

SESSION 2: BACKGROUND TO HIV AND AIDS

Aim of the session:

Session 2 aims to reinforce participants' prior knowledge of HIV transmission, to provide an overview of the context of the epidemic and to review the progression of HIV infection to AIDS.

LEARNING OUTCOMES:

By the end of this session, participants should be able to:

- ❖ Describe HIV transmission routes
- ❖ Discuss the extent of the epidemic globally and in South Africa
- ❖ List the main categories of determinants of the epidemic
- ❖ Describe the disease progression from HIV to AIDS
- ❖ Discuss AIDS symptoms & signs

SESSION TIME: 1 hour 40 minutes

SESSION PLAN:

SESSION 2: HIV and AIDS		
30 min	1. Ice breaker: HIV transmission game	group work
10 min	2. HIV transmission	facilitator presentation
20 min	3. The context of the HIV and AIDS epidemic	facilitator presentation
40 min	4. HIV infection progression	group work

PREPARATIONS FOR THE SESSION:

- ❖ Prepare cards for ice breaker
- ❖ Write up the brainstorming guiding questions on flipchart
- ❖ Background reading:
 - Department of Health (2003) National HIV and Syphilis antenatal seroprevalence survey. Pretoria
 - Department of Health (2000) HIV/AIDS/STD Strategic Plan for South Africa 2000-2005. Pretoria

Activity 1 - Ice breaker: HIV transmission game

Time: 30 minutes

Method: role play game

Aim: to emphasize that it is not possible to tell whether a person has HIV just by looking at them and that abstinence, being faithful to your partner, and/or the use of condoms provide protection against infection with HIV

Facilitator Instructions

Do not share the name of the game with the participants as they may figure out what is happening before the end of the game.

Before the game:

- ❖ Prepare enough cards – one for each participant.
- ❖ On one card, write an "X" on the back so that the "X" is not very noticeable.
- ❖ On one card write a "C" on the back so that the "C" is not very noticeable.
- ❖ On one card write an "A" on the back. On this card, write on the front, "Do not sign anyone's card, and do not let anyone sign your card!"
- ❖ Prepare enough blank cards for the remainder of the participants.

To begin the game:

- ❖ Ask participants to stand. Give each participant a card. Tell participants that they have 10 minutes to greet three participants on an individual basis (one at a time). For each person they greet, the participant should:
 - ❖ Ask where s/he currently works
 - ❖ Ask if s/he is married
 - ❖ Ask her/him to sign their card
- ❖ At the end of 10 minutes have everyone sit down. Each person — except one — should have three signatures on his or her card.
- ❖ Tell the participants that the act of signing the card represents a sexual encounter. In other words, "if you signed a card or had someone sign your card it represents having sex with that person."

Ask the following processing questions:

- ❖ "Did everyone get three signatures?" Ask everyone with signed cards to stand.
- ❖ "Who has the card with the "A" on the back?" The person with the card with the "A" on the back should not have any signatures. "A" symbolizes "abstinence." However, often, the person with the "A" card will succumb to peer pressure and accept signatures. If

this happens, make the point that "everyone always talks about abstinence to prevent STIs, but in the real world it may be extremely difficult to abstain!" If this person has an "A" card that is unsigned s/he will remain sitting, otherwise s/he will stand.

- ❖ "Who has the card with the "X" on the back?" The "X" symbolizes that this person is infected with HIV. This person will remain standing. Remain standing if this person signed your card, otherwise sit down.
- ❖ "Who has a card signed by any person standing up?" (The people still standing will include the person with the "X" card and the people s/he "infected." Now it is expected that more people will stand up.)
- ❖ Ask the same question again, "Who has a card signed by any person NOW standing up?" Everyone or almost everyone will now be standing, as they have a card signed by a person infected with HIV.
- ❖ "Who has a card with a "C" on the back?" The "C" represents a condom used correctly for every sex act. Have this person sit down.
- ❖ Only the people sitting are not infected with HIV. This will include the person with an unsigned "A" card and the person with the "C" card.

