step guide. The use of easy to understand language, interspersed with illustrations, enhances acceptability of messages and their use among women in villages.

This booklet will facilitate front-line workers in working with women, not just in the context of HIV and AIDS but exploring inter-linked issues of rights, economic barriers and poverty conditions. This booklet can also be used to work with other development groups in villages to empower women in transforming barriers into opportunities.

For additional copies of this booklet, please contact:

IEC Division

NACO

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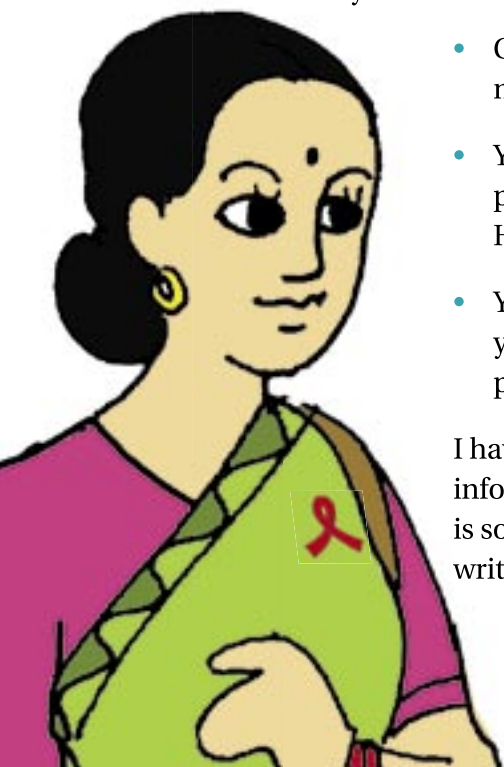
A Word with You

My dear friend,

As I sit down to write to you, I realise that we think alike on so many important matters, such as health, empowerment of women and girls and the wellbeing of all. Indeed, these shared beliefs strengthen our friendship. This time, I want to share some of the issues related to HIV and AIDS which may have an impact on our work with various groups of women and young girls in the village.

If we all work together, we CAN prevent the spread of HIV and AIDS and make our villages and communities healthy, productive and safe. You will ask me, 'How?' Well, by just following some simple, yet important steps:

- Share information with women about how to prevent HIV infection.
- If women and men want to get tested for HIV, tell them about the services available at integrated counselling and testing centres (ICTCs) in community health centres (CHCs) and district hospitals.
- If a family in the village has a person living with HIV and AIDS (PLHA), motivate the family for treatment at the ART Centre in the government hospital.



- Counsel the family about the special diet and importance of nutrition for the PLHA.
- You can take the lead to work with community leaders in providing support and care to people who are living with HIV and AIDS.
- You, along with the elders in the village, must also inform young people, migrating for work to other places, about preventive and safe behaviour.

I have compiled a small booklet containing as much useful information as I could find on this crucial subject. If you feel there is something important we can together add to this booklet, please write to me. It would help us in the fight against HIV and AIDS.



How to use this booklet

This booklet will not only tell you more about HIV and AIDS, but also help you to provide correct information to women and their families. As you know, there are many myths about HIV and AIDS! Myths and misconceptions seriously harm our common cause of HIV and AIDS prevention. We must always strive to provide correct information. You will find that I have been able to put in important information in this booklet to help us in our work as self-help group members, as ANMs, ASHAs, or AWWs in removing stigma and discrimination associated with HIV and AIDS. This booklet is a tool to work with the community.

Use of additional material

In our society, women are often the most vulnerable because they lack power, both socially and economically. ‘What does that have to do with HIV and AIDS?’ you will ask. Everything! This booklet helps to assess how women can become a potential target of HIV and AIDS.

This is one more reason why women should understand and exercise their rights. I have included stories in the form of conversations between friends in the booklet. The stories are useful for organising role plays among women. I end this letter with a heartfelt request that all of us must work together on the mission of driving away HIV and AIDS from our villages and towns to ensure an empowered, safe and healthy life for all.

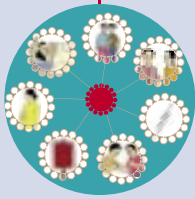
Wishing you all the best always,

Your Friend

NACO



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Glossary

AIDS	-	Acquired Immunodeficiency Syndrome
ANC	-	Antenatal Care
ANM	-	Auxiliary Nurse Midwife
ARV	-	Antiretroviral Drug
ART	-	Antiretroviral Treatment
ASHA	-	Accredited Social Health Activist
AWW	-	Anganwadi Worker
CHC	-	Community Health Centre
HIV	-	Human Immunodeficiency Virus
ICTC	-	Integrated Counselling and Testing Centre
IDUs	-	Injecting Drug Users
MSM	-	Men who have Sex with Men
NGO	-	Non-governmental Organisation
NVP	-	Nevirapine
OI	-	Opportunistic Infection
PHC	-	Primary Health Centre
PLHA	-	People Living with HIV and AIDS
PPTCT	-	Prevention of Parent-to-Child Transmission
SHG	-	Self-help Group
STD	-	Sexually Transmitted Disease
STI	-	Sexually Transmitted Infection
WLHA	-	Women Living with HIV and AIDS

Learning about HIV and AIDS and Our Role



Learning about HIV and AIDS and Our Role

Today I will share with you how and why HIV and AIDS has become one of the major health threats affecting young men and women.

As an Anganwadi worker, ASHA, ANM and member of self help group, it is our role, indeed our duty, to give women and their family members critical information about:



HIV prevention



its treatment



how to practice and negotiate safe behaviour

Did you know that though the two words - HIV and AIDS are written together, HIV, if left untreated, leads to AIDS. AIDS is the condition when the body becomes prone to opportunistic infections.

Unclear? Well read on.

You will find answers to many questions that are most commonly asked.

Let us learn in a simple way what HIV is.

HIV is a shorter form of three separate words.



Human. A person like me or you, who can belong to our family, neighbours and friends.



Immunodeficiency. This long word means a reduced capacity of the body to fight diseases.



Virus. Virus is a disease-causing micro-organism. In this case we refer to HIV.



How do people get infected with HIV?

HIV spreads through four main routes:



1. By having unprotected sex

You can avoid HIV:

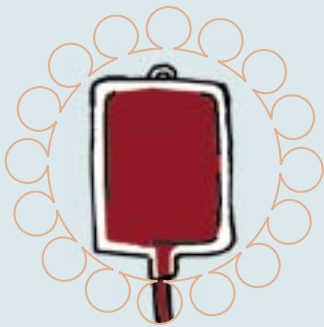
- Abstain from casual sex. Be faithful to your partner.
- Use condoms during sex. They are easily available in government health facilities, chemist's shops and general stores. Check the expiry date and use correctly.
- Don't take the risk of getting infected for life for a few moments of unprotected pleasure.



2. By receiving HIV infected blood or blood products

You can avoid HIV:

- Always ensure you take blood from a licensed blood bank if you or any family member is in need of blood.
- Check with the blood bank to ensure that the blood has been screened for HIV. Ensure your blood bag carries the sticker of mandatory testing for transfusion transmitted infections, including HIV.



3. By using unsterilised needles, syringes or lancets

You can avoid HIV:


- Always insist that disposable/sterilised needles and syringes are used when you have a blood test or during treatment.
- Avoid injecting drugs, and do not share needles and syringes.
- Be responsible. Ensure needles and syringes are destroyed after use.

4. From an HIV infected mother to her baby

You can avoid infecting your baby with HIV by:

- Knowing your status; get tested for HIV during pregnancy. Visit the nearest public health facility for free testing.
- Take timely medication to prevent transmission of HIV from mother to child as advised by your doctor.





Care should be taken to advise men and women about the ways by which HIV does not spread:

Remember HIV and AIDS does not spread through:

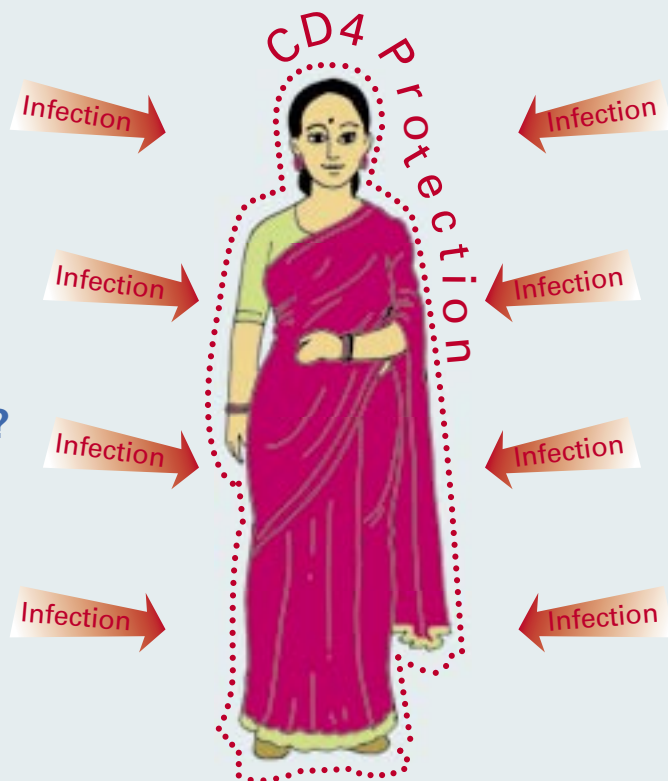
- ◆ kissing and touching
- ◆ holding hands
- ◆ sharing the same toilet
- ◆ sharing meals, sharing plates
- ◆ mosquito bites
- ◆ sharing clothes
- ◆ sitting or sleeping in the same room
- ◆ using a public phone
- ◆ coughing and sneezing
- ◆ using public bathing places; and
- ◆ saliva, nose fluid, ear fluid, tears, sweat, faeces, or urine

What happens when a person gets HIV?

