National Certificate in Insurance Administration

NQF Level 2

Unit Standard 9356: Recognize the effects of HIV / AIDS in the insurance industry and workplace, and indicate the precautions that are necessary to avoid unnecessary transmission of the HI Virus.

Credits: 4

Notional Hours of Learning: 40

Learner Material

This outcomes-based learning material was developed by IISA with funding from INSETA in March 2003.

The material is generic in nature. It’s purpose is to serve as a guide for the further development and customization of company-specific, learner-specific and situation-specific learning interventions.
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</table>
1. TITLE: Recognise the effects of HIV/AIDS in the insurance industry and workplace, and indicate the precautions that are necessary to avoid unnecessary transmission of the HI Virus.

2. UNIT STANDARD NO: 9356

3. LEVEL: 2

4. CREDITS: 4

5. FIELD: Business Commerce and Management Studies
   SUB FIELD: Finance, Economics and Accounting

6. ISSUE DATE

7. REVIEW

8. PURPOSE

This unit standard provides a broad introduction to HIV/AIDS in the workplace and the insurance sector. It introduces some theoretical addresses a broad base of knowledge about HIV/AIDS that will enable learners to be informed and caring workers in the industry. It is a building block for insurance related issues around the HIV/AIDS pandemic. The focus is knowledge, skills, values and attitudes in relation to the learner’s own context and experience of the world of work.

The qualifying learner is capable of:
- Understanding the effects of HIV/AIDS on the immune system.
- Knowing how HIV/AIDS is transmitted.
- Knowing what behaviour is safe and what behaviour carries the risk of HIV/AIDS transmission.
- Knowing how to offer care and support to people with HIV/AIDS.
- Knowing the rights and responsibilities of employees with HIV/AIDS and those who have not yet contracted the virus.
- Deciding on a personal code of behaviour appropriate for own HIV/AIDS status.
- Knowing and understand the effects of HIV/AIDS on the economy and the insurance industry.

9. LEARNING ASSUMED TO BE IN PLACE:

There is open access to this unit standard. Learners should
- Hold a GETC or equivalent qualification. or
- Be competent in communication and mathematical literacy NQF level 1.

10 SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA

<table>
<thead>
<tr>
<th>SO</th>
<th>Description</th>
<th>Assessment Criteria</th>
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<tbody>
<tr>
<td>1.</td>
<td>Know and understand HIV/AIDS and its effects on the human immune system</td>
<td>1.1 The terms HIV and AIDS are known and explained at a basic level of understanding.</td>
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<td></td>
<td></td>
<td>1.2 The way in which the immune system works is explained with reference to the role of antibodies in the immune system.</td>
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<td></td>
<td>1.3 An indication is given as to how the HI Virus attacks the immune system.</td>
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<td>1.4 The concept of a window period is explained with reference to the Elisa test.</td>
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<td>SO</td>
<td>Description</td>
<td>Assessment Criteria</td>
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<tr>
<td>1.5</td>
<td>The concept that the Elisa Test tests for antibodies is known and an indication is given of the implications that this has in terms of the window period and the use of vaccinations.</td>
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<tr>
<td>1.6</td>
<td>The fact that all babies born to HIV/AIDS mothers initially test positive for the HI Virus is known and reasons are given to explain why these test results change over time.</td>
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<tr>
<td>1.7</td>
<td>The concept of Voluntary Counselling and Testing (VCT) is explained with reference to the role of the Rapid Test and confirmation by the Elisa test.</td>
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<tr>
<td>1.8</td>
<td>The effects of HIV infection are explained including the ability of infected persons to perform work and the importance of lifestyle changes to boost the immune system and prevent reinfection.</td>
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<td>1.9</td>
<td>The importance of pre and post test counselling is known and understood and the implications of HIV testing for an individual are discussed in terms of making a personal decision to take an AIDS test.</td>
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<tr>
<td>1.10</td>
<td>The stages of the disease are outlined with an example of what happens at each stage from infection with HIV to full-blown AIDS and death.</td>
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<tr>
<td>1.11</td>
<td>The chances of a person surviving with AIDS are discussed with reference to the latest views on medication and the costs of the drugs.</td>
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<tr>
<td>2.1</td>
<td>The effect of body fluids on transmission of the HI virus is outlined at a basic level of understanding.</td>
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<tr>
<td>2.2</td>
<td>Sex is identified as the most common way in which the HI Virus is transmitted and other ways in which HIV is transmitted are listed with an indication of the conditions necessary for transmission.</td>
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<tr>
<td>2.3</td>
<td>The ways in which mother to child transmission can occur are listed and the implications of a pregnant woman/girl child having unprotected sex are indicated for the both the mother and the unborn child.</td>
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<tr>
<td>2.4</td>
<td>Actions that an HIV positive mother can take to lower the risk of infection to the child and prolong the onset of AIDS in herself are presented in a poster to promote wellness.</td>
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<tr>
<td>2.5</td>
<td>The dangers of drug abuse and behaviour that could result in HIV transmission are explained with suggestions for limiting transmission.</td>
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<tr>
<td>2.6</td>
<td>Precautions used in South Africa to ensure that blood products are HIV free are outlined at a basic level of understanding.</td>
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<tr>
<td>3.1</td>
<td>The relationship between human behaviour and HIV/AIDS is outlined at a basic level of understanding.</td>
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<td>3.2</td>
<td>Ways in which the individual can avoid contracting or spreading HIV/AIDS are named with an indication of how own behaviour can reduce the risk of infection.</td>
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<td>3.3</td>
<td>Examples of behaviour that carry a risk of contracting HIV/AIDS are named and classified according to whether they carry a high, medium or low risk.</td>
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<tr>
<td>3.4</td>
<td>Situations that have a potential to spread HIV/AIDS in the workplace are discussed and rated in terms of high, medium and low risk.</td>
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<tr>
<td>3.5</td>
<td>Fears and common misunderstandings about the transmission of HIV/AIDS are described in the context of the workplace.</td>
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<td>3.6</td>
<td>The reasons are given why certain behaviours and activities carry a low risk of infection.</td>
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<td>Assessment Criteria</td>
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<td>3.7</td>
<td>The role of sexually transmitted diseases (STDs) in the transmission of the HI Virus is known and understood and an indication is given of how untreated STDs greatly increase the risk of transmission.</td>
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<tr>
<td>4.1</td>
<td>A company policy on HIV/AIDS or the National Department of Health’s document Guidelines for developing a workplace policy and programme is accessed and evidence of knowledge is provided in the form of a brief summary.</td>
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<tr>
<td>4.2</td>
<td>The possible problems that a worker with HIV/AIDS could encounter are listed with suggestions as to what the learner himself/herself could do to create a caring situation in the workplace.</td>
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<tr>
<td>4.3</td>
<td>The importance of employers playing a proactive role in addressing the AIDS pandemic are known and understood and ways in which a company can create a caring environment for workers with HIV/AIDS are suggested for a familiar context.</td>
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<td>4.4</td>
<td>The availability of HIV/AIDS prevention and wellness programmes is known and an explanation is given on how to access them.</td>
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<tr>
<td>4.5</td>
<td>The treatment options available to a person with HIV/AIDS are known and a table is compiled indicating which treatment is available locally.</td>
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<td>4.6</td>
<td>The rights of all workers in respect of HIV/AIDS are known and their personal responsibilities are understood in dealing with the pandemic.</td>
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<tr>
<td>4.7</td>
<td>The Universal Precautions are known and applied in the work environment.</td>
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<td>4.8</td>
<td>A code of behaviour in the workplace is drafted.</td>
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<td>4.9</td>
<td>To help someone cope with realisation that s/he has HIV/AIDS and to ensure co-workers are safe from infection; or</td>
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<tr>
<td>4.10</td>
<td>To prevent someone who does not yet have HIV/AIDS from becoming infected.</td>
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<tr>
<td>4.11</td>
<td>A team presentation is created to help address the stigma surrounding HIV/AIDS and the importance of employers playing a proactive role in dealing with HIV/AIDS.</td>
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</tbody>
</table>

| 5.1 | The needs of AIDS orphans are outlined with reference, at a basic level of understanding, to the burden of a large number of orphans on society and the economy. |
| 5.2 | The effect of a population composed mainly of children and the aged on the economy and the State is outlined at a basic level of understanding. |
| 5.3 | The need for medical care for people with HIV/AIDS and the implications for employers and the State are discussed at a basic level of understanding. |
| 5.4 | The effect of HIV/AIDS on the workforce and family income is discussed at a basic level of understanding. |
| 5.5 | The implications of HIV/AIDS for the insurance industry are discussed at a basic level of understanding. |

11. ACCREDITATION AND MODERATION:

This unit standard will be internally assessed by the provider and moderated by a moderator registered by INSQA or a relevant accredited ETQA. The mechanisms and requirements for moderation are contained in the document obtainable from INSQA, INSQA framework for assessment and moderation.
12 RANGE STATEMENT:

The typical scope of this unit standard is:
1. The effect of HIV/AIDS on the individual, the workplace and society.
2. The effect of the HIV/AIDS pandemic on the insurance industry.

13 NOTES:

- **CRITICAL CROSS FIELD and DEVELOPMENTAL OUTCOMES:**

This unit standard supports in particular, the following critical cross field outcomes at unit standard level:

1. Learners can communicate effectively using visual, mathematics and language skills when presenting the findings of their research and producing posters and presentations regarding ways an HIV positive mother can lower the risk of infection to her child and prolong the onset of AIDS in her own body.
2. A learner is able to work as a member of a team when presenting information addressing the HIV/AIDS stigma and the importance of a proactive strategy and actively working to promote a caring environment in the workplace.
3. A learner is able to participate as a responsible citizen in the life of local and national communities by understanding the AIDS disease and transmission of the HIV virus, and the precautions required to avoid contracting and transmitting HIV/AIDS.
4. Learners are able to be aesthetically sensitive across a range of social contexts when describing and explaining the stigma surrounding AIDS and creating a caring support system in the workplace.
5. Learners can demonstrate an understanding of the world as a set of related systems.
6. A learner is able to identify and provide possible solutions that would lead to the Company and themselves creating a caring environment for workers with HIV/AIDS and by actively discouraging negative attitudes towards people with HIV/AIDS. Learners are able to make decisions about their own lifestyle.
7. A learner can organise and manage him/herself and his/her activities responsibly by making lifestyle choices about HIV/AIDS.
8. Learners are able to collect, organise and evaluate information by researching situations that have a potential to spread HIV/Aids in the workplace and discussing and rating them in terms of high, medium and low risk.
9. Learners are able to communicate effectively and responsibly using visual and/or language skills when explaining the stages of HIV/AIDS and presenting an example of what happens at each stage of the progression of the disease and how to address the stigma surrounding HIV/AIDS.
10. A learner can participate as a responsible citizen in the life of a local community by knowing what behaviour is safe and what behaviour carries the risk of HIV/Aids transmission and by taking appropriate safety precautions.
INTRODUCTION

This unit standard provides a broad introduction to HIV/AIDS in the workplace and the insurance sector. It introduces some theoretical addresses a broad base of knowledge about HIV/AIDS that will enable learners to be informed and caring workers in the industry. It is a building block for insurance related issues around the HIV/AIDS pandemic. The focus is knowledge, skills, values and attitudes in relation to the learner’s own context and experience of the world of work.

The purpose of this training guide is to provide you with the knowledge, skills, values and attitudes in the world of work in the financial services industry and the insurance sector.

Resources

Specific Outcome 1: Know and understand HIV/AIDS and its effects on the human immune system.

- AIDS – Countdown to Doomsday by Keith Edelston, Media House Publications.

Specific Outcome 2: Know and understand how HIV/AIDS is transmitted.

- “Loving Safely” pamphlet produced by the PPASA.

Specific Outcome 3: Know what behaviour is safe and what behaviour carries the risk of HIV transmission.

- AIDS Countdown to Doomsday by Keith Edelston pub. by Media House Publications.
- SOUL CITY Living Positively with HIV and AIDS pub. by Jacana Education.

Specific Outcome 4: Know what guidelines and assistance are available to support workers with HIV/AIDS and recognise own role in creating a caring office environment.

- AIDS Countdown to Doomsday by Keith Edelston, Media House Publications.
- AIDS Countdown to Doomsday by Keith Edelston, Media House Publications.
- Eating With Hope, Gauteng Department of Health and Nutrition.
- Dr Des Martin, South African HIV Clinicians Society.
- HIV/AIDS in the Workplace, developed by the Beyond Awareness Campaign on behalf of the Department of Health.
Specific Outcome 5: Know and understand the implications of the HIV/AIDS pandemic for society, the economy and the insurance industry.

