Chapter 17

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Millions of people are infected with HIV, the virus that causes AIDS. More and more of them are women and girls. In much of southern Africa, for every 4 men infected with HIV there are 6 women infected.

There is no cure for HIV or AIDS. But treatment can help people with HIV live longer and in better health. To provide care for those who need it and to protect ourselves and each other from HIV and AIDS, we must be willing to talk about HIV with our families and friends.

“AIDS is a disease that shines in hush and thrives on secrecy. It was prospering because people were choosing not to talk about it... I wanted to talk about AIDS so that at least my children, and yours, would be spared. They would know and have the information about AIDS before they became sexually active, and be able to talk about it.”

—Noerine Kaleeba, founder of TASO, The AIDS Service Organization, Uganda

**Any woman may face HIV and AIDS**

Most women do not think they are at risk of getting HIV infection. They may think that only homosexuals or women who have many sex partners (like a sex worker), or women who use drugs, have any chance of becoming infected with HIV. This is not true. In some communities, married women get HIV more than anyone else.

Communities that have faced HIV together have learned how to discuss HIV and are working to improve prevention and provide care and support for the infected. Women are leading many of these efforts.

➤ HIV is everyone’s problem.

➤ Even women who know they are at risk may be unable to protect themselves (see page 191).
What Are HIV and AIDS?

**HIV** (Human Immunodeficiency Virus) is a very small germ, called a virus, that you cannot see. AIDS (Acquired Immune Deficiency Syndrome) is a disease that develops later, after a person has been infected with HIV, the AIDS virus.

**HIV**

When a person becomes infected with HIV, the virus attacks the immune system, the part of your body that fights off infection. HIV slowly kills the cells of the immune system until the body can no longer defend itself against other infections. Most people who are infected do not get sick from their HIV for 5 to 10 years. But eventually the immune system cannot fight off common infections. Because HIV takes years to make someone sick, most people with HIV feel healthy and do not know they have it.

**IMPORTANT** HIV can spread to others as soon as you are infected, even though you look and feel healthy. You cannot tell from looking at a person if he or she has HIV. The only way to know if you are infected is to get the HIV test (see page 288).

A person has AIDS when the immune system gets so weak that it can no longer fight off infections. Often the signs are staying sick with several common illnesses (see page 297), such as diarrhea or flu. The signs of AIDS may be different in different people. A person with AIDS may also get infections that are rare in people without HIV, like certain cancers or brain infections.

Good nutrition and the right medicines can help the person’s body fight infections caused by AIDS and allow her or him to live longer. But there is no cure for HIV itself.
**How HIV is Spread**

HIV lives in certain body fluids of people infected with HIV—blood, semen, breast milk, and the fluids in the **vagina**. The virus is spread when these fluids get into the body of another person. **This means that HIV can be spread by:**

- **unsafe sex** with someone who has the virus. This is the most common way HIV spreads.
- **unclean needles or syringes**, or any tool that pierces or cuts the skin.
- **blood transfusions**, if the blood has not been tested to be sure it is free from HIV.
- **pregnancy, birth or breastfeeding**, if the mother or father is infected.
- **contact with infected blood** if it gets into cuts or an open wound of another person.

**How HIV is NOT Spread**

HIV does not live outside the human body for more than a few minutes. It cannot live on its own in the air or in water. This means **you cannot give or get HIV in these ways:**

- by touching, kissing, or hugging
- by sharing food
- by sharing or washing clothes, towels, bed covers, latrines, or toilets, if you follow the advice on page 295
- by caring for someone with HIV or AIDS, if you follow the advice on pages 294, 295, and 309
- from insect bites
HIV and AIDS are different for women because:

- women get infected with HIV more easily than men do because during sex, she is the ‘receiver’. This means a man’s semen stays in the woman’s vagina for a long time. And if there is HIV in the semen, there is more chance for it to pass into a woman’s blood through her vagina or cervix, especially if there are any cuts, sores, or STIs.
- women are often infected at a younger age than men. This is because young women and girls are less able to refuse unwanted or unsafe sex and are often married young to older men who have had more chances to be infected.
- women often live with untreated STIs. These make it easier to become infected with HIV.
- women get more blood transfusions than men because of problems during childbirth.
- poor nutrition and weakness from childbearing too often make women less able to fight disease.
- women are blamed unfairly for the spread of AIDS, even though many men are unwilling to wear condoms or limit their number of sex partners.
- a pregnant woman infected with HIV can pass it to her baby.
- women are usually the caretakers for family members who are sick with AIDS, even if they are sick themselves.

You can prevent the spread of HIV in these ways:

- If possible, have sex with only one partner who has sex only with you.
- Practice safer sex—sex that prevents semen, blood and vaginal fluids from getting into your vagina, anus, or mouth. Use condoms correctly whenever you have sex.
- Get tested for HIV and treated for STIs, and make sure your partners do too.
- Avoid piercing or cutting the skin with needles or other tools that have not been disinfected between uses.
- Avoid blood transfusions except in emergencies.
- Do not share razors.
- Do not touch someone else’s blood or wound without protection (see page 295).

Women and girls should have a right to protect their lives against HIV. To do this we need:
To prevent HIV, use condoms every time you have sex.

To prevent HIV, have sex only with one faithful partner.

But I cannot get my husband to use a condom.

But I cannot feed my children or send them to school unless I do.

I do have sex with only my husband, but I know he has other women.
The HIV Test

Rapid HIV testing is available in many health centers and hospitals at low or no cost. You can usually get test results the same day.

➤ The HIV test should always be done:
• with your permission.
• with counseling before and after the test.
• with privacy. No one should know the results except you and those you want to know.

➤ If possible, have someone you trust go with you to get your HIV test results.

When should you have the HIV test?

When HIV enters the body, the body starts to make antibodies right away to fight the virus. These antibodies usually show in the blood 2 to 4 weeks later.

