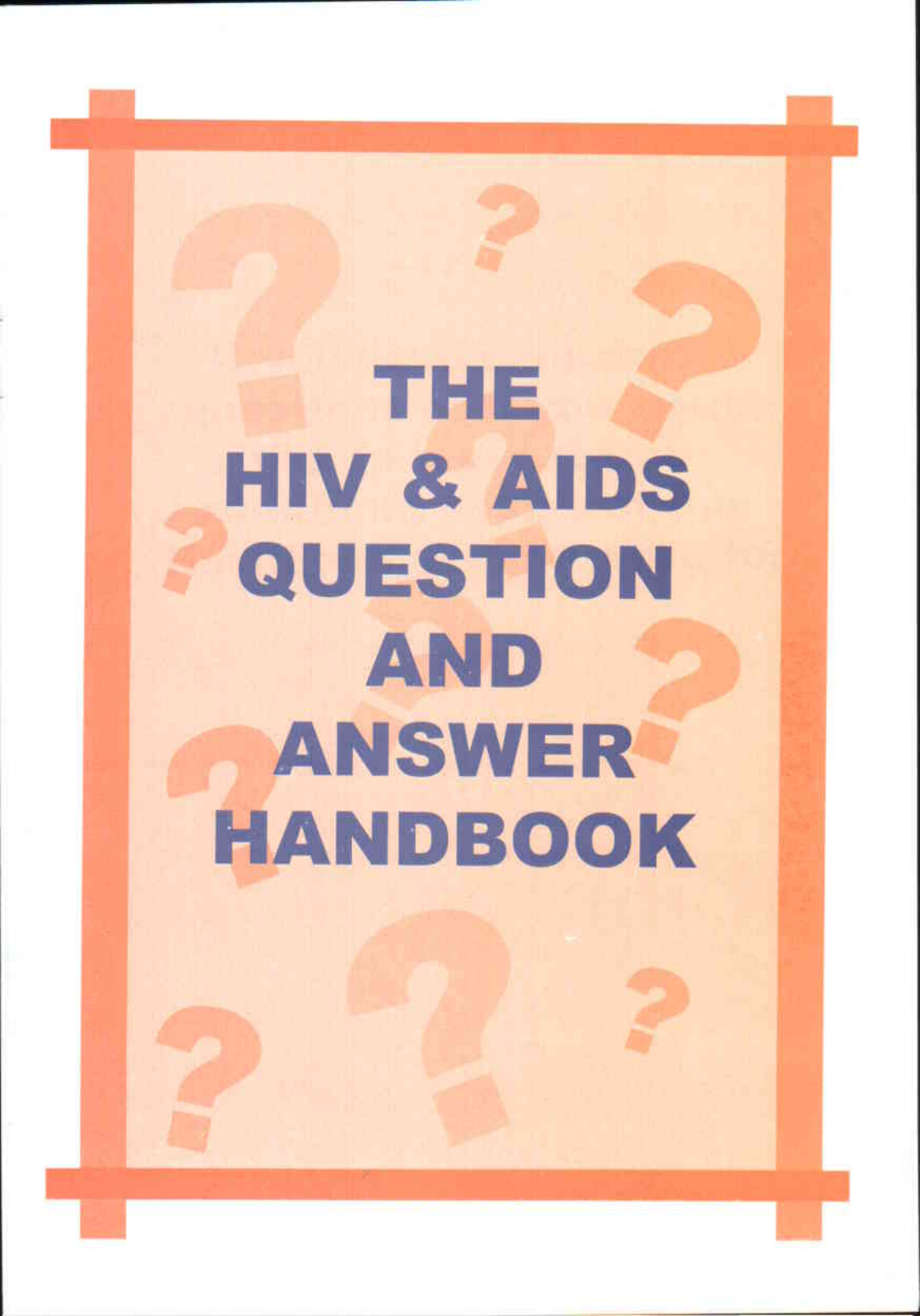


**THE
HIV & AIDS
QUESTION
AND
ANSWER
HANDBOOK**

AIDS



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Table of Contents

INTRODUCTION—HIV IN NIGERIA	1
Who Can Use this Book.....	1
How to Use this Book.....	2
GLOSSARY	4
CHAPTER 1: HIV & AIDS	7
<i>Introduction</i>	8
Definitions.....	8
Causes of HIV.....	10
Knowing When You are at Risk for HIV.....	10
Finding a Cure for HIV: Myth Vs. Fact.....	11
CHAPTER 2: SEX & HIV	13
<i>Introduction</i>	14
Sexual Transmission Facts.....	14
Sexual Transmission Myths.....	16
CHAPTER 3: BLOOD & HIV	18
<i>Introduction</i>	19
CHAPTER 4: PREGNANCY, BREASTFEEDING & HIV	20
<i>Introduction</i>	21
Transmission During Pregnancy & Childbirth.....	21
Transmission During Breastfeeding.....	21
CHAPTER 5: OTHER MYTHS ABOUT HIV	25
<i>Introduction</i>	26
Mosquitoes, Sorcery & HIV.....	26
Body Fluids.....	26
Sharing Objects with Others.....	27
CHAPTER 6: PREVENTING THE SEXUAL TRANSMISSION OF HIV	29
<i>Introduction</i>	30
Preventing HIV through Abstinence	30
Abstinence: Description & Practice.....	30
Myths & Other Questions About Abstinence.....	32
Preventing HIV through Condom Use	32
Condoms: Description and Use.....	32
Myths & Other Questions About Condoms.....	35
Preventing HIV through Sexual Partner Reduction	37
Description and Practice.....	37
Myths & Other Questions About Reducing the Number of Sexual Partners.....	38
CHAPTER 7: TESTING FOR HIV	40
<i>Introduction</i>	40
Description of Tests and Testing Procedures.....	41
CHAPTER 8: CARING FOR A PERSON LIVING WITH HIV & AIDS	44
<i>Introduction</i>	45
Emotional Needs & Relationships.....	45
Nutritional Support Needs.....	47
Stigmatising People Living with HIV & AIDS.....	47
THE ABC'S OF PREVENTION	50
RESOURCES	51
HIV & AIDS WEBSITE LINKS	53
ABOUT JHU/CCP	54
PERSONAL NOTES PAGE	55
CONTACT US	56

Introduction

HIV IN NIGERIA

Nigeria is the most populous country in Africa with an estimated population of approximately 123 million people (PRB; 2000). About 5% of its citizens ages 15-49, or almost 4.5 million Nigerians, are infected with HIV. This means about 1 in every 20 people in Nigeria is infected with HIV.

