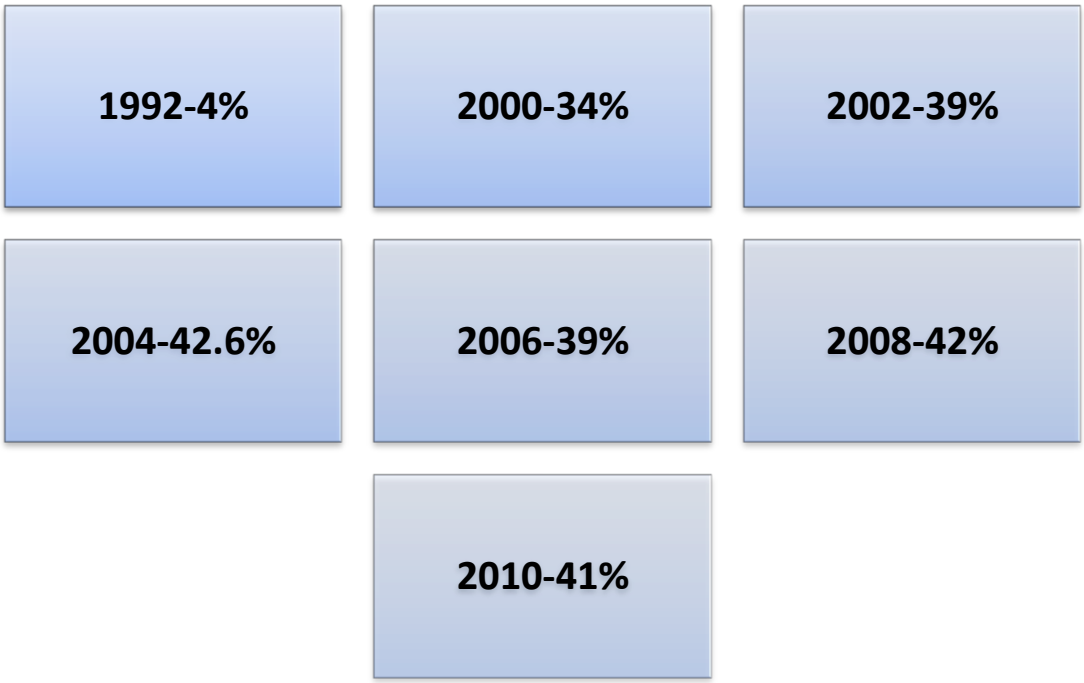
SWABCHA Fact Sheet: Overview of HIV/AIDS

Text sourced from the SWABCHA Change Agent Training Guide - 2012

HIV/AIDS Statistics

- 33 million people are living with HIV globally
- A new infection occurs every minute in Sub-Sahara Africa
- Swaziland HIV Prevalence: DHS, 2008= **19%**
- Swaziland HIV Prevalence: ANC , 2010= **41%**
- There is 68% TB-HIV co-infection in Swaziland

Swaziland ANC HIV Prevalence Trend to date



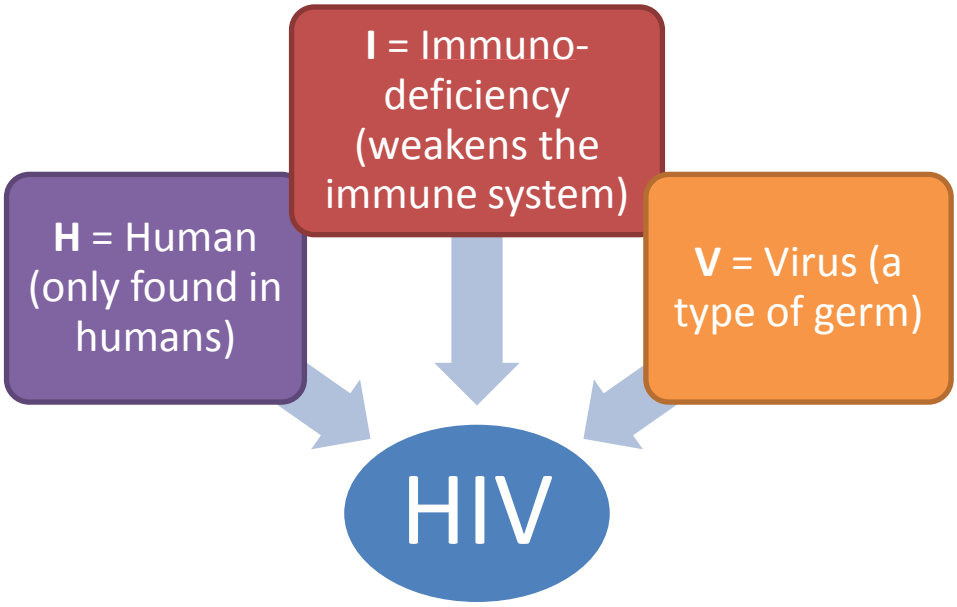
Activity: Check the level of knowledge among the participants through group-work, role-play or open dialogue depending on the circumstances to answer the following issues. Fill the information gaps afterwards with the factual information below the questions.