Our body has a set of cells known as CD4 cells. These cells protect us from various infections and provide us with natural immunity. When HIV enters our body, it destroys these CD4 cells making us more susceptible to infections.

When does HIV become AIDS?

AIDS is the short form for **Acquired Immunodeficiency Syndrome**. AIDS is the last stage of the infection when the body loses its strength to fight diseases. In other words, the person is in a condition which impairs his/her immune system. As a result, the person becomes prone to all kinds of infections.



What happens once HIV replicates and spreads?

There are various stages of how the infection progresses. These are:

Initial stage

HIV spreads throughout the body, within weeks of entry. Many may not have any external symptoms or face any ill health. Some persons may, however, show following signs and symptoms:

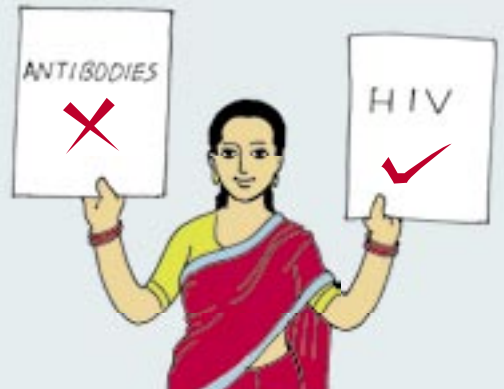
- Fever
- Headache , body ache
- Cough
- Skin rash
- Night sweats
- Swelling of lymph nodes. The flu-like symptoms last for 1 to 2 weeks.

These symptoms should be taken seriously if the person is known to or suspected to have high risk behaviours or exposes to high risk situations. In such a situation the person should be referred to Integrated Counselling and Testing Center (ICTC).



Window period

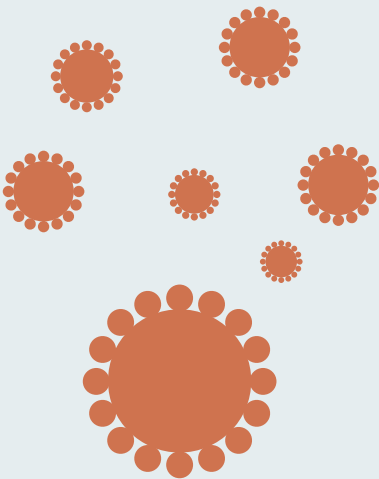
It takes between 6 weeks to 6 months (average 3 months) for HIV test (antibodies) to become positive after infection. During this time, even if the antibody test is negative, infected persons can still spread the infection to others. During this period the person may not test positive. Therefore, the test should be repeated after three months.



In your role as a friend and as a counsellor, you can provide women in your community most appropriate information and motivation on important preventive actions.

No symptoms stage

HIV spreads fast in deep tissues. There it may remain dormant for many months or years. This is the stage of 'clinical latency', which can last from 3 months to 17 years, depending on the immune status of individual patients. During this time the person may look healthy but is infected with HIV.



Symptoms stage

Our body loses strength to fight the virus at this stage. The destruction of the CD4 lymphocytes by the virus in our body disables the immune system gradually. The person suffers from obvious signs of the infection. Various opportunistic infections, such as tuberculosis, candidiasis, herpes, pneumocystis carinii and others occur and the person becomes weak and ill. Later still, the following symptoms may worsen the condition:

- Long spells of fever, and significant weight loss
- Frequent diarrhoea, fatigue and loss of appetite
- Dry cough or shortness of breath and swollen lymph glands
- Curdy white spots in the mouth and on the tongue (oral thrush).



Counsel women so that they can persuade their husband or partner to visit the nearest ICTC for testing.



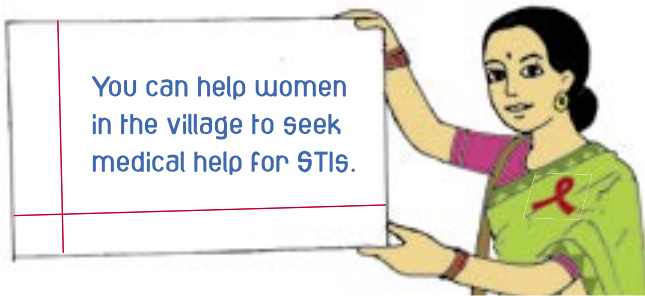
With your help
women can learn
about how to
prevent STIs.



Learning about Sexually Transmitted Infections (STIs)

Let us learn how sexually transmitted infections play a role in transmitting HIV from one person to another. I would like to share with you what I found out on this subject.

- Men and women with STIs have a ten-fold risk of contracting HIV than those who do not have STIs.
- STIs are generally caused by bacterial or viral infections. Some can cause ulcers, open wounds or sores in the genital areas.
- The ulcers, warts, etc., that form as a result of STIs, facilitate easy entry of HIV into the body.
- STIs are mainly transmitted through sexual contact.
- STIs can also be passed on during pregnancy from an infected mother to her unborn child.



How does a person know if he or she has STI?

If a person has the following symptoms he/she may have STI:

- Discharge from the private parts
- Blisters, sores or lumps around the private parts, genitals or anus
- Swollen glands in the groin
- Increased frequency of urination or pain, irritation and itching, while urinating

Seeking early treatment is very important.

Where can you send people with STI for treatment?

Treatment is available for STI in Primary Health Centres (PHCs), Community Health Centres (CHCs), district hospitals and by trained private doctors.

What else can you do to help?

Motivate persons with STIs to take the following steps:

1. With the support of ANMs and ASHAs, seek medical help for investigation and treatment.

Use of condom

2. The condom offers protection from: (i) HIV, (ii) sexually transmitted infections (STIs) and (iii) unwanted pregnancy. Using a fresh condom during every act of sexual intercourse is the only way to ensure protection and prevention of infections.

Male condoms are available free of cost at all sub-centres, PHCs, CHCs and district hospitals.

Male condom use

Proper use of male condom

- It is advisable to decide on the use of a condom with your partner beforehand as you may forget in the heat of the moment.
- Always check the expiry date or manufacturing date on the condom pack to ensure that it has not expired. Also make sure that the manufacturing date is not more than 4 years old.
- Press the condom pack with your fingers to make sure it is intact.
- To open the pack and identify the appropriate point to tear the pack, push the condom downward and carefully tear the pack with your fingers. Make sure your fingernails do not damage the condom. DO NOT use sharp objects such as scissors or a razor as they may cut the condom.
- To put on the condom, the penis must be erect (hard).
- Ensure that the part to be unrolled is on the outside. Press and hold the tip of the condom with your thumb and forefinger to keep out the air.
- Place the tip of the condom on the head of the penis and using your other hand, unroll the condom all the way to the base of the penis.
- Use only water-based lubricants; oil-based lubricants such as Vaseline, Crisco, hand lotion or massage oil cause the condom to break.
- Keep the condom on during intercourse. After ejaculation, while the penis is still in erection, pull out of your partner holding the condom at the base of the penis to avoid it spilling semen.
- Wrap the condom in paper and throw it away as soon as possible where it is out of reach. DO NOT flush condoms down the toilet.
- NEVER reuse the condom.





As a community friend you can counsel young girls and boys and married couples to practice safe behaviour.



Remind women about personal hygiene as well



Keeping ourselves clean and taking care of our personal hygiene is a very effective way of being free from illness and staying healthy. Many women have yellowish or white discharge which if not treated on time, it can lead to ulceration of the vaginal area.

You can explain to the menstruating girls about the importance of sanitary pads and clean clothes:

1. Sanitary cloth should be kept clean and dry.
2. If re-using the cloth, wash it with proper soap and if possible, dry it in the sun.

If pads are available, ensure:

- Proper use of clean and sterile pads
- No re-use of pads
- Proper disposal of pads



How can men be responsible in practising safe behaviour?

- By being faithful and responsible towards the spouse or partner.
- By always using a condom in multi-partner sexual relations.
- By seeking immediate medical help for treatment of STIs.
- **Sexual violence or coercion in sex may lead to higher risk of HIV infection.**



Men have an important role to play in ensuring women are not at risk of HIV

A RESPONSIBLE MAN is one who



DOES NOT abuse, beat, rapes or discriminates against women and girls



EDUCATES his son to take early responsibilities towards his mother and sister and share equally in household work