- Medical Research Council Report, October, 2001
**ACTIVITIES**

**Recording of activities for your portfolio**

You can make use of short sentences, paragraphs, lists, tables, graphs. Place articles and notes from your discussions into your portfolio of evidence. Place any additional material relevant to any of the activities, in your portfolio of evidence.(POE)

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<tr>
<th>Number</th>
<th>Aspect of task</th>
<th>Done</th>
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<tbody>
<tr>
<td><strong>Specific Outcome 1:</strong></td>
<td>Study your reference material and from your understanding explain the meaning of the terms HIV and AIDS. Compare and discuss your meanings with the members of your study/syndicate group and record the agreed meanings.</td>
<td></td>
</tr>
<tr>
<td><strong>Know and understand HIV/AIDS and its effects on the human immune system</strong></td>
<td><strong>Action 1</strong> Study your reference material and explain the way in which the immune system works, with reference to the role of antibodies in the immune system. Compare and discuss your explanation with the members of your study/syndicate group and record the agreed explanation.</td>
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<tr>
<td><strong>Action 2</strong> Study your reference material and give an indication as to how the HI Virus attacks the immune system. Compare and discuss your explanation with the members of your study/syndicate group and record the agreed explanation.</td>
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<tr>
<td><strong>Action 3</strong> Study your reference material and give an indication as to how the HI Virus attacks the immune system. Compare and discuss your explanation with the members of your study/syndicate group and record the agreed explanation.</td>
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<tr>
<td><strong>Action 4</strong> Explain the concept of a window period with reference to the Elisa test. Compare and discuss your explanation with the members of your study/syndicate group and record the agreed explanation.</td>
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<tr>
<td><strong>Action 5</strong> Study the concept that the Elisa Test tests for the presence of antibodies rather than for the presence of the virus itself and give an indication of the implications that this has, in terms of the window period and the use of vaccinations. Record these.</td>
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<tr>
<td><strong>Action 6</strong> All babies born to HIV/AIDS mothers initially test positive for the HI Virus. Give reasons to explain why these test results change over time. Record your reasons.</td>
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<tr>
<td><strong>Action 7</strong> From your reference materials explain the concept of Voluntary Counselling and Testing (VCT), with reference to the role of the Rapid Test and confirmation by the Elisa test. Record your explanation.</td>
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<tr>
<td><strong>Action 8</strong> Explain the effects of HIV infection, including the ability of infected persons to perform work and the importance of lifestyle changes to boost the immune system and prevent re-infection. Compare and discuss your explanation with the members of your study/syndicate group. Record the agreed explanation.</td>
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<tr>
<td><strong>Action 9</strong> Pre and post test counselling is important. Explain why this is so and discuss the implications of HIV testing for an individual, in terms of making a personal decision to take an AIDS test. Compare and discuss the implications of an individual making the decision to</td>
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<td>take the test. Discuss these implications with your study/syndicate group and record the agreed implications.</td>
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<tr>
<td>Action 10</td>
<td>From your reference materials outline the stages of the disease, with an example of what happens at each stage from infection with HIV to full-blown AIDS and death.</td>
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<tr>
<td>Action 11</td>
<td>From your information contained in your source materials, discuss the chances of a person surviving with AIDS in your study/syndicate group, with reference to the latest views on medication and the costs of the drugs. Record your agreed conclusions.</td>
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<tr>
<td>Specific Outcome 2: Study your reference materials and then from your basic understanding outline the effect of body fluids on transmission of the HI virus.</td>
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<tr>
<td>Action 12</td>
<td>Sex is the most common way in which the HI Virus is transmitted. List other ways in which HIV is transmitted with an indication of the conditions necessary for transmission. Record this information.</td>
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</tr>
<tr>
<td>Action 13</td>
<td>Study your reference materials and list the ways in which mother to child transmission can occur and indicate the implications of a pregnant woman/girl child having unprotected sex. Compare and discuss your findings in your study/syndicate group and record the agreed findings for both the mother and the unborn child.</td>
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<tr>
<td>Action 14</td>
<td>Study your reference material and present the actions that an HIV positive mother can take to lower the risk of infection to the child and prolong the onset of AIDS in herself, in a poster to promote wellness. File the poster in your portfolio of evidence.</td>
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<tr>
<td>Action 15</td>
<td>Study your reference materials and explain the dangers of drug abuse and behaviour that could result in HIV transmission, with suggestions for limiting transmission. Record the information.</td>
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<tr>
<td>Action 16</td>
<td>Study your reference materials and from your basic understanding outline the precautions used in South Africa to ensure that blood products are HIV free. Record these.</td>
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<tr>
<td>Specific Outcome 3: Study your reference materials and from a basic understanding outline the relationship between human behaviour and HIV/AIDS. Compare and discuss your findings with the members of your study/syndicate group and record your agreed findings.</td>
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<tr>
<td>Action 18</td>
<td>Study your reference materials and record the ways in which the individual can avoid contracting or spreading HIV/AIDS, with an indication of how own behaviour can reduce the risk of infection.</td>
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<td>Action 19</td>
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<td><strong>Action 20</strong></td>
<td>Study your reference materials and record examples of behaviour that carries a risk of contracting HIV/AIDS. Classify them according to whether they carry a high, medium or low risk.</td>
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<tr>
<td><strong>Action 21</strong></td>
<td>Study your reference materials and then discuss situations that have a potential to spread HIV/AIDS in the workplace in your study/syndicate group. Rate these in terms of high, medium and low risk.</td>
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<tr>
<td><strong>Action 22</strong></td>
<td>Study your reference materials and describe the fears and common misunderstandings about the transmission of HIV/AIDS, in the context of the workplace. Record these.</td>
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<tr>
<td><strong>Action 23</strong></td>
<td>Study your reference materials and then record the reasons why certain behaviours and activities carry a low risk of infection.</td>
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<tr>
<td><strong>Action 24</strong></td>
<td>Study your reference materials and then explain the role of sexually transmitted diseases (STDs) in the transmission of the HI Virus and give an indication of how untreated STDs greatly increase the risk of transmission. Record your findings.</td>
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<tr>
<td><strong>Specific Outcome 4:</strong></td>
<td>Get hold of a company policy on HIV/AIDS or the National Department of Health’s document <em>Guidelines for developing a workplace policy and programme</em>. Provide evidence of your knowledge of the document by recording a brief summary of its contents.</td>
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<tr>
<td><strong>Action 25</strong></td>
<td>Study your reference materials and list the possible problems that a worker with HIV/AIDS could encounter, with suggestions as to what you could do to create a caring situation in the workplace.</td>
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<tr>
<td><strong>Action 26</strong></td>
<td>Study your reference materials and from your understanding explain the importance of employers playing a proactive role in addressing the AIDS pandemic. Compare and discuss these in your study/syndicate group and then list suggested ways in which a company can create a caring environment for workers with HIV/AIDS, for a familiar context.</td>
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<tr>
<td><strong>Action 27</strong></td>
<td>Study your reference materials and from your understanding describe the availability of HIV/AIDS prevention and wellness programmes and explain how to access them. Record the information.</td>
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<tr>
<td><strong>Action 28</strong></td>
<td>Study your reference materials and then describe the treatment options available to a person with HIV/AIDS. Draw up a table indicating which treatment is available locally.</td>
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<tr>
<td>Action 30</td>
<td>Study your reference materials and describe the rights of all workers in respect of HIV/AIDS and their personal with their responsibilities in dealing with the pandemic. Record the information.</td>
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<tr>
<td>Action 31</td>
<td>Study your reference materials on The Universal Precautions and describe how these are applied in the work environment. Record the information.</td>
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</table>
| Action 32 | Together with your study/syndicate group draft a code of behaviour in the workplace -  
  • To help someone cope with realisation that s/he has HIV/AIDS and to ensure co-workers are safe from infection;  
  or  
  • To prevent someone who does not yet have HIV/AIDS from becoming infected.                                                                                                                                                                                                                                                                                                   |      |
| Action 33 | Together with your study/syndicate group create a team presentation to help address the stigma surrounding HIV/AIDS and the importance of employers playing a proactive role in dealing with HIV/AIDS.                                                                                                                                                                                                                                                                        |      |
| Specific Outcome 5: | Study your resource materials and from your basic understanding this phrase is beginning to become too repetitive outline the needs of AIDS orphans, with reference as to the burden of a large number of orphans on society and the economy. Compare and discuss your findings with the members of your study/syndicate group and record your agreed findings.                                                                                                                                 |      |
| Action 34 | Study your reference materials and from your basic understanding outline the effect of a population composed mainly of children and the aged, on the economy and the State.                                                                                                                                                                                                                                                                                                              |      |
| Action 35 | Study your reference materials and from your basic understanding discuss the need for medical care for people with HIV/AIDS and the implications for employers and the State, with the members of your study/syndicate group. Record your findings.                                                                                                                                                                                                                             |      |
| Action 36 | Study your reference materials and from your basic understanding compare and discuss the effect of HIV/AIDS on the workforce and family income. Record your findings.                                                                                                                                                                                                                                                                       |      |
| Action 37 | Study your reference materials and from your basic understanding compare and discuss the implications of HIV/AIDS for the insurance industry. Record your findings.                                                                                                                                                                                                                                                                         |      |
| Action 38 | Study your reference materials and from your basic understanding compare and discuss the implications of HIV/AIDS for the insurance industry. Record your findings.                                                                                                                                                                                                                                                                         |      |
## CRITICAL CROSS FIELD OUTCOMES MATRIX

<table>
<thead>
<tr>
<th>Activity</th>
<th>Solve problems / make decisions</th>
<th>Teamwork</th>
<th>Organisation</th>
<th>Information</th>
<th>Communicate</th>
<th>Technology</th>
<th>Related system</th>
<th>Personal Development</th>
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### GUIDE FOR ASSESSMENT OF PORTFOLIO

<table>
<thead>
<tr>
<th>Specific outcome 1</th>
<th>Learner is competent</th>
<th>Learner is not yet competent</th>
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<tbody>
<tr>
<td>Know and understand HIV/AIDS and its effects on the human immune system.</td>
<td>Assessment Criteria:</td>
<td>All or part of each activity not done or incomplete NOT done or all questions not answered.</td>
</tr>
<tr>
<td></td>
<td>❖ The terms HIV and AIDS are known and explained at a basic level of understanding, and recorded.</td>
<td>❖ The explanation of the terms is not recorded</td>
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<tr>
<td></td>
<td>❖ The way in which the immune system works is explained with reference to the role of antibodies in the immune system.</td>
<td>❖ The explanation is not recorded</td>
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<tr>
<td></td>
<td>❖ An indication is given as to how the HI Virus attacks the immune system.</td>
<td>❖ The indication is not recorded</td>
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<td>❖ The concept of a window period is explained with reference to the Elisa test.</td>
<td>❖ The explanation is not recorded</td>
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<td>❖ The concept that the Elisa Test tests for antibodies is known and an indication is given of the implications that this has in terms of the window period and the use of vaccinations.</td>
<td>❖ The indication is not recorded</td>
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<tr>
<td></td>
<td>❖ The fact that all babies born to HIV/AIDS mothers initially test positive for the HI Virus is known and reasons are given to explain why these test results change over time.</td>
<td>❖ The reasons and explanation are not recorded</td>
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<td>❖ The concept of Voluntary Counselling and Testing (VCT) is explained with reference to the role of the Rapid Test and confirmation by the Elisa test.</td>
<td>❖ The explanation of the concept is not recorded</td>
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<td>❖ The effects of HIV infection are explained including the ability of infected persons to perform work and the importance of lifestyle changes to boost the immune system and prevent reinfection.</td>
<td>❖ The explanation is not recorded</td>
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<tr>
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<td>❖ The importance of pre and post test counselling is known and understood and the implications of HIV testing for an individual are discussed in terms of making a personal decision to take an AIDS test.</td>
<td>❖ The discussion of the implications are not recorded</td>
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<td>❖ The stages of the disease are outlined with an example of what happens at each stage from infection with HIV to full-blown AIDS and death.</td>
<td>❖ The stages and examples are not recorded</td>
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<td>❖ The chances of a person surviving with AIDS are discussed with reference to the latest views on medication and the costs of the drugs.</td>
<td>❖ The discussion is not recorded</td>
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<td>Assessment Criteria</td>
<td>Learner is competent</td>
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<tr>
<td><strong>Specific Outcome 2</strong>&lt;br&gt;Know and understand how HIV/AIDS is transmitted.</td>
<td>▶ The effect of body fluids on transmission of the HIV virus is outlined at a basic level of understanding.&lt;br▶ Sex is identified as the most common way in which the HI Virus is transmitted and other ways in which HIV is transmitted are listed with an indication of the conditions necessary for transmission.&lt;br▶ The ways in which mother to child transmission can occur are listed and the implications of a pregnant woman/girl child having unprotected sex are indicated for both the mother and the unborn child.&lt;br▶ Actions that an HIV positive mother can take to lower the risk of infection to the child and prolong the onset of AIDS in herself are presented in a poster to promote wellness&lt;br▶ The dangers of drug abuse and behaviour that could result in HIV transmission are explained with suggestions for limiting transmission.&lt;br▶ Precautions used in South Africa to ensure that blood products are HIV free are outlined at a basic level of understanding.</td>
<td>▶ The outline is not recorded&lt;br▶ The list is not recorded&lt;br▶ The list and implications are not recorded&lt;br▶ Actions in poster form are not presented&lt;br▶ The explanation and suggestions are not recorded&lt;br▶ Outline of precautions is not recorded</td>
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<td><strong>Specific Outcome 3:</strong>&lt;br&gt;Know what behaviour is safe and what behaviour carries the risk of HIV transmission</td>
<td>▶ The relationship between human behaviour and HIV/AIDS is outlined at a basic level of understanding.&lt;br▶ Ways in which the individual can avoid contracting or spreading HIV/AIDS are named with an indication of how own behaviour can reduce the risk of infection.&lt;br▶ Examples of behaviour that carry a risk of contracting HIV/AIDS are named and classified according to whether they carry a high, medium or low risk.&lt;br▶ Situations that have a potential to spread HIV/AIDS in the workplace are discussed and rated in terms of high, medium and low risk.&lt;br▶ Fears and common misunderstandings about the transmission of HIV/AIDS are described in the context of the workplace.&lt;br▶ The reasons are given why certain behaviours and activities carry a low risk of infection.</td>
<td>▶ The outline is not recorded&lt;br▶ Information is not recorded&lt;br▶ Examples and classification are not recorded&lt;br▶ Situations and rating are not recorded&lt;br▶ Description is not recorded&lt;br▶ Reasons are not recorded</td>
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<td>▶ The role of sexually transmitted diseases (STDs) in the transmission of the HIV Virus is known and understood and an indication is given of how untreated STDs greatly increase the risk of transmission.</td>
<td>▶ The information is not recorded</td>
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**Specific Outcome 4**

Know what guidelines and assistance are available to support workers with HIV/AIDS and recognise own role in creating a caring office environment.