? *Questions*

1. What is HIV? What is AIDS? How is it transmitted?
2. List the myths and misconceptions about HIV/AIDS?
3. How can you prevent HIV transmission?

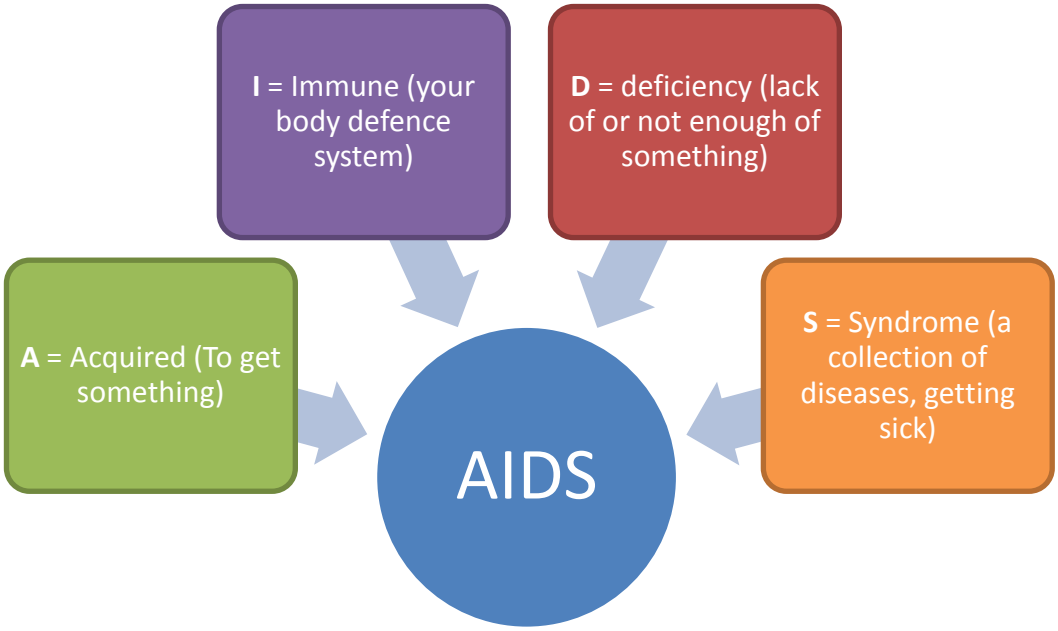
🕮 *Information*

Basic Facts on HIV/AIDS



HIV and AIDS are NOT the same. HIV is the virus; AIDS comes as a result of HIV infection. AIDS is a collection of diseases that results from a weakened immune system. A person can have HIV for a long time before he/she develops AIDS.

Body fluids that **can** host the virus	•Blood •Breast milk •Sex fluids: semen /vaginal
Body fluids that **cannot** host the virus	•Urine •Sweat •Saliva



Key points to remember

Human bodies have an **"immune system"** consisting of blood cells.	White blood cells aka **CD4-cells** or **T-cells** work to defend the body from harmful germs such as bacteria and viruses.	HIV attacks these particular cells of the immune system.	In every drop of blood in the body there are about 1000 –1200 CD4 cells.

World Health Organisation-HIV Progression Phases

Acute Phase/stage1

Undetectable by rapid test
Window period
No visible signs of the disease
2-6 weeks

Asymptomatic phase/stage 2

High CD4 count & low viral load
Non-specific symptoms
Skin rashes, itching that are easily treated.
0-2 years without care

HIV-AIDS/Stage 3

Opportunistic infections-Non-life threatening.

CD4 cells drop to/below 350.

Weight loss, fevers, swellings in the neck, behind the ears, under the arms and in the groin, Signs of TB, Painful sores or rashes. Diarrhoea that does not stop. 1-5 years