SHOWS his wife appreciation of the work she is doing



SHARES household and financial decision-making with her



EDUCATES his daughter and ensures her access to opportunities

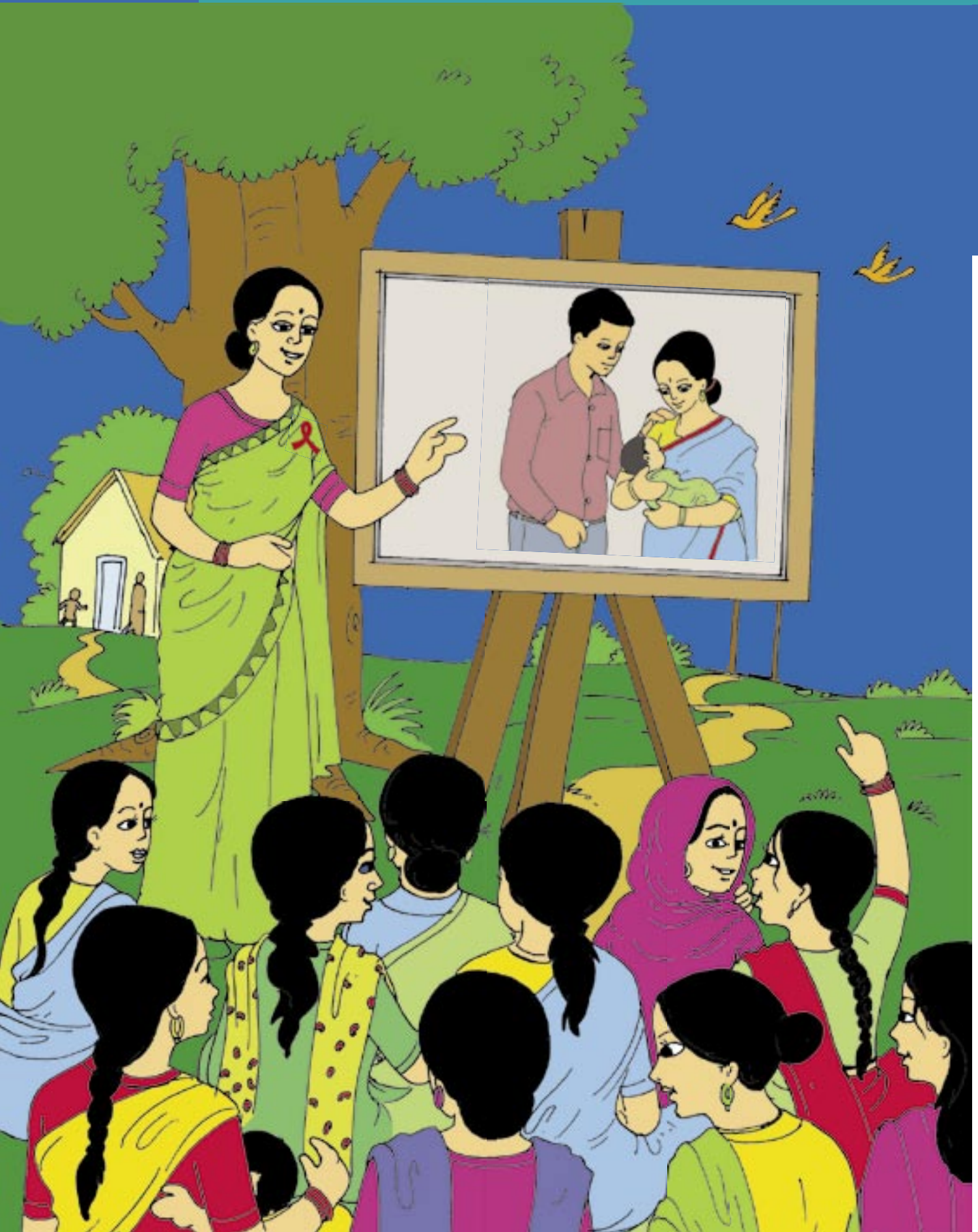
Men in the community can be motivated to play more proactive social roles. Such messages should reach men through panchayats, or through one-to-one talks.



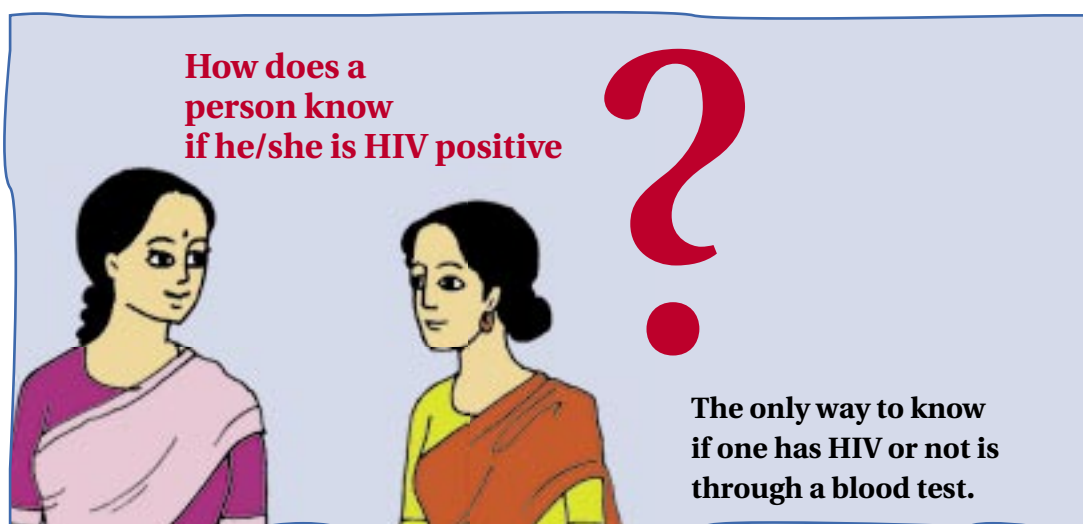
What did we learn in this section?

- ◆ Modes of transmission of HIV
- ◆ Symptoms and stages of HIV and AIDS
- ◆ STI and its treatment
- ◆ Prevention of HIV and AIDS
- ◆ Men's role and responsibility in protection and prevention

Counselling and Testing, Treatment and Child Care



Counselling and Testing, Treatment and Child Care



Indeed, it is really simple to get an HIV test done. A blood test for HIV at the nearest ICTC located in the community health centre or district hospital can confirm if a person has HIV infection or not. But do remember to tell the person wanting to be tested about the window period. In fact, because there are so many important issues to consider about HIV, the counsellors in the ICTC provide pre-test and post-test counseling to all persons being tested for HIV. The identity of the person getting tested is kept confidential. Now you may well ask:

What is an HIV test?

When infected with HIV, our body produces antibodies specific to HIV. The HIV test (ELISA or Rapid) detects these antibodies in the blood.



Process of Testing for HIV

Where can HIV test be done?

HIV testing facilities are available free of cost at the Integrated Counselling and Testing Centre (ICTC) located at the district, sub-district hospitals and community health centres.



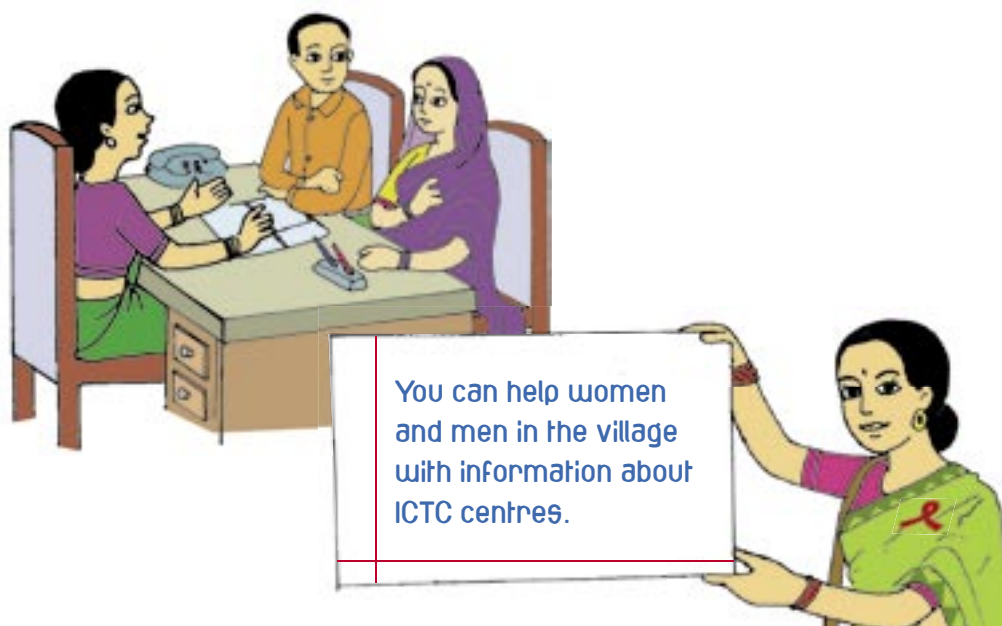
It usually takes about three months from the date of exposure for HIV antibodies to appear in the blood. This period is called the window period. If the HIV antibody test is taken during the window period, it may give a negative result because the blood test is looking for antibodies that have not yet developed. However, the person may already be HIV infected.

What is pre- and post-test counselling?

The counsellor helps the person to understand the importance of taking the blood test to know his/her status, the importance of taking treatment if HIV positive, planning for children, and the use of condoms to protect the partner from the virus.

Help women and their family to get tested for HIV at the nearest ICTC. The list of centres in your district is with the Medical Officer at the PHC, and also with the District Medical Officer.

Anybody can get HIV, but HIV test should be taken by those who may have been exposed to high risk situation or behaviour at some point in the life.



Let us see how can you help people living with HIV and AIDS (PLHA)?



- 1 Ensure that the woman and her partner or spouse agree to go to the nearest ICTC and get tested.



- 2 Help them in getting their results from the counsellor at the center.



- 3 Encourage all those diagnosed as HIV positive to get themselves registered at Antiretroviral Treatment (ART) centres and advise them to get the CD4 test done at the earliest so that they can get free ART (if required).



- 4 Ensure that People Living with HIV and AIDS (PLHA) are regularly taking Antiretroviral Treatment as advised by the doctor.



- 5 Ensure they visit the ART centre regularly every month and earlier if they experience any symptoms



- 6 Ensure that PLHA are taking the diet as advised by the counsellor



Provide moral and psycho-social support to PLHA and keep them motivated with positive attitude. Don't let anyone stigmatise and discriminate against them.

How do I help them?

If the result is negative

- If one or both partners have a high-risk behaviour and test negative for HIV, they should be advised to repeat the test after **three months**.
- Counsel them to avoid any high-risk behaviour during the window period even if the test is negative.
- Counsel about using condoms consistently and correctly



Provide information about:

- Avoiding unwanted pregnancies, coercive sexual behaviour of the partner
- Sharing and caring for each other
- Delivery and breastfeeding practices
- Using condoms
- Staying healthy

If the result is positive

- Advise the HIV positive person to register at an ART center and take the CD4 count test.
- Develop their social support through family, friends and peer group.
- Ensure they follow-up regularly at the ART Center
- In case of pregnant women, ensure they deliver at the hospital, and receive Nevirapine (NVP).
- Discuss issues related to diet, nutrition, exercise and risk reduction.



Chances of leading a normal life

If the right kind of treatment and care is taken at the earliest, people infected with HIV can lead a normal life. Provide regular information and appropriate counselling about diet and developing a positive attitude.