The HIV test looks for these antibodies in the blood. An HIV test is the only way to know if a person has been infected with HIV. It is not a test for AIDS.

A positive HIV test means that you are infected with the virus and your body has made antibodies to HIV. Even if you feel completely well, you can spread the virus to others.

A negative HIV test means 1 of 2 things:
• you are not infected with HIV, or
• you were recently infected but your body has not yet made enough antibodies to HIV to test positive.

If you have tested negative for HIV but think you might be infected, you should take the test again in about 6 weeks. Sometimes a positive test also needs to be repeated. A health worker can help you decide.

When should you have the HIV test?

It may be more important to change unsafe behavior than to have an HIV test. But you and your partner may want to be tested if:
• you want to get married (or start a faithful sexual relationship with one person) or have children.
• you are pregnant and worried that you may be positive.
• you, your partner, or your baby have signs of AIDS.
• you or your partner have been having unsafe sex.

The advantages of knowing the test results

If your test is negative, you can learn how to protect yourself so that you stay negative and never get HIV.

If your test is positive, you can:
• prevent the spread of HIV to your partner or baby.
• get care and treatment early to prevent health problems.
• make changes in how you live so you can stay healthy longer.
• get support from other HIV-infected people in your community.
• plan for yourself and your family’s future.
The disadvantages of knowing the test results

You may have many different feelings if you find out you are infected with HIV. It is normal at first to be shocked and deny that your test results are positive. You may also feel anger and despair, and blame yourself or others.

It often helps to talk with someone, such as the health worker who gave you the test results or someone close to you. But be careful who you tell. Your husband or partner may blame you, even if he is also infected with HIV. Other people may act afraid and shun you, because they do not understand HIV or how it is spread. If possible, see a trained HIV counselor, who can help you decide who to tell and how to face this change in your life.

Counseling

A counselor is someone who listens and talks with a person and his or her family to help them cope with their worries, concerns, and fears, and to make their own decisions.

Counseling is important throughout the life of a person with HIV, not only when they first discover they are infected. A skilled counselor may be able to help a person:

• decide who to tell about being HIV-infected, and how.
• find the support of others who are also HIV-infected.
• get the care and treatment she needs early from health centers, including preparing for and taking ART.
• get the support she needs from her family.
• understand how to stay healthy for as long as possible.
• plan for her future.
• learn how to be sexual in a safe way.

Many people living with HIV or who have family members with HIV have learned to counsel others about living with HIV. If you are a health worker or a leader of a religious group, you can also get training to help those coping with the difficulties of HIV.
Living Positively with HIV Infection

No one—neither modern medicine nor traditional healers—has a cure for HIV. But most people with HIV can be healthy for many years, especially with the right care and treatment. During this time it can help to:

- make the best of every moment of your life.
- spend time with friends and family.
- try to keep active by doing your daily work.
- be sexual if you want to. Enjoying safe sexual touch can help you stay healthier longer.
- use protection (condoms) when you have sexual intercourse. This will protect you as well as your partner.

If your partner is HIV infected

If you practice safer sex carefully, the infected person can avoid passing HIV to his or her partner. Condoms are the best way to prevent HIV (see p. 189). Cover open skin wounds and get treated promptly for STIs. And remember, there are other ways to be sexual besides sexual intercourse (see page 190).

- try joining or starting a group of people with HIV and AIDS. Some people with HIV and AIDS work together to educate the community, to provide home care to those who are sick with AIDS, and to support the rights of people with HIV and AIDS.
- look after your spiritual and mental health. Your faith and traditions can bring you hope and strength.
- think about the future. If you have children:
  - spend time with them now, and give them care and guidance.
  - make arrangements for family members to look after them when you are no longer able to do so.
  - make a will. If you have some money, a house, or property, try to make sure that they will go to those you want to have them. Sometimes women who are not legally married cannot leave their possessions to their children and other family members. So it may be helpful to get legally married in order to leave your possessions to those you choose.
TAKE CARE OF YOUR HEALTH

• Look for a HIV care and treatment program as soon as you test positive for HIV (see page 517).

• Take care of medical problems early. See a health worker regularly. When you get sick, make sure to get the treatment you need. Each infection can weaken your immune system more. Get tested for TB and take cotrimoxazole to prevent other infections (see page 296).

• Eat nutritious food to keep your body strong. The same foods that are good to eat when you are healthy are good for you when you are sick. Buy nutritious food instead of spending money on vitamin injections (see page 165).

• Avoid tobacco, alcohol, and other drugs (see page 435).

• Practice safer sex for your own health and your partner’s.

• Try to get enough rest and exercise. This will help your body stay strong to fight infection.

• Prevent infection by washing often and by using clean water for drinking and preparing food (see page 296 for medicine to prevent infections in people with HIV).

Medicines that treat HIV and AIDS

There is still no cure for HIV, but antiretroviral medicines can help people with HIV live longer and have fewer health problems. Anti means against, and the virus that causes HIV is called a retrovirus. If used correctly, antiretrovirals (called ARVs) fight against and control the HIV infection. The immune system becomes stronger and the person with HIV is able to fight off infections and become healthy. But HIV is not cured. Small amounts of the virus always remain hidden in the body.

Taking antiretroviral medicines is known as Anti Retroviral Therapy, or ART. ART is becoming cheaper and more available in many countries. Government health facilities and other programs may offer ART at low or no cost.

ART works when used correctly

ART means taking 3 antiretroviral medicines every day. Once a person begins ART, the medicines must be taken faithfully every day. A woman on ART will gain weight, and look and feel healthier. But if she stops, misses doses, or takes them at the wrong times, HIV can become stronger and make her sick again.