Young people, aged 15-24 years, have the highest rate of HIV infection in Nigeria. This group makes up over 30% of Nigeria's population. Clearly, HIV infection is a very big problem and a threat to development in Nigeria.

HIV is real. It is estimated that every day, more than 1,500 people get infected with HIV, mostly through sexual intercourse. The majority of the people in Nigeria who have HIV do not even know they have the virus. As a result, people who are sexually active might continue to spread the virus to their partners without realising it.

Many people have questions about how HIV is spread and prevented. While it is understood that HIV is very dangerous, people do not often know when they are at risk for getting this illness. There are also many myths about HIV & AIDS that make people afraid to care for and live with others who are HIV positive. Unfortunately, people do not often know where to get accurate information about HIV & AIDS.

The goals of this handbook are:

- 1) To offer suggestions on how those who do not already have HIV can protect themselves;
- 2) To provide information to those who are infected with the virus, including suggestions about how to get care and support; and
- 3) To prove false the myths responsible for the unfair treatment of HIV positive people.

The *HIV Q & A Handbook* achieves these goals by answering the most common questions that people have about HIV.

WHO CAN USE THIS BOOK

This handbook was produced to help health care service providers in the public and private sectors respond to their clients' most common questions about HIV & AIDS. Our hope is that this book will help you as a provider talk about HIV & AIDS using simple language that your clients will understand.

The *HIV Q & A Handbook* presents the most commonly asked questions about HIV & AIDS. It has been developed from questions submitted by youth, providers, HIV

Hotline counsellors as well as community members in Nigeria and elsewhere in Africa. The answers provided for each question represent how you as a health care provider can respond to these diverse, sensitive and technically detailed topics.

This handbook may also be useful for HIV and AIDS hotline counselors, teachers, extension workers, radio and television journalists and public speakers. It is also hoped that youth clubs - both in and out of school - can use this *Handbook* as a discussion guide.

Below is a list of the key messages presented in this book that you will be sharing with your clients:

1. Everyone who has unsafe sex is at risk of getting HIV.
2. Abstaining from sexual intercourse and not sharing needles are the only sure methods of preventing HIV infection.
3. Stay faithful to one uninfected sexual partner to avoid HIV infection.
4. Use a new condom every time you have sex to reduce the risk of HIV infection.
5. Talk openly to friends, family and community members to help them learn how to protect themselves from HIV & AIDS.
6. People living with HIV are the same as people who do not have HIV. Show them love, compassion and friendship.
7. Being tested for HIV is the only sure way to know if you have HIV.
8. It is not possible to tell if someone has HIV just by looking at him or her. Someone who looks healthy can still be infected with HIV.

HOW TO USE THIS BOOK

Read the entire handbook before using it, so that you are familiar with its contents. Pay particular attention to the questions that interest you the most or that are most useful in your work. Discuss this book with other health care providers, family members and friends.

The *HIV Q & A Handbook* is divided into eight chapters:

- ◆ HIV & AIDS;
- ◆ Sex & HIV;
- ◆ Blood & HIV;
- ◆ Pregnancy, Breast feeding & HIV;
- ◆ Other Myths about HIV;
- ◆ Preventing the Sexual Transmission of HIV;
- ◆ Testing for HIV; and
- ◆ Caring for a Person Living with HIV & AIDS.



If you want to know about a specific topic, look at the table of contents that lists the subjects addressed under each of these sections as well as the pages on which the related questions are found.

Each Chapter begins with an *Introduction* that provides a summary of the material covered by the questions in the Chapter. As a service provider, your clients may ask you questions that are related to one another. The *Introduction* will help you identify and understand the connections between the questions in each Chapter, so that you can better explain the responses provided to your clients.

Within each Chapter the *Introduction* is followed by a list of questions and answers related to the Chapter subject, or sub-sections within a Chapter. All answers are written from the perspective of the provider addressing the client. Many answers include short captions at the end called *the provider note*. These notes give more information or instruction on a given subject to help you as a health care provider better assist your clients with their HIV related health concerns.

The *HIV Q & A Handbook* is primarily intended as a counselling referral resource. However, this handbook can also be used as:

- ◆ a health clinic reference manual
- ◆ a personal reference book
- ◆ a group discussion guide
- ◆ a classroom-based resource
- ◆ a resource when talking with your partner or children
- ◆ a reference for quizzes and other competitions

This Handbook provides accurate and brief answers to the most commonly asked questions. But it does not have all the answers. Please contact the organisations listed at the back of this handbook for further information on any of the subjects in this book. You can also contact the local Ministry of Health, libraries and other local health care providers for more information on HIV & AIDS prevention.

The internet is also a very valuable source of information on HIV & AIDS.

- ◆ The UNAIDS Frequently Asked Questions page (www.unaids.org) lists a number of useful websites that have basic information on HIV & AIDS.
- ◆ The U.S. Center for Disease Control National Prevention Information Network (<http://www.cdcnpi.org/hiv/faq/start.htm>) also has information on the testing, transmission and prevention of HIV & AIDS.