HIV and TB

This is also the right time for you to give information about one of the most common opportunistic infections amongst PLHA called tuberculosis (TB). More than half of the PLHA develop TB as their body's immunity weakens. Common signs and symptoms of TB are:

- Constant cough for three weeks or more
- Low grade fever lasting for more than one month
- More than 10% weight loss within one year
- Any enlarged/swollen lymph node in the body



Your role



Along with medicines, a positive attitude helps the person and the family to overcome the trauma of having this infection. You can be a source of support and guidance for HIV infected couples and women in making informed decisions about treatment and care.

If any of these symptoms is reported, you should refer the person to the nearest TB diagnostic centre, DMC (Designated Microscopy Centre) which is located at all medical colleges, district hospital, CHC and selected PHCs under the Revised National Tuberculosis Control Programme (RNTCP).

TB can easily be treated under the DOTS programme with medicines taken regularly for six to eight months. Get in touch with the doctor for more information about this programme and treatment which is available for TB patients.

For other infections like diarrhoea, oral thrush, fever etc. go to the nearest PHC/CCC for treatment.



People infected with HIV must remember the following:

- **Must not donate blood, semen or organs**
- **Must inform the sexual partner and always use condoms**
- **Must consult the doctor at the nearest medical centre**
- **Must plan pregnancy carefully, and seek advice of the doctor at the ICTC**
- **Must seek early treatment at PHC or CHC if suffering from any other infections**

Living with HIV and AIDS

Motivate people living with HIV and AIDS to take care of themselves by:



◆ Eating healthy and nutritious food



◆ Exercising regularly



◆ Stopping alcohol and tobacco use



◆ Getting regular health check-ups



◆ Taking medicine as prescribed by the doctor for opportunistic infection (OI)



◆ ASHA, AWW and SHGs can play an important role by disseminating prevention messages to the community in general and women in particular. During the women group meetings, they should talk about the services available in ICTC and ART centres. They should also talk about the services available for positive women and how they can avoid passing on the infection to their child if they are pregnant or planning pregnancy in the future.

Antiretroviral Treatment (ART)

ART is a combination of three drugs given to an HIV positive person having CD4 count below 250 cells. These medicines need to be taken two times a day, regularly for the rest of the positive person's life. Discontinuation/irregular intake of medicines can make the treatment ineffective after some time. HIV/AIDS has no cure but with proper treatment, the person infected with HIV can live a long productive life.



Initiating ART: Patient Education:

- It is not curative, but prolongs life
- Treatment is lifelong, expensive
- High level of adherence is critical
- May have short and long term adverse events
- Safer sex still essential
- Do not share with friends, family members

ART must be started only when the person living with HIV is ready.



Sometimes ART medicines may have some side effects. This does not mean that the person should stop taking the medicine. Counsel the person to continue taking the medicine.

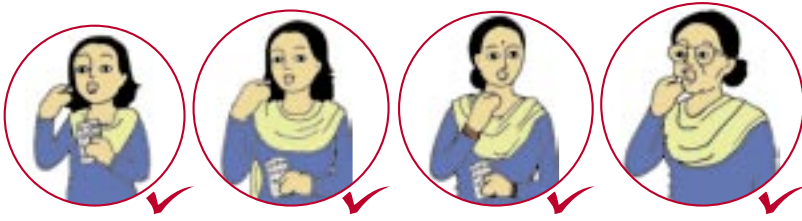
Let us learn more about it:

Nausea, diarrhoea and tiredness may appear after a person starts taking ART. However, these do not last long, and decrease over a period on their own. This is because the body gets used to the drugs, which allows treatment to continue without problems. In case the side effects persist, counsel the person to consult the doctor.

Common side effects of ART:

- Anaemia (tiredness, weakness, fatigue, breathlessness)
- Jaundice (yellows eyes, yellow urine)
- Skin rash
- Changes in mood and concentration

The decision to stop treatment should always be taken only on advice from the doctor.



ART drug is to be taken regularly for lifetime



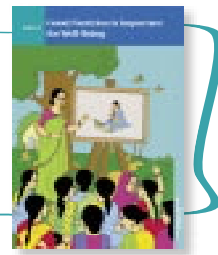
What is a CD4 count test?

CD4 test is blood test which reflects the capability of the body to fight infections (immune status). Higher the CD4 count, better is the capability of the body to fight infection. This test is done, free of cost, at the ART centres located in the medical colleges and district hospitals. If CD4 count goes down below the level of 250, a doctor may prescribe ART after thorough investigations.



- PLHA must be counselled about undertaking regular 'CD4' tests once every six months.
- Advise women and their spouse about their role as caregivers in making sure that treatment is being taken by both.
- Finally, do counsel the family to provide care and support for the infected person. A good diet is very important in fighting the infection.

A separate section is here to help you with information related to healthy and balanced diet to strengthen the immune system of the body.



What is 'Prevention of Parent-to-Child Transmission' (PPTCT) programme?

The HIV virus can pass on to the child from a HIV positive pregnant mother. 'How? you may ask. HIV positive woman can pass the virus to her child during pregnancy, delivery or breastfeeding. However, in a majority of cases child can be protected from getting the infection by timely intervention.



PPTCT programme aims at preventing the transmission of HIV infection from an HIV positive pregnant woman to her child. PPTCT programme helps HIV positive couples or mothers to ensure that the child is born free from infection by taking certain precautions/medications during pregnancy, delivery and nursing of the infant.

ART reduces the HIV concentration in maternal fluid, tissues and breast milk. This provides some protection from risk for the infant if given to the mother during pregnancy, delivery and post-delivery.

Nevirapine: A single dose of Nevirapine (NVP) given in labour to the mother and a single dose given to baby immediately after birth helps in prevention of transmission from a HIV positive mother to child. It is simple, as it is a single drug, which is given free of cost at hospitals where PPTCT Centres are located.



Infant Feeding and HIV

As HIV can be transmitted to the infant through breast milk, there is often a dilemma in the choice of feeding to be recommended for babies of HIV positive mothers. As far as possible, exclusive breast feeding is advised to mothers in situations where resources are limited. It is crucial that the breastfeeding must be initiated within the first hour of child birth.





If parents, or the mother is HIV positive, we can test the baby's HIV status after the baby is over 18 months old.



Exclusive replacement feeding is only recommended after ensuring that replacement feeding is AFASS:

- **Acceptable**
- **Feasible: the feeding option must be easily available**
- **Affordable**
- **Sustainable: the mother should be able to provide it for as long as the child needs it**
- **Safe (hygienic)**

It should be explained to the mother about the increase in the chances of HIV transmission if mixed feeding is given to the baby. If replacement feeding is chosen, hygienic ways of procurement, preparation and feeding by cup and spoon has to be advised. It must be emphasised that bottles must not be used.

Also refer to the segment on nutrition for more information of feeding option for the children and babies of HIV positive mothers.



The HIV status of the child can be known after 18 months of age. All children born to HIV positive mothers (exposed child) must be followed up regularly at the ART centres.

She/he can be given the paediatric ART on the advice of the doctor at the ART Centre. Such a child requires a nutritious diet which should be provided in consultation with the counsellor at the ART Centre or at the Community Care Centre (CCC) in your district.

A child may have to bear the social and other negative consequences of this disease from birth itself. Children, therefore, need support from their family and the community regarding their HIV status and that of their parents.

Steps in PPTCT Programme and your role



- 1 Visit a pregnant woman and motivate her to go to the nearby ICTC for a check-up and motivate her to take the HIV test which is free.



- 2 If found HIV positive, provide her with accurate information and give her support. If positive, husband should also be motivated to take the HIV test.



- 3 During the pregnancy ensure that regular ante-natal check-ups are given.



- 4 Poor maternal nutritional status also affects the child's immunity and increases the risk of HIV infection. Both parents must be explained about foods and vegetables that make up a nutritious meal for the mother and the unborn child.



- 5 The mother-to-be should be advised to have the delivery in the hospital. The husband should be motivated to take the wife for institutional delivery.



- 6 Both mother and child have to be given Nevirapine at the time of delivery. A single dose of Nevirapine must be given, atleast four hours before delivery, in labour to the mother and a single dose of Nevirapine must be given to the baby within 72 hours of birth.

- 7 Demonstrate safe feeding practices to the mother and other women in the house, who assist the mother with child care. Exclusive breastfeeding by the mother for six months is recommended. Top feeding is also an option if she can afford it and it is sustainable and acceptable. Breastfeeding should not be mixed with top feeding.



Community Care Centres

Find out about Community Care Centres (CCCs) in your district which serve as an important link with the ART Centre. CCCs are run by NGOs and linked to the nearest ART centres. You can get the list off these CCCs at the ICTC in your block.

What do CCCs do?

These centres provide the following information and help to PLHA:

- Motivation and counselling for ART
- ART drug adherence
- Information related to nutritious food
- Treatment for opportunistic infection
- Information about contact persons for government support services



These centres can provide the right information and linkages to PLHA to other service providers. Motivate PLHA in your community to seek the help of CCCs when they visit the ICTC or ART Centre.

What did we learn in this section?

About testing

- ◆ What is pre- and post-test counselling?
- ◆ Institutional safe delivery for maximum benefits, and to become a part of women's health care programmes.
- ◆ How can you help once the result comes out?
- ◆ What is the CD4 count test?
- ◆ Parent-to-Child Transmission (PPTCT) and how can it be prevented?
- ◆ What is your role in the PPTCT programme?
- ◆ What is the difference in treatment for infants, children and adults?
- ◆ What is the role of Community Care Centres?

More about ART therapy

- ◆ ART is not required for all HIV positive persons
- ◆ ART, if discontinued, may lead to body resistance. If re-started it may not show any improvement and higher doses of medicine may have to be taken
- ◆ ART treatment is free in all ART Centres
- ◆ Start treatment only after medical advice
- ◆ CD4 test is the only test to tell you about when to start treatment.