ART and drug resistance: When people do not take ART at the right times every day, their HIV can become resistant (see page 481). The virus changes so the medicine will not work as well against it. If drug resistant HIV spreads among many people, then ART medicines will no longer work very well. Taking ART correctly helps preserve its effectiveness for everyone.
Pregnancy, Childbirth, and Breast-feeding

Like any other woman, it is your right to decide whether or not you want to become pregnant, and when.

Pregnancy

Pregnancy itself does not make HIV worse for a mother. But her pregnancy can be more complicated if she has HIV or AIDS. She may:

• lose the baby during pregnancy (miscarriage).
• get infections after pregnancy that are harder to cure.
• give birth too soon or have a baby infected with HIV.

Despite these problems, many women with HIV still want to get pregnant and have a child.

If you want to get pregnant and you are not sure whether you or your partner are infected with HIV, you should both get tested. If getting tested is not possible, you can try to reduce your risk of becoming infected with HIV while trying to get pregnant if you:

• have sexual intercourse without a condom only during your fertile time (see pages 220 and 233). At all other times, use a condom or practice safer sex.
• never have sexual intercourse when there are signs of an STI.

If possible, all pregnant women should have a CD4 blood test (see page 517) to see how strong their immune system is. A pregnant women with HIV should start ART for her own health.

If you are pregnant and have HIV, it is especially important to take care of yourself—to eat well, prevent and treat other illnesses (like malaria), and to get treatment for HIV.

➤ When babies born to mothers with HIV are very sick from birth, they probably have HIV. They should be taken as soon as possible to a health center or hospital for treatment.

Prevention and Treatment with ART can keep you and your baby healthy

A baby can become infected while it is in your womb, during birth, or while breastfeeding. Without treatment, 1 out of 3 babies born to HIV-infected mothers becomes infected. Antiretroviral medicines (ARVs) can protect your health and greatly reduce the risk of passing HIV infection to your baby. Check with a health worker trained in preventing mother-to-child transmission (PMTCT) about ARVs during pregnancy and childbirth (see page 520).

A mother with HIV always passes the HIV antibodies, but not always the virus itself, to her baby. With the usual HIV test, the baby will have a positive result because the mother’s antibodies stay in the baby’s blood for 18 months. After that, the mother’s antibodies will disappear from the baby’s blood and, if the baby is not infected, the HIV test will be negative. A new blood test is now available in some places. It can show if a baby is HIV positive from 6 weeks of age.
**CHILDBIRTH**

Most mother-to-child transmission of HIV happens during childbirth. Using ARVs before and after birth can help protect the mother and the baby. The transmission risk is greatest when waters have been broken for more than 4 hours before birth, with tearing of the birth canal, and where the baby has more contact with blood and vaginal fluids than usual during birth.

Infections after birth can be more dangerous if you have HIV. Get treated immediately.

**BREASTFEEDING**

HIV infection can be passed to the baby in breast milk. The risk is greater if the mother is newly infected, or is very sick with AIDS. Some ways that mothers with HIV can reduce the risk of infecting their babies are:

- Take ART for your own health.
- Give nothing but breast milk—not even water—until the baby is 6 months old.
- Prevent breast and nipple infections, and cracked or bleeding nipples (see page 115). See a health worker right away if you have any signs.
- Treat for thrush if you see white spots or sores in your baby’s mouth (see page 117).
- Only give replacement feeding, such as formula, if you will be able to do it safely for the whole time the baby needs it (see below).

In many places the risk of diarrhea and malnutrition from other liquids and unclean water is much greater than the risk of HIV, especially in the baby’s first 6 months. For these reasons, giving only breast milk for the first 6 months is usually the safest choice for the baby of a woman with HIV. After 6 months, add complementary foods, and then wean the baby at 12 months, if you can meet the baby’s nutritional needs (see page 110). It can take 3 days to 3 weeks to wean a baby.

**Deciding whether to breastfeed**

A health worker trained in infant feeding and PMTCT can help you consider:

- Do children in your area often get sick or die from infections, diarrhea, or poor nutrition? If the answer is yes, then breastfeeding may be best.
- Do you have access to ART treatment? This makes breastfeeding safer for a woman with HIV.
- Are clean, nutritious milks or formula available to replace breast milk? You will need supplies for 6 to 12 months, which is very costly. You will also need clean, boiled water, containers for mixing, and must learn how to feed with a cup (see page 119). Animal milks do not have all the nutrition babies need, and should be a last choice. You will need to add vitamins, sugar, and clean water. Ask a health worker for the recipe for the kind of milk you will use.
Care for Persons with HIV or AIDS

Much of the work in caring for sick people at home is done by women, who are usually the family’s caregivers.

The health and medical problems of AIDS may last a long time. These problems can take a lot of the energy and resources of the sick person and her or his family.

If you are sick with AIDS, you will probably need to see a health worker or go to a clinic regularly to have an infection treated or to get medicines for HIV. But you may never need to stay in the hospital. You may be more comfortable at home, cared for by family members in familiar surroundings.

Try to find a health worker, clinic, or doctor you trust who is experienced with HIV. Then go to the same person or clinic whenever you have a problem or have a problem that does not get better with home treatment. Going to a clinic where you are known saves time, energy, and money and can help keep you out of the hospital.

In many communities, HIV programs send community health workers to people’s homes to help families care for those with HIV.

If you are caring for someone with AIDS, be sure to take care of your own needs, too. Try to get help from other family members, friends and people in the community. Community clubs, religious groups, youth clubs, and AIDS self-help groups may assist you.

Community support like this can allow girls to stay in school.

