MARYANN Segwane may only have a CD4 count of 63, but this is one very strong woman who says she is “still a human being” and a confident one at that.

Segwane is not wallowing in misery. She has accepted that she is HIV positive, and says the virus has given her the chance to rethink her goals and dreams, and has made her into a much more confident person.

She is a teacher who has lived with HIV since 2003 when she fell very ill with shingles and went to her local doctor.

Unfortunately, she was not offered any pre- or post-test counselling. She says that when she looked in the mirror when she was at the hospital, she saw herself “hanging” off her own shoulders, “just like looking at a hangman.”

Segwane remembers.

She says that when she looked in the mirror when she was at the hospital, she saw herself “hanging” off her own shoulders, “just like looking at a hangman.”

Segwane says she is proof that HIV and AIDS is no respec of your age, your income, or what job you do.

“It happens to teachers too and we need to spread that message to all our teachers so they can look after themselves properly, and stop hiding in corners,” she says.

The virus is not even beyond God, she warns.

But it is a disease just like high blood pressure or diabetes, and there is help.

“We need to help each other, “ she says.

Hanging by a moment

Willy Madisha, head of South Africa’s biggest teacher union, the South African Democratic Teachers’ Union (SADTU), said unifying the unions in the battle against HIV and AIDS that is devastat- ing the ranks of their membership was paramount.

“South African teachers are being ravaged by the AIDS disease. We are facing a crisis in our education system of immense proportions,” he said.

Other than the goal of providing ARVs to qualifying HIV-infected educators, the programme focuses firmly on prevention and care. In terms of the target of preventing 7 000 new HIV infections among educators, the Solidar- ity Centre said the programme would provide access to care for 15 000 teach- ers affected by HIV and AIDS, providing access to community-based voluntary counselling and testing services for educators and their families.

The unions are training 10 000 educa- tors in the three provinces to provide guidance on issues such as dealing with stigma affecting those living with HIV and AIDS, access to HIV testing and antiretroviral treatment, and workplace policies. These educators will encourage their colleagues to undergo voluntary counselling and testing.

Sixty educators have qualified as ‘master trainers’ after a 14-day training session and will leave their schools for five months to train a representative in 10 000 schools in the three provinces.

School representatives engage in peer group education with their fellow educators on prevention, as well as access to treatment for teachers living with HIV and AIDS.

Renee Saunders, HIV and AIDS programme director for the Solidarity Cen- tre in South Africa, said the programme was a unique chance to build on 10 years of collaboration between South African and US educator unions. This dates back to 1996 when a programme focused on limiting the spread of HIV among pupils was launched.

Letlape called the programme – which will follow the national Health Department’s protocol of starting ARV treatment only on HIV-positive educators with a CD4 cell count below 200 – “a health investment with massive returns”.

There can be no development in any nation without education. “For us this is very exciting. The teacher unions themselves are priority partners, they are making this possible, and that sense of personal responsibil- ity is groundbreaking,” he said.

Treatment will be by private-doc- tor doctors which Letlape said was a response to the need for privacy that teachers especially had indicated.

Recruiting the doctors had been an easy task: “There is an abundance of human resources if the funds are available.”

Madisha also hailed the American trade union movement, especially rank and file educators who he said the American Federation of Teachers has mobilized to help South African educators in their battle against the pandemic.

In 2004 it is estimated that 4000 South African educators died of AIDS-related illnesses.

• Nearly a quarter of the pupils in primary and second- ary government schools are HIV positive.

• KwaZulu-Natal has the highest prevalence rate of educators who are HIV positive (21,8%), Mpumalanga is second (19,1%) and the Eastern Cape third (13,8%).

• Nearly a quarter of the HIV-positive educators are be- tween the ages of 25 and 34.

• About 23 500 educators should be taking ARVs drug treatment today.

• Only about one-third of educators used a condom the last time they had sex.

• Only one-third of educators who know they are HIV positive use a condom consistently with their regular partner.

• Nearly half of all educators have lost at least one relative or friend to the disease in the past two years, and nearly a quarter attend at least one funeral per month.