Gender Dimensions of HIV and AIDS



Gender Dimensions of HIV and AIDS

Why is HIV and AIDS a gender issue?

HIV and AIDS affect men and women differently in terms of biological, social, cultural and economic factors. Roles and responsibilities of women and men are changing today. An increasing number of women are learning new skills and taking up new tasks at home, at the farm and outside within the community. Not only that, women are getting educated and being elected to panchayats, are forming self help and micro credit groups.

In spite of these changes, inequalities between men and women continue to exist. Most women still have no say or role in major household and community decisions. The prevailing conditions in our communities make it more difficult for women to avoid risks and deal with them. Some of the social, cultural and economic factors which make women vulnerable and at risk of HIV infection are:



Early age at marriage

- Early marriage and adolescence pregnancy force the girls to mature fast without enjoying their childhood. From an early age, they have to take care of younger children and household chores.
- Child marriage and early marriage mean that the girls are biologically, socially and mentally not prepared for sexual relationships.
- Older men, who seek younger girls as sexual partners, put them at greater risk of infection. Older men are likely to have more casual and unsafe sex with young women.

Violence

- Incidence of violence, rape and abuse of women and girls subjects them to abusive relationships and makes them vulnerable to sexually transmitted infections, including HIV.
- Women are not able to negotiate condom use with men which makes them more vulnerable to HIV. If they insist on condom





use, they often face violent behaviour from their partner.

- Having sex with multiple partners, without negotiating condom use, exposes women to violence, economic deprivation and risk of sexually transmitted infections.

Health risks

- Women are at risk if they are in relationships with partners who use drugs through needle exchange or are alcoholics.
- A person, who has an untreated STI, is on average, 6–10 times more likely to pass on or acquire HIV during sex.

Migration, trafficking and women

In our society many families have someone travelling outside the home for work. This is called migration. However, when young girls, women and children are sent outside and money is exchanged for this transaction, it is called trafficking.

Majority of those trafficked into sex work are adolescent girls in the age group of 12-18 years. These young girls and children are forced to live in exploitative and dangerous situations, where they are vulnerable to physical and sexual abuse.

All these young people, and girls in particular, are extremely vulnerable to HIV infections due to their powerlessness (including lack of decision-making power). Poverty, illiteracy and discrimination make the girls and women more vulnerable to HIV.



Why are women more vulnerable even if they are married?

As stated earlier:

- Often women are not in a position to insist on condom use by their husbands/clients.
- During sexual intercourse female genitals are more vulnerable to injuries, especially when sex is forced or when she is young.



- Most women do not get treatment because they are financially dependent on the husband. This also restricts women from accessing information and preventive services and care if tested positive for STIs or HIV.
- Women with HIV and AIDS are blamed and rejected by the family. The family and the community often deny them treatment, care and basic human rights.
- Women still bear the major responsibility of caring for the sick at home, including men living with HIV and AIDS, even while they themselves may be infected!!

For women to be able to carry out their different roles in community development, we have to safeguard the rights of women and girls. Working with communities, we can bring about change.



Rights of women who are HIV positive

What about the rights of women who are HIV positive?

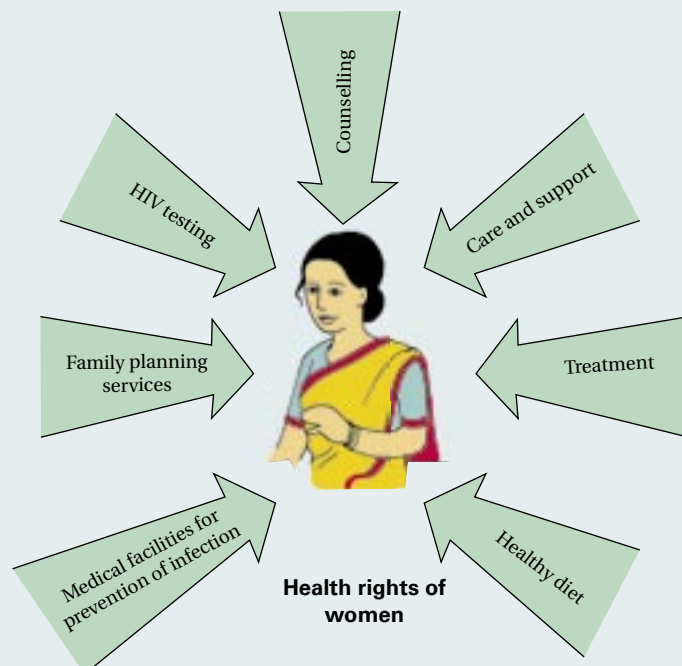


1. Right to Equal Opportunity

Government of India encourages equal wages for both men and women. However, in some cases women may not get an equal wage for their labour at the work place. The government provides livelihood through various schemes. You can create economic opportunities for these women and their families by working with the

village panchayat and officials, working at the block level, to provide them opportunities for financial relief through different schemes.

2. **The Right to Health** Women can be protected from HIV and AIDS by providing them adequate information and access to health services. This will enable them to ensure condom-use, plan their families, avoid unwanted pregnancies and prevent and seek STI treatment. You should be aware of the various services available, and make appropriate referrals. It is important to ensure that there is no stigma or discrimination towards those seeking health care.



3. **Right to Residence, Property and Inheritance** Women have equal right of claim in marital residence and can stake a claim in property inheritance. Self-help group members, NGOs, PLHA networks can work with panchayat members and help women and children infected and affected by HIV to get their share in family assets and resources.

Can women living with HIV and AIDS have children?

Yes, women with HIV can have children. As mentioned earlier in this booklet, if precautions are taken as advised, they can protect their children from HIV.



Janani Suraksha Yojna (JSY)

JSY is a scheme of the government under the National Rural Health Mission (NRHM) for providing pregnant women assistance in accessing ante-natal care during pregnancy and provision for institutional delivery. ANM and ASHA should help women in their sub-centre area and in their village by giving information and assisting them in availing these services (contact the nearest PHC in your area for more information).



Partner counselling

The wife or partner of a person with HIV and AIDS deserves to know the truth. But sometimes you might find an infected person who has refused to tell his wife or partner about his/her status. In such a case, it is our duty to make strong efforts to encourage, persuade and support them to speak up about their HIV status.



You can guide men and women in making sensible decisions and adhering to a balanced life-style which would allow them to lead a better life with their family.

What if our best efforts fail and a person living with HIV still refuses to tell his wife or partner?

In such a case the following steps are advised:



1 Bring up the issue with the infected person in a confidential manner. Motivate him/her to disclose the status to the spouse and family. You may not succeed in the first attempt.

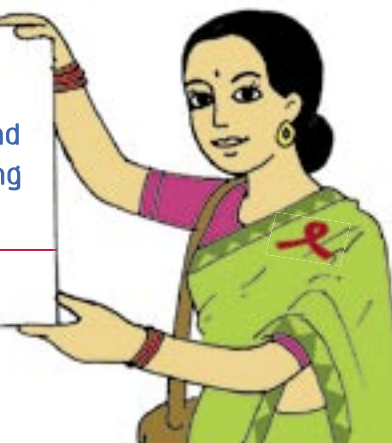
2 Continue repeated efforts to persuade the person living with HIV.

3 Tell him/her that the partner has to know the truth since it can help them both lead a better life.

4 Ensure that he/she tells the partner the truth.

5 Ensure social and legal support for the person living with HIV to protect him/her from any physical abuse, discrimination and stigma by taking help from panchayat, BDO and PHC/CHC.

You can counsel the PLHA and help them further by ensuring social and legal support





Stories and role plays

To sensitise women on various gender dimensions of HIV, you can use short stories as presented below.

Pushpa's Story

Pushpa is 30 years old. She and her husband Maganlal are migrant construction labourers. They have four children – two daughters and two sons. Unfortunately, two months after they moved into the city for work, Maganlal died in an accident on the construction site. Pushpa, now pregnant, is faced with the double burden of caring for her children, sending money back home for her aging in-laws, and working.

The mother and four children live in the open on the construction site. She needs to feed the newborn baby, which the contractor feels is a waste of time. Taking advantage of her situation, he abuses her and pays her low daily wages. One night, the contractor rapes her and threatens to harm her children and to fire her if she talks to anyone about this. This occurs again and again. One day, he brings more men with him. She is forced into sex work because of the conditions of deprivation and exploitation leaving her with few choices. Her health weakens day by day because of the laborious work, domestic responsibilities and the sex work at night. Her sleep hours are reduced.

One day, she runs into Kamala, a childhood friend of hers from her native village. Kamala is married to Ram Prakash, a factory worker. Kamala works in a non-governmental organisation (NGO) as a peon and has two children. Pushpa confides in her and Kamala takes her to the NGO. At the NGO, a new world opens up for Pushpa. She joins a self-help group for women where she becomes aware of the importance of education, health and savings. Initially, she is unable to take out time to attend the group's activities. She learns to access the local government hospital and



undergoes a medical check-up for her failing health. Here, she tests HIV positive. The group is very supportive and she finds that there are others in the group who are HIV positive. She learns how to access treatment and to look after herself. She also moves out of forced sex work and starts a small tea-stall with the help of a loan from the NGO. After school, her children also help her. She is now a confident, independent woman living with HIV, bringing up four children and helping other women living with HIV face their lives bravely.

Some of the issues addressed in this story that can be discussed:

- Why are women subjected to violence?
- Sexual harassment at the workplace.
- Importance of access to health care for women.
- Importance of community support.
- Importance of timely interventions with support of NGOs and government.

Ask the opinions of all the members of the group and motivate them to take an active part in any of the issues discussed above. This way you add more strength and hands to your work with the community.

The following two stories have been put in a role play format. You can motivate the members of a women's group to deliberate on the factors which make them vulnerable and how the community can be organised in changing such regressive norms.