When Rosa was in bed because of AIDS complications, her mother kept a cheerful attitude. Every day she bathed her daughter, dressed her with nice clothes, and put a little flower next to her bed. Rosa was not hungry but her mother arranged the food in a way that could make her want to eat. The family would talk to Rosa about daily life, and their work and community. With their good humor and positive comments, Rosa felt that she was not cast aside. Even though Rosa was often tired or didn’t feel well, the family arranged for her friends to visit her in the moments she felt better. Music, conversation, and good spirit kept the house full of life. Rosa felt that she was loved and needed, and that AIDS could not ruin her closeness and her time with her family.
Preventing infections in the home

With a few simple precautions, there is almost no risk of spreading HIV from an infected person to others around her. In fact, the risk of getting infections like diarrhea is greater for the person with HIV than getting HIV is for the caregiver. Wash your hands with soap and water before and after giving all care.

- Use clean water to wash dishes and food before eating or cooking.
- Keep bedding and clothing clean. This helps keep sick people comfortable and helps prevent skin problems. To clean clothing or sheets stained with blood, diarrhea, or other body fluids:
  - keep them separate from other household laundry.
  - hold an unstained part and rinse off any body fluids with water.
  - wash the bedding and clothing in soapy water and hang to dry—in the sun if possible.
  - you can also add bleach to the soapy water and soak 10 minutes before washing, and if you have them, wear gloves or plastic bags on your hands.
- Avoid touching bloody body fluids with bare hands. Use a piece of plastic or paper, gloves, or a big leaf to handle dirty bandages, cloths, blood, vomit, or stool.
- Do not share anything that touches blood. This includes razors, needles, any sharp instruments that cut the skin, and toothbrushes. If you must share such things, disinfect them before another person uses them (see page 526).
- Keep wounds covered, on caregivers and on persons with HIV or AIDS. Burn or bury soiled bandages that cannot be rewashed.

➤ Comfort and kindness are as important as cleanliness in caring for a person with HIV or AIDS.

➤ Good home care includes trying to make sure that the person with AIDS has enough nutritious food to eat and clean water to drink.
When a person has AIDS, the body’s immune system is no longer able to fight off common infections and illnesses. The immune system gets weaker with each illness, making it even less able to fight infection the next time. Without treatment, this continues until the person’s body is too weak to survive.

Preventing infections and illness is the best way to slow down the weakening of the immune system. It is also important to treat any infections to keep them from spreading or getting worse. This way a person with AIDS can stay healthy for as long as possible.

**Preventing some infections with medicines**

For persons with HIV, regular use of the antibiotic cotrimoxazole helps prevent pneumonia, diarrhea, and other infections. You should start taking it if you have problems with weight loss, sores or cracks around your lips, itching rashes, shingles, mouth ulcers, or frequent colds.

Take: cotrimoxazole 960 mg by mouth daily with plenty of water (2 tablets of 480 mg: 80 mg trimethoprim and 400 mg sulfamethoxazole). If possible, take it every day whether you feel sick or not.

**IMPORTANT** Allergic reactions to cotrimoxazole are more common in persons with AIDS. Stop taking it if you get a new skin rash or any other sign of drug allergy.

Some women have more problems with yeast infections of the vagina when they take antibiotics. Eating yogurt or sour milk, or sitting in a bowl of water with yogurt or vinegar in it can help. For more information on yeast infections of the vagina, see page 265; for yeast of the skin, see page 300; and for yeast of the mouth, see page 305.

In some countries it is also recommended that people with HIV take medicines to prevent tuberculosis (TB). See page 303 for information about TB.

**Mental health**

HIV infection can be emotionally stressful. It is very common for people living with HIV to feel afraid and tense (anxiety), or very sad, or have no energy or pleasure in life. Anxiety and depression can also weaken the body and make a person more likely to get sick. Good mental health helps us stay healthy and avoid illness.

A health worker can help you tell the difference between signs of illness that are caused by physical problems, and signs that are caused by anxiety or depression. Knowing the cause of a problem may make it easier to treat. It is possible to overcome feelings of anxiety and depression. See a counselor or join a support group to get help.
A person with HIV can get sick very easily from many different medical problems. The rest of this chapter has information about the most common of these problems and how an individual or family may care for them.

Just because someone has one of these problems does not mean she has AIDS. This information will be helpful to anyone suffering from one of these illnesses.

Fever

Fever often come and go. It is hard to know if the fever is from an infection that can be treated, like tuberculosis, pelvic inflammatory disease (PID), or malaria, or if it is from HIV itself. If the fever is caused by an infection, then make sure the infection itself is also treated.

To check for fever, use a thermometer, or put the back of one hand on the sick person’s forehead and the other on your own. If the sick person feels warmer, she probably has a fever.

Treatment:

• Remove extra clothing and let fresh air into the room.
• Cool the skin by pouring water over it, wiping the skin with wet cloths, or putting wet cloths on the chest and forehead and fanning them.
• Give plenty of liquids even if the person is not thirsty. With fever it is easy to become dehydrated (lose too much water).
• Take a medicine like paracetamol, aspirin, or ibuprofen to help reduce fever.
• Keep the skin clean and dry. Use lotion or corn starch to help prevent sores and rashes.

Get help when:

• the temperature is very high (over 39°C or over 102°F).
• the fever goes on for 2 weeks.
• there is coughing, difficulty breathing, and loss of weight.
• there is a stiff neck, severe pain, or sudden, severe diarrhea with the fever.
• the person with the fever is pregnant or recently had a baby, miscarriage, or abortion.
• the person is being treated for malaria, and the fever has not gone away after the first treatment.
• there is discharge from the vagina and pain in the belly with the fever.
**Diarrhea**

Diarrhea is passing 3 or more loose or watery stools in a day. Passing many normal stools is not the same as having diarrhea. Diarrhea may come and go and can be hard to cure. The most common causes of diarrhea in persons with HIV are infections in the intestines from unclean water or food, infection because of HIV, or the side effects of some medicines.

Diarrhea can cause:

- **malnutrition**, if the food passes through the body so quickly that the body cannot use it. Also, people with diarrhea often do not eat because they are not hungry.
- **dehydration**, if the body loses more liquid in the stools than the person takes in. Dehydration happens faster in hot climates and in people who have fever.