(See page 6 for a more detailed look at the results.)

HIGHLIGHTS OF ELRC STUDY

The Education Labour Relations Council commissioned the Human Science Research Council to undertake the most comprehensive ‘supply and demand’ study of educators ever conducted in the world.

• In 2004 it is estimated that 4000 South African educators died of AIDS-related illnesses.

• A total 12,7% of South Africa’s educators in primary and secondary government schools are HIV positive.

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Teachers Treatment Hotline: 0860 TTT HOPE or 0860 888 4673 08:00 - 17:00
Unions launch PCTA

Makayi EC
Master Trainer

If the pilot project goes well, we believe we will be in a position to get even that number down. But that doesn't mean the issue does not concern us.

The Solidarity Centre’s South Africa office oversees the funding and manages the project with the South African Medical Association.

The programme is supported by South Africa’s Education Ministry and the departments of education.

The targets of the programme are: Prevention of 7 000 new cases of HIV infection among educators. Access to information for 100 000 educators affected by the diseases. Access to community-based voluntary counselling and testing services for 15 000 educators and their families. Access to ARVs, including ARV treatment for at least 2 000 HIV-positive educators and their spouses.

The programme will run in 10 000 schools in KwaZulu-Natal, the Eastern Cape and Mpumalanga, the three provinces that the ELRC research found to have the highest rates of HIV infection among educators.

The idea for the programme dates back to 2002 when the teacher unions and the Department of Education developed a strategic plan and a framework to implement a prevention education programme for educators working with and affected by HIV and AIDS.

This plan provides the framework for the PCTA programme activities now, along with ways of monitoring and evaluating how well it works.

The programme Director Kyunzi Zwane works with a provincial task team in each province that oversees the programme. The provincial task team includes representatives of all the South African PCTA organisations, and is organised by provincial AIDS co-ordinators.

The Solidarity Centre trained approximately 20 Master Trainers recruited by the South African and United States non-government organisations, and the on-the-job training in South Africa.

PCTA partners also help out with “in kind” support.

The programme is an integrated approach, taking in prevention of HIV transmission, the treatment of AIDS and its associated conditions, as well as care for educators who are HIV positive.

The majority of teaching work for the project, 85% over two years, comes from a United States government PEPFAR grant through the Centre for Disease Control and Prevention, but the PCTA partners also help out with “in kind” support.

The project was launched in October 2005 with the support of the local unions and the Solidarity Centre.

The idea behind the project is to provide educators with information on HIV and AIDS, to ensure they are well informed and trained in the latest methods for preventing the spread of the disease.

The programme aims to provide targeted training and resources to educators, including access to ARVs, counseling and testing services, and education on the disease.

The programme will run in 10 000 schools in KwaZulu-Natal, the Eastern Cape and Mpumalanga, the three provinces that the ELRC research found to have the highest rates of HIV infection among educators.

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We are fully committed to this initiative.

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Educator Nonavitsheka Jekwuka first tested for HIV in 2001, when she weighed just 31kg and her CD4 count was 18.

But Vivi, as she is better known, is living a happier life today that she weighs a much healthier 61.4kg, and that her CD4 count is now at 481.

She knows that she has been living with HIV for at least six years because her ‘baby’, aged six now, is also HIV positive.

Both take their antiretrovirals together, and Vivi says her little boy is her best treatment ‘supporter’.

“We have to take our tablets at 7am and again at 7pm, and he knows when it is that time and comes running, calling me to take the tablets,” she says.

Vivi’s two older children, aged 18 and 17, are both HIV negative.

Vivi knows that she has been very lucky at the support she has enjoyed from friends, family and colleagues, and the medical treatment she has received.

“The other teachers are my friends. They cry with me and laugh with me, but they help me. ‘And they all pray for me, day in and day out,” Vivi says.

**What should you know about ARV treatment?**

The drugs that are used to treat HIV are called antiretrovirals (ARVs), which are a combination of drugs that block the spread of HIV in the body.

The drugs work by blocking the so-called enzymes (this is a molecule made by cells that allows the body to speed up chemical reactions) which HIV uses to make more HIV.