Additional web links are located in the appendix at the back of the Handbook.



Glossary

Abstinence – (sexual) The practice of not having sexual intercourse.

AIDS – Abbreviation for Acquired Immune Deficiency Syndrome. A condition caused by HIV in which the immune system no longer functions and the body becomes exposed to many opportunistic infections.

Anal sex – When a man puts his penis or other objects into the anus of his sex partner.

Antibodies – Protective chemical substances that your body develops to fight a virus such as HIV.

Blood transfusion – The practice of receiving blood at a hospital or clinic.

Condom – A thin latex sheath that stretches over the penis during sexual intercourse to protect both partners from unwanted pregnancies and Sexually Transmitted Infections, including HIV.

Confirmatory HIV Test – A test that verifies the presence of HIV antibodies in a person's immune system. The Western Blot is the most commonly used confirmatory test. In Nigeria, once a single specimen of blood, urine or saliva has been tested and produces antibodies, a Western Blot test is taken on a second specimen of blood, urine or saliva to verify the presence of HIV antibodies in the immune system. RIPA (radioimmuprecipitation assay) is another, more expensive confirmatory test. RIPA is useful when antibody levels are too low to be found by the Western Blot test.

Cure – A product or medicine that completely and permanently rids the body of an illness.

Dry sex – Dry sex is sex where the vagina is made dry by artificial means. Women often use herbs or other substances which swell the vagina and dry it out. Women use substances to dry the vagina because they believe that a less lubricated vagina would please their male partners. However, sexual intercourse in less lubricated vagina increases the risks of HIV infection. Dry sex increases the risk of HIV in three ways. Dry sex 1) causes vaginal tears; and 2) removes the vagina's natural bacteria which help to fight off STIs. 3) Condoms may also more easily break with the extra friction during dry sex.

HIV – Abbreviation for Human Immune-deficiency Virus; the virus that causes AIDS.

HIV negative – When someone tests negative for HIV using an approved and recognised HIV blood test. A term for people who have been tested for HIV using an approved blood test and who have received results that say they DO NOT have HIV in their blood.

HIV positive – When someone tests positive for HIV using an approved and recognised HIV blood test. A term for people who have been tested for HIV using an approved blood test and who have received results that say they have HIV in their blood.

HIV test – An approved blood, urine or saliva test for HIV. HIV tests are available at government hospitals and private clinics. During an HIV test, the doctor (or other qualified medical staff) studies the patient's blood, urine or saliva to find out if the person's immune system has produced any antibodies against HIV. There are 3 main types of HIV tests in Nigeria: Orasure, for saliva-based tests; ELISA, an initial enzyme immune assay test; and the Western Blot, a confirmatory test. In Nigeria, HIV testing consists of two exams. If the ELISA test is taken on a specimen of blood, urine or saliva and HIV antibodies are found, a confirmatory test will be taken on a second specimen of blood, urine or saliva.

Incubation period – The period between the time when a person becomes infected with HIV, and the time when he or she develops AIDS related symptoms. This period can last as long as ten or more years from the time of infection with HIV. It is not yet known what determines the length of the incubation period in individuals, although living a healthy lifestyle may contribute to a longer incubation period.

Immune System – The body's defense system that combats illnesses.

Infected Person – Term that describes the presence of HIV in the body of a person who has come into contact with the virus.

Latex – A special type of strong, thin rubber that is used to make condoms.

Monogamy (or Monogamous) – The act of having one sexual partner for a significant length of time (i.e., husband, wife, or long-term boyfriend or girlfriend); usually refers to sexual arrangements within a marriage.

Opportunistic Infections – Illnesses that attack the immune system of a person living with AIDS. The immune system of a healthy person fights off these illnesses. Common opportunistic infections include tuberculosis and pneumonia.

Oral sex – When the mouth is used on a partners sex organ (penis or vagina) to give or get pleasure.

Polygamy (or Polygamous) – The act of having more than one sexual partner for a significant length of time (i.e., husbands, wives, or long-term boyfriends or girlfriends); usually refers to sexual arrangements within a marriage in which a man has more than one wife.

Quarantine – To make an individual or a group, whose members have a certain medical condition, live in an isolated location.

Saliva – The watery body fluid that comes out of a person's mouth; also called *spit*.

Semen – The male ejaculation fluid that contains sperm, produced during sexual excitement, also known as *cum*. Semen can contain HIV if a person has unprotected sex.

Sex – The act of having sexual intercourse; also known as *coitus*. When a man's penis penetrates a woman's vagina or anus. Also refers to the biological fact of being either male or female. Sex can also be with a same sex partner.

Sex fluids – The watery substance that comes from a man or a woman during sexual acts. Vaginal fluid and semen are sex fluids.

Sexually Transmitted Infections (STIs) – Diseases and other conditions that are spread through sexual intercourse. Both men and women can get Sexually Transmitted Infections.

Symptoms – Signs of illness.

Unprotected Sex – Sexual intercourse without the use of a male or female condom. Refers to sexual acts that do not protect both partners from both HIV and other STIs and pregnancy.

Urine – Liquid waste product, also known as *piss*.

Wet Kissing – A type of kiss that involves one person's tongue being placed in another person's mouth; also called *deep kissing*.

Vaccine – A medicine (injected or taken orally) used to permanently prevent an illness.

Vaginal fluids – The fluids that come from a woman's vagina. Vaginal fluids cleanse the woman's genitals or signal a woman's sexual excitement. These fluids if heavy or smelly can also signal a problem (infection) in the genital area.

VCT – Voluntary HIV counselling and testing to learn more about HIV status and healthy living.