**Signs of dehydration:**

- thirst
- little or no urine
- dry mouth
- feeling dizzy when standing up
- loss of stretchiness of the skin

**IMPORTANT** If someone has these signs and is also vomiting, she needs liquids in the vein (IV) or in the rectum (see page 541). Get medical help fast. Severe dehydration is an emergency.

**Treatment:**

- **Prevent dehydration** by drinking more than usual. Fruit juices, coconut water or milk, sweetened weak tea, gruel, soup, rice water, and rehydration drink (see page 540) are good for fighting dehydration. Even if the person does not feel thirsty, she should sip something every 5 to 10 minutes.
- **Keep eating.** Try to eat small amounts of foods that are easy to digest. Cook food well, and then mash and grind it. Some good foods are cereals mixed with beans, meat, or fish; dairy products, such as milk, cheese and yogurt; and bananas. Do not eat uncooked vegetables, whole grains, fruit peels, hot peppers, or foods or drinks with a lot of sugar. These make diarrhea worse.

A person with HIV and diarrhea lasting more than 1 month may need to start ART (see page 517).
Take medicine only for these kinds of diarrhea:

- Sudden, severe diarrhea with fever (with or without blood in the stool). Take ciprofloxacin 500 mg by mouth 2 times a day for 7 days. Or try cotrimoxazole 960 mg 2 times a day for 7 days. If you are not better after 2 days, see a health worker.
- Bloody diarrhea without fever, which can be caused by amoebas (tiny animals that live in water or in the intestines). Take metronidazole 500 mg, 3 times a day for 7 days. If you are not better after 2 days, see a health worker.
- When someone has diarrhea for a long time, she may get a red, sore area around the anus. It may help to apply petroleum gel or zinc oxide cream each time after passing stool. The person may also get piles (hemorrhoids).

Get help if the person:

- has the signs of dehydration (see page 298).
- cannot eat or drink as usual.
- does not seem to be getting better no matter what she does.
- has a high fever (over 39°C or over 102°F).
- passes many watery stools in a day.
- passes bloody stools that do not go away with medicine.
- is also vomiting.

Prevention:

- Drink clean water. Purify your water before using it in food or drink.
- Eat clean, safe food. Make sure raw foods are washed or peeled, and that meat is well cooked. Protect food from dirt, flies, insects, and animals, which can spread germs.
- Always wash your hands:
  - after using or helping someone use the latrine or toilet.
  - after cleaning soiled children or sick people.
  - before making food or drink.
- Protect your community’s water source.
SKIN RASHES AND ITCHING

It is often difficult to know what causes skin rashes and itching. Many skin problems can be helped by keeping the body clean. Try to wash once a day with mild soap and clean water.

If the skin becomes too dry, wash less often and do not use soap. Try rubbing petroleum gel, glycerin, or vegetable oils into the skin after bathing. Wear loose cotton clothing.

Allergic reactions

Allergic reactions, which often cause an itchy rash, are more common in people with HIV. Medicines that contain sulfa (like cotrimoxazole) may cause especially bad reactions for a few people. If you are using these medicines and you get an itchy rash, itchy eyes, vomiting or dizziness, stop taking them immediately and see a health worker. She may be able to give you a non-sulfa medicine that will work.

Fungal infections (yeast, candida)

Fungal infections are difficult to describe because they can look like many different things. Some fungal infections look like round, red, or scaly patches that itch. Women with HIV can also get frequent yeast infections in the vagina.

You may have a fungal infection if you have a skin problem in one of these areas:

Treatment:

• If you have red, itchy patches, keep the area clean and dry. If possible, keep the area uncovered and open to the air and sunlight.

• Apply nystatin cream 3 times a day or gentian violet 2 times a day until the rash is completely gone.

• If you have a bad fungal infection, take ketoconazole, one 200 mg tablet by mouth each day for 10 days, or 100 to 200 mg of fluconazole by mouth each day for 7 to 14 days. Do not take either of these medicines if you are pregnant. (Also see page 305 for information on thrush, a fungal infection in the mouth.)
Brown or purple patches on the mouth or skin
These patches are caused by a cancer of the blood vessels or lymph nodes called Kaposi’s sarcoma. Medicines are not helpful. If you are having problems, like difficulty eating because of patches in your mouth, see a health worker.

Itching

Treatment without medicines:
• Cool the skin or fan it.
• Avoid heat and hot water on the skin.
• Avoid scratching, which causes more itching and sometimes infection. Cut the fingernails short and keep them clean to avoid infection.
• Use cool cloths soaked in water from boiled and strained oatmeal, or plant medicines from local healers.

Treatment with medicines (use any one of these):
• Apply calamine lotion with a clean cloth as needed.
• Apply small amounts of 1% hydrocortisone cream or ointment 3 times a day.
• Take an antihistamine, such as diphenhydramine or hydroxyzine, by mouth. Take 25 mg, 4 times a day. Antihistamines may make you sleepy.

Herpes zoster (shingles)
Shingles is an infection caused by the chicken pox virus. It usually begins as a painful rash with blisters, which may then break open. It is most common on the face, back, and chest. The area may burn and be very painful. The rash may start to heal in a few weeks, but the pain may last longer.

Treatment:
• Apply calamine lotion 2 times a day to help with pain and itching.
• Keep sores dry. Cover with a loose bandage if clothing rubs the sores.
• To prevent infection, apply gentian violet liquid. If the sores do become infected, see page 307.
• Strong pain medicine is often needed (see page 482).
• Take acyclovir (see page 490).

Do not touch your eyes, because shingles can damage your eyesight and can cause blindness.