Nazneen's Nikah

Scene 1: Get-together of young girls at Nazneen's nikah

Rani: 'You are looking lovely, Nazneen, in this bridal wear.'

Kamla: 'I remember my wedding day. I was feeling so nervous.'

Nazneen: 'I am also very nervous. Abdul has been working in the city for a long time and I don't know what his expectations are from me.'

Grandma: 'You young girls know much more than we did in my times. I remember I was so



scared on my first night when my husband walked inside the room.'

Feroza: 'No, grandma, don't worry. Thanks to the life skills education programmes and HIV prevention classes that we attended, we are quite well aware and informed.'

Kamla: 'You girls are more confident than we could ever dream of being. I could never say "No" to my husband whenever he demanded sex even when I did not want it. I used to feel so shy and always thought that he would take decisions related to our sexual activities.'

Salima: 'Like Nazneen's to-be-husband, my husband too works in the city. He is a truck driver. He comes home only once in four months. I cannot refuse him since he is here only for a few days. I have to fulfill my duties as a wife too.'

Rani: 'But Salima, you already have five children and you are pregnant. Don't you think you should not have more children?'

Salima: 'What can I do? My mother-in-law does not want to even hear of me undergoing tubectomy.'

Feroza: 'But Salima, at least you can tell your husband to wear a condom.'

Salima: 'He's always drinking at night. Most nights, he hits me.'

Kamla: 'My husband too used to do the same. When my mother came to know that Ramu's father used to beat me up every night, she was furious. She then lamented the fact that she had not educated me and that I was dependent on Ramu's father. That was when I decided to join the adult education classes.'

Rani: 'Isn't that great? Today, you are actually teaching in that non-formal school in the village.'

Feroza: 'Yes, even the anganwadi worker depends on you for everything. Well, Nazneen, don't fear. Be brave and ask your husband to wear a condom in case you have any doubts that he has HIV!' (*Everyone laughs*).

Aunty enters: Come out everyone, the ceremony has begun.

Scene 2: Nazneen and her husband Abdul

Abdul: 'Nazneen, why are you feeling so shy? Don't be scared, I'm your husband not your teacher!'

Nazneen: (Shakes her head)

Abdul: 'Look, I'm a sensible and educated man and I consider you my friend



and equal. I want us to take all our decisions together.'

Nazneen: 'Really! In that case, I think that you must wear a condom. I know all about HIV and AIDS from those classes that I attended.'

Abdul: 'HIV! Yes. A friend of mine too told me about it. Yes, Nazneen, I care about you a lot and don't want to cause you any sorrow. Let me go get the condom my friend gave me when I was leaving for the village! It's in my bag.'

Nazneen: 'Yes, and tomorrow, we shall go and get tested for HIV.'

What we learn from Pushpa's and Nazneen's stories:

1. The social and cultural factors that put both women and men at risk of HIV infection.
2. The importance of sensitising and informing men about their roles as husbands, fathers and members of a responsible community.
3. Interventions at the family and community levels that can help women and girls to access information, skills and services.



Sita's story

Scene 1: Sita's home

Ramkali: 'Namaste, Sita, I heard that you will not be coming to work after this week? You have also not been coming to work regularly.'

Sita: 'Namaste, Ramkali, yes, you have heard right. My husband is seriously ill. He has been diagnosed with HIV. My aged in-laws cannot take care of him. I really have no other option.'



Manju: ‘This is really sad. There is no other breadwinner in your family. How will you take care of the expenses? If the others in your village come to know, you will be condemned by them!’

Salma: ‘Yes, remember what happened to Urmila and her family? Nobody would talk to them and ultimately, they had to leave the village and live in the city.’

Ramkali: ‘Why don’t you ask your parents and brothers for help? Your father has a lot of land. If only you could own some land and irrigate it and cultivate food!’

Sita: ‘No, Ramkali, that’s impossible although I wish that could happen. Oh to have my own piece of land!’

Salma: ‘I have an idea! Why don’t you approach the Sarpanch? She’s a woman, she will understand your situation.’

Manju: ‘Yes, she really supported Urmila all the way and in fact it was she who got her a job in the city.’

Salma: ‘Yes, come, let’s go and approach her. Given that your husband and you consent to it?’

Manju: ‘I have talked to my husband. Yes, we feel this is the best option for us now.’

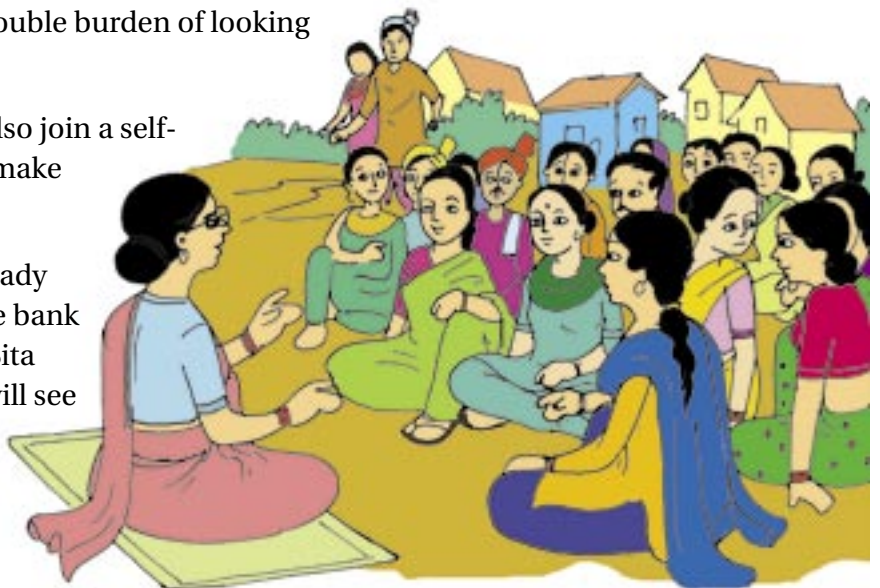
Scene 2: A panchayat baithak to discuss Sita’s case

Sarpanch: ‘We are here to discuss how we can all help Sita. I have invited the employer of her factory, Chhagan Lalji, and the anganwadi behenji also for their advice and cooperation.’

Chhagan Lal: ‘I assure you, Sita and Sarpanchji, that we will do our best to support you in your time of difficulty. No long working hours from today for you. After all, you have the double burden of looking after your family.’

Manju: ‘We women should also join a self-help group in which we can make some savings.’

Sarpanch: ‘Yes, there are already such SHGs in this village. The bank gives loans to these groups. Sita must join these groups. We will see to it that Sita’s husband gets good treatment and that he is not ostracised like Urmila and her family.’



Anganwadi behenji: ‘Sita, you must also be careful. You are pregnant. You must take precautions. You must get yourself tested for HIV. Also, you need to know about safe sex. Not just you, but all men and women should know about important issues.’

Sarpanch: ‘Last but not the least, Sita, you and all other women should learn about the importance of educating the girls in our families and community. They need to become independent and aware.’ (All the others nod in agreement.)

What we learn from Sita’s story:



1. Working with others in the village to help people living with HIV to overcome stigma and discrimination.
2. Land rights and equal share in property.
3. Mobilising the community and leaders for proactive action in empowering girls.

Dear friends please sit down and discuss the story and add to this list for discussion and taking action in our village.

What did we learn in this section?

- ◆ Why HIV is an issue for women’s empowerment.
- ◆ Why girls and women are more vulnerable to HIV and how to address this.
- ◆ Impact of migration and trafficking on women.
- ◆ Why and how even married women are vulnerable.
- ◆ Rights of women who are HIV positive
- ◆ Interaction with women in villages through role plays and stories.

Fighting Stigma and Discrimination



Fighting Stigma and Discrimination

People living with HIV can live a normal life

They need respect! Stigma and discrimination attached to HIV add to their suffering. They, as well as their families, need special care and support, including healthy nutrition and a positive outlook towards life.

People living with HIV can lead a healthy and normal life by taking care of themselves. They can do this with regular medication and eating the right food. They can also act responsible by using a condom every time they have sex.

They can also help others by spreading awareness about HIV and AIDS prevention.

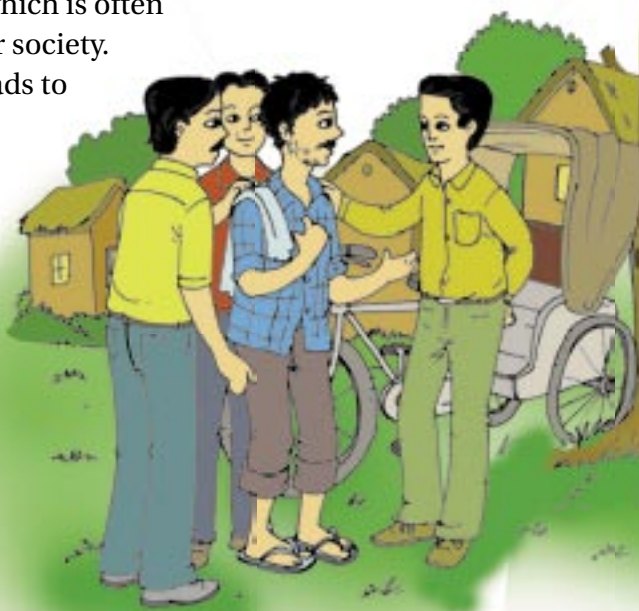


Addressing stigma and discrimination issues in your village

In this section we will try to understand how people living with HIV are stigmatised and discriminated against. Also we will learn about the negative impact of HIV related stigma and discrimination. We will also present some practical strategy which will help in gradually reducing the HIV related stigma and discrimination.

Some reasons for HIV related stigma and discrimination:

- Lack of complete information on HIV and myths around HIV which create fear and doubts among people.
- HIV is closely associated with sex which is often viewed as shameful and dirty in our society. This sex-HIV-shame association leads to HIV positive people being labelled bad.
- HIV is more prevalent among sex workers, men who have sex men (MSM) and injecting drug users (IDUs). These groups are already viewed with



hatred and discriminated against. Therefore, this hatred and stigma gets attached to HIV too.