AIDS/Stage 4

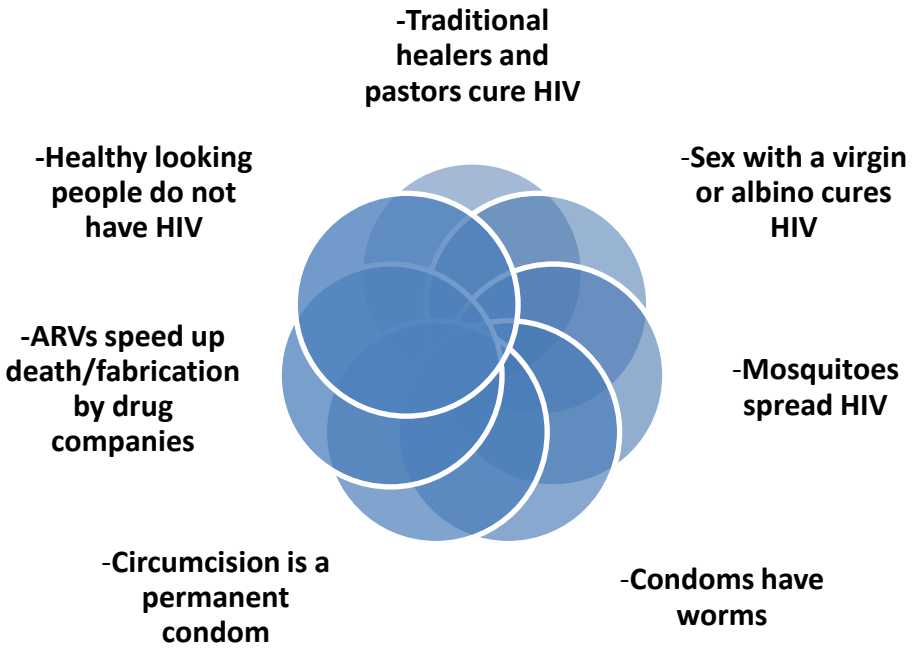
Terminal stage &Life threatening

CD4 cell count of about 200 or less

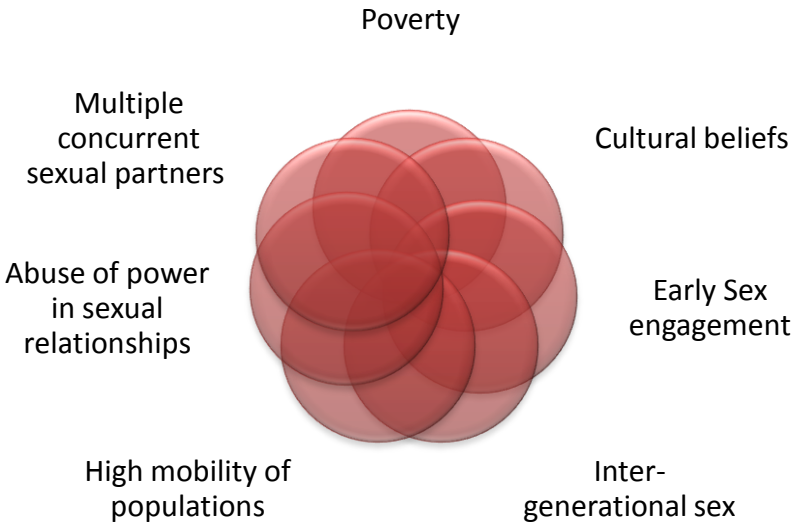
Tuberculosis, pneumonia, cancers, skin rashes and lesions, meningitis

6 to 18 months & possibly death.

Myths and Misconceptions around HIV/AIDS



Common Drivers of HIV in Swaziland



The drivers of HIV are many; however, this manual will discuss the key drivers as noted through the Multi-sectorial National Strategic Framework on HIV/AIDS and the Modes of Transmission research conducted in 2010.

- ***Poverty***-this has led people to engage in risky sexual behaviours that expose them to HIV infection. In extreme cases, parents trade their own children in exchange for food or money. In mobile populations, individuals trade sex for shelter.

- ***Cultural beliefs***-many cultural beliefs have been blamed for exposing individuals to HIV infection including 'kungena' (wife inheritance), 'sitsembu' (polygamy) and 'kwenzisa' (forced/planned marriages). However, it is important to explain that cultural practices are not bad, people exploit these practices and make choices that expose them to HIV.

- ***Early Sex engagement***-exposure to sex before the body has matured enough leads to more tearing during intercourse and it exposes individuals to higher risk of HIV infection

- ***Inter-generational sex***-particularly with age difference bigger than five years, the younger generation gets exposed to the sexually experienced older generation and risk infection with HIV. Also, because of the age difference, the younger partner may not have power to negotiate condom use and? an HIV test before sexual engagement

- ***Abuse of power in sexual relationships***-this is related to the point above, where either age, gender or social status is used to influence sexual activity. With gender, the male counterpart is in control of when, where or how sexual activity is going to be done, leaving the female or weaker partner exposed and unable to protect themselves from HIV infection.

- ***Multiple concurrent sexual partners***-this creates a sex network and increases the risk of HIV transmission to multiple individuals at the same time. The tendency to get comfortable in each of the multiple relationships results in inconsistent use of condoms.

- ***High mobility of populations***- Many people, for example informal traders, need to be constantly on the move because of the work they do. Truck drivers, almost all of them men, transport goods over long distances, often across international borders. In the agricultural sector, seasonal work is common, and many people move seasonally between their homes and agricultural estates and farms. Such migration can be both within a country (internal-urban/rural) and across borders and this increases vulnerability to HIV infection.

- **Migrants and mobile** workers are regularly separated from their permanent partners, it is possible that they may engage in short or long term sexual relations with other partners.

Migration affects a lot of different people and communities and not just the migrants themselves: home communities where families are often left, transit communities through which migrants move such as border towns and host communities where migrants live and work e.g. industrial towns, urban areas. In all these communities migrants interact with the local population, interventions must therefore consider and target both migrants/mobile populations and the communities with which they interact, including families in migrant-sending communities.

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