Virus – A small organism that causes illness. A virus can only survive in a living organism and passes from one living being to another (in the case of HIV, from one person to another).

Wet nurse – An HIV negative woman who gives her breast milk to another woman's baby. Through a wet nurse a baby can avoid getting HIV from its mother if she is infected.

White blood cells – A component of the blood that defends the body against illness.

Window of Infection – The time period between when a person is infected with HIV and when that person's immune system starts to make antibodies to protect itself from the virus. The window of infection for HIV can last up to three months (6 months in very rare cases). The average window of infection lasts around 25 days.



CHAPTER 1

HIV & AIDS



Introduction: This Chapter will provide you with basic information on the relationship between HIV, AIDS and Sexually Transmitted Infections (STIs). The Chapter begins by defining HIV, AIDS and STIs and describes how to identify common symptoms of the AIDS stage of HIV. Here, HIV is identified as a unique type of STI because it can also be transmitted by other means (discussed in later Chapters) and has no cure.

Many of your clients may not be familiar with the types of behaviours that increase their risk of getting HIV. They may also believe certain myths about how HIV can be transmitted, or that HIV can be cured. The responses given at the end of this Chapter address questions on the causes of HIV and dispel the myth that a cure exists for HIV. When you discuss this subject with your clients, remember that much of the information presented on sexual transmission and prevention of HIV applies to all other STIs as well.

DEFINITIONS

1. What do the letters H-I-V mean and what is HIV infection?

HIV stands for **Human Immune-deficiency Virus**. HIV is the virus that causes AIDS. People become infected with HIV when the virus enters their body. This happens when a person is exposed to HIV infected body fluids such as blood or sex fluids. A person with HIV does not show any immediate symptoms. In fact, that person can look and feel healthy for many years. After some time the virus begins to destroy the person's immune system. Eventually the person begins to develop signs of sickness. These signs result from many different infections; together they are called AIDS. AIDS is the last stage of HIV infection.

2. What do the letters A-I-D-S stand for, and what do these words mean?

AIDS stands for **Acquired Immune-Deficiency Syndrome**.

Acquired means that a person gets the illness from somewhere else. A person's own body does not make this disease.

Immune means the body's ability to fight sickness. Every person's body has a defense system that helps him or her to fight infections.

Deficiency means a lack of something. When a person has AIDS, the body's immune system is slowly depleted or weakened. It cannot fight even the weakest germ. A person with AIDS therefore easily catches many other diseases (called opportunistic infections) such as tuberculosis and pneumonia.

Syndrome means a group of sicknesses that occur together. People with AIDS get many of the same kinds of infections and sicknesses, such as coughing, diarrhoea, shingles and tuberculosis.

3. Does HIV cause AIDS?

Yes. A virus called HIV causes AIDS. When the HIV virus enters the body, it attacks the body's immune system and eventually destroys it. When the immune system is gone, any disease can make a person with HIV very sick. These diseases are usually called opportunistic infections. The body's inability to fight sickness and the weakness it causes is what we call AIDS. AIDS describes the symptoms related to the final stage of HIV infection, in which opportunistic infections thrive and weaken the body. Remember therefore that people with HIV may eventually die from illnesses developed because of HIV's presence in the immune system. HIV, not AIDS, causes death.

4. If I have HIV, does that mean I have AIDS?

No. Having HIV in your body means that you are infected with the virus. It does not mean that you already have the symptoms of the illnesses that describe the AIDS stage of HIV. If you are infected with HIV, it is possible for you to live for many years before developing full-blown AIDS.

5. What are the symptoms of AIDS?

A person who has reached the AIDS stage of HIV infection often shows a number of these signs of illness:

- ◆ **Night sweats**
- ◆ **Fever** lasting for more than one month
- ◆ About 20% **weight loss** and/or **loss of appetite** for a long period of time
- ◆ **Dry cough** lasting for more than one month
- ◆ **Swelling** around the neck, armpit, and private parts
- ◆ **Shingles** - A small reddish rash all over the skin appearing more than once
- ◆ **Oral thrush** - Whitish spots in the mouth
- ◆ **Itching skin** infections

A person can be infected with HIV for many years before developing AIDS. During this time one may look and feel healthy if eating properly, avoiding stress and getting proper rest. Remember however that without an HIV test it is not possible to know if a person has HIV. In fact, many people have HIV and can spread the virus to other people unknowingly.

6. What is the difference between HIV and Sexually Transmitted Infections (STIs)?

Sexually Transmitted Infections (STIs) are infections that spread from one person to another during sex. HIV is one type of sexually transmitted infection. Other STIs that exist in Nigeria include gonorrhoea, syphilis, and genital ulcers (warts). Not all STIs have cures. Severe cases of certain STIs can lead to death. HIV is different from other STIs because it destroys the body's defense system, has no cure or vaccine and can lead to death. In addition, HIV is different from other STIs because it can also

be spread through infected blood products and instruments and also from mother-to-child (during pregnancy, childbirth and breast feeding).

Provider Note: As a health care provider, you can give additional information on STIs to your client.

Causes of HIV

7. Does anyone know where HIV comes from?

No. No one knows for sure where the first case of HIV existed or how the virus came to be. Similarly, no one is sure how HIV entered Nigeria. Some people believe that HIV came to Nigeria from prostitutes who returned home after living in neighbouring countries. However, the first reported case of HIV in Nigeria was found in 1986 in a 13-year old girl.

Regardless of how HIV came to be, or how it arrived in Nigeria, many Nigerians are now becoming infected with HIV, in every region and from all walks of life. As Nigerians, we should do our best to stop HIV from infecting others in Nigeria and elsewhere.

Provider Note: It is important that you provide care and support to those who are infected and that you encourage your clients to do the same.