<p>| ▶ A company policy on HIV/AIDS or the National Department of Health’s document <em>Guidelines for developing a workplace policy and programme</em> is accessed and evidence of knowledge is provided in the form of a brief summary. | ▶ Summary not recorded |
| ▶ The possible problems that a worker with HIV/AIDS could encounter are listed with suggestions as to what the learner himself/herself could do to create a caring situation in the workplace. | ▶ List and suggestions not recorded |
| ▶ The importance of employers playing a proactive role in addressing the AIDS pandemic are known and understood and ways in which a company can create a caring environment for workers with HIV/AIDS are suggested for a familiar context. | ▶ Suggested ways are not recorded |
| ▶ The availability of HIV/AIDS prevention and wellness programmes is known and an explanation is given on how to access them. | ▶ Explanation is not recorded |
| ▶ The treatment options available to a person with HIV/AIDS are known and a table is compiled indicating which treatment is available locally. | ▶ Table not recorded |
| ▶ The rights of all workers in respect of HIV/AIDS are known and their personal responsibilities are understood in dealing with the pandemic. | ▶ Rights and responsibilities not recorded |
| ▶ The Universal Precautions are known and applied in the work environment. | ▶ Precautions and their application are not recorded |
| ▶ A code of behaviour in the workplace is drafted • To help someone cope with realisation that s/he has HIV/AIDS and to ensure co-workers are safe from infection. or • To prevent someone who does not yet have HIV/AIDS from becoming infected. | ▶ The code is not recorded |
| ▶ A team presentation is created to help address the stigma surrounding HIV/AIDS and the importance of employers playing a proactive role in dealing with HIV/AIDS. | ▶ The team presentation is not prepared and presented |</p>
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<tr>
<td><strong>Specific Outcome 5</strong></td>
<td>Know and understand the implications of the HIV/AIDS pandemic for society, the economy and the insurance industry.</td>
<td>✤ The needs of AIDS orphans are outlined with reference, at a basic level of understanding, to the burden of a large number of orphans on society and the economy.</td>
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<td>✤ The effect of a population composed mainly of children and the aged on the economy and the State is outlined at a basic level of understanding.</td>
<td>✤ The outline is not recorded</td>
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<td>✤ The need for medical care for people with HIV/AIDS and the implications for employers and the State are discussed at a basic level of understanding.</td>
<td>✤ The discussion is not recorded</td>
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<td>✤ The effect of HIV/AIDS on the workforce and family income is discussed at a basic level of understanding.</td>
<td>✤ The discussion is not recorded</td>
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<td>✤ The implications of HIV/AIDS for the insurance industry are discussed at a basic level of understanding.</td>
<td>✤ The discussion is not recorded</td>
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ORAL ASSESSMENT

The facilitator will use this table to monitor your participation during the discussions at your contact sessions. You are expected to contribute during each of the contact sessions.

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<th>Action</th>
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<td>The learner brought summaries and notes made to the session for discussion. The learner makes notes during the discussion, where notes are required to be transcribed.</td>
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<td>The learner is able to discuss the</td>
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<td>1. The basic nature the HIV/AIDS virus</td>
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<td>2. The basic impact of HIV/AIDS on the insurance industry</td>
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<td>3. The basic impact of HIV/AIDS on the workplace</td>
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<td>4. Preventative measures against contracting the HIV/AIDS virus</td>
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<td>5. Assistance to AIDS/HIV victims in the workplace</td>
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<td>6. Resources available to HIV/AIDS victims Shouldn’t these tie back to the specific outcomes more closely?</td>
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<tr>
<td>The learner can take part in group discussions by talking about other Learner’s feedback and reports.</td>
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<tr>
<td>The learner shows understanding of the HIV/AIDS virus, its impact on the insurance industry, preventative measures against contraction, and assistance and resources available to sufferers</td>
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LIFELONG LEARNING.

This short module has introduced you to basic information about the HIV/AIDS virus and its impact on the workplace and insurance industry. It is important to do this module, since your guidance to others and preventative life-style, and assistance to AIDS/HIV sufferers forms part of your career in the insurance industry.
ADDITIONAL NOTES

Introduction

There can be very few South Africans who have not heard of HIV/AIDS, although most will be familiar with the abbreviated term, “AIDS”. It is a disease that has had a disastrous effect on the world but particularly on Africa, where it has spread very rapidly. It is seen as being a global pandemic, in other words it is “an unusually widespread epidemic affecting large numbers of people in different regions. Africa has by far the highest rate of infection in the world, and of deaths from the disease. Unfortunately, South Africa has not managed to escape the ravages caused by the virus, and HIV/AIDS is now the leading cause of death for South Africans aged between 20 and 40 years of age.

According to the SBC, South Africa now has the highest rate of HIV infection in the world. The latest figures show that the disease is ravaging sub Saharan Africa. The United Nations estimates that 24.5 million sub Saharan Africans are infected with the virus. This is more than 6 times the amount of infected people of the rest of the world put together. In fact, 70% of all people living with HIV/AIDS live in this region. These figures should warn us all that we ignore HIV/AIDS at our peril. The reasons why the disease is taking such a toll in this part of the world are numerous, but we shall not be discussing them in detail at this stage.

The Southern African Journal of HIV Medicine sees the causes as being of two kinds: immediate and underlying:

“Both immediate and underlying factors are contributing to HIV transmission in South Africa. Immediate determinants of the HIV/AIDS epidemic include behavioural factors such as the frequency of unprotected sexual intercourse and multiple sexual partners, and biological factors such as the high prevalence of sexually transmitted diseases (STDs). Underlying determinants include socio-economic factors such as poverty, the migrant labour system, the practice of commercial sex, the low status of women, illiteracy, lack of formal education, stigmatisation and discrimination.”

What is HIV/AIDS?

HIV/AIDS is the acronym or abbreviation for HUMAN IMMUNODEFICIENCY VIRUS and ACQUIRED IMMUNE DEFICIENCY SYNDROME. You are probably thinking now, “Yes, but what does that mean?” We shall look at each of the words and examine their meaning.

- Firstly, the “H” stands for human, this tells us that this is a disease that attacks human beings, rather than other forms of life. There is a similar disease that attacks certain of the Great Apes, but the virus we are looking at uses human hosts or bodies.
- The “I” stands for “immuno”, which refers to the body’s immune system. The immune system consists primarily of the lymphatic system, the messengers of which are the white blood cells. The immune system protects the body from infection by fighting bacteria and viruses that are damaging the body. The HI Virus destroys this defence system, with disastrous results for the host. The second part of the word, “deficiency” is another word for a shortage or lack of something, and in this case describes the situation whereby the virus creates a lack of defence against diseases by destroying the immune system.
- The “V” stands for virus. Viruses are submicroscopic infectious organisms, which are notoriously difficult to kill. They are so tiny that approximately half a million of them could fit on to the full stop at the end of this sentence. The common cold provides a good example of the hardness of a virus, for despite many years of research, neither prevention nor a cure for the common cold has been found.
Some characteristics of viruses are:

- They cannot exist independently of the body,
- They can grow and reproduce only when they have entered another cell,
- They are extremely adaptable organisms; in other words, they can change to suit different situations, and therefore
- They are extremely difficult to destroy.

The world of medicine has found vaccines that prevent infection with some viruses. The smallpox virus, for example, has been eradicated through a worldwide vaccination programme, but most viruses remain resistant to prevention or treatment. So far we have looked at the meaning of Human Immunodeficiency Virus, which is the microscopic organisms, which causes AIDS. We shall move on to look at the term “AIDS”, and what the four letters stand for:

- “A” stands for “Acquired”, which is a fancy word for “gained” or “obtained”, with the implication that you acquired it from someone else.
- “I” is for immune, and connected with the next letter, which is
- “D” for deficiency or a lack, or a shortage, and
- “S” is for syndrome, which refers to a collection or group of diseases and symptoms or signs of those diseases.

The Concise Oxford Dictionary defines a syndrome as “a group of concurrent symptoms of a disease”. You may be wondering why we are using the term HIV/AIDS in this course, when everyone you know just talks about “AIDS”. The reason we are making the distinction between the two is that the disease has three distinct stages. The first stage is the HIV stage. The patient has been infected with the disease, but may be showing no symptoms and appears to be perfectly healthy. However, if you were to test the patient for AIDS, s/he would have a sero positive result, in other words, you would get a positive result.

The patient may be completely unaware that s/he has a terminal disease. There is considerable debate as to how long one can remain in the first stage before one becomes ill. The onset of the second stage varies from patient to patient. The second stage is characterised by repeated illnesses, and the patient usually realises now that there is something wrong with him or her.

The third stage is the final stage of the infection, when the patient is chronically and seriously ill. The HI Virus has seriously weakened the immune system, and the patient is very weak indeed. Now that we have looked at the definition of the term HIV/AIDS, we shall move on to look at the medical aspects of the three stages of the disease in more detail.

HIV/AIDS and Its Attack on the Immune System

Earlier in this course we talked about the immune system, which is the body's system for protection and defence against disease.

Example

Think of when you have a cold. Essentially a cold is an infection of the mucous membranes of the upper respiratory system, i.e. the nose and the throat. The body responds to the infection by sending white blood cells to the scene of the infection, and trying to flush the disease out of the cells by increasing the secretions of the cells of the nose. You see this in the form of a runny nose. The body also tries to kill the virus by changing the temperature of the body, so that if your cold develops into influenza often you will have a high temperature along with your runny nose and the sneezes. These are all ways in which your immune system is fighting the cold virus.

Many patients develop a mild viral illness shortly after they have been infected with the HI Virus. They may experience symptoms such as a fever, sore throat, headaches, swollen glands and a
rash. This is because the body is already fighting the virus by producing antibodies. In spite of
this, the body may not have produced enough antibodies to give a positive result if the patient
undergoes an AIDS test at this stage. The body produces antibodies to fight off any "invaders"
that it perceives as harmful to the system. Most patients do not associate their short spell of
illness with HIV/AIDS, and so they attach little importance to their spell of ill health.
Furthermore, the brief illness does not happen to everyone after they have been infected.
As we mentioned earlier, the time between this initial infection and the development of full blown
AIDS varies enormously from one patient to another, and some patients defy the odds by not
developing AIDS for very long periods of times. However, in most patients the disease occurs
in three stages.

The Elisa test.

If you read the previous section carefully, you will have noticed that the antibodies are not
present in the patient’s body immediately after infection. Do you remember that we said that
someone who has been infected with HIV/AIDS could pass the virus on to other people almost
immediately, long before s/he is aware that s/he is ill?
One of the reasons that HIV/AIDS spread so rapidly through certain populations is that there is
what is known as a “window period”. This is a period of time during which the patient is infected
with the HI virus, but the blood tests show the patient as seronegative, or not infected with the
virus. This is known as a false negative.
The tests may come up as negative for as long as 6 months while the body is fighting the virus
infection.

Real Life
If we translate this, a rape victim may have to wait for 6 months or longer before she can feel
certain that her HIV/AIDS test results are accurate.
This factor has contributed to the national debate about the treatment of potential HIV/AIDS
victims with anti retroviral drugs, such as Azidothymine (AZT) and Nevirapine. Some experts
argue that it would be extremely dangerous to administer the anti-retroviral drugs if one were
not sure as to whether the patient is HIV positive or not.

This window period has serious implications for the treatment and spread of HIV/AIDS.
People do not go for testing because they experience no symptoms of the disease, and even
those who do go to be tested because they fear that they have put themselves at risk, may be
given a false negative result. These people then consider themselves to be free of the virus
and make no changes to their sexual behaviour, and may spread the virus to even more
partners.

The Search for a Vaccine
These factors have also affected the search for a vaccination for HIV/AIDS. Although there are
vaccines that protect us from certain viruses, for example the smallpox vaccine, there are many
more viruses that have no vaccine, for example the common cold. As we mentioned earlier,
viruses are extremely adaptable organisms, and they respond to attack by changing and
adapting themselves to the new conditions. This quality makes a virus very resistant to
attempts to destroy it. There are many who feel that the only hope of controlling the HIV/AIDS
epidemic is through developing a vaccine against the HI virus.
As Dr Walter Prozesky says:
“Never in history has a viral disease been controlled by drugs. That’s why vaccines are the only
possible way to control the epidemic in the long term.”

The Role of Antibodies in Testing for HIV/AIDS.
We have already discussed the way in which the body reacts to the initial infection by the
HI virus. One of the frightening facts about HIV/AIDS is that the HIV positive person can pass
on the virus months before s/he has any ideas that s/he has been infected.
NOTE:
In fact, the infected person can pass on the virus within a few hours of being infected him/herself. You will remember that antibodies are blood proteins produced by our bodies to combat foreign and toxic (poisonous) substances. Although these antibodies cannot destroy the HI virus, they can help the patient to delay the onset of the continuous ill health that comes with full-blown AIDS. However, the antibodies are not important just because they help the body to fight. The world of medicine has no way of detecting the actual HI virus in a person’s body.

Instead, the medical profession looks for the presence of the antibodies that fight the HI virus to determine whether the patient has HIV/AIDS. In other words, an AIDS test does not reveal the virus itself in the patient’s bloodstream, but the presence of antibodies shows that the patient’s body has been fighting the virus. These tests are known as the Rapid Test and the Elisa test, and you will be learning more about them later in this module.

If we can use an analogy here, it is as if the virus itself is an invisible enemy, but we know that the enemy is there because we can see the soldiers (antibodies) fighting it.

The two tests used most frequently for testing for the HIV/AIDS antibodies are the Rapid Test and the Elisa Test.

The Rapid Test
As the name suggests, this is a quick test that delivers results almost instantly. The Rapid Test can be done in a doctor’s rooms and does not require the services of a pathology laboratory. Remember that there is no method of testing for the virus itself, instead, the doctor tests for the presence of antibodies.

Although this test gives quick results, it is not 100% reliable and can give either a false negative or a false positive. For this reason, most medical practitioners would recommend that patients who get borderline results from this test should be reassessed with the Elisa test.

The Elisa Test
This test is a great deal more accurate than the Rapid Test and it can give an indication of how severe the HI virus infection is. The test requires the services of a pathology laboratory, and the results take longer than the Rapid Test. The actual testing of the blood in the laboratory takes a couple of hours, but getting the fluids to the lab and then getting the results back to the patient make the process slower. In spite of this, it is not foolproof, either.

In spite of being more accurate than the Rapid Test, the Elisa can provide a false negative or false positive, especially if the patient is in the ‘window period’ before the antibodies have developed. It can also give a false positive result, as the antibodies may be caused by another infection, such as malaria or hepatitis. If there is any doubt about the result of the Elisa test, the patient will be asked to undergo another test. However, false results happen very rarely, and most of the test results are accurate.

The VCT (voluntary counselling and testing) programme has been successful in many parts of the world, and has helped many AIDS patients to improve their general state of health and lengthen their lifespan.