The drugs allow the immune system to get strong again, and fight off opportunistic infections such as pneumonia, which can make you ill if your body is very weak.

ARVs prolong and improve your quality of life if you are HIV positive, even though you are not a cure for HIV – and they must be taken every day, for life.

Once you start treatment, you should not stop unless your doctor tells you otherwise, even though you may stop prescribing a different set of ARVs.

The decision to start treatment with ARVs is made after the CD4 cell count test - this is a blood test which tells the doctor how weak or strong your immune system is. A second and third viral load test, which tells the doctor how much HIV is actually in your body.

A blood test is taken to determine this, and is sent to a laboratory to determine what is in it. The results are sent to your doctor. The doctor will not discuss the results with anyone except you.

As the amount of HIV in the blood increases (viral load), the number of CD4 cells decreases. ARVs prevent the virus from multiplying, therefore decreasing the amount of virus in the blood. This allows the CD4 cells to recover and become stronger, even though the immune system never fully recovers.

So how will I know if the drugs are working?

The viral load test is the best way your doctor can tell whether your treatment is working. It will be very high when you start treatment, but should drop quickly once the treatment begins, usually dropping to a level where it cannot be measured, and this is called undetectable.

Your immune system will begin to recover and become stronger, and your CD4 count will increase.

If the ARVs stop working, then viral load measurement will go up again, and your CD4 count will drop.

What treatment is provided in this programme?

Most PWAs (People Living With AIDS) will start therapy on:

- 3TC (Lamivudine) 150mg every 12 hours

Then either:

- Nevirapine 100mg every 12 hours for the first two weeks, then 200mg every 12 hours.

Or:

- EFV (Efavirenz) 600mg at night (or 400mg at night if weight is below 40kg), or

- Nevirapine 100mg every 12 hours for the first two weeks, then 200mg every 12 hours.

Even when you are on ARVs, you can still pass on the virus while having sex. You can also get re-infected with HIV in this programme.

Can I still pass on the virus while taking ARVs?

Yes. You must continue practising safe sex. You can also get re-infected with another type of HIV, which could result in the drugs you are taking not working well, or stopping working.

What is ARV resistance?

If you become resistant it means that the ARVs drugs you are taking are no longer effectively suppressing the HIV, and levels in the blood will increase and the immune system weaken again. Some reasons for developing resistance are:

- After some time the virus may develop resistance to the medicines.
- Treatment includes several types of ARVs, which when used together decrease the chances of resistance developing.
- You may have contracted a type of the virus that resists treatment by the specific drug or drugs you are taking.
- You may have previously been on ARVs, and stopped taking them.
- You may not have taken your medication every day as instructed.
- If you develop resistance, you may be given another combination of medicines, and if you become resistant to just one of your medicines, that can be replaced with a different type.

And ARVs are a life commitment, you must never stop taking them.

To ensure the medication is most effective, it is important to know your HIV status and CD4 count, and then monitor your CD4 count and viral load.

Does an undetectable viral load mean that I am cured of HIV?

No. An undetectable viral load doesn’t mean you’re cured - there is no cure for HIV. An undetectable viral load shows rather that the ARVs are effectively suppressing the HIV.

**Access to treatment for educators**

The teachers have said that they have made good attempts to fight HIV and AIDS.

The teachers with or without spouses who enrols becomes a Tshepang doctor’s patient in this treatment programme. You use your medical aid benefits until you are exhausted in any one year, and then transfer to the PCTA treatment funds.

An educator without medical aid:

- The educator or spouse who enrols in the programme becomes a Tshepang doctor’s patient and his or her medical costs related to HIV treatment are covered by the PCTA treatment funds.

**Cost coverage:**

An educator with medical aid that covers HIV and AIDS treatment:

- The teacher or spouse who enrols in the programme becomes a Tshepang doctor’s patient and his or her medical costs related to HIV treatment are covered by the PCTA treatment funds.

**Tshepang Programme**

This is a community-based health investment with massive returns for education in our country. It will enable teachers to consult a doctor, whether we are strong and that there is so much we can do together.