KNOWING WHEN YOU ARE AT RISK FOR HIV

8. How do I know if I am at risk of HIV infection?

Provider Note: Here are some questions to ask your clients to help you determine if they are at risk for getting HIV. Please place a tick next to those questions to which clients answer “yes”. Note that all of these questions should be asked in the present and past tense. See the example given in the first question, in *italics*. Ask your clients:

- ◆ Do you have, *or have you had*, a sexual partner?
- ◆ Do you have more than one sexual partner?
- ◆ Do you have sex without a condom?
- ◆ Do you receive injections when you do not know if the needle or syringe used is new or if it has been properly cleaned?
- ◆ Do you share unclean razor blades, barbing clippers or needles?
- ◆ Do you have anal sex?

The more questions to which an individual client answers “yes,” the more risk this client has for contracting HIV.

Regardless of how your clients respond, encourage ALL of your clients to get tested for HIV as soon as possible. You should also encourage all of your clients to **use condoms with every sex partner, to abstain from sex altogether, or to reduce the number of sexual partners they have.** The recommendation you and your clients discuss should be based upon what you know about each client's background (i.e., is she or he in secondary school, married, a single adult?) and lifestyle. All of these behaviours are equally important in preventing HIV.

9. How do I know if I have HIV?

The only way to know if you have HIV is by taking an approved HIV blood test at a hospital or clinic.

You cannot know your HIV status by the way you feel. A person with HIV may feel healthy for many years after being infected. But once the HIV virus is inside of the body, a person can infect others without knowing, through unprotected sex, or (for a woman) during pregnancy, delivery or breastfeeding her child.

You cannot know your HIV status by the way you look. A person with HIV may look the same as he or she did before infection. Again, the only way to know your HIV status is by taking an approved HIV test.

10. Can I have HIV and not know it?

Yes. You can have HIV and not know it. HIV can live inside a person's body HIV for as many as five to ten years without causing any sickness.

11. What do I do if I think I have HIV but I'm not sure?

If you think you have HIV you must avoid having sex without condoms or sharing needles or blades. You should also go to a hospital, clinic or private laboratory for an approved HIV test.

FINDING A CURE FOR HIV: MYTH VS. FACT

12. Do herbalists and spiritual healers have a cure for HIV & AIDS?

No. Many herbalists and spiritual healers claim that their herbs can cure AIDS symptoms or kill the HIV virus. However no herbalist or spiritual healer can cure HIV/AIDS. To date, no drug has been found to cure HIV/AIDS. While herbal medicines may help to boost the immune system of a person with HIV (when they contain certain vitamins and minerals), they cannot remove the virus from the body. There is no vaccine yet for HIV even though many scientists are working hard to develop a vaccine.

13. Some Pastors and Priests say they can heal a person who has HIV (make them become HIV negative) through the power of their prayers. Is this true?

No. Prayers can do a lot of good things for individuals who have faith. Prayers are powerful in helping sick people adjust their emotional, spiritual and mental outlook to live with illnesses. Prayers can help sick people have a more positive attitude and to live longer and healthier with their illnesses. However, there are no known cases of prayers changing the HIV status of an individual.

14. Will there ever be a vaccine for HIV & AIDS?

Hopefully. The chances of getting a vaccine against HIV & AIDS soon are small. But scientists in many countries are working very hard to develop vaccines. Some vaccines are being tested in people, but none has been effective in stopping the HIV infection. The medicines and treatments used today are aimed at making individuals who are already infected feel better and live healthier lives.

Provider Note: Encourage your clients and others to focus their energies on preventing HIV transmission.

15. Is a vaccine for HIV the same as a cure for HIV?

No. A vaccine is a substance used to prevent infection for people who do not already have the disease. A cure is a treatment used to heal or restore to good health those who are already infected. To date there is still neither an effective vaccine against HIV, nor a cure for HIV.



CHAPTER 2

SEX & HIV



Introduction: People have sexual intercourse for many different reasons. Some have sex to express love. For others, sex is an expression of lust, or strong physical attraction and desire. And for others still, having sexual intercourse is a confirmation of commitment or a means to expand a family unit (through pregnancy). For all of its reasons and in any of its forms, sexual intercourse can have both positive and negative consequences.

One of the negative consequences of sex can be getting an STI, including HIV. While many of your clients may be aware that HIV can be transmitted through sex, they may not understand how this happens. For example, HIV and other STIs are transmitted through unprotected sex with an infected person when body fluids (such as sperm and vaginal fluids) are passed from one sexual partner to the other. A person can therefore avoid getting HIV by protecting him or herself when having sex. This Chapter explains the sexual transmission of HIV and corrects myths about other ways to be protected from HIV (such as having anal sex, or washing one's hands just after having unprotected sex with an infected person).

One of the most important points you should stress to your client is that one cannot tell when people have HIV just by looking at them. As such, it is best to have protected sex or to abstain from sexual intercourse, in order to avoid getting HIV. Ways of preventing HIV transmission are discussed in more detail in Chapters 3,4 and 6.

SEXUAL TRANSMISSION—FACTS

16. Is sex the main way that people in Nigeria get infected with HIV?

Yes. Having unprotected sex—that is, sex with someone who is infected with HIV without using a male or female condom—is the most common way people in Nigeria get infected.

HIV is transmitted in two other important ways:

- ◆ HIV can be passed through blood transfusions of HIV positive blood or through HIV infected blood in needles, syringes or razors. Unfortunately, sharing or reusing improperly sterilised needles (e.g., to treat malaria with chloroquine) is still commonplace in Nigeria.
- ◆ HIV can be passed from an infected mother to her child during pregnancy, childbirth (through vaginal fluids), or during breastfeeding (through breast milk).

These two modes of HIV transmission will be discussed in further detail in other Chapters.