Another positive spin off from the programme has been the decrease in other Sexually Transmitted Diseases (STDs), which are closely associated with HIV infection. This is probably a result of patients and their partners being more careful about practicing safe sex and using condoms, as condoms prevent the spread of STDs as well as of HIV/AIDS.

Earlier in this module we talked about the rapid spread of HIV/AIDS and the need for all of us to
be aware of the dangers.

- Do you think that you are at risk of acquiring the virus?
- Have you always practiced safe sex?
- Are you confident that the sexual partners you have had have always practiced safe sex?

If you have any doubts about your HIV status, you should go for a blood test and receive VCT. The results will either put your mind at rest or will prepare you for the future. HIV/AIDS is a disease that cannot be cured, but if you are careful about your sexual behaviour, you will not be at risk.

In the next section of this course we shall look at exactly how HIV/AIDS is transmitted, and hopefully we will dispel some of the myths surrounding the disease.

In the section after that, you will be learning about the connection between your behaviour and the risk of contracting HIV/AIDS.

NOTE:
Hopefully, you will pay close attention to how to protect yourself: it is literally a matter of life or death.

**HIV/AIDS and Pregnant Women**

Although HIV/AIDS infection is spread over all ages and all sectors of society, the infection of pregnant women is particularly worrying.

If the mother is HIV positive then she will die long before the child is old enough to take care of him/herself, and it is likely that she will infect her unborn child. The child then faces a short and miserable life, battling to stay alive while the virus slowly kills the infant.

The issue of the treatment of HIV/AIDS in pregnant women is controversial and especially important in Africa.

The United Nations reports that 90% of all children infected with HIV during pregnancy are born in sub Saharan Africa.

Studies have shown that administering a single dose of Nevirapine to a pregnant woman in late pregnancy, and a dose to the newborn baby shortly after birth, reduces the chance of the baby being infected by half. All babies born to HIV positive mothers will test positive for the virus at birth. In medical terms, they are considered to be HIV exposed. If the mother has not taken antiretroviral drugs, or if she chooses to breast-feed, 25% to 30% of such infants will be HIV positive by the age of 18 months. Their lives will be short and marked by frequent illness.

However, if the mother has been treated with antiretroviral drugs during pregnancy, and even during the delivery of the baby, the infant has a chance of fighting the disease and surviving. Studies show that treatment with an antiretroviral drug such as Nevirapine or AZT in late pregnancy cuts the rate of HIV infection by half, so that only 12% of such babies will become HIV positive.

What happens in these cases is that the drug is given to the mother during the late stages of pregnancy. It passes through her bloodstream into that of the baby, so that the baby is born with a tool to fight the virus. Often the baby is given a dose of anti-retroviral medication shortly after birth. The baby’s chances of overcoming the disease increase even more if the mother has a Caesarean section and does not breastfeed the infant.

- This is because there is a great deal of bleeding in a normal vaginal delivery, which can infect the newborn baby (neonate).
- Breast milk, being a bodily secretion (a fluid produced by the body), is infected with the virus in an HIV positive mother, so the neonate should be fed on formula in order to minimise the risk of infection.

However, there are cases in which the HIV positive mother has received no treatment for HIV/AIDS and yet the infant manages to overcome the viral infection.
It seems that well nourished infants have a better chance of doing this, as good nutrition (of the mother before the baby is born, and of the baby after birth), and a lack of exposure to other ailments help the infant’s immune system to fight the invasion of the HI virus. On the other hand, a baby born to a mother who is in the third stage of the disease and who is suffering from full blown HIV/AIDS will be unlikely to overcome the virus, even if the mother and child are treated with Nevirapine or AZT. So far, we have looked at what HIV/AIDS is, how it attacks the human body, why it can be difficult to detect and treat, and how it affects pregnant women and their unborn babies. Now we shall move on to look at testing for HIV/AIDS, counselling before and after the test, and the long term prospects of patients who are HIV positive.

**Voluntary Counselling and Testing (VCT)**

Testing for HIV/AIDS is an extremely delicate issue, and has been a stumbling block to many attempts to diagnose and treat the disease. What would you do if you were in a situation where you thought you had been infected with this deadly virus? How would you react?

Now you have some insight into the terrifying prospect of being told that you have a terminal, incurable disease, which has a terrible social stigma attached to it. In the last decade, people in prominent positions in society have been dying of the disease, yet they refuse to admit that it is the HI virus that is killing them.

If the leaders and others who should be setting an example cannot face up to the truth, how can we overcome this prejudice? It is a sad fact that many of the same people who will not change their behaviour to avoid transmitting the disease or to protect their partners from the virus, consider HIV/AIDS sufferers to be dirty or inferior. Society does not have the same attitude towards cancer sufferers or others who are dying of terminal diseases as it does to HIV/AIDS sufferers. HIV/AIDS patients have been thrown out of their homes, isolated from the community and made to suffer enormous psychological damage through society’s cruel behaviour towards them.

This means that being tested for HIV/AIDS can be a life changing experience. The results of the test can bring huge relief or they can bring a devastating death sentence. It can mean happiness and a new lease on life, or the prospect of the collapse of the family unit, social isolation, and many years of pain and suffering culminating in death. This is why a great deal of care and attention is given to those who choose to undergo the test. It is also the reason why the test is always voluntary, and the testing process is treated as confidential. Nowadays all tests for HIV/AIDS must be with the patient’s consent, which is why it is described as Voluntary Counselling and Testing. The second part of the name, “Counselling”, is also very important, as the experts have recognised that patients need to be counselled or advised about the disease, both before and after the test has been administered. Studies have shown that the counselling helps the patients to deal with the psychological impact of discovering either that you are HIV positive, or that you are free of the virus.

VCT helps patients to understand their disease and to prolong their years of health, by advising patients of ways in which they can help their bodies to resist the virus’ attack. The United Nations has been particularly active in the area of VCT, but it points out that for VCT to have a positive effect, it must:

- Be entirely voluntary,
- Include informed consent, in other words, the person who is going to be tested must know what the test is for, as well as the implications of the test results,
- Include counselling both before and after the test, regardless of the test results, and
- Guarantee confidentiality, to protect patient privacy.

The aims of providing Voluntary Counselling and Testing are:

- To prevent further HIV/AIDS transmission,
To prevent the acquisition of the HI virus by people whose tests show them to be HIV negative, and
To enable HIV positive people to take up early and appropriate support by educating them about the options open to them. This would include medical care, legal advice, nutritional advice, family planning and so on.

Results show that the patients who were most likely to practise safe sex were couples who had received Voluntary Counselling and Testing, although this was far more likely in Western industrialised countries than in Africa. The scientists feel that this is because of the reduced “sexual negotiation” power of the average African woman. In other words, traditional African society keeps women in a submissive role, and therefore it is very hard for those women to tell their partners to practise safe sex.

In this way, the VCT seeks to inform and advise people at risk, and to help them to cope with the disease and their new lifestyle. The focus so far in this module has been on the Counselling component of the VCT, but now we shall move on to look at the tests themselves.

The South African Constitution makes it illegal to force someone to have an HIV/AIDS test, except for those who work in professions that put them at risk from the virus, such as medicine. Before the Constitution was passed, compulsory testing for various ailments such as tuberculosis and HIV/AIDS was quite common, and employers and insurers could refuse to employ or to give life insurance to clients based on the results of the tests.

It is the responsibility of the individual who feels him/herself to be at risk to approach a medical facility for testing. Apart from the State services provided in Government facilities, there are numerous non-profit organisations that will provide VCT for a nominal charge.

**You’re HIV Positive – Now What?**
In this section we shall be looking at the prognosis, or the expected future, of someone who is HIV positive.

As you learnt earlier, the effects of the virus vary both in terms of their severity and in terms of how long the period of wellness is for the patient.

One thing has become clear through the research, however, and that is that good nutrition and a well-balanced lifestyle can delay the onset of full-blown AIDS in many patients.

**The stages of the disease**
Infected, but feeling healthy (or asymptomatic latency).

Often the patient is unaware that s/he is infected at this stage, although s/he can pass the virus on to others. However, the virus is already attacking the immune system through the white blood cells.

The HIV/AIDS infected person may have a sore throat or swollen glands soon after contracting the virus, but these symptoms soon disappear. Most patients show no symptoms of disease at this stage, but they are carriers of the virus and can infect others.

**Deteriorating Health or the Aids Related Complex (ARC).**
As we mentioned earlier, the lapse between infection and becoming ill is hard to determine. In some patients the second stage follows within a few months of infection, while others have over 10 years before their symptoms start to show.

No one knows what reactivates the virus, in other words, what gets it moving again, but in this second stage the virus begins to spread and multiply. This stage is characterised by consistently deteriorating health. The patient may experience persistently swollen glands, fevers and night sweats, chronic diarrhoea, thrush in the mouth, and severe weight loss, leading to the nickname, the “slimmer’s disease”. At this stage the patient is usually still well enough to enjoy a fairly normal life, with increasing spells of illness.
Serious illness leading to death (full-blown AIDS).
The major difference between the attack of the HI virus and the attacks of other viruses is that
the HI virus destroys the defence systems of the body. With other viruses, such as the virus
that causes the common cold, we may become ill but eventually our defence system manages
to overcome the virus' attack. As it is the immune system cells that are destroyed by HI virus,
the body cannot defend itself and it is left vulnerable to a huge range of diseases. These
diseases are often diseases that a healthy immune system could fight, but because the virus
has destroyed the HIV/AIDS patient's immune system, s/he has no resistance to the illness.
This third stage is characterised by weakness and almost constant ill health.
Some of the common diseases at this stage are cancers, diseases caused by fungi,
tuberculosis (particularly in Africa) and pneumonia. There is no hope of recovery; it is simply a
case of waiting until the body gives up the fight entirely. Eventually the virus weakens the
immune system so completely that the patient dies. The illness that causes the patient's death
is not HIV/AIDS, but one of the opportunistic diseases that the body can no longer fight.

Although there is no cure for HIV/AIDS, there is no doubt that the use of antiretroviral drugs
such as Nevirapine or AZT can slow down the progress of the virus. As mentioned earlier,
these drugs are not available through the State system except in certain provinces, and then
only as a preventative measure for mother to child transmission.
They are available in private health care, so sufferers who have access to private health care
may be able to get them, depending on the conditions laid down by their medical aid schemes.
Antiretroviral drugs are very costly, which prevents many AIDS sufferers from using them.
However, they extend the duration of the HIV+ person's life, and improve the quality of that life
by helping the body to fight off opportunistic diseases, so most people consider that they give
value for money.

However, the future is not as bleak as it once was for HIV positive people. There have been
some successes in delaying the onset of ill health caused by the virus through the use of
antiretroviral drugs. These drugs, combined with a healthy lifestyle and safe sexual practices,
have extended the number of years of good health for many HIV/AIDS sufferers.

Conclusion
Before you go on to the Consolidation Exercises, you should go over some of the main points of
this module of the course.

1) HIV/AIDS stands for HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE
deficiency Syndrome. The virus acts by destroying the immune system of the
host/person infected. This means that the infected person loses the ability to fight
infection, and so becomes susceptible to a range of diseases. Eventually one of the
diseases will kill the patient.

2) Africa has been more severely affected by the HIV/AIDS pandemic than any other part
of the world. 70% of all HIV positive people live in sub Saharan Africa. HIV/AIDS is now
called a "pandemic" rather than an epidemic, because of the way it has affected so many
different people in so many countries.

3) The HI virus enters the bloodstream and attacks the immune system. The immune
system is the body’s defense system, and consists primarily of the lymphatic system
(which produces white blood cells). The immune system is vital to good health because
it fights off germs and infections.

4) There is no test that shows the presence of the HI virus in a person’s bloodstream.
Instead, the tests are designed to show the presence of antibodies to the virus. The
body produces antibodies in an attempt to kill the virus.

5) The time that the body takes to produce antibodies to the HI virus means that there is a
window period for testing. In other words, the patient may have been infected with the
virus yet no antibodies will appear in the bloodstream for a period of up to 6 months.
This has been a major problem when diagnosing patients, and in the drive to get people
to change their behaviour.
6) There are three distinct stages to the HIV virus infection. In the first stage, the patient is in good health and there are no external symptoms of infection with the virus. The patient may have a short period of minor illness shortly after being infected with the virus, but other than that, s/he feels well. This stage is known as asymptomatic latency. In the second stage, the patient becomes ill with increasing frequency. The period between this stage and the first stage varies from one patient to another, but at this stage the virus is becoming active again. The patient may suffer from fevers, night sweats, diarrhoea, and fungal infections, and there is often severe weight loss. This stage is known as the AIDS Related Complex. In the third and final stage of the infection, the patient becomes seriously ill with repeated and lengthy bouts of extremely poor health. The patient may develop cancers such as Kaposi’s sarcoma, pneumonia, tuberculosis and other opportunistic infections. Eventually the patient will die from one of these illnesses.

7) There is no vaccine for the AIDS virus, although there is a great deal of research into developing one.

8) HIV positive pregnant women are likely to infect their babies unless they are given antiretroviral drugs and other preventative treatments.

9) All testing for the presence of the AIDS virus should be voluntary and should include pre and post test counselling (VCT).

10) There are two main types of tests for HIV/AIDS, the Rapid Test and the Elisa Test. The Elisa test is the more accurate of the two, but both tests can give false results.

11) Antiretroviral drugs have given new hope to HIV/AIDS sufferers, as they delay the onset of ill health in HIV positive patients.

HIV/AIDS is an extremely frightening disease for many people. It is transmitted by an organism so tiny that it can be seen only with a powerful microscope. It can be spread without the knowledge of anyone involved in the spreading of it, and you can have it for 10 years without showing any symptoms of the disease. Is it any wonder that people are frightened of it? The good news is that you can protect yourself from HIV/AIDS infection, although you may have to change your lifestyle in order to do so. Remember that there is NO CURE FOR HIV/AIDS and there are no survivors of the disease, so changing the way you behave is probably going to be a lot easier than dying a slow, painful, humiliating death. HIV/AIDS is not easily spread through normal day-to-day contact.