We need to be proactive and creative to overcome this threat and even though we are up against a difficult task, this PCTA programme is an example of what can be achieved if we all pull together.

We will keep our teachers alive and well, and will be able to enjoy the benefit of the talent and skills they have to impart to young people.

We have found this an immensely gratifying project to be involved with, and we are privileged to have this opportunity.

We have an abundance of healthcare-care workers who are skilled and dedicated, and want to help the doctors have been recruited to participate openly and without any form of prejudice. They are all willing providers.

The issue of privacy for people seeking help is also something of importance that has been forgotten in our good attempts to fight HIV and AIDS.

What the teachers have said is that privacy is an issue that is important, and they highlighted the difficulties that are brought about by the lack of privacy.

When matters cannot be private, that becomes a factor that limits access to the treatment.
**MYTHS AND FACTS:**

**Myth:** If you are diagnosed HIV positive you will get sick and die immediately.

**FACT:** People living with AIDS can lead long and productive lives.

**Myth:** HIV positive people cannot teach or help out at home any more because they are too sick.

**FACT:** People living with AIDS can make a big contribution to their families, school and communities. Their ability to do things and to contribute should be recognised and valued.

**Myth:** Stay away from HIV positive people. They can spread their disease.

**FACT:** HIV-positive people need love and care just like anyone else, and you cannot catch HIV from hugging or kissing a person living with AIDS.

**Myth:** If you have been diagnosed HIV positive, you may as well just give up on your life, and go home to die.

**FACT:** Get into a treatment programme and a support group as soon as possible because there are many infections that occur as your immune system gets weaker from the HIV germ that can be easily treated so you do not have to be sick. When the doctor says it is the right time, you can also go on antiretrovirals which have been proven to help you live a much longer and healthier life.

**Myth:** I don’t care about who I have sex with any more because I am going to die anyway, and if they are HIV positive too it won’t make any difference.

**FACT:** You must be responsible for your own life and for the lives of others. Always wear a condom when having sex to protect you from the virus, but also to protect yourself. If your sexual partner is HIV positive you could be re-infected with another type of the virus which makes treatment for you much more difficult.

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**LEGAL PROTECTION**

The Bill of Rights and the Promotion of Equality and Prevention of Unfair Discrimination Act protect your rights, including that you may not be unfairly discriminated against.

Labour Laws include:

- The Employment Equity Act
- The Labour Relations Act
- The Occupational Health and Safety Act
- The Compensation for Occupational Injuries and Diseases Act
- The Code of Good Practice on HIV and AIDS and Employment describes the proper management of HIV and AIDS in the workplace.

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**Mkhize - symbol of hope**

EDUCATOR Sibongile Mkhize, from the KwaZulu-Natal village of Ozwathini, was one of the first teachers to disclose that she was HIV positive.

She came out with her story way back in 2001, and since then she has gone from strength to strength, including proving the point that no-one may be fired from their job just because they are HIV-positive.

It hasn’t been an easy ride for this brave woman who was physically attacked and ostracised by her family. At that time people were far less educated and accepting of HIV positive people.

She admits that being an HIV-positive educator has meant many problems for her at work too. But thanks to the intervention of her union SADTU she was reinstated in her job.

“When my colleagues found out about my status I was dismissed from the school and my husband threw me out of the house,” Mkhize remembers.

She turned to SADTU for help.

“At that time I was crying, I was ready to die. I was going to commit suicide.”

But after a month of negotiations with the Department of Education by SADTU, Mkhize was back at work.

Today her life is firmly on track, and Mkhize is proud to say that she has become a symbol of hope for HIV-positive teachers.

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**Fear and prejudice are deadly**

**FACTS:**

1. Care, treatment and support offer hope and meaningful lives.
2. Care, treatment and support offer hope and meaningful lives.
3. Care, treatment and support offer hope and meaningful lives.

**FACT:**

HIV and AIDS can affect anyone, and if we all work together, only then will it become possible to beat this disease.