After the game:

- ❖ Ask participants what message they have taken from this game.

Facilitator notes

The game was aimed at reinforcing participants' understanding that HIV, like all other STIs, spreads widely unless the following "ABCs" are applied:

A – Abstinence, or

B – Being faithful to your partner, or

C – Using a condom with each sex act.

It is also important to emphasise the role of power relations and social/human traditions and practices in relation to both A, B, and C.

Activity 2 - HIV transmission

Time: 10 minutes

Method: facilitator presentation

Aim: to review HIV transmission routes

Facilitator notes

HIV (Human Immunodeficiency Virus) is a virus that affects the body by destroying the immune system. The immune system is the defence mechanism of the body against infection by micro-organisms that cause disease.

HIV infects many types of cells, but two immune system cells, the CD4 cells and CD8 cells, are critical to its eventual effects. HIV destroys these cells, resulting over time in a progressive reduction in the number of the cells. This results in the infected person becoming susceptible to infections and cancers.

HIV is a weak virus that cannot survive outside the body. It is only present in sufficient concentrations to cause infection in the following body fluids:

- ❖ blood
- ❖ sexual fluids (semen and vaginal secretions)
- ❖ breast milk

HIV can only be transmitted from an infected person to another person through:

- ❖ sexual intercourse (vaginal, anal or oral) – most common mode of transmission
- ❖ transfer of blood
- ❖ transfer from an infected mother to her child during pregnancy, during birth or through breast feeding

There are two types of HIV:

- ❖ HIV-1, the most common type in Southern Africa
- ❖ HIV-2, found mostly in West Africa, Europe and America

HIV-1 and HIV-2 are both transmitted in the same ways, although there is evidence that HIV-2 is less easily transmitted through the sexual and mother-to-child routes than HIV-1.

HIV can still be transmitted by people receiving antiretroviral therapy, even if they have undetectable viral loads. It is therefore essential that all those infected with HIV exercise preventative measures at all times.

The approximate risk of transmission from a single exposure event is as follows:

Exposure	Approximate risk
Vaginal intercourse	0.1%
Anal intercourse	1.0%
Percutaneous exposure (e.g. needle stick) – health care worker	0.3%
Needle-sharing – intravenous drug user	1.0%
Blood transfusion	100.0%

Source: Course in HIV Management, 2004; The Foundation for Professional Development/Southern Africa HIV clinicians' society

The risk of mother-to-child transmission (including the total risk of exposure in-utero, during birth and during breastfeeding) is 20% to 40%.

Unprotected sexual intercourse between a male and a female, or between males, accounts for 75% to 80% of HIV infections in adults. HIV transmission through sexual intercourse is more likely when one or both partners have another sexually transmitted infection (STI). (Note: HIV is also an STI).

The presence of an STI, particularly one that causes genital ulcers, significantly increases the risk of both transmitting and acquiring HIV. Example scenario: one partner has a genital ulcer; the other partner does not have an ulcer, but is infected with HIV; the partner with the ulcer will more easily be infected with HIV than if no ulcer were present.

Furthermore, the presence of HIV infection in a person with an STI may result in the STI condition being more severe and treatment being less effective.

Early treatment of STIs is one of the most important strategies for preventing HIV transmission. STIs are treated through what is known as the "syndromic approach"; in other words, any patient presenting with symptoms and signs of an STI will be treated without waiting for confirmation from laboratory tests.