HIV infection passes from one person to another by means of an interchange of body fluid that allows the HIV virus to enter the bloodstream or lymphatic system of the next host. Earlier in this course you learnt about how the Human Immunodeficiency Virus (HIV) is carried in the bodily fluids of the host, or the infected person. The HIV Virus has been found in all body fluids, but it is when it is in blood, semen and vaginal secretions that it is at its most infectious. If you like, they are the three most dangerous secretions for those of us who want to avoid contracting HIV/AIDS. The next section of this module will deal with ways in which one can be infected with HIV/AIDS, as well as ways to avoid the transmission of the virus.

There are three ways of being infected with the HIV virus:
1. Through having unprotected sex with an infected person,
2. Through mother to child transmission, and
3. Through blood products.

**Unprotected Sex with an Infected Person**
This is by far the most common way of being infected with the HIV virus, especially in sub Saharan Africa. The fact that only 5% of the African population uses condoms is a major contributor to the rapid spread of the virus. Originally, HIV/AIDS was seen as a disease of the homosexual community in North America, and it was in fact called, GRID, or Gay Related Immune Disease. This is definitely not how it is seen any longer, as 80% of the 24.5 million HIV
infected people in sub Saharan Africa acquired the virus through heterosexual contact, in other words, sex with a partner from the opposite sex. This explains why some authorities see HIV/AIDS as a Sexually Transmitted Disease (STD), or Sexually Transmitted Infection (STI), albeit a particularly deadly one. Other STDs/STIs are Chlamydia, Herpes, Gonorrhea, Genital Warts, Hepatitis B and Syphilis. These infections are extremely dangerous as they can lead to infertility and even death if left untreated. They may also cause birth defects and infection of the unborn baby in pregnant women. The presence of such an infection also makes it easier for the HI virus to enter the bloodstream, so they are closely connected with HIV/AIDS. Often an infected person has both HIV/AIDS and one or more of the other STDs.

Remember that the virus has to enter the bloodstream of another person for it to be able to live, and one of the easiest ways for this transmission to take place is during sexual intercourse. Of course, two people who are not infected with any STDs or with the HI Virus who are completely faithful to each other can have sex together without fear of infection. If one of the partners has ANY doubts about the HIV status of the other, it is better to be safe than sorry, so they should use a condom.

The Planned Parenthood Association of South Africa (PPASA) recommends that you treat all sexual partners as HIV positive and use a condom at all times. This is part of the Universal Precautions drawn up by AIDS organisations, that you treat all situations in which there is a risk of transmission as involving the risk of transmission.

In this way, you protect yourself from STDs, unplanned pregnancies, Hepatitis B and the HI Virus. Now it is time to look at some of the myths about HIV/AIDS transmission and sex.

**NOTE:**

The virus CANNOT enter the body through activities such as:
- Holding hands
- Hugging
- Sneezing
- Kissing
- Sharing food or utensils
- Massage
- Bathing together
- A mosquito bite
- Touching
- Spitting
- Coughing, or
- Breathing!

Some of you will be familiar with the ABCD strategy for avoiding HIV/AIDS infection:

- **Abstain**
- **Be** faithful
- **Condomise** OR
- **Die**!

**Mother to Child Transmission (MTCT)**

In many ways, this is the saddest form of HIV transmission, for it involves the life of an innocent child. Although there is no cure for HIV/AIDS, there are ways of minimising the risk of Mother to Child transmission of the virus. Over a third of babies born to HIV positive mothers will be infected with the virus, and will be HIV positive by the age of 18 months. After 18 months the length of time remaining to those children will depend on the medical and nutritional support that they receive in the years ahead. Between 50 and 70 % of these babies will be infected during the actual birth process.

There are ways of protecting the baby, but one has to bear in mind that although medicine may prevent the baby from dying from HIV/AIDS, s/he will be left an orphan, as the mother is going...
to die. Of course, the father may not be HIV positive, in which case there will be one parent for the child, but as you know, single parent families are very much the norm in Southern Africa, and many babies have “absentee” fathers, who support them financially but are not in a stable, monogamous relationship with the mother.

So how do we prevent Mother to Child transmission?

We shall look at each of the ways of prevention in turn:

- Educating her about the dangers of unprotected sex, even during pregnancy. A mother may go into a pregnancy without the virus, but if she does not practise safe sex she may be HIV positive by the time that the baby is born.
- Treating the mother with anti-retroviral drugs at the end of her pregnancy, during the actual birth, and immediately after delivery.
- Advising the mother AGAINST breastfeeding. This is a tough call, as breast milk provides the baby with the perfect nutrition for a strong immune system, and feeding the baby on formula will not provide the same protection. However, breast milk is a body fluid and therefore carries the virus, and is infectious. The Treatment Action Campaign recommends that mothers who do not have access to clean running water and heating materials for sterilising bottles, cups or teats would be better off breastfeeding the baby than running the risk of the baby dying of gastroenteritis. Gastroenteritis and diarrhoea are major killers of babies under the age of a year in Africa, and breast milk protects them from the illness.
- When resources allow it, delivering the baby by Caesarean section prevents the exchange of blood that happens in a normal delivery and puts the baby at risk of infection.
- Giving the mother access to medication that will protect her from some of the opportunistic diseases that plague HIV/AIDS sufferers. She can be given preventive therapy for tuberculosis, anti-fungal medicines for the fungal diseases, drugs to treat Kaposi’s sarcoma (a form of cancer) and anti-viral drug for herpes.

NOTE:
Research has shown that if the mother has been treated with Nevirapine and the baby is not breastfed, only 12% of the babies will become HIV positive. As one would expect, mothers who are showing symptoms of full blown AIDS, in other words, who are already chronically ill, will have a higher viral load in their bloodstreams and are far more likely to give birth to an HIV positive baby. Most HIV positive babies die of pneumonia within their first few years of life, as they do not have the resistance to fight the illness. In this country, pregnant women who know that they are HIV positive may have their pregnancy terminated, but most of them are unaware that they have been infected with the deadly disease.

Drug Abuse and the Transmission of HIV/AIDS
Although HIV/AIDS in Africa has been spread primarily through unsafe sexual practices, in other parts of the world a significant amount of HIV/AIDS infection has arisen because of drug abuse. In South Africa only a very small percentage of the population is addicted to drugs taken intravenously, or injected into the bloodstream. However, in Europe and America this form of drug abuse is more common and it has contributed to the spread of the virus. Essentially the virus is spread through contact with contaminated blood, as the drug abusers share hypodermic syringes to inject themselves with their drug of choice. The virus is not spread by sharing dagga cigarettes or by sharing a “pipe” from which drugs are smoked, as there is no contact with the blood of the other people. Although there are cases of HIV/AIDS infection through shared needles in this country, the main cause of infection is undoubtedly through unsafe sexual practices. Sadly, there have been some cases of HIV/AIDS infection through “needle stick injuries” amongst medical staff. This is when a nurse or doctor accidentally pricks her/himself with a
syringe that has been contaminated with the blood of an HIV positive patient, and has contracted the disease.

The threat of being infected with HIV/AIDS through using dirty syringes, or a syringe that has been used by another addict, is not the only way in which drug addicts become HIV positive. Many addicts use sex as a means of raising the money to buy themselves the next “hit” of their drug of choice, and so they become male and female prostitutes.
As the saying goes, “beggars can’t be choosers”, in other words, when you are desperate for something, as the addicts are for the money to get their next “fix”, you cannot be fussy about what you are getting!

The addicts are unlikely to be able to force those who are paying for sex with them to use a condom. Even if the addict him/herself is HIV negative, regular unprotected sex with strangers is likely to lead to HIV/AIDS infection sooner rather than later, as those who frequent prostitutes are notoriously reluctant to use condoms.
We can see that drug abuse exposes one to the risk of HIV infection on two levels; namely, through contact with contaminated blood, and through sexual transmission of the virus.
Contact with contaminated blood also exposes drug abusers to other deadly viruses carried in body fluids, such as Hepatitis B, Hepatitis C and Hepatitis D. Of these three forms of Hepatitis, Hepatitis B is the most dangerous, and it is closely associated with HIV/AIDS and with transmission through unprotected sex.
For this reason medical authorities classify Hepatitis B as a Sexually Transmitted Infection.

**HIV/AIDS and Transmission through Blood Products**
The danger of HIV/AIDS infection through infected blood products has meant that the South African Blood Transfusion Services have had to apply rigorous systems for checking the safety of blood donated by the public.
In South Africa we are fortunate enough to have a competent system of medical care, in which sterile syringes and other invasive tools (those that cut into the patient) are the norm.
In other, poorer parts of Africa syringes and other cutting or invasive tools may be used more than once and may not even be boiled or sterilised between uses on patients. For this reason, many South Africans take their own First Aid kits with their own syringes when they visit other countries in Africa, thus ensuring that they will be treated with untainted equipment.
The South African Blood Transfusion Services are responsible for collecting and distributing donated blood throughout the country.
The blood they collect is given voluntarily by members of the public, and it is used at hospitals and clinics throughout the country. Obviously, their activities require them to be extremely careful with the blood products they are in contact with on a daily basis.

Their approach to ensuring the safety of all donor blood in this country has three steps:
1) When a new donor registers to donate blood to the South African Blood Transfusion Service, s/he is taken to a private room by the sister on duty and interviewed about his/her lifestyle. The interview is completely confidential, and there will be no discrimination against the potential donor. However, if the donor appears to the sister to be at high risk of HIV/AIDS infection, she may recommend that s/he does not donate blood.
2) In addition to being interviewed, each donor is required to fill out a detailed questionnaire regarding his/her risk of HIV infection. Questions cover such information as the number of sexual partners the individual has had recently, whether there has been any exposure to Hepatitis or other viruses, general state of health, whether s/he has been tested for HIV infection at any stage, the form of contraception used and so on. Again, these questionnaires are treated as highly confidential and for the use of the staff in the blood clinic. If the staff at the clinic feels that there is a high risk of the potential donor being HIV positive, they will thank him/her for offering his/her blood, but recommend that s/he does not donate blood.
3) Finally, all blood donated to the Service is tested for the presence of the antibodies that indicate HIV infection. If it is found to be HIV positive, it is incinerated, or burnt at a very high temperature.

In this way, the South African Blood Transfusion Service makes sure that it is not passing on HIV/AIDS infection to innocent people.

Conclusion
In this module you learnt about the transmission of the HI virus.
The three main forms of transmission are through:
- Having unprotected sex with an infected person,
- By Mother to Child transmission (MTCT), and
- Through Blood Products.
  - Unprotected sex with an infected person is the most common cause of HIV infection in sub Saharan Africa. It is essential that people use condoms and remain faithful to one partner if they are to avoid infection. Condoms not only protect you from HIV infection; they also prevent pregnancy and stop the spread of STIs or STDs, which are Sexually Transmitted Infections or Sexually Transmitted Diseases. STI’s cause sores and wounds to develop on the genitals and make it easier for the virus to enter the bloodstream. They also cause infertility in men and women, and may damage the unborn baby of a pregnant woman who is infected.
  - The HI virus has to enter the bloodstream for infection to take place. Therefore one cannot be infected by activities such as holding hands, hugging, sharing utensils and food with an HIV positive person, and mosquitoes cannot infect you.
  - Mother to Child Transmission has been one of the “hot potatoes” of the South African political seen thanks to the Government’s reluctance to supply antiretroviral drugs to pregnant women. If an HIV positive mother does not receive any treatment, there is a 33% chance that the baby will be infected with the virus and will be HIV positive by the age of 18 months. Many babies are infected during the actual birth process.

Ways of reducing the rate of Mother to Child Transmission are:
- Educating the mother about the danger or unprotected sex, especially during pregnancy.
- Administering an antiretroviral drug such as Nevirapine to the mother in the final stages of pregnancy, during the birth and after delivery. The newborn baby should also be given the drug.
- Delivering the baby through Caesarean section, where resources allow it,
- Advising against breastfeeding, as breast milk can infect the baby,
- Treating the mother for some of the opportunistic diseases that accompany HIV infection.
- The HI virus can also be transmitted through blood products and through dirty syringes and other medical tools that are used to cut into the body. Many drug abusers become infected with HIV/AIDS through the use of dirty needles, or because they share needles with HIV infected addicts. It is not a common form of transmission in South Africa, where the medical services are extremely HIV aware and we do not have a large population of intravenous drug users.
- The South African Blood Transfusion Service takes stringent precautions to ensure that no HIV infected blood is used in hospitals and clinics. They screen donors carefully, test all the blood that has been donated, and destroy all contaminated blood.
Finally, remember the ABCD of avoiding HIV/AIDS;

ABSTAIN
BE FAITHFUL
CONDOMISE, OR
DIE!

In previous sections of this module, you learnt about the HI virus and its effect on the human immune system, and the consequences of that effect. You also learnt about the transmission of HIV/AIDS, and some of the reasons that the disease has spread so rapidly. In this section of the course, you will be learning about the relationship between your behaviour and the transmission of the HI virus, and looking at the levels of risk involved in certain forms of contact with an HIV positive person.

Now that we have looked at the ways in which HIV/AIDS is transmitted, we shall move on to look at ways in which you can protect yourself from the virus. One of the best ways to prevent the spread of the HI virus is by educating people about the risks, and dispelling some of the terrible myths about how you get HIV/AIDS, and about how you protect yourself against it.

Many of these myths do more harm than good, for example the idea that having sex with a virgin will protect you from infection. These myths are destructive and untrue, and have caused much harm in South African society.

HIV infection can be prevented by:

- Saying “no” to unprotected sex, no matter who your partner is nor how long you have known him or her,
- Staying faithful to one sexual partner,
- Getting advice from a health worker,
- Preventing direct contact with blood by using gloves, plastic bags or other barriers.
- Using a condom every time you have sex, even if you are pregnant,
- Never sharing your toothbrush with anyone else. This carries a small risk of transmitting the virus, but it is an easy one to avoid.
- Never sharing a razor blade with someone else, and

If you take part in a traditional ceremony that involves being cut with a blade, make sure that you take your own blade and that it is used ONLY on you.

**Using a Condom**

Condoms are available free of charge at Department of Health family planning clinics, and can be bought at chemists, supermarkets and vending machines.

Before using a condom, it is important to check the following:

- The expiry date,
- If the packet is torn or damaged in any way,
- If the condom looks dried out *DO NOT USE IT*,
- That the condom has never been used before.