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**HOW YOU CAN HELP PEOPLE WHO YOU KNOW ARE HIV-POSITIVE**

- Encourage them to talk openly with their family and friends, and listen caringly to their problems. Remember, they are very scared.
- Encourage them to get counselling from a professional because there are questions family and friends will not be able to answer.
- Encourage them to join a support group. They will be able to share their fears and feelings with other HIV positive people who will give them support.
- Let them carry on teaching and working in their school. This will build their confidence and self-esteem.
- Help them to focus on positive thoughts – “I want to stay alive for my children.”
- Talk to them about their feelings of anger. Remember that people do not get HIV because they have behaved badly or been promiscuous.
- Help them turn that anger into positive anger that will help them fight back.
- If family members gossip, remind them: “We have already told you about our son’s status, and you’re still talking! What’s new?”
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- If family members gossip, remind them: “We have already told you about our son’s status, and you’re still talking! What’s new?”
- Encourage them to eat healthily and to exercise.
- We can challenge stigma ourselves and show judgmental people that it is wrong to judge.
- Remember always that people living with AIDS also have the right to have sex, get married, have children, have jobs and friends.

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**Teachers Treatment Hotline:** 0860 TTT HOPE or 0860 888 4673 ☎️ 08:00 - 17:00

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**31 October 2005**
HIV and AIDS is a very real threat to the teaching profession

**ELRC study: AIDS impact on educators**

Blossom Ndlou, SOWETO life-orientation teacher, reviews findings of ELRC study with Marilyn Stwart, AFT Vice President

The Human Sciences Research Council did groundbreaking research and the statistics they compiled pointed to the harsh reality; in 2004 estimates are that 4 000 South African educators died of AIDS-related illnesses.

Of these, 80% were deaths of educators 45 years and younger, and about one-third were aged between 25 and 34.

Principal investigator and President of the Human Sciences Research Council, Dr Olive Shisana, called at the 2nd South African AIDS Conference in Durban in June for ARVs to be made available immediately to educators. She suggested that the educator population was seriously affected, leading to a possible shortage of educators in the public education system.

The researchers concluded, the loss of experienced educators due to AIDS would inevitably have an impact on the quality of education.

The ELRC study recommended a programme's effectiveness.

The policy is also meant to help protect its members who are affected by or infected with HIV and AIDS against all forms of prejudice, including discrimination.

The policy of the South African Democratic Teachers Union (SADTU) is not only a clear acknowledgement of the impact of HIV and AIDS on the development of South Africa, but also of the prejudice, stigmatisation and ignorance that goes with the pandemic.

The overall sense of this policy is to provide a strategic approach to understanding, managing, caring and supporting its members, its staff and society in general, in dealing with chronic diseases, including HIV and AIDS.

It focuses on infected and affected NAPTOSA educators and learner members, to guarantee dignified treatment, ensure their rights are protected, and to promote a universal value system along with environmental health, and particularly for educators and learners affected and infected with HIV and AIDS.

**Union AIDS Policies**

The policy has a programme of action which covers the objectives, the roles to be played by members in the campaign against HIV and AIDS, and grievance procedures.

NAPTOSA’s policy is addressed at all branch meetings so the information reaches all its members. It also outlines plans to evaluate the programme’s effectiveness.

**USEFULL PHONE NUMBERS**

- AIDS Helpline 0800 012 322
- AIDS Consortium (011) 403 0265
- AIDS Law Project (011) 717 8600
- Commission for Conciliation, Mediation and Arbitration (CCMA) (011) 377 6600
- Health Professions Council of South Africa (HPCSA) (012) 338 9300
- South African Nursing Council (SANC) (012) 420 1000
- South African Human Rights Commission (011) 484 8300

**Teachers Treatment Hotline:** 0860 TTT HOPE or 0860 888 4673 08:00 - 17:00
WHAT IS YOUR RISK?

- I do not have sex at all.
  RISK: You are very low risk.

- I know for certain that my partner is HIV-negative.
  RISK: You are at lower risk, but remember that while you know for certain whether you only have sex with your partner, you can never be 100% certain that he or she is not having sex with someone else too.

- I have only had sex with one partner in the last year.
  RISK: You are at lower risk, but again, remember that your own actions are the only actions of which you can be 100% certain.