17. How is HIV transmitted by sex?

HIV is found in blood, semen and vaginal fluids. During sex, the virus can pass from one partner to the other through any of these fluids. A person can get HIV from an infected partner after just one act of sexual intercourse.

A man can still pass HIV to his partner if he does not ejaculate during sex, because his pre-ejaculation fluid can also be infected.

18. I've heard that HIV passes through cuts and sores on the skin of the penis and vagina. Is this true?

Yes. It is true that HIV can move more easily from one person's body to another person's body when there are cuts or sores on the penis or the vagina. This is because healthy skin acts as a wall, preventing the virus from getting inside the body. When there are breaks—even small ones that a person cannot see—HIV can more easily enter the body through infected body fluids.

19. What causes cuts and sores, and how can I keep from getting them on my penis or vagina?

Many things can cause the penis or vagina to have cuts and sores. STIs weaken the walls of the vagina and the lining of the penis and provide a channel for infections to occur.

Rough sex, dry sex, and having sex too long so that a person feels sore, can cause tiny cuts and sores on both the penis and vagina.

To help keep the skin healthy and free from cuts and sores caused by STIs, it is important to always use condoms during every sexual encounter.

Provider Note: If your client thinks that he or she may have an STI, advise treatment as soon as possible.

20. Is it true that I have to be with more than one sex partner to get HIV?

No. One sex partner can infect you with HIV. If your partner is infected with HIV, he or she can pass the virus to you if you do not use condoms. Remember that you are at greater risk of getting infected if you have unprotected sex with many partners. It does not matter if you have different partners at the same time or if the different partners are over a longer period of time.

21. If I have unprotected sex with an HIV-infected person, is it true that I will get HIV?

Probably. There is always the possibility that you could be infected if you have sex with an HIV-positive person.

Every time you have sex with an infected person, you have more of a chance of getting the virus yourself. If you use a condom properly every time, you are less likely to get the virus.

22. Is wet kissing a way of getting HIV?

Probably not. Although there is HIV in saliva fluids, it does not exist in large enough quantities to be infectious. However, if you or your sex partner has a sore in your mouth, or bleeding gums, you do risk getting the HIV virus from your kissing partner (if your partner has HIV).

23. Can I get HIV through oral sex?

Yes. But the risk is lower than with vaginal or anal sex because the digestive juices in the mouth and stomach kill HIV. However, if either you or your oral sex partner has an open sore in your mouth, or bleeding gums, there is a chance of passing HIV (if one of you is HIV positive).

SEXUAL TRANSMISSION—MYTHS

24. Is it safe to have unprotected sex if I cannot see cuts or sores on my genitals, or on my partner's penis or vagina?

No. It is never safe to have unprotected sex, *unless you and your sex partner are certain that you are mutually faithful and that neither of you has HIV.* Remember that there may be tiny cuts inside your vagina/on your penis that are too small for you to see. You may still be at risk of getting HIV through these cuts if your partner has HIV.

Provider Note: The client should be discouraged from having unprotected sex and encouraged to use a condom every time she or he has sex.

25. If I wash my private parts immediately after unprotected sex with an infected person, will I be protected from getting HIV?

No. Washing before or after sex will not protect you from getting HIV. Only abstinence, or consistent and correct condom use can protect you from HIV.

26. If I have sex and I get gonorrhoea, does that also mean I have HIV?

No. Although studies show that if a person has an untreated STI (such as gonorrhoea), it increases his or her risk of becoming infected with HIV, having gonorrhoea does not necessarily mean that a person also has HIV.

Provider Note: Encourage the client to get tested **immediately** for HIV and to receive proper treatment for gonorrhoea.

27. Does having anal sex protect me from HIV?

No. In fact, having unprotected anal sex is as risky as unprotected vaginal sex. Some people believe that having anal sex instead of having vaginal sex allows them to keep their virginity because it is not considered a sexual act; therefore, some people believe that HIV cannot be transmitted through anal sex. This idea is FALSE. Anal sex involves penetration, as does vaginal sex. A person who has unprotected anal sex is at risk for getting HIV, just like a person who has unprotected vaginal sex.



CHAPTER 3

BLOOD & HIV



Introduction: *Aside from having sexual intercourse, a person can also get HIV through having a blood transfusion. Hospitals try very hard to keep the blood they collect from donors free from infections. Unfortunately, some hospitals do not yet have the facilities to correctly screen the blood and make sure that it is free of infection and disease. In the past especially, this has caused some Nigerians to become infected with HIV.*

Aside from sex and blood transfusions, HIV is also spread through sharing needles, sharp tools or razors. Counsel your clients to avoid sharing needles and razors with others to protect themselves from HIV infection.

28. *If a health provider injects a patient who has HIV and then uses the same needle on me without washing it, won't the virus be passed to me?*

Possibly. HIV infection can happen if there is still blood in the syringe left over from the HIV positive person. It is therefore safest only to use each needle ONCE.

Provider Note: Unfortunately, it is not always possible for health care workers in Nigeria to use new or disposable syringes for every patient. If health providers have to re-use syringes, it is important that clean syringes be used to avoid HIV infection. Proper cleaning of syringes is boiling them in water for at least 20 minutes. Instruments that cannot be boiled may be washed, soaked and disinfected in a freshly-prepared 1:10 solution of bleach and water for 10 minutes. The HIV virus cannot survive in bleach.

This sterilisation process is time consuming. If at all possible, health care providers should use a new needle for each injection they perform.

29. *How can I avoid getting HIV through a blood transfusion?*

Today, blood donated by others and used for blood transfusions is tested to make sure it does not have anything that can harm you, including HIV. The health care provider will notify you if you need a blood transfusion. The health care provider will then give you further information on what blood type is needed and help you identify someone with the right blood type. This person, called a blood donor, can be your relative or a friend. The health care provider will test the donor's blood before transfusing it into your body, to make sure that the blood has no illnesses. Testing for HIV and other infections helps to ensure that the blood used in transfusions is safe. All blood donors have to give their permission before the doctors can test their blood for HIV.