Condoms should NEVER be used with Vaseline, creams or oils, as these substances cause holes to develop.

**NOTE:**

If you are unsure about using condoms, speak to your local clinic sister or health educator and find out how to use one.

Using a condom during all sexual activity will not only reduce your risk of contracting HIV/AIDS, it will also protect you from the pain of Sexually Transmitted Diseases (STDs) that destroy your reproductive organs and leave you unable to have children.
STDs also increase the risk of HIV infection, because they cause open, pus filled wounds to develop on the genital area. During sexual activity these sores and wounds may bleed and thus transmit HIV/AIDS. It is also more difficult to treat HIV/AIDS if a STD is present. A condom to be used internally by women has been developed, partly in response to the HIV/AIDS pandemic. It is quite expensive but is effective in preventing pregnancy as well as protecting the wearer from STIs and HIV/AIDS.

You Cannot Be Infected with HIV/AIDS in these ways:
- Sharing clothes with someone else,
- Through mosquito bites,
- Through using the same cooking utensils as someone who is HIV positive,
- Using the same toilet as an HIV carrier,
- Touching, hugging and kissing,
- Sleeping in the same bed, or
- Through vomit, tears, urine or other body wastes, as there is not enough HIV in these substances to infect someone else,
- Sharing a shower or a bath,
- Sneezing and coughing, or
- Swimming in the same swimming pool.

Remember that for HIV/AIDS infection to take place there has to be a mixing of body fluids, in other words an HIV positive person’s body fluid has to enter the other person’s body.

Some body fluids are more contagious than others are. Saliva (spit) has anti-viral qualities; in other words it can kill certain viruses. This means that although there is still a risk of infection from someone else’s saliva, you are a lot less likely to be infected by it than you are by the same person’s blood.

### Real Life

However, it is important to note that one should not treat the virus lightly, in other words, don’t be too confident that you will not be infected with it. Those people who are involved in caring for an HIV/AIDS sufferer need to be careful at all times. As the sufferer becomes more ill, s/he will be bed-ridden for longer periods of time and may lose control of bodily functions. The caregiver must ensure that s/he never touches any body fluids whatsoever with bare hands, but always wears gloves when cleaning wounds or changing bed linen.

Many HIV/AIDS sufferers develop skin infections, particularly in connection with Kaposi’s Sarcoma. Kaposi’s Sarcoma causes malignant (cancerous) tumours to develop on the walls of blood vessels, which show through the skin as unsightly purple spots on the skin. These spots eventually burst and suppurate, or leak pus. The wounds then need to be dressed with bandages, which should be kept as clean as possible. Remember that everything that comes out of the wound is infected with the HI virus.

In such cases, and in any cases where body fluids leak, gloves need to be worn for dressing the wounds, and the bed linen and bandages must be washed at a very high temperature. If they are being washed by hand, then the person doing the washing should wear rubber gloves while washing them, too. The gloves themselves need to be washed in very hot water as well.

### NOTE:

On a more gruesome note, care has to be taken once the patient has died as the virus can live on in the corpse for more than 24 hours. For this reason, extra care must be taken in handling the body, and some health organisations recommend that you burn the bed linen to ensure that there is no risk of infection to anyone else in the household.

18/06/03
NOTE:
Bandages that have been used to dress skin infections should also be burned.

Now you will be given a chance to test your knowledge of HIV/AIDS and how the virus is transmitted.

In the column on the left-hand side of the page, you will find a situation. Indicate in the right hand columns whether you think that the situation would put you or the person involved at:

- HIGH risk of HIV infection,
- MEDIUM risk of HIV infection, or
- LOW risk of HIV infection.

<table>
<thead>
<tr>
<th>Activity</th>
<th>High Risk</th>
<th>Medium Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your colleague offers you a sip from his tin of Fanta. There is no straw, so you will have to drink straight from the tin.</td>
<td></td>
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<tr>
<td>2. Andreas is having unprotected sex with his new girlfriend because a sangoma has given him muti to protect him from HIV/AIDS.</td>
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<tr>
<td>3. You are the first person to arrive at the scene of an accident in which a pedestrian has been hit by a car. The victim is bleeding profusely from a head wound and needs to be moved out of the way of passing vehicles. You do not have any latex gloves.</td>
<td></td>
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<tr>
<td>4. You visit a home for HIV positive orphans and one of the babies sneezes on you.</td>
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<tr>
<td>5. A nurse has accidentally pricked herself with a needle that had been used to administer morphine to a dying HIV/AIDS patient.</td>
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<tr>
<td>6. Your children have to use a filthy toilet in a garage near Swartruuggens.</td>
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</tr>
<tr>
<td>7. Your friend Amina is HIV positive and is expecting her second child. She has health insurance and access to antiretroviral drugs. What is the risk of HIV infection to her unborn baby?</td>
<td></td>
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<tr>
<td>8. A young girl is beaten and raped, and suffers heavy bleeding afterwards. The rapist did not wear a condom.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. Petrus is staying with his cousin while he looks for a place of his own. Petrus is worried, as he thinks that his cousin has HIV/AIDS, and Petrus is using the same plates and cutlery as his cousin.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Jerry frequently has unprotected sex with his three “girlfriends”. He claims that he is “faithful” to them and that they have no other boyfriends.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When you have completed this table, check your answers against the suggested answers given at the end of this Outcome. Make sure that you understand the reasons why the behaviour is classified as high, medium or low risk.

**HIV/AIDS in the Workplace**

Now that you have learnt about behaviour that is safe and behaviour that carries the risk of infection with HIV/AIDS, we shall look at HIV/AIDS and the implications that the disease has for the workplace.

 Hopefully, the information provided to you already will help you to see that working with an HIV positive person need not put you at any risk of being infected with the virus.

**Real Life**
The only jobs, which might put you at risk, are those where you have to work with people’s body fluids, such as a medical technician, nurse, doctor or even tattoo artist!
From the legal point of view, there are a number of laws and guidelines relating to people who have HIV/AIDS in the workplace. The most important of these is that an HIV positive employee has the same rights and duties as other employees. An HIV positive employee may not be treated differently by his/her employers or by his/her colleagues. Before you move on to look at the legal position with regards to HIV/AIDS and the workplace, let us look at the impact that the virus is having on business and places of work in South Africa.

The Effect of the HIV/AIDS Epidemic on the Workplace
In the first section of this course you learnt that HIV/AIDS is having a more severe effect on the Economically Active Population (EAP) than on any other age group, in that the majority of HIV/AIDS fatalities are people who are between 20 and 40 years of age. People in this age group often have children, are employed, and may support family members both younger and older than they are. The high death rate in a relatively young age group has major implications for both the economy as a whole and for the employers and colleagues of HIV/AIDS sufferers. We shall be examining some of these problems later in this course.

You already know that there is a terrible social stigma attached to HIV/AIDS, in spite of the fact that 1 in 9 South Africans is HIV positive. Still, people are reluctant to be tested for the virus, and are even more reluctant to admit to having the virus once the results are known. In South Africa, HIV/AIDS is not listed as the cause of death, but the secondary infection is, so the death certificate will state that tuberculosis, pneumonia or Kaposi’s sarcoma was the cause of death, or whatever disease finally killed the sufferer.

Often the family denies the true cause of death, and so the stigma continues. The stigma attached to HIV/AIDS can have negative effects in the workplace. All testing for the virus has to be voluntary, and companies need to encourage workers to be tested by communicating the truth about the infection to them. They also need to formulate an AIDS policy, to act as a guideline to everyone in the organisation as to how HIV positive workers are to be treated. We shall look at this aspect of dealing with HIV/AIDS in more detail in the next section of this course.

In terms of the law, no employee may be fired, retrenched or refused a job simply on the grounds that s/he is HIV positive. HIV positive employees are also entitled to the same training, development and promotion opportunities as any other employee. In other words, it is illegal to discriminate against a person because of his/her HIV status. While this is all very well, companies do need to educate their workforces about the dangers of transmission of HIV/AIDS, and to educate them about the disease so that the workers can protect themselves from infection.

All employees should be aware of the danger of accidental transmission, and therefore:

- All blood should be treated as possibly infected,
- First aid kits (required under the Occupational Health and Safety Act) should include protective gloves and other devices for treating injuries safely, and
- Employees should be trained to prevent HIV transmission when they are helping an injured person.

There are numerous misunderstandings about the nature of HIV/AIDS, and they often affect relationships at the workplace. Look back in this module, where the ways in which you CAN be infected with HIV/AIDS as well as the ways in which you CANNOT are listed. Try to assess the level of risk of HIV/AIDS infection in each of the workplace situations given in this chart, indicating whether you think that the situation carries a high, medium or low risk of transmission of the disease.
The Risk of HIV/AIDS Transmission at the Workplace

<table>
<thead>
<tr>
<th>Workplace Situation</th>
<th>High Risk</th>
<th>Medium Risk</th>
<th>Low Risk</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane works for a small company and all of the staff share plates and cups.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emmanuel is a tailor in a clothing factory. He and the other tailors work with pins, needles and scissors most of the time. There is no First Aid kit.</td>
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<tr>
<td>Joseph works as a butcher. All of the staff has to wear protective gloves and clothing at all times.</td>
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<tr>
<td>Tofu is an aid worker in a field clinic in Ethiopia. Often they have to use medical equipment more than once, although they boil it before re-using it.</td>
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</tr>
<tr>
<td>Mpho works at a child’s daycare centre in the middle of Johannesburg. They have a First Aid box, but there are no gloves in it at the moment.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Once you have completed the table, check your answers against the suggested answers at the end of this outcome. If you have more than three wrong answers, we suggest that you go over this outcome again and absorb the difference between behaviour that puts you at risk of HIV/AIDS infection, and behaviour that does not carry a high risk of transmission.

As you can imagine, HIV/AIDS is having a major impact on the workplace in organisations all over the world.

South Africa’s shockingly high rate of HIV infection means that the virus is already affecting the workforce, and organisations are trying to develop policies and systems to deal with the effects of the pandemic. The majority of HIV/AIDS sufferers in South Africa are from the low skilled and unskilled categories of workers. These categories of workers are also amongst the lowest paid workers in the country, so they cannot afford expensive health and emotional care, as they become ill.

This outcome is a very practical one, as in it you will be asked to take what you have learnt about the virus and to use your information in a way that is helpful to HIV positive co-workers. We shall start by doing a research project into workplace policies and programmes.

**RESEARCH PROJECT**

Before we go on to look at how employers and colleagues of HIV/AIDS sufferers can support them, you need to find out about your own employer’s policy on HIV/AIDS. If your company does not have such a policy, then you should obtain the National Department of Health’s *Guidelines for developing a workplace policy and programme*. This is available at State clinics and hospitals.

We suggest that you ‘phone some of the State health facilities in your area and find out whether they can provide it for you, and if not if they will order it on your behalf.

Once you have the HIV/AIDS company policy or the National Department of Health’s Guidelines, study the document carefully:

- What does it say that the company will do to support AIDS sufferers?
- What kind of behaviour does it encourage from other workers?
- What kind of information does it give?
- Does it educate the workforce as to the causes of HIV/AIDS infection and how to avoid being infected?
Once you have studied the document in detail, summarise the FIVE MOST IMPORTANT POINTS in the policy and write them in the space given below. Some of the areas you should be looking at are

- what the company says about how co-workers should behave towards HIV positive colleagues,
- whether the company policy involves educating workers as to the importance of practising safe sex,
- Does the policy advise workers as to where to buy condoms, or even supply them at the workplace?
- preventative measures taken by the organisation, such as providing latex gloves in all first aid kits,
- whether the medical aid scheme excludes HIV/AIDS sufferers, and
- Other matters that will have a direct effect on the working lives of HIV/AIDS sufferers in the organisation, such as the policy on taking early retirement due to ill health and so on.

You may not think that the policy or guidelines that you studied are adequate for dealing with the HIV/AIDS pandemic. Think about what other information or guidelines the policy should contain, and think about the role your organisation can play in preventing the spread of HIV/AIDS. Later in this module you will be given a chance to present your ideas to other students and colleagues.

You and the HIV/AIDS Pandemic

Now imagine that you have discovered that you are HIV positive.

- How would you feel?
- Whom would you tell?
- Would you confide in your co-workers or your family and friends or all of them?
- How do you think they would react?

Fill in the reaction that you imagine that news of your illness would provoke from each of those groups:

- Family:
- Friends
- Co-Workers

If you have been honest in the exercise that you have just done, you will have a fair number of negative reactions to your news from the people around you.

Real Life

Your family and friends may not reject you, but would they tell other people about your illness or would it be kept secret from others in the community? Unfortunately a negative reaction from at least some of your loved ones is almost inevitable.

HIV/AIDS is seen as “a disease of promiscuity” in spite of the fact that you may have been infected in spite of being faithful to your partner. People are still ashamed of being infected with the HI virus and often feel that mixing with HIV positive people will either cause them to be infected, or cause them to be cast out of the community in the way that so many HIV/AIDS sufferers are.

In this way the physical suffering of the HIV/AIDS patient is made worse by the psychological effect of feeling that people consider you to be “dirty” and see you as having loose morals. How would you overcome some of those prejudices? How would you deal with hostility or a lack of support from your co-workers? Could the organisation itself help you to overcome the barriers to support?
In the table below, write down some ways in which you could minimise the antagonism from co-workers on the left-hand side, and on the right hand side write down ways in which your employer could support you.

<table>
<thead>
<tr>
<th>What YOU could do:</th>
<th>What your EMPLOYER could do:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

**Help for HIV/AIDS Sufferers**

You may be fortunate and receive a great deal of support from your employer and its HIV/AIDS prevention programmes and wellness programmes. However, not every organisation runs such programmes, and if this is the case then you will need to look for help outside of the company.