- I always use a condom when I have sex.
  RISK: You’re definitely at lower risk of HIV infection...

- I have had a sexually-transmitted disease in the past year.
  RISK: You are at higher risk. If you contracted a sexually-transmitted disease it means that you have had unprotected sex, HIV and other sexually-transmitted diseases are passed on in the same way.

- I live away from my family or partner for more than one week of each month.
  RISK: You are at higher risk. It has been shown that in a situation like this there is a risk that you or your partner could have other sexual partners.

- I live in a rural community.
  RISK: The statistics show that people who live in rural areas are at higher risk for HIV.

- I am older than 40.
  RISK: You are at lower risk, but that does not mean you don’t have to be careful.

- I have never had sex with someone who is HIV-positive.
  RISK: You are at lower risk, but remember you can never be certain of someone’s HIV status unless you see their test result.

- I have never been tested for HIV.
  RISK: The risk here is difficult to determine, but everyone should be tested for HIV because that is the only way to know your status for sure.

- I drink more than five alcoholic drinks a week.
  RISK: You are at higher risk. People who become intoxicated are not always responsible about having safe sex.

- I do not use any drugs.
  RISK: You are at lower risk.

- I have had sex with someone I do not know well.
  RISK: You are at higher risk, especially if you do not use a condom.

Remember that these are only guidelines, but they will give you some idea of how to stay safe from HIV.

HIV tests, reliable and effective

S
o what is voluntary counsel-
ing and testing – also known
commonly as VCT – which
has been getting so much at-
tention?

Basically, it refers to the process of
giving people professional counselling
before and after they have their HIV test.
And it is extremely important, because
most people are scared of having an HIV
test and this process will help you prepare
for and understand the results.

If you’re negative, you can learn
ways to make sure you do not become
infected in the future. If you are posi-
tive, you can learn how to live a longer,
healthier life, and make sure you do not
pass on the infection to anyone else.

This is how it works:
• First you will have an introductory
  session with a counsellor or your
doctor during which your risk for HIV
  will be assessed and you will talk
  about ways of reducing that risk. Then
  you will understand the procedure for
  your HIV test. Then a doctor, nurse or
  other health-care worker will take a sample
  of your blood. With a rapid test, all
  it needs is a prick to your finger and a
drop of blood placed on the test
  kit. A special solution is then added,
  and you will get your result in 10 to
  15 minutes. A test is positive, the
  same test will be repeated to confirm
  the diagnosis. But if the first test is
  positive and the second one is nega-
tive, a blood sample will be taken and
  sent away to the laboratory for a dif-
  ferent test to confirm the result. Some-
times the rapid test is not available and
  then blood will be taken from you and
  sent away for testing. You will need to
  return later for your results because this
  takes some time for the provider of the test to get the
  results back.

• Depending on whether you are positive or
  negative, you, your test partner and
  your counsellor will then talk about
  different options for what to do. If you are negative
  the counsellor will discuss ways to stay

Positive and pregnant

If you are a women living with
HIV and you are pregnant,
you should tell your doctor imme-
 diately and make
out you are pregnant, you should tell
your doctor imme-
 diately and make

tative, but that it may not yet be showing
up in your blood. This will depend on
the date of the last time you had unpro-
tected sex, and you may have to return
later for a second test. The usual time is
three months.

Remember that all HIV tests are
very reliable and effective.
Your private doctor is not the only
place you can have an HIV test, so if
you prefer to go to your local clinic or
other HIV clinic in your area, that
is also okay. This is your choice.

If you find out you are HIV positive,
the next step is to find out what stage
your disease is at.

The doctor will do a test called a CD4 test
which will tell him or her how strong
your immune system is. As the HIV
gets stronger, your immune system gets
weaker so this helps the doctor decide
the stage of your disease. A viral load test
will also be done. This tells the doctor
how much HIV is present in your body.

These are the disease stages:

1. Stage 1 – HIV enters the body and the antibodies quickly destroy HIV cells. There are few or no signs that you are infected. Swollen glands are common, but are usually not a reason to be worried.