CHAPTER 4

PREGNANCY BREAST FEEDING & HIV



Introduction: You have already seen how HIV is transmitted through sex, blood and needles. HIV is also spread from mother to child, during pregnancy, childbirth or breast-feeding. There is generally a 40% chance of an HIV positive woman giving the virus to her child during any of these three stages. Specifically, there is a 25% chance of an HIV positive woman giving the virus to her unborn child during pregnancy or birth and a 15% chance of HIV transmission through breast-feeding. Mother to child transmission is more difficult to prevent once a pregnant woman has HIV, because it requires treatment with drugs. A woman should seek early and regular prenatal care from her doctor and use anti-retroviral (ARV) drugs to reduce her baby's risk of getting HIV while in the womb or during birth. Share the information and recommendations given in this Handbook regarding breast-feeding, with your client.

TRANSMISSION DURING PREGNANCY & CHILDBIRTH

30. If I have HIV and I get pregnant, can I pass it to my baby?

Yes. Overall, there is up to a 40% chance of a woman passing HIV to her child. About 25% of infants with HIV are infected during or before their birth; about 15% of infants with HIV are infected through breast-feeding.

31. How can a mother avoid passing HIV to her unborn baby?

There are medicines that an HIV positive woman can take, to reduce the chances of giving HIV to her baby through the birthing process. It is important to note, however, that these medicines are not available in all parts of Nigeria. These drugs are called anti-retrovirals (ARV). There are different kinds of ARVs, some of which are available in Nigeria.

Provider Note: If your client is pregnant, encourage her to learn her HIV status, and if positive to talk to you or another health care provider about her ARV choices.

TRANSMISSION DURING BREAST-FEEDING

32. Can an infected mother give HIV to her baby through breast-feeding?

Yes. There is a small risk of about 15% that a breast-feeding mother will pass the HIV virus to her child through her breast milk. This means that one out of every seven HIV positive mothers may pass the virus to her child through breast milk.

However, there is a larger risk that a baby will get other sicknesses or not grow well if a mother does not exclusively breast-feed her infant for the first 6 months of its life, starting from birth.

For this reason, **HIV positive mothers should be encouraged to breast-feed exclusively for the first six months of their children's lives.** Breast-milk is the best, most complete meal for all babies. It has all of the water and nutrition that an infant needs to grow healthy in the first six months of its life. In Nigeria, mothers take pride in breast feeding their babies. There is also cultural pressure to breast-feed—therefore women who do not breast-feed may not be looked upon well by their community.

33. *What are the alternatives for HIV positive mothers who want to avoid giving HIV to their babies through breast-feeding?*

For most women and their babies breastfeeding for 6 months is still the best option regardless of HIV status. But for those mothers who are certain they do not want to breastfeed, they can also reduce the risk of passing HIV to her baby by choosing one of the following options, (listed in order of preference):

- 1) boiling their pumped breast milk;
- 2) using a wet nurse; or
- 3) by giving the baby only formula food for the first 6 months.

Each of these options has its benefits and negative consequences. Breast-feeding is an excellent way to feed an infant up to the age of 6 months. It is also a benefit because it is free of cost. However, if a mother has HIV it is possible for her to give HIV to her baby through breast milk. If a mother does not want to breast feed her baby, she may hire a substitute feeder, called a **wet nurse**, to breast feed her baby. A wet nurse is an HIV negative woman who gives her breast milk to another woman's baby. Through a wet nurse a baby can avoid getting HIV from its mother if she is infected. However, using a wet nurse may be expensive and all mothers may not be able to afford this service. Formula feeding is good to protect a baby from getting HIV. However, formula baby food is expensive and can expose a baby to other health problems such as diarrhoea.

Provider Note: Discuss the chart on the next page with your clients and help them chose the options that are best for them. When you discuss these options with your clients, point out the dangers of mixing formula meals with breast milk since it can cause a child to get bacterial infections, or become malnourished and dehydrated.

In addition to choosing one of the breastfeeding options listed in the table an HIV positive mother should:

- ◆ Seek early and consistent prenatal care from her doctor.
- ◆ Avoid invasive procedures, e.g., the use of forceps, or the vacuum procedure, during the delivery of her child.
- ◆ Acquire and use ARV drugs (such as Nevirapine).
- ◆ Avoid having unprotected sex while pregnant.

OPTION	DESCRIPTION	ADVANTAGES	DISADVANTAGES
<p>No Breast-feeding</p>	<p>If mother is HIV positive, she avoids giving her breast milk to her baby.</p>	<p>Eliminates risk of transmitting HIV to baby through breast milk</p>	<p>Ideal for HIV positive mothers, but not always possible. Formula feeding may be necessary if a wet nurse is not possible. This can be very expensive. Formulas do not provide the complete set of nutrients that breast milk provides babies during the first 6 months of life.</p>
<p>Exclusive breast-feeding with rapid weaning</p>	<p>HIV positive mother feeds baby only breast milk from birth for 6 months. <i>When the baby is 6 months old the mother quickly changes from breast to formula feeding.</i></p>	<p>Breast milk is the best source of nutrition for babies from birth through six months of age. It has all of the nutrients and water that a baby needs. Breast milk protects babies from water-born diseases that can cause diarrhoea. Less risky than bottle or mixed feeding.</p>	<p>There is a 15% chance that an HIV positive mother will give HIV to her baby through breastfeeding.</p>
<p>Boiling breast milk</p>	<p>Like boiled water, this practice requires heating breast milk until it boils (and for as long as 5 minutes). This is given to the baby from birth to 6 months.</p>	<p>Boiling may help kill the HIV present in the breast milk. Once it has been chilled, boiled breast milk can be fed to the baby. No water, other liquids or foods may be needed.</p>	<p>Certain essential nutrients found in breast milk may be reduced or eliminated by boiling. Mothers who use boiled breast milk must constantly pump their breast for milk. The method is time consuming and may expose babies to unhygienic boiling, storing or feeding containers, increasing their risk of getting water-born diseases.</p>