Here is a list of organisations providing information and support to HIV/AIDS sufferers:

**Free State:**
Bloemfontein AIDS Training, Information and Counselling Centre,
83 Charles Street, Bloemfontein.
*Phone: (051) 405 8544*

**North West Province:**
Lifeline
PO Box 1608
Klerksdorp
*Ph: (018) 462 7838*

**Northern Province:**
Pietersburg AIDS Training, Information and Counselling Centre,
Cnr Potgieter and Diaz Streets
Pietersburg
*Ph: (015) 290 2363*

**Gauteng:**
National Association of People Living with HIV and AIDS
United Building
177 President Street
Germiston
*Ph: (011) 872 0975*

**Oasis of Life:**
71172 Senaba Street
Daveyton
*Ph: (011) 462 1411*

**Soweto Hospice:**
Mofolo Primary Health Clinic
Off Roodpoort Road
Soweto
*Ph: (011) 982 5835*

**Bloemfontein Hospice:**
PO Box 28391
Bloemfontein
*Phone: (051) 447 7281*

**Mpumalanga:**
Nelspruit AIDS Training, Information and Counselling Centre,
7 Bell Street
Nelspruit
*Ph: (013) 759 2167*

**Sparrow Ministries:**
PO Box 91790
Auckland Park
2006
*Ph: (011) 763 1466*
Sungardens Hospice
PO Box 90554
Garsfontein
Pretoria
'Ph: (012) 348 1934

The Community AIDS Information and Support Centre
17 Esselen Street
Hillbrow
Johannesburg
'Ph: (011) 725 6711/6721/6712

The AIDS Consortium
Cnr Biccard and Smit Street
Braamfontein
'Ph: (-11) 403 0265

Mamelodi AIDS Training, Information and Counselling Centre
Old Administration Office
Mamelodi
'Ph: (012) 308 5570/5511

Hope Worldwide
3123 Tumahole Street
Jabavu
White City
Soweto
'Ph: (011) 984 4422

Kwazulu Natal
Philanjalo Care and Support
Private Bag X502
Tugela Ferry
'Ph: (033) 493 0004

South Coast Hospice
PO Box 504
Port Shepstone
'Ph: (039) 3031/93

Durban AIDS Training, Information and Counselling Centre
City Health Building
9 Old Fort Place
Durban
'Ph: (031) 300 3104

Pietermaritzburg AIDS Training, Information and Counselling Centre
42 Havelock Road
Pietermaritzburg
'Ph: (033) 395 1612/3

Eastern Cape
Port Elizabeth AIDS Training, Information and Counselling Centre
Brister House
Govan Mbeki Avenue
Port Elizabeth
'Ph: (041) 506 1486/1415/1357

East London AIDS Training, Information and Counselling Centre
City Health Department
30 Beaconsfield Road
East London
'Ph: (043) 705 2968

Queenstown AIDS Training, Information and Counselling Centre
Garden Clinic
Shepstone Street
Queenstown
'Ph: (0458) 38 2233 x 2282

In addition to all of these organizations offering support, anyone with any concerns arising from HIV/AIDS can ‘phone the AIDS Helpline on 0800 012 322.
These organisations do not offer support and advice to HIV/AIDS sufferers only, as they will also provide support and advice to those who want to know more about the disease, and to those who are caring for HIV/AIDS sufferers.
Another area in which organisations such as those listed above can be of help to HIV/AIDS sufferers and those who care for them is by giving advice on the treatments available to patients.

The treatment of HIV/AIDS patients in this country is provoking enormous controversy and debate, particularly when it comes to the use of antiretroviral drugs.
We shall talk about these drugs again later, but before we do so we shall look at ways in which all HIV positive people can improve their quality of life. We shall start by looking at simple, straightforward ways of maintaining good health in the face of HIV/AIDS infection, and then we shall look at the use of medication to treat some of the opportunistic diseases that come with HIV/AIDS, as well as treatment with antiretrovirals.
Non-Medical Forms of Treatment

Staying Warm
This sounds simplistic, but the fact is that your body fights germs (including HIV) better when it is warm. Normal body temperature for adults is 37 degrees Celsius, and if your body is one degree warmer than that it can fight HIV more strongly. Heat weakens the virus and improves your body’s ability to fight infections. This is one of the reasons that HIV positive people experience fever and night sweats, as their bodies try to kill the virus.

Example
Health organisations recommend that HIV/AIDS patients raise their body temperatures by consuming a teaspoon of cayenne pepper every day, if their stomach can take it. It is best taken in a glass of milk.

Another means of staying warm is to keep moving, which keeps the body warm and helps it to fight infection by stimulating the lymph system, which helps the body to fight infection. For this reason, doctors recommend that HIV/AIDS patients should continue to exercise.

Eating Healthy Food
HIV/AIDS suffers often lose weight as they suffer from chronic diarrhoea (runny tummy), and their bodies use a lot of energy fighting the virus.
Eating the right foods provides the body with the vitamins and minerals it needs to fight disease. The medical experts recommend that HIV/AIDS patients eat fresh food as often as possible, but ensure that all fruits and vegetables are cleaned thoroughly before eating. The Gauteng Health Department recommends that one should wash all fruit and vegetables with a mixture of water and bleach before eating them, and that all meat should be well cooked.
This is because eating food that is “off” may make a healthy person sick for a day or two before the immune system kills the “bugs”, whereas it can have a disastrous effect on the weakened system of an HIV positive person.

The weak immune system of an HIV/AIDS patient means that the body is fighting infection constantly, and therefore it needs all the nutrition it can get. Experts recommend a diet high in protein such as beans, meat, fish, eggs and milk, and in high-energy foods such as pap, rice and potatoes. However, soft cheeses and soft-boiled eggs should not be eaten as they can carry salmonella, a vicious form of food poisoning.
If the appetite is poor, as is often the case when people are unwell, then the patient should eat 5 or 6 small meals a day to keep his/her strength up.

Drink Plenty of Liquids
This is particularly important when the patient is suffering from an upset stomach. The recommendation is that the patient drinks a sugar and salt mixture when suffering from diarrhoea.

This mixture helps the body to replace lost fluid, although it does not stop the diarrhoea.
The recipe is:

One litre of boiled water
8 teaspoons of sugar
½ teaspoon of salt.

Mix them together and drink the combination. This solution replaces sugars and salts lost through illness, and restores the natural balance of the body.
Now you have learnt about the nutritional side of maintaining health in and HIV positive person, so we shall move on to look at the medical side of treatment.
Medical Treatments

Anti-retrovirals
As you have learnt already, the most controversial and the most successful form of treatment for HIV/AIDS patients is treatment with anti-retroviral drugs. The best known of these are AZT (azidothymidine), triple combination therapy and Nevirapine. AZT and the triple combination of antiretroviral drugs are expensive and quite complicated to administer, which is why more patients are turning to the cheaper and easier option of Nevirapine.

One major problem with these drugs is that they are toxic (poisonous) and cannot be used for extended periods of time.
However, they are the only treatment that tackles the virus itself, so they prevent the patient from developing all the opportunistic diseases that are so common with HIV/AIDS.
Experts argue that therefore they are not an expensive option, as the money spent on the anti-retroviral drug is recovered through the savings on treatments for other illnesses. However, if the patient has no access to anti-retroviral drugs, then other options have to be used.

Antibiotics
The weakened immune system of an AIDS patient means that they are frequently ill, and antibiotics are used to treat many of those illnesses.
Antibiotics are used to treat pneumonia and other bacterial illnesses that occur in patients. Sadly, unless the patients are being treated with antiretroviral drugs as well, the diseases will take any opportunity to recur.
In other words, patients may overcome one illness only to succumb to another, as the immune system cannot fight the infections.

Chemotherapy
This method of treating cancer may be used to treat Kaposi’s Sarcoma, but it has only limited success. Eventually Kaposi’s Sarcoma attacks the internal organs, bones and glands as well as the skin, and then the patient dies in a relatively short space of time.

Anti-fungal Medicines
Candida and thrush are fungal illnesses that affect the skin, genitals, mouth and digestive organs. They cause extreme discomfort and itching, and when thrush is in the mouth it makes eating a painful and unpleasant experience for the patient. The patient then eats less and becomes even weaker, with less strength to fight the virus. Anti-fungal treatments, like anti-retroviral drugs, are very expensive but they bring relief to the patient.

You have seen that there is a range of treatments for the opportunistic diseases that come with HIV/AIDS. The most important thing to remember, however is that THERE IS STILL NO CURE FOR HIV/AIDS, ONLY PREVENTION. At this stage you have learnt a great deal about HIV/AIDS. You know how it is contracted, how the virus behaves in the body, why people can be HIV positive and unaware of it, and how it destroys life. You have also learnt how to prevent the spread of HIV/AIDS, and about behaviour that can lead to infection with the HI virus as well as behaviour that will not put you at risk of contracting the disease.

We have also looked at the treatment options for HIV/AIDS sufferers, and looked at medical and non-medical ways of improving sufferers’ quality of life. Now we shall move on to examine the impact of HIV/AIDS at the workplace.

HIV/AIDS and the Workplace
There are a number of laws and guidelines that relate to people who are infected with the HI virus and how they should be treated at the workplace.
The most important of these is that the HIV positive employee has the same rights and duties as other employees, and employers and the co-workers themselves must treat him the same way as his/her co-workers.
Real Life
This is not to say that the HIV positive worker does not have certain responsibilities as well as certain rights. The most important of these is that s/he must behave responsibly at the workplace to ensure that s/he does not put co-workers or customers at risk of being infected with the virus. It is the HIV positive’s person’s right to keep his infection secret if s/he so wishes, but that should never involve unnecessary risk of transmission to those around him/her.

The Universal Precautions
In order to protect yourself from HIV infection the Department of Health recommends that you treat ALL blood as being possibly infected with the HI virus and or Hepatitis. This means that the employer should provide protective gloves, mouthpieces and other equipment to prevent the spread of viruses. All workers must know how to protect themselves from the scourge of HIV/AIDS, and should be trained in the application of the Universal Precautions. The Universal Precautions state that all blood and other body fluids must be treated as if they contained the HI virus, and no one should be given medical treatment without protection. Workers need to know what is dangerous in terms of HIV infection, and what does not put one at risk.

GROUP EXERCISE
The final part of this outcome gives you a chance to apply the knowledge that you have gained in this course so far. If you are working with a group, you can do this as a team exercise, but if you are studying alone, you may have to do it by yourself. You are to take on the role of the Human Resource Management of your organisation, and the HR department is trying to create an adequate response to the pandemic sweeping through South African society.

There are two parts to the exercise:
- Draw up a Code of Behaviour for the workplace.
- The second part consists of creating a group presentation to address the stigma surrounding HIV/AIDS, and to illustrate the importance of the role played by employers in dealing with HIV/AIDS.

The Code should cover two main areas. Firstly, it should aim to help someone to cope with the realisation that s/he has HIV/AIDS. Secondly, it should provide information that would prevent someone who does not have HIV/AIDS from becoming infected.

The Code of Behaviour MUST cover these issues:
- The company’s attitude towards HIV/AIDS,
- The reason why the company is developing a Code of Behaviour on HIV/AIDS,
- Whether VCT will be offered to workers, and if so, under what circumstances,
- How workplace problems will be handled,
- The issue of confidentiality for those who opt for VCT, and
- Health and safety precautions.

The second part consists of creating a group presentation to address the stigma surrounding HIV/AIDS, and to illustrate the importance of the role played by employers in dealing with HIV/AIDS.

Your facilitator will help you by providing the materials needed to give your group presentation the impact it needs.
Try to use visual aids as much as possible, as they make a stronger impact on the audience than the spoken word does.

If you have access to people who are prepared to disclose that they are HIV positive who will speak about the disease during your presentation, their words will bear the ring of truth and will make the virus real for members of the audience who have not been exposed to it yet. Remember that you are trying to create interest in a topic that has been around for a long time. All sorts of myths have been created around HIV/AIDS; you need to bring people back to the truth about the virus.

Bear in mind that you want people to have a more compassionate attitude towards HIV sufferers, so try to win the audience around to that way of thinking. Try to attract their interest through your use of information, and make sure that you allow time for questions at the end of your presentation. Visual aids will enhance your presentation, so use them when appropriate.

**A Team Presentation**

The 25 marks should be broken down like this:

- **Introduction** – how did they create interest? What impact did the introduction make on the audience?
- **The way in which the facts were presented during the course of the presentation.** Did the group use visual aids to reinforce important points? Were they well prepared and knowledgeable about their topic? Did they pay careful attention to the structure of their presentation, so that it was easy for the audience to follow their train of thought?
- **Voice** – were the presenters clear and articulate? Were they audible all around the room?
- **Non-verbal communication, such as eye contact, fidgeting, appropriate gestures, movement in front of the audience, their posture and so on.**
- **Finally, Visual aids.** Did the learners make sure that they were clear and easy to read? Are they attractive to the eye? Did they make use of “white space” to give their messages more impact? Have the learners used colour to their advantage?

To conclude this outcome, the facilitator will allow a general discussion to reinforce important points, both about the subject matter and about presentation skills.

In a country such as ours, where most HIV infection is a result of not practising safe sex, in other words, not using a condom and having many sexual partners, the best way to protect yourself from infection is by practising safe sex. In other words, you need to use a condom whenever you have sex and remain faithful to one partner. Other ways of protecting yourself include not sharing a toothbrush or razor blade, wearing gloves when you come into contact with another person’s blood and not sleeping around.

This module is a fairly practical one and you have done a couple of exercises already. By now you have learnt a great deal about the HIV/AIDS pandemic and the effect it is having on individuals in this country and around the world. You have also examined the ways in which it is affecting the workplace and relationships between colleagues. In this final outcome of the HIV/AIDS module we shall be looking at the “Big Picture”, of how HIV/AIDS is affecting society, the economy, and of course the insurance industry.

Current estimates are that 1 in every 9 South Africans is HIV positive, and that the rate of infection is not slowing down. The implications of this for the whole country are enormous, especially as the highest death rate for both men and women is between the ages of 25 and 35, with HIV/AIDS being the primary cause of death.
This means that people are dying at an age when they have completed their education, are often working, and when many of them have had children. In many cases they are the breadwinners on whom the extended family depends for its livelihood.

The Question of AIDS Orphans

The number of AIDS orphans worldwide is estimated at 13 million children, which is a very large number of children to have been left without parents. Ethiopia, Nigeria and Uganda top the league in AIDS orphans, as they each have more than 900 000 AIDS orphans to care for and raise.

Forecasters have predicted that by the year 2005, South Africa could have 1 000 000 children under the age of 15 who have lost their mothers to the HIV/AIDS pandemic. The highest risk group for HIV infection is women aged between 15 and 35, the “fertile age” when many women have children.