2. Stage 2 – Here you may have minor skin problems, facial or chest colds and start losing weight. Something called herpes zoster, known more commonly as shingles, often happens in this stage.

3. Stage 3 – In this period the amount of HIV in the body (viral load) is increasing and you may have more and more CD4 cells. More serious prob-
lems occur, such as serious weight loss, chronic diarrhoea, fever, thrush in your mouth, vaginal thrush, pneu-
monia and tuberculosis.

4. Stage 4 – This is the very serious stage. You could get a kind of lung infection that is a very serious form of pneumonia, the thrush in your mouth could be spreading down your throat making it difficult to eat or drink, there could be infections of the brain, severe diarrhoea, very serious weight loss, and cancers such as Kaposi’s sarcoma.

If you are in Stage 1 to 3, there is a lot you can do to improve your health, like learning more about managing HIV and AIDS, joining a support group and finding out where you can get care and treatment.

If your CD4 cell count is less than 200, you will have to tell the doctors you call AIDS-defining illness, you can choose to start antiretroviral treatment.

Testing is the best choice

It is possible to have HIV without even being aware of it, because HIV can live in the human body for many years before it results in any illness.

And the only way to find out is to have an HIV test, which is performed at healthcare clinics.

The benefits of knowing outweigh the risks – so it is important for every-
one to think about being tested for HIV.

Remember the following:

• An HIV test is a medical procedure.
  • You must give your informed-consent
    for the test.
  • Informed-consent means you must
    fully understand what the test is, and
    what the consequences will be for you
    if you test positive or negative. To
    make sure you know this, you should
    be given counselling before the test.
  • Post-test counselling should give you
    enough information to properly decide
    whether or not you want to have the test.
  • Once you have had counselling, you
    must be given time to decide if you want
    to take the test.
  • If you decide not to be tested, no-one
    can force you.

To find a testing centre, call the Aids Helpline 0800 012 322.
Body building to boost immune system

Good nutrition is not an either/or in terms of treating HIV and AIDS, or securing the longest and healthiest life possible for infected people. Rather, it is essential to see the two in combination. Both are essential.

A healthy and nutritious diet is of course important for everyone, but it is particularly important for people living with HIV and AIDS because a poor diet impairs the immune system, hastening the progression of the infection.

It is not sufficient to treat – eventually everyone infected with HIV will need to take antiretroviral medication to support their immune system.

**SO HOW DO YOU MAINTAIN YOUR HEALTH?**

**Eat the right foods:** People living with HIV should eat as many of these foods as they can every day:

- **Fruits and vegetables** - to help fight sickness.
- **Beans, lentils, meat, chicken, fish, milk, eggs** - to build the body and keep you strong.
- **Maas or yoghurt** – helps digest your food.
- **Brown bread, brown rice, pap and samp** – to give you energy to work and play.
- **Butter, oil, peanut butter and nuts** – also for energy. These can be added to porridge or other foods.

What matters most is that you eat enough. You can eat more if you eat the foods you like, you can eat the foods you’ve always eaten, and expensive foods are not better than cheap foods.

**Some good advice:**

- **Eat at least three meals a day.** It’s good if one meal includes some protein (soya, beans, lentils, eggs, fish, chicken, meat, liver, offal etc) and vegetables, fruit, milk products, and one snack (potato, rice, porridge or other foods).
- **Try to eat some snack like fruit, nuts, your milk, mugae or left-over food from meals.**
- **Eat lots of fruit and vegetables.** The white blood cells of the immune system are made up of protein. They also need vitamins (soya, beans, lentils, eggs, fish, chicken, meat, liver, offal etc) and vegetables, fruit, milk products, and one snack (potato, rice, porridge or other foods).

Taking a closer look at the food groups, it’s important to know that all foods fall into one of the following three groups:

- **Body-building foods (protein):** Beans, soya, peanuts, eggs, meat, fish, chicken, the cheapest and healthiest.
- **Energy-giving foods:** Maize, millet, rice, potatoes, sugar, oils and fats.
- **Foods with vitamins that protect against infections:** Fruit and vegetables.