Activity 3 - The context of the HIV and AIDS epidemic

Time: 20 min

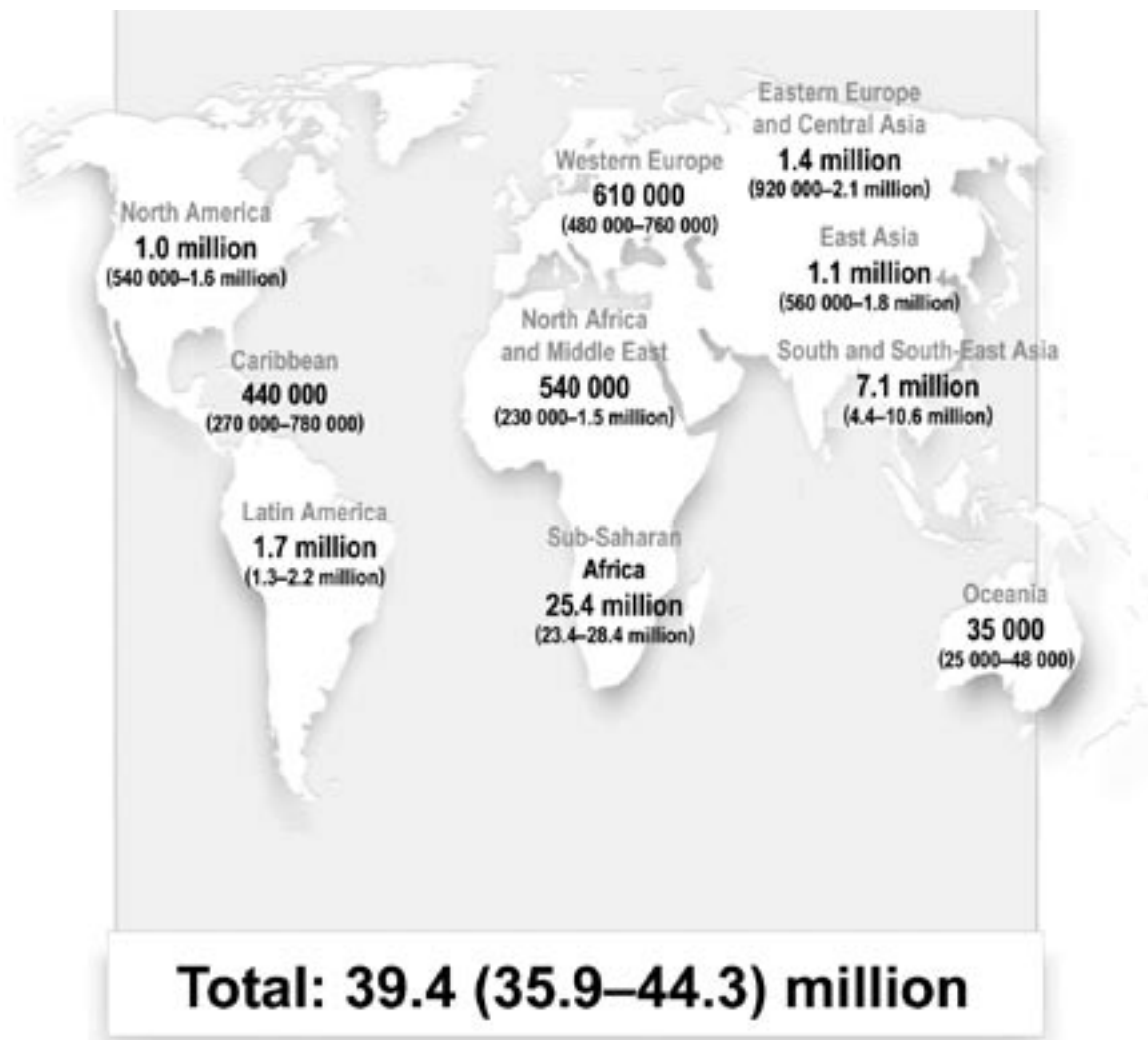
Method: facilitator presentation

Aim: to present an overview of the HIV and AIDS epidemic globally and in the South African context

Facilitator notes

By December 2004, an estimated 39.4 million people worldwide were living with HIV/AIDS, 4.9 million were newly infected and 3.1 million had died during that year. Of all those living with HIV/AIDS, were newly infected or who had died, 25.4 million, 3.1 million and 2.3 million respectively were from Sub Saharan Africa.² Sub Saharan Africa is home to more than 60% of all people living with HIV and AIDS.

Figure 2.1: Adults and children estimated to be living with HIV as of end 2004



Source: UNAIDS: AIDS epidemic update December 2004

² UNAIDS (2004): AIDS Epidemic Update: 2004, Geneva