Even if the figure does not climb as high as estimated, we have an AIDS orphan problem already, and in many cases the older children and/or grandparents have to take care of the younger children because the parents have died.

The question of AIDS orphans affects the debate about the use of anti-retroviral drugs to prevent Mother to Child Transmission (MTCT). Antiretroviral drugs may prevent the baby from becoming HIV positive, and delay the onset of full-blown AIDS and death in the mother. It is therefore an ethical question, too. Should one save the baby from the disease when one knows that the mother will not survive to nurture the baby through its childhood years? The anti-retroviral drugs improve the ability to fight disease in the HIV positive patient. The mother may be one of the fortunate survivors who lives without symptoms for another 10 or 15 years, but there is no way of knowing what the outcome will be at the times that these drugs are administered.

It seems likely that the problem of AIDS orphans is not going to go away, as most experts believe that deaths from HIV/AIDS have not peaked in South Africa. How will the country cope? Who will feed and nurture those children? Already the sight of children looking after themselves without a parent is becoming more common. These children need to be fed, clothed and educated, and no one knows how this will happen with no breadwinners to support them. In some cases, the extended family is providing the necessary support, and grandparents or aunts and uncles are raising orphans.

The Government does not have the resources to care for these children, particularly as the cost of raising the children in one province alone has been estimated at between R6 billion and R9 billion.

It seems likely that the burden of care will fall on the extended family, in particular the grandparents, and the community, although how effective this will be remains to be seen. It boils down to the fact that even fewer people will be earning the funds to keep more dependants alive, which will mean increased hardship for many.

The Question of the Aged

At the other end of the spectrum we have the elderly people whose death rate is now lower than that of people half their age. Like the orphans, usually they do not work and are dependent either on their savings or on the support of the extended family for their livelihood.

The Government provides an Old Age Pension to those who are destitute, but the pension is very small and can barely sustain one individual, let alone a family. An increasing number of grandmothers will be left with the sole responsibility of raising their grandchildren, and in many cases this will be without the financial support of the children’s parents.
The effect of the deaths of so many people who are Economically Active (or working in the economy) will be widespread and far-reaching in its impact. Again, it will mean that fewer people will be earning an income to support even more, and so there will be an increasing burden on the State.

HIV/AIDS and the Cost of Medical Care
The wide range of diseases to which HIV/AIDS sufferers are vulnerable means that the cost of providing medical care to them is very high. Many patients have no access to private medical care, and even those who do belong to a private medical aid scheme may find that their health insurance has exclusion clauses that prevent them from claiming reimbursement for diseases caused by the HI Virus. Anti-retroviral treatment can make a big impact in this area, as it is the only form of treatment that attacks the virus itself, and thus slows down the HI virus’ attack on the patient’s immune system. However, the use of anti-retrovirals is clouded in controversy, with some scientists warning against their potential toxicity, and others hailing them as Wonder Drugs.

Real Life
Botswana is the focus of a great deal of medical attention at the moment as the Botswana Government has taken a very active role in the management of HIV/AIDS. The Government has declared the pandemic to be a national disaster and has mounted a response on an emergency basis. Resources have been allocated to fight the virus, under the guidance of a National Aids Council (NAC). Although progress has been made in that country, a long road still lies ahead.

At the time of writing the South African Government still seems to be hoping that the HIV/AIDS pandemic will just go away.

Real Life
There has been increasing criticism of President Mbeki for confusing the entire issue with his statements that there is no proof that HIV causes AIDS. The Government seems to be backtracking on that statement and Mbeki’s State of the Nation address at the opening of Parliament in 2002 moved a small way towards admitting the scale of the problem. However, the resources that should be there simply are not. The Johannesburg Hospital, one of the country’s biggest public hospitals, can run an HIV/AIDS clinic for only four hours a week and with only one paid staff position, because that is all that the health budget allows.

So where does this leave us? It means that HIV/AIDS sufferers are not getting the help that they need from the State, at least not at the moment. Those patients who work for large corporations with good HIV/AIDS policies may receive treatment from their employers or from private health providers paid through the company’s health insurance schemes. The mining house, Gold Fields, has taken the initiative in developing a clear HIV/AIDS strategy. We shall look at their HIV/AIDS strategy more closely to see how a good strategy can be translated into good practice.

Firstly, Gold Fields has set up an education and prevention campaign throughout the organisation, and they provide practical support by handing out 140 000 condoms a month to employees. They extend this support to sex workers who work in areas near to their mining operations, as well as administering a cocktail of drugs to treat a range of Sexually Transmitted Diseases to the same sex workers on a monthly basis. This practice is endorsed by the World Health Organisation, a body that sees prevention of STDs as being essential to curbing the spread of the HIV/AIDS pandemic.

The Gold Fields AIDS programme has three phases:
- Prevention
Living with HIV/AIDS, and
Ill health retirement.

- **Prevention**
  This stage consists of awareness and education, condom promotion, the management of STDs mentioned above, and antiretroviral treatment for those who have been exposed to HIV.

- **Living with HIV/AIDS**
  The second stage is concerned with caring for those who have already been infected with the HI virus. The company has set up a Wellness Management and Confidential Informed Voluntary Testing and Counselling programme that delivers comprehensive primary health care services, with particular attention being paid to preventing and treating TB.
  At this stage the aim is to delay the conversion from HIV to AIDS for as long as possible.

**Think About It**

As Gold Fields Chief Executive says, "It appears that one of the best antidotes for conversion from HIV to AIDS is good exercise – provided by the strenuous nature of mining – good nutrition and medical intervention."

They have found that infected employees who receive this kind of support live longer than those outside the industry. Employees receive regular check-ups and extensive lifestyle education from professionals employed by the company.

- **Ill health retirement.**
  Finally, when the HIV positive employee becomes too ill to continue at his/her job, s/he is offered the option of either being trained for another job or being sent home, and the company will assist in setting up home care facilities and encourage income producing projects.
  Clearly, Gold Fields is an industry leader in the management of HIV/AIDS at the workplace. It may be all very well for a large corporation such as Gold Fields to provide support to HIV/AIDS sufferers in the workforce, but the problem can be much worse for small and medium sized businesses.

**HIV/AIDS and Small, Medium and Micro Enterprises.**

Up to 80% of small, medium and micro enterprises in South Africa fail every year because of crime, a lack of management expertise and AIDS, according to three experts from the University of Port Elizabeth’s business and statistics departments. The researchers found that these businesses contribute roughly 37% of the country’s GDP (Gross Domestic Product), but appear to have little to fall back on when hit by unexpected misfortune.

Researchers found that although there was an awareness of HIV/AIDS and its likely impact on business, very few enterprises had commissioned a risk analysis or an impact analysis to help them to withstand the losses created by the pandemic. In small businesses, employing 10 people or less, the effect of the disease is even more dramatic, as the loss of even one employee in a small company is likely to have a greater effect than the loss of one employee in thousands. Smaller companies usually cannot afford medical schemes and consultants to support sick employees. However, discussions are under way between the Registrar of Medical Schemes and small business, with the hope that the two can work together to establish medical aid schemes that are affordable to smaller companies.

Employers who hope that the HIV/AIDS issue will "just go away" are likely to be disappointed, and if they have a small business they may find that the pandemic is responsible for the
business’ collapse. All entrepreneurs should consider HIV/AIDS when planning their business activities, and think about how they would deal with increased absenteeism caused by ill health, as well as the costs of medical care for workers whose health will not improve. They cannot depend on the State for support, as the Government’s resources are already stretched to their limit.

You have already read that the largest hospital in the country can afford to run its HIV/AIDS clinic for only 4 hours a week, and as things stand at the moment the Government does not appear to be keen on providing antiretroviral drugs to HIV/AIDS sufferers. This policy differs from one province to the other and seems likely to change in the near future, but at the moment HIV/AIDS patients who have access to private health care face a healthier future than those who depend on facilities provided by the State.

One option that has been created for employers is to take out an AIDS-specific insurance policy.

AIDS-Specific Insurance
In August of 2001 Capital Alliance launched the LifeAid product, and it seems likely to prove useful both to employers and employees. It was created through a partnership between the South African HIV Clinicians Society (SAHCS) and Capital Alliance insurance, and 5% of the profit from the sales of the policy will revert to the SAHCS for the training of AIDS doctors. The policy treats AIDS as a “manageable chronic disease”, and it will enable employers to provide a realistic annuity, which will give employees access to a high standard of care, including antiretroviral therapies. All of the information will be treated as confidential in order to avoid discrimination at the workplace. It is hoped that the policy will extend the productive years of HIV positive employees, reduce absenteeism and cut down on recruitment and training costs by improving the general health of infected workers.

The Effect of HIV/AIDS on Family Income
Earlier in this course you learnt about the devastating effect of HIV/AIDS on the economy and on the family unit. You read about other African countries in which nearly a million children have lost their parents, and are dependent on family members or on the State for their well being. You can imagine the effect that HIV/AIDS is having on family incomes all over the world. As you know, it is people in their 20s and 30s who are dying of HIV/AIDS, an age at which many have had children and are contributing to the financial support of the extended family.

**Real Life**
The loss of the breadwinner can mean financial ruin for 10 or more people. The effects of this loss of earnings will be disastrous in both the long term and the short term, and is one more area where the Government may be forced to provide support.

**HIV/AIDS and the Insurance Industry**
Now you have learnt about the physical, psychological, social and economic consequence of the HIV/AIDS pandemic, you should be able to see that it is affecting the insurance industry in a number of ways. Think about all you have learnt for a few moments, and then think about areas in the insurance industry affected by the pandemic. You will notice that long-term insurance is likely to be most affected by the HIV/AIDS pandemic.

Health insurance, life insurance, retirement funds, funeral insurance are all experiencing changes in the way that they operate as a direct result of HIV/AIDS.

In the spaces below, write down some of the ways in which each of these insurance product areas is being affected by the pandemic.

- Health Insurance
- Life Insurance
- Retirement Funds
Funeral Insurance

When you have finished this exercise, compare your ideas with those of another learner, and discuss the ideas that you had. Some ideas about the effect of HIV/AIDS on these areas of insurance are given at the end of this module, but you may have even more of your own. In this module you have learnt about the widespread effect of HIV/AIDS on South African society and family units, on the economy, in both the private and public sector, and for both big business and smaller organisations, and the ways in which it is affecting the insurance industry. The pandemic is going to affect us all in one way or another, but let us hope that your sensible behaviour will ensure that it does not bring disastrous consequences to your life.

Conclusion
We started off by becoming more familiar with the disease HIV/AIDS and the effect it has on the human immune system. The stages of the disease was described and the effect on the economy and social environment. Pregnant women and babies is a sensitive issue that we looked at and the effect of HIV babies for the future as well as on the current and future social structure, which inevitably has serious consequences for the future. Options available to patients with the disease, their human rights as well as their rights in the workplace. The responsibilities of employers towards, as well as employees with the disease HIV/AIDS in the workplace.

Treatment and health options were discussed and noted. We looked at measures to prevent contracting the disease and measures on how to not spread the disease. We looked at various risk and non-risk situations for all concerned. The cost of medical care is a continued concern as the long term effect thereof on the economy and insurance in particular can cause costs to soar.
Dictionary of Words

- **Global pandemic**: a worldwide epidemic, affects more than one country
- **Ravages**: havoc, destruction, ruin. Effects are disastrous
- **Adaptable organisms**: virus changes to circumstances to prevent destruction
- **Vaccine**: medication to combat (fight) the virus
- **Terminal disease**: normally used with cancer, and means probable death. Life threatening
- **Antibodies**: produced by the white cells in the body to fight foreign bodies. Anti = against
- **Pathology laboratory**: specialist laboratory to test blood products for the virus
- **Minimise risk**: reduce, lesser the risk
- **Orphan**: a child with no biological parents
- **Contaminated blood**: not clean, infected, polluted
- **Contagious**: infectious, catching
- **Malignant tumours**: cancerous growths, which will cause death
- **Promiscuity**: of loose morals, do not stick to one partner only
- **Controversy**: disagreement, debate, argument
- **Toxic**: poisonous, deadly
- **Chronic disease**: persistent, frequent. Most well known is asthma

Case Study
Describe what the abbreviations for HIV and AIDS stand for and give a short explanation of each.
- **H** =
- **I** =
- **V** =
- **A** =
- **I** =
- **D** =
- **S** =

Self - Assessment Exercise

Complete the following sentences:

1. South Africa has not managed to escape the ___________ caused by the virus, and HIV/AIDS is now the leading cause of ______________-for South Africans aged between 20 and ______________ years of age.

2. If the leaders and others who should be setting an ____________ cannot face up to the truth, how can we overcome this ________________?

3. Sex is identified as the most common way in which the _______________ is transmitted and other ways in which HIV is transmitted are listed with an indication of the ________________ necessary for transmission.

4. We can see that ________________ abuse exposes one to the risk of HIV infection on two levels; namely, through ______________-with contaminated blood, and through sexual transmission of the virus.

5. In any case where body ______________ leak, gloves need to be worn for dressing the wounds, and the bed linen and _______________ must be washed at a very high
temperature. If they are being washed by___________________, then the person doing the washing should wear rubber ______________while washing them, too. The gloves themselves need to be washed in very __________________-water as well.

Compare your answers to those given on the next page.

**Answers to Self-Assessment Exercise**

1. South Africa has not managed to escape the ravages caused by the virus, and HIV/AIDS is now the leading cause of death for South Africans aged between 20 and 40 years of age.

2. If the leaders and others who should be setting an example cannot face up to the truth, how can we overcome this prejudice?

3. Sex is identified as the most common way in which the HI Virus is transmitted and other ways in which HIV is transmitted are listed with an indication of the conditions necessary for transmission.

4. We can see that drug abuse exposes one to the risk of HIV infection on two levels; namely, through contact with contaminated blood, and through sexual transmission of the virus.

5. In any case where body fluids leak, gloves need to be worn for dressing the wounds, and the bed linen and bandages must be washed at a very high temperature. If they are being washed by hand, then the person doing the washing should wear rubber gloves while washing them, too. The gloves themselves need to be washed in very hot water as well.