The easiest guide is to try and eat food from each of these groups every day, so ensuring a balanced diet.

Also, remember to eat three to five times a day:

- Because your body is fighting the HIV virus as well as other infections, it needs more energy. And remember that it is cheaper to eat lots of staple foods like pap, than to eat lots of meat, which is expensive.
- Foods many people eat each day like pap, bread, rice, potatoes and miqoqo contain lots of energy.

Before you were infected with HIV your body would use stored fat when it needed extra energy - but the HIV virus changes this. Your body will now use up protein (stored in muscle) to get extra energy so if you do not eat enough, you will now lose muscle and not fat.

This is called wasting and provided you eat enough energy foods regularly, this won’t happen.

It is true that people with HIV find it difficult to eat enough.

There are reasons for this, and knowing about them could help you overcome this problem:

- **Too little food eaten:** You might be too tired or depressed to look after your diet.
- **Too little food absorbed from the intestines:** Once food has been eaten, it is absorbed from the intestines into the blood. This process can be disturbed in people living with HIV.

The cause of this problem could be caused by the following:

- **Poor nutrition – poor absorption:** Poor nutrition can cause diarrhoea and other infections.
- **Change in the way the body uses energy:** This is called wasting and provided you eat enough energy foods regularly, this won’t happen.

HIV and AIDS also affect the intestines causing diarrhoea. This reduces absorption, because the food moves through the intestines too fast and because the intestine cells are damaged. Some antibiotic medicines used to treat infections also kill good bacteria in the intestine that help absorb some foods. Taking too many antibiotics can cause diarrhoea and poor absorption. Worms can reduce absorption and can cause bleeding which leads to a lack of iron. Poor nutrition itself damages the cells of the intestines, resulting in a vicious circle.

- **Poor nutrition – poor absorption:** Sick people need more food because their metabolic rate goes up, which means their body burns the food too quickly. Tuberculosis especially causes quick loss of weight. The HIV germ also changes the way the body uses foods. When running out of energy, instead of using fats, it uses proteins. This causes the hidden loss of muscle.

**Drinking alcohol and smoking:**

Alcohol like beer, wine and spirits might be a fun thing, but no real nutrition. It also makes you eat less and if you’re drinking too much, you could forget to take your ARVs.

Alcohol weakens the immune system, speeds up reproduction of the virus – so try to cut down, or better still, stop altogether.

The same goes for smoking because smokers get more chest infections and could often choose a cigarette rather than eating a good, healthy snack.

**Vitamins, immune boosters, and traditional medicines**

Another potential area of confusion in staying healthy are the following two issues, vitamins and immune boosters, and traditional medicines and natural remedies.

**Let’s try to unravel the confusion:**

**Vitamins and immune boosters:** There are vitamins, such as multi-vitamins, Vitamin B complex, Vitamin B12, zinc and selenium that can potentially support the immune system. But these need to be taken in the correct dosages because taking more vitamins than you need can be dangerous.

It is important to consult your doctor about the recommended dosage if you are taking vitamins. Some people also use immune boosters, and these may or may not help strengthen your immune system.

You need to be aware that there is no conclusive evidence of their effectiveness, and that there are many over-priced products on the market making claims that have not been scientifically verified. Consult your doctor.

**Traditional medicines and natural remedies:** Some traditional remedies and herbs may play a role in strengthening the immune system, but others are known to be harmful.

All traditional and natural medicines not registered with the South African Medicines Control Council still need to be scientifically verified. Currently, antiretroviral medicines are the only form of treatment that has been scientifically proven to repair a person’s immune system once their CD4 count has fallen below a certain level.

Traditional medicines, vitamins and immune boosters may be harmful when taken with antiretrovirals, so always tell your doctor what you are taking, including any vitamins and other medicines bought at pharmacies, given to you by friends or relatives, or recommended by a traditional healer.

**REMEMBER:**

- Eating right helps the body resist sickness.
- Eating right helps sick people get well.
- The same foods that are good for you when you are healthy, are good for you when you are sick.
- During and after any sickness, it is very important to eat nutritious food.