These can also help itching:
• tincture of tea tree from Australia
• juice from aloe vera plants

➤ Antihistamines should be used with caution by women who are pregnant or breastfeeding (see the “Green Pages”).
NAUSEA AND VOMITING

If nausea and vomiting prevent a person from eating or drinking, she can become weak, malnourished, and dehydrated. For some people, nausea or vomiting may go on day after day. Nausea and vomiting may be caused by:

- infections.
- some medicines.
- problems with the stomach and intestines.
- HIV infection itself.

Treatment:

- Take small bites of dry food (bread, crackers, chapati, tortilla) when you wake up in the morning.
- Try to avoid the smell of food as it cooks. If a food or smell seems to cause nausea, avoid that food.
- Drink small amounts of mint, ginger, or cinnamon tea.
- Lick a lemon.
- Clean the teeth and rinse the mouth often, to get rid of the bad taste after vomiting.
- Let fresh air into the house or room often.
- Soak a cloth in cool water and put it on the forehead.
- If the problem is caused by a medicine, see if another medicine can be used instead.

If vomiting is severe:
1. Do not drink or eat for 2 hours.
2. Then, for the next 2 hours, sip 3 tablespoons of water, rehydration drink, or other clear liquid every hour. Slowly increase the amount of liquid to 4 to 6 tablespoonfuls every hour. If the person does not vomit, keep increasing the amount of liquid.
3. If the person cannot stop vomiting, use promethazine 25 mg to 50 mg every 6 hours as needed by mouth or in the rectum (see page 513). When vomiting starts to improve, the person will probably prefer to continue taking the medicine only by mouth.
4. As nausea gets better, start to eat small amounts of food again. Start with plain foods such as bread, rice, cassava, or porridge.

When to get help:

- The person cannot keep any food or drink in her body for 24 hours.
- The person vomiting has pain in the belly or a high fever.
- The vomiting is very strong, it is dark green or dark brown, it smells like stool, or has blood in it.
- The person has signs of dehydration.
Cough

Coughing is the body’s way of cleaning the breathing system and getting rid of mucus. Coughing is also a common sign of lung problems, such as pneumonia or tuberculosis. Any person with HIV who has a cough for more than 2 weeks should be seen by a health worker to be tested for TB.

When a cough produces mucus, do not take medicine to stop the cough. Instead, do something to help loosen and bring up the mucus. This will make the cough heal faster.

Treatment:
• Drink lots of water. Water is better than any cough medicine. It loosens the mucus so you can cough it up more easily.
• Cough several times during the day to clear the lungs. Be sure to cover your mouth.
• Keep active by walking, or by turning in bed and sitting up. This helps the mucus come out of the lungs.
• Soothe the throat by drinking tea with lemon and honey, or your own herbal remedy. Cough syrups that you buy are more expensive and no more helpful.
• If the cough is very bad and keeps you awake at night, take codeine, 30 mg, or codeine cough syrup (see page 497).

**IMPORTANT** If you cough up yellow, green, or bloody mucus, the cough could be caused by TB or pneumonia (see the next page).

Tuberculosis (TB)

Tuberculosis (TB) is a serious infection caused by a germ that usually affects the lungs. The signs of AIDS and TB are similar, but they are different diseases. Most people with TB do not have AIDS.

But someone with HIV can get TB very easily because the person’s body is too weak to fight it. TB is actually the leading cause of death for people with HIV and AIDS.

TB can be cured, even in persons with AIDS, so it is important to get treatment early. Once a person with HIV starts taking treatment for TB, she or he should also start ART. Help the person find an HIV care and treatment program.

➤ **DO NOT** smoke if you have a cough.

You can make this syrup for all kinds of cough, especially a dry cough. Take one teaspoon every 2 or 3 hours.

Mix:

- 1 part honey
- 1 part lemon juice
- 1 part water

Have someone hit you on the back of the chest (postural drainage). This can make it easier to cough up the mucus.

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Pneumonia

Pneumonia is caused by germs that infect the small breathing tubes deep in the lungs. Old people and very sick or weak people often get pneumonia.

Pneumonia can be very serious for people with HIV. It should be treated with antibiotics right away. Sometimes pneumonia must be treated in the hospital with medicines in the vein (IV).

**Signs:**
- Breaths are small and fast (more than 30 breaths a minute in an adult). Sometimes the nostrils open wide with each breath.
- You feel as if you cannot get enough air.
- You have a sudden, often high, fever.
- You cough up mucus that is green, rust-colored, or bloody.
- You feel very ill.

**Treatment:**
- Take cotrimoxazole for 10 to 21 days (see the “Green Pages”).
- Drink plenty of liquids.
- Try to bring the fever down.
- If you are no better in 24 hours or if you are getting worse, get medical help right away.

Problems with the Mouth and Throat

Mouth problems are common for people with HIV. Some problems can be treated by rinsing daily with a mouthwash that kills germs, such as gentian violet (see page 503). Or one made with equal parts hydrogen peroxide and water (do not swallow these mouthwashes).

Problems with the mouth or throat can keep a person from eating normally. She may then become weak, malnourished, and sicker. She should try to:
- eat small amounts of food often.
- add vegetable oil to foods to give more energy.
- avoid uncooked vegetables. They are hard for the body to digest and may have germs.
- drink a lot of liquids and watch for dehydration.

Soreness in the mouth and throat

Many people with HIV have soreness in the mouth, and problems with their teeth and gums. Try to:
- eat soft, plain foods—not hard, crunchy, spicy, or salty foods.
- try cold foods, drinks, or ice to help ease pain.

Using a straw to drink can help with painful mouth problems.

➤ People with HIV and pneumonia probably need to start ART (see page 517).
Sores, cracks, and blisters around the mouth

Painful blisters and sores (also called cold sores or fever blisters) on the lips can be caused by the herpes virus. A healthy person can get these sores after a cold or fever. Someone with HIV can get these sores at any time. The sores may last a long time, but they usually go away on their own. To help prevent infection, apply gentian violet to the sores. A medicine called acyclovir may also help (see the “Green Pages”). Wash your hands after touching the sores.