Stigma and discrimination associated with HIV are damaging in many ways:

- People who are discriminated against feel humiliated and alienated which has detrimental impact on their health. If the people to be discriminated against are sex workers, MSM or IDUs, they face double discrimination and are even more alienated.
- People living with HIV do not access health services because of the stigma and their health worsens.
- Due to the stigma associated with HIV, people do not come forward for testing and often stay in denial about their risk and vulnerability. In this scenario, if they are infected with HIV, they are also likely to infect their partner/spouse.

Therefore, HIV related stigma and discrimination are not only damaging for people living with HIV but also for people who discriminate against them. Therefore, it is very important to address HIV related stigma and discrimination through increased awareness on HIV and adopting practical strategies.

Ways to create awareness

- Dialogue and open discussion in simple, easy to understand language with people. This will allow them to raise their doubts and provide you with an opportunity to clarify myths and misconceptions.



- It is important to remember that this can not be a one time effort and this process of dialogue and sharing information must be sustained over a long time.
- Disseminate written information/material to literate people in the village.
- As many people in the villages can not read, use local games, folk media and other interactive mediums to disseminate information on HIV.
- Involve village leaders, elders, influencers like panchayat members in the HIV work which will ensure more acceptance of the programme.
- Ensure information is provided to young people in the village.
- If it is possible, invite a person living with HIV to meet the villagers which will help in reducing their fear and doubts.
- Be an example for your village by having an open friendly attitude and behaviour with PLHA which will also have a positive impact on other people in the village.
- If there are sex workers, MSM or IDUs living in your village, be sensitive and respectful to them.

Most importantly, look at your own behaviour and assess if you have been discriminating against people living with HIV? If yes, then you need to know that sex workers, MSM, IDUs are also a part of society and entitled to all the rights of a citizen. Their need for information on HIV prevention is greater and hence it is important to ensure that they have access to all information and services. Even if you do not agree with their behaviour and practices, it is not your job to change their life style or judge it. It is your responsibility to help them protect themselves from HIV, ensure that they have access to services and that they are not stigmatised and discriminated against.

HIV related stigma and discrimination impact women more adversely as often the villagers and family members blame them. Experiences show that after the death of husband from HIV, the widow is forced to leave the home and the village and may not claim her right to the property and inheritance. Children are forced to leave school or are not admitted to schools. All these are examples of discrimination.



If you come across any such incidences of discrimination, immediately bring it to the notice of district officials and panchayat members and take their support. You can even take help from the district level political leaders.

What is your role?

As an ANM, ASHA, AWW or SHG member you can do a lot. Here is a list of some of the important actions you can take.



- Strengthen the social support systems available in the community which can help people living with HIV in situations of emergency and crisis.



- Work with other community workers in the village to remove stigma and discrimination for people living with HIV.



- Dispel myths and misconceptions about HIV and AIDS because these instill fear and suspicion.



- Work with block level officials and village panchayats in getting people living with HIV access to facilities made available by the government.



- Work with the panchayat and other leaders to reduce and prevent discrimination towards children whose parents are infected. It will be more helpful if you work with other social networks in the village. Ensure these children are not neglected and denied education but are allowed to lead a normal life.



- Help people living with HIV to get together to join a drop-in-centre. These centres provide an opportunity for people living with HIV to network and access health and other facilities.

A true story of stigma and discrimination

The following is a true story of a 23-year-old HIV positive woman who became infected through her husband but had to face discrimination from her husband's family as well as from her own parents.

“My mother-in-law has kept everything separate for me — my glass, my plate. They never discriminated like this with their son. They used to eat together with him. For me, it's 'don't do this' or 'don't touch that' and even if I use a bucket to bathe, they yell 'wash it, wash it'. They really harass me. I wish nobody lands up in a situation like mine and I wish nobody does this to anybody. But what can I do? My parents and brother also do not want me back.”



More examples of the conditions women face and how to best help them to overcome their problems are given in a set of snakes and ladder game and in the above stories.



Drop-in-centres

These centres have been set up by people living with HIV networks where people living with HIV or people affected by HIV can drop in to hold meetings, discussions, activities, etc. They can share their experiences, contributions, problems or other issues (pertaining to health, stigma, available resources and services) and together work out ways for solving them. These centres also plan community advocacy and capacity building on issues of HIV and AIDS. These drop-in-centres are run with support from grants by the government. For more details, establish contact with the people living with HIV Network in your area. With their support you can also help any family who may be infected or affected by HIV and AIDS in your village.



As an ANM, ASHA, AWW worker or SHG member, each of us has a role to play in fighting HIV and AIDS and making our village safe and healthy.



Let us pledge together

Let us take a pledge to COMBAT HIV and AIDS together



- SAY NO to any form of violence within the family and in the community.
- Ensure RESPECT towards women.

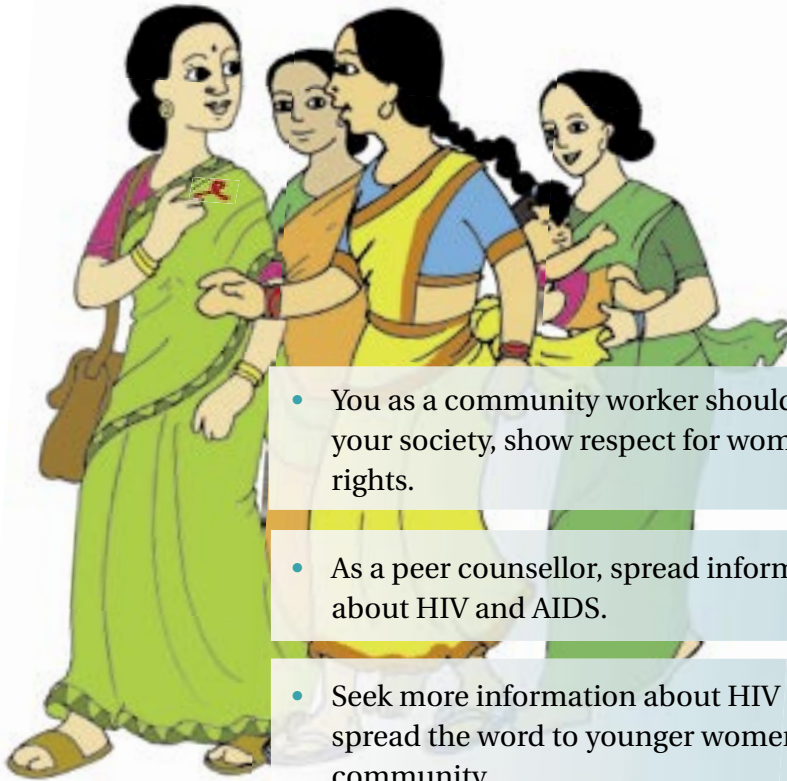


- ENCOURAGE parents to send their daughters to school and train them in skills which can help them in becoming self-reliant.
- PROTECT the rights of women who are affected or infected.



If you are a self-help group member, YOU can help to avoid the spread of the epidemic.





- You as a community worker should be a role model for your society, show respect for women and protect their rights.
- As a peer counsellor, spread information and knowledge about HIV and AIDS.
- Seek more information about HIV and AIDS and spread the word to younger women and others in your community.

What did we learn in this section?

- ◆ How to address stigma and discrimination in your village.
- ◆ What to do when your best efforts fail and a person living with HIV still refuses to tell his/her spouse or partner.
- ◆ How to work with others in the village to protect the rights of women and children infected or affected by HIV and AIDS.
- ◆ Pledge together to fight this epidemic and move towards a brighter future.

Good Nutrition Is Important for Well-Being



Good Nutrition is Important for Well-Being

Good Nutrition Is Important for HIV Positive people

- A nutritious diet is essential not only for growth but also to perform work and protect the body from infections and diseases.
- There is a vicious cycle between HIV and nutrition. When HIV attacks a person, it weakens the body's defence system against infections. Other infective agents can then attack the weakened defence system more easily. To cope with HIV and other infections, the person needs increased amount of energy and other nutrients. Malnutrition occurs if these increased needs are not met.
- Malnutrition contributes to a weakened immune system, which worsens the effects of HIV. This leads to a rapid progression to AIDS.

A Nutritious Diet

A nutritious diet includes foods from different food groups in adequate quantities and combinations. It should include the following types of foods as per the availability and choices of people:

- Energy giving foods (carbohydrates and fats) such as whole cereals, starchy vegetables and fruits, sugar and jaggery. Fats and oils need to be consumed in moderation.
- Body building foods (proteins) such as milk and milk products, pulses, meat, fish and eggs.
- Protective foods are rich in minerals and vitamins. They protect the body from infections and strengthen the immune system. Eat fresh green leafy vegetables and locally available seasonal fruits like guava, banana, mango and papita etc.

Water is essential for body function. Drink plenty of fluids (at least eight glasses a day). Always boil drinking water for 10 minutes and filter it with a clean cloth.



Nutritional Care of People Living with HIV

Exercise Regularly

Some benefits of physical activity:

- Improves blood circulation.
- Stimulates appetite.
- Improves mood and mental health.
- Prevents stiffness of joints.
- Maintains muscle tissues and burns fat.
- Increases resistance to disease.



Diet for Asymptomatic Persons Living with HIV

Even when there are no symptoms, HIV+ persons need to increase their energy intake by 10% or 200 kcals to prevent loss of muscle and wasting. Their diet should be rich in protein, minerals, vitamins and antioxidants.

To achieve this:

- Eat one extra meal a day.
- Increase the amount of whole cereals and millets like wheat, rice, bajra and jowar consumed daily.
- Include at least some milk, pulses and egg in daily intake.
- Consume vegetables and fruits in moderation.
- Drink at least eight glasses of water and other fluids like green coconut water, sugarcane and water melon juice etc. Restrict the consumption of tea, coffee or carbonated sweetened drinks etc.