White patches in the mouth (oral thrush)

Thrush is a fungal infection that causes white patches and soreness on the skin inside the mouth, on the tongue, and sometimes down the throat. This can cause pain in the chest.

The patches look like milk curds stuck to the cheek or tongue. If the patches can be scraped off, it is probably thrush. A person with HIV who gets oral thrush may need to start taking ART (see page 517).

Treatment:

Gently scrub the tongue and gums with a soft toothbrush or clean cloth 3 or 4 times a day. Then rinse the mouth with salt water or lemon water and spit it out (do not swallow). In addition, use any ONE of these remedies:

1. Suck a lemon if it is not too painful. The acid slows the growth of the fungus. Or,
2. Rinse the mouth with 1% gentian violet liquid 2 times a day. Do not swallow. Or,
3. Put 2.5 ml of nystatin solution in the mouth and hold it there 2 minutes and then swallow it. Do this 5 times a day for 14 days. Or,
4. If thrush is very bad, ketoconazole may help. Take one 200 mg tablet, once a day with food for 14 days (but do not take this medicine if you are pregnant).

Difficulty swallowing (esophageal thrush)

Thrush can move down into the tube that goes from the mouth to the stomach (the esophagus), and swallowing becomes so painful the person cannot eat or drink. If this happens, the person needs urgent hospital care. If the person can still swallow medicine, she should take fluconozole 400 mg at once, then 200 mg daily for 14 days. If the person is no better in 3 to 5 days, double the dose to 400 mg daily.

➤ If you are pregnant or breastfeeding, do not take fluconozole (see the “Green Pages”).
**Wounds and Sores**

Wounds are caused by an injury that breaks the skin. Sores are often caused by bacteria or pressure on the skin (pressure sores). They can happen very easily to people who stay in bed a long time. Take special care of any cut, wound, or open sore so that it does not become infected.

**General care of open wounds and sores:**

1. Wash the wound or sore with clean water and mild soap at least once a day. Wash around the edge of the wound first, then wash from the center out to the edges. If possible, use separate pieces of cloth for each wipe.
2. If the wound has pus or blood in it, cover the area with a clean piece of cloth or bandage. Leave the bandage loose, and change it every day. If the wound is dry, it can be left open to the air. It will heal more quickly that way.
3. If the wound is on the legs or feet, raise the leg above the level of the heart. Do this as often as possible during the day. During the night, sleep with the feet raised. Avoid standing or sitting for a long time. Some walking is helpful.
4. Wash soiled cloth and bandages in soap and water, then put them in the sun to dry. Or boil them for a short time and hang them to dry. If the cloths and bandages will not be used again, burn them or throw them in a pit latrine.

**Home treatments for pressure sores**

**Papaya (paw paw):** This fruit contains chemicals that help make the old flesh in a pressure sore soft and easy to remove.

Soak a sterile cloth or piece of gauze in the ‘milk’ that comes from the trunk or green fruit of a papaya plant. Pack this into the sore. Repeat this 3 times a day.

**Honey and sugar:** These will kill germs, help prevent infection, and speed healing. Mix honey and sugar together into a thick paste. Press this deep into the sore, and cover with a thick, clean cloth or gauze bandage.

(Molasses or thin pieces of raw sugar can also be used.)

**IMPORTANT** Clean out and refill the sore at least 2 times a day. If the honey and sugar becomes too filled with liquid from the sore, it will feed germs rather than kill them. For more information on pressure sores see page 142.
Treatment of open wounds and sores that are infected:

Wounds and sores are infected if they:
- become red, swollen, hot, and painful.
- have pus in them.
- begin to smell bad.

Treat the infected area as in steps 1 through 4 on the previous page, and also do the following:

1. Put a hot compress over the wound 4 times a day for 20 minutes each time. Or try to soak the wound in a bucket of hot water with soap or potassium permanganate in the water. Use one teaspoon of potassium permanganate to 4 or 5 liters (or quarts) of water. When you are not soaking the infected part, keep it raised up above the level of the heart.

2. If part of the wound looks gray or rotten, rinse it with hydrogen peroxide after soaking it. Try to pick off the gray parts with a clean piece of gauze or tweezers that have been properly cleaned.

3. If you can, put gentian violet on the wound before putting on the dressing.

4. If there are many infected sores at the same time, especially with a fever, treat with antibiotics. Use erythromycin, dicloxacillin or penicillin for 10 days (see the “Green Pages”).

Treatment of closed wounds that are infected (abscesses and boils):

Abscesses and boils are raised, red, painful lumps on the skin. They are most common in the groin and armpits, and on the buttocks, back, and upper legs.

If you notice a lump, start using warm compresses right away for 20 minutes, 4 times a day. Often this will make the lump open and the pus inside will come out. Keep applying clean, warm cloths until the pus stops coming out and the area begins to heal. Cover the lump with a loose, clean bandage. If it becomes too large and painful, see a health worker who has been trained to drain abscesses using sterile equipment. Use erythromycin, dicloxacillin or penicillin for 10 days (see the “Green Pages”).

When to get help:

See a health worker trained to treat HIV and AIDS if you have a wound and:
- a fever;
- a red area around the wound is getting bigger.

Get medical help if you have a wound and:
- you can feel swollen glands in your neck, groin, or armpits.
- the wound has a bad smell, or brown or gray liquid comes out, or it turns black and bubbles, or blisters form. This could be gangrene.
- you are taking antibiotics and not getting better.
**MENTAL CONFUSION (DEMENTIA)**

Some mental confusion or other mental changes are common among people with AIDS, especially if a person has been sick for a long time. Mental confusion with a headache that does not go away, stiff neck and fever can be signs of a brain infection. Seek help immediately. Confusion can also be a side effect of ART or other medicines (see page 478).