Diet for Pregnant Women with HIV

- Pregnancy is a vulnerable time because your nutrient needs are increased.
- HIV infection poses an additional burden on the body. Your food intake needs to be increased accordingly. Therefore, you need to consume at least 1 additional meal and some small snacks in a day.
- You must eat plenty of green leafy vegetables, purple, orange and red coloured vegetables and fruits since they are rich in antioxidant vitamins like beta carotene and minerals like iron.

- Those with opportunistic infections should further increase their energy intakes. After a severe illness or infection, calorie consumption should be greatly increased to promote quicker recovery.
- Do not forget to take the iron folate tablets daily. These supplements are distributed at the Anganwadi Centres and Health Centres. You may also need to take multivitamin supplements of vitamin B, C and E (not vitamin A), if the doctor advises.



Nutritional Care of Children with HIV

Infant Feeding Practices

- For HIV+ mothers, there are only two recommended feeding alternatives for the first six months: exclusive breastfeeding or exclusive replacement feeding. The mother should be given both the options but the decision should be made by mother herself.
- Breast milk supplies all the nutrients and water that the baby needs for the first six months of life. It also protects the baby from infections and allergies.
- Replacement feeding should only be considered if it is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS).
- Mixed feeding should not be adopted as it increases the chances of passing the virus to the baby.

Exclusive Breastfeeding

If the mother chooses exclusive breastfeeding, she must:

- Position the baby correctly while feeding. This will help prevent problems like breast swelling, soreness, redness and mastitis.
- Hold the baby close, facing the breast with his/her neck and body straight and supported. The baby is well attached if more areola is visible above the baby's mouth, his/her mouth is wide open, and his/her chin is touching the breast.
- Feed the baby on demand (whenever he/she is hungry).
- Remember to exclusively breastfeed for not more than six months. Do not give any other liquids like ghutti, water or other milk.
- Stop breastfeeding and start complementary feeding at six months.
- Seek health care in case of any problems.



Exclusive Replacement Feeding

If the mother chooses not to breastfeed, she must select a suitable option for replacement feeding:

- **Commercial formulas:** Most tins of commercial formula come with a scoop to measure the formula. Measure the exact amount of powder and water that is needed for one feeding. Water should be boiled for 10 minutes and then added to the formula. Only make one feeding at a time. The proportions should not be altered or diluted.
- **Home modified animal milk:** Animal milk like cow, buffalo or full cream milk may need to be modified for infants less than six months by removing the fat. Sugar can be added after boiling. As the child grows older, he/she will be able to digest the milk as it is. Avoid bottle-feeding since it can cause infections if not sterilised properly. Feed with the help of spoons cups or katoris.

Wash hands with soap and water before preparing a replacement feeding. All utensils, cups and containers required should also be washed with soap and clean water. The water used should be clean and safe to drink.

Complementary Feeding

- Stop breastfeeding when the baby is six months old (no weaning/ mix feed). After six months give some other kind of milk daily until the baby is two years old.
- Introduce foods in addition to animal milk or formula from six months onwards.
- Gradually introduce semisolid foods like cereal porridge, khichri, suji kheer, mashed banana with milk, rice with curd and so on.
- The consistency of the food can be thickened as the child grows older. The food may then be soft cooked or cut into small pieces.
- Between 12 to 24 months, the child can eat the same foods as adults except that it should not be spicy or strongly flavoured.
- Take care that the utensils used for preparation of these foods are clean and the water is safe to drink.



Nutritional Guidelines in Specific Situations

Loss of Appetite

Some suggestions to improve appetite and food intake:

- Do not be rigid about meal times. Eat whenever you feel like it.

- Eat small frequent meals and snacks between meals such as peanuts, biscuits or any kind of fruit. Enrich meals by making meals energy and nutrient dense.
- Include favourite, well-liked foods. Add flavour to foods.
- Take care to drink adequate fluids but not immediately before and during meals.
- Eat a variety of foods. Select combinations of different cereals, vegetables and fruits.
- Use different cooking methods.
- Appetizers like rasam, butter milk and jaljeera help to stimulate the appetite.
- Eat food in pleasant surroundings, with family or friends.
- Take light exercise to stimulate the appetite.

Diarrhoea

Ensure adequate fluid intake in diarrhoea:

- Give oral rehydration solution (ORS). Give plenty of fluids like rice water, dal water, clear soups, strained fruit juices, coconut water, lemon water.
- Give small frequent feedings of these fluids.
- Avoid milk initially if it aggravates the diarrhoea.
- Start soft, bland foods such as soft vegetables and fruits like banana, potatoes and carrots, and porridge from refined cereals such as semolina (Sooji), rice and khichri once condition improves.
- Reduce fat intake. Avoid fried foods.
- Avoid very spicy and strongly flavoured foods.
- Do not stop eating when having diarrhoea.
- Ensure proper hygiene while preparing these foods.

Mouth Sores and Oral Thrush

Oral hygiene is very important to prevent mouth sores. Brush your teeth and rinse mouth every morning, night and after every meal.

If you have sores in the mouth:

- Clean mouth with cotton wool and mildly salted water at least twice a day. Rinse mouth with 1 teaspoon of baking soda mixed in a glass of warm boiled water.

- Cut down on sweet foods such as sugar, honey and sweet fruits and drinks.
- Eat soft foods like papaya, banana, khichri, rice and curd. Soften dry foods by dipping in liquids. Avoid foods that need a lot of chewing.
- Don't use chewing paan, supari and tobacco as they can induce oral infection.
- Avoid acidic, highly salted foods like pickles, curries, vinegar, lemon and oranges.
- Use glycerine to relieve pain.
- Avoid foods and drinks that are too hot or too cold.
- If sores persist for more than seven days, consult a doctor.

Tuberculosis

- Opportunistic infections like tuberculosis (TB) and pneumonia, increase the body's metabolic rate and therefore, require more food intake.
- Increase intake of energy giving foods like rice, wheat and vegetables. Consume dals, chana, gur, chicken, milk or milk products like paneer in meals. Eat in small quantities throughout the day to increase overall intake of energy foods.
- TB and its medications may reduce your appetite and therefore adequate food intake is important.
- Rifampin (red capsule) should be taken on an empty stomach, 1-2 hours before meals. This may cause your urine to become red in colour. Do not worry
- Alcohol must be avoided.
- Antibiotics used for treatment of pneumonia should be taken with food.

Nutritional Care When on ART

- Drink at least eight glasses of boiled water daily.
- Do not consume alcohol while on treatment to avoid harm.
- Do not take medicines on an empty stomach.
- Strictly adhere to taking the medicines on time as prescribed by the doctor/counsellor at the ART center.








**Do Not
Miss Taking
Medicines
Every Day.**






Fighting Myths & Misconceptions about HIV and AIDS




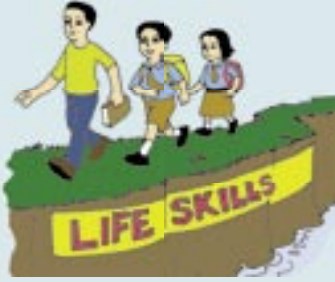




Fighting Myths & Misconceptions about HIV and AIDS

Myths and Misconceptions about HIV and AIDS

 Myths and Misconceptions	Facts 
<p>HIV can spread through-shaking hands, hugging, making friends, eating, drinking, studying, working, sharing clothes or a house with an HIV positive person.</p>	<p>No. Caring, sharing and friendliness do not spread HIV. They spread happiness and warmth.</p> 
<p>A mosquito bite can spread HIV infection.</p>	<p>Mosquito bites do not spread HIV infection. HIV does not reproduce or live in the mosquito's saliva. HIV is a fragile virus that does not live outside the human body for long.</p> 
<p>Blood donation can lead to HIV infection.</p>	<p>No. Blood donation cannot lead to HIV. The material used for collecting blood are sterile and used only once.</p> <p>Young people should donate blood on a regular basis at licensed blood banks or blood donation camps.</p> 

 Myths and Misconceptions	Facts 
<p>It is safe for an HIV positive person to have unprotected sex with another HIV positive person.</p>	<p>False. HIV is of more than one type – HIV 1 and HIV 2 and has different strains. One cannot assume that both partners have exactly the same type of HIV. It is possible to get infected with another type/strain of HIV. Therefore, it is important for each partner to avoid unprotected sex and use condoms consistently.</p> 
<p>HIV can be cured, but not AIDS.</p>	<p>Neither can be cured. HIV can be contained with Antiretroviral Drugs (ARV) but cannot be cured.</p> 
<p>The result of HIV test should not be kept confidential so that other people can help the infected person.</p>	<p>The stigma and discrimination associated with HIV/AIDS makes it important to keep the HIV test reports confidential. Only the concerned person who has undergone the test has the right to inform or confide about his/her status to anyone.</p> 

 Myths and Misconceptions	 Facts
<p>Caring for people with HIV/AIDS is risky.</p>	<p>False. With adequate precautions we can take care of our loved ones who have been infected.</p> 
<p>Sex education encourages early sexuality.</p>	<p>False, the earlier adolescents know about life-skills, more responsible they can act.</p> 
<p>Sex with a virgin and minors can protect/cure a person from STI infections including HIV.</p>	<p>False. Sex with minors or virgins cannot protect a man from STIs including HIV. It is a crime to engage in sex with a minor. It leads to greater risk of injury to the immature sexual organs of the young boys and girls along with psychological/emotional trauma that the person is left to deal with later in life.</p> 
<p>It is not good for women to ask for condoms. It shows that she is unfaithful and also does not trust her partner.</p>	<p>When a woman asks for condoms to be used it shows her maturity and concern for herself and her spouse/partner. She has a right to make the decision and negotiate safe sex to protect herself. Female condoms are also available nowadays.</p> 



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in your state**