**PAIN**

With some illnesses, and in the later stages of AIDS (and other serious illnesses like cancer), pain may be severe. It may become a part of daily life. Pain can be caused by many things, such as:

- not being able to move.
- pressure sores (see page 142).
- swelling of the legs and feet.
- infections, like herpes.
- headache.
- nerve pains.

**Treatment for pain, without medicines:**

- Try relaxation exercises, meditation, or prayer (see page 423).
- Try to think about other things.
- Play music, or have someone read aloud or tell stories.
- For pain from swelling in the hands and feet, try raising the swollen part.
- For a burning feeling in the hands and feet caused by nerve pain, put the body part in water.
- For skin that hurts to touch, line the bed with soft covers and pillows or animal skins. Be gentle when touching the person.
- For headache, keep the room dark and quiet.
- Acupressure may help some kinds of pain (see page 542).

**Treatment for pain, with medicines:**

The following medicines may be used to control pain that comes day after day (chronic pain). Take the medicines regularly, according to instructions. If you wait until the pain has become very bad, the medicines will work less well.

- mild pain medicine, like paracetamol
- ibuprofen or codeine—if you need something stronger
- oral morphine—if the pain is very bad
At some point there is nothing more that can be done to treat a person with AIDS. You may know this time has come when:
  • the body starts to fail.
  • medical treatment is no longer effective or is not available.
  • the person says she is ready to die.

If the sick person wants to remain at home, you can help her die with dignity by:
  • giving comfort.
  • having family and friends stay with her.
  • allowing her to make decisions.
  • helping her prepare for death. It may help her to talk about death, about fears of dying, and about worries for the family’s future. It does not help to act as if she is not dying. Assure her that you will do what you can to prevent pain and discomfort. Talk about funeral arrangements if she wishes.

HIV is everyone’s problem

It is important that everyone in the community know how HIV is spread and how to prevent it. But this information will not help them unless they also realize that HIV infection can happen to anyone—even them. If people think that HIV and AIDS cannot touch them, they will not act to prevent infection.

Placing the blame on any group of people (such as sex workers, homosexuals, or drug users) suggests that only that group is at risk. It is true that some people, like sex workers, may be more likely to get HIV (because their work requires that they have sex with many men). On the other hand, sex workers may be less at risk because they may use condoms with all their customers. In fact everyone—especially young women—is at risk for HIV. And every person in the community needs to take responsibility for fighting it.

We need to fight against the conditions that lead to the spread of HIV, and not against the people who have HIV.
HOW YOU CAN HELP PREVENT HIV

In the community

Education is one of the main ways a community can work to keep HIV from spreading. Here are some ideas:

• Train girls and women to work as peer educators. They can talk with others alone or in groups to help girls and women understand their bodies and sexuality, and gain the self-confidence and skills to demand safer sex.

• Tell the truth about women’s risk of HIV. Help people see that HIV has roots in poverty and in women’s inability to protect themselves in their sexual relations.

• Use theater and media to help women feel it is OK to know about and to prevent HIV. For example, use a play or comic book to show that ‘good’ girls or women can discuss HIV with their partners, or can buy condoms and ask their husbands or boyfriends to use them.

At the same time, you can show different ideas about what it means to be a man or a woman. Help people question the idea that men should have many sex partners and that women should be passive about sex. Show how these ideas are dangerous to both men’s and women’s health.

• Help parents, teachers, and other adult role models become more comfortable talking about sex and HIV with young people.

• Make sure that all people have access to information and sexual health services, including condoms, to keep HIV from spreading in the community.

• Bring education about HIV to community meeting places—like bars, schools, religious meetings, and military bases.

Here is an example of how women can work together to protect themselves from HIV:

To help fight the spread of HIV, the women of Palestina, a small town in northeastern Brazil, began a ‘sex strike’. After women in the community learned that a man infected with HIV had unsafe sex with at least two women in the town, they decided to stop having sex with their husbands and boyfriends. They demanded that their partners take the test for HIV before they would begin to have sex again and then insisted upon safer sex practices.

The women will now demand safer sex and proof of an HIV test before they have sexual relations with a partner. One woman said, “If he won’t practice safer sex, we won’t go together anymore.”
If you are a health worker

Health workers can play a very important role in helping to stop the spread of HIV. You can do this if you:

• give information about how HIV is spread and how it is not spread to every person you see—especially if they already have other STIs.

• encourage both men and women to use condoms, even if they are already using another form of family planning.

• use precautions against HIV infection with every person you see. Since most people with HIV appear healthy, it is best to act as if everyone you care for is HIV-infected. Any time you have to cut the skin or touch body fluids, follow the advice on page 295. This includes any time you must give an injection, stitch skin or tissue, help with childbirth, or examine a woman’s vagina.

• make health services private, confidential, and accessible to all members of the community, including young people.

• invite someone from a regional AIDS organization to meet with health workers in your area. He or she can help you learn about the best ways to treat the infections that people with HIV and AIDS often get. Discuss the other problems that people with HIV and AIDS face. Try to decide how you can help people using the resources you have, and think about where you might find more resources to help meet people’s needs. If health workers can work together and share resources, they will not have to confront this huge problem alone.

Fight the fear and negative attitudes that many people have about HIV

As a health worker, you may have to face your own fears about getting HIV before you can help others stop being afraid of those with HIV. A good way to begin is to plan a meeting with other health workers in your area to discuss HIV. Help all the health workers learn about HIV so they will be able to provide accurate, consistent information to the people in their communities. If all health workers can do this, it will help prevent the fear caused by wrong ideas about AIDS. With less fear from their neighbors, people with AIDS—as well as those who care for them—can become more accepted in the community. Then they can help others understand every person’s real risk of getting AIDS.