OPTION	DESCRIPTION	ADVANTAGES	DISADVANTAGES
<p>Use of a Wet Nurse</p>	<p>An HIV positive mother arranges for an HIV negative woman to breastfeed her child.</p>	<p>Protects the baby from getting HIV while still helping it to get all of the nutrients of healthy breast milk.</p>	<p>The mother must be 100% sure that the wet nurse does not have HIV. This means that the wet nurse must take an HIV test, including a confirmatory test to be sure she does not have HIV. It may be inconvenient to hire or secure the services of a wet nurse. In certain areas, this practice may not be culturally acceptable and may draw attention to the mother's HIV status. May limit bond between the mother and baby that comes with breastfeeding.</p>
<p>Exclusive formula feeding</p>	<p>Giving a baby only formula food from birth for the first 6 months of life.</p>	<p>Usually requires use of a baby bottle. Less risky than mixed feeding. Helps babies of HIV positive mothers avoid getting HIV from breast milk.</p>	<p>A very expensive option compared with breastfeeding. Babies may become ill from water born diseases if 1) the storing or feeding bottles are not properly cleaned and completely hygienic or 2) if the water used to mix the formula contains bacteria (generally found in poor water sources).</p>
<p>Mixed feeding</p> <p>NOT RECOMMENDED</p>	<p>Giving a baby both formula food and breast milk from birth.</p>	<p>There are NO advantages to using mixed feeding when a mother is HIV positive and when water sources may contain bacteria.</p>	<p>The most risky of the feeding forms, mixed feeding exposes babies to water-born diseases as well as HIV, possibly unhygienic bottles and mixing tools and may include the use of a formula that does not require all of the proper nutrients.</p>

CHAPTER 5

OTHER MYTHS ABOUT HIV



Introduction: Remember that HIV has three modes of transmission, as described in the previous Chapters. HIV is not transmitted by mosquitoes, or through casual contact with an HIV infected person. While HIV is contained in all body fluids, there is not enough of the virus in fluids such as saliva, urine, sweat or tears to transmit HIV from one person to another. HIV cannot be transmitted through the sharing of household items, such as plates, or through playing sports with people who have HIV (including contact sports such as football). Remind your clients that it is important to treat people living with HIV in a kind and courteous manner. People living with HIV & AIDS should be treated the same as people who do not have the virus. Your clients should not be afraid to live with a person who has HIV, or to interact with a person living with the virus in everyday life. These activities are normal and healthy and will not expose your clients to HIV.

Mosquitoes, Sorcery & HIV

34. Is it possible for witchcraft or occult initiations to lead to HIV infection?

No. Witchcraft or occult initiation practices cannot cause anyone to have HIV unless they involve sex without condoms, drinking human blood, or other dangerous practices like making cut or scar marks on different people with the same unclean blade. If fraternity, sorority, or "society" initiations involve any of these practices, then a participant could be exposed to HIV infection.

35. Do mosquitoes or other insects spread HIV?

No. Mosquitoes and other insects do not spread HIV. When insects bite they suck in a very small amount of blood from their bite victims. At the same time, the biting insects deposit a small amount of their saliva—not blood—into their victims' skin. Therefore mosquitoes and other insects do not spread HIV because saliva does not spread HIV. In addition, scientists have proven that the HIV virus dies when it goes into mosquitoes and other insects.

Body Fluids

36. Can HIV be transmitted through saliva? What about urine, sweat and tears? What about stool?

No. Urine, sweat, tears and stool cannot transmit HIV because there is very little or no HIV in any of these body products. There is no recorded case of anyone getting the virus through sweat, saliva, urine or stools. HIV is only passed through blood, sex fluids (semen and vaginal fluids) and breast milk.

37. Can I get HIV from helping an accident victim that is bleeding?

Possibly. But the chances are very low. If blood enters your body, through an opening like a cut while you are offering assistance, it would be possible for you to become infected with HIV. Therefore, it is best to handle accident victims who are bleeding with caution. Wear plastic gloves or some type of barrier such as plastic bags over your hands when aiding accident victims.

Sharing Objects with Others

38. If I cannot get HIV from saliva, then why do health care providers tell me not to share toothbrushes or chewing sticks?

It is true that HIV is not transmitted by saliva. But when you brush your teeth, sometimes you may cut your mouth or gums. If the blood of someone who has HIV gets on the toothbrush or chewing stick and then it gets into your mouth soon after, there is a chance (although very small) that you could become infected with HIV.

There are other reasons why it is not advisable to share toothbrushes and chewing sticks, such as contracting gum and tooth diseases.

Provider Note: Give examples of gum and tooth diseases to your clients, or refer them to a dentist for more information.

39. Can I get HIV from sharing a glass, cup, plate or food with a person who has the virus?

No. Sharing a drinking glass, cup, plate or food with a person who has HIV does not spread the virus. HIV is only spread from one person to another through blood, sex fluids or breast milk. It is therefore safe to share a glass, cup, plate or food with a person who has HIV.

40. Can I get HIV if I sleep in the same bed, use the same sheets or share towels with an HIV positive person?

No. Living with, caring for, or touching a person who has HIV cannot give you the virus. Likewise sharing towels, sheets or clothing with an HIV positive person cannot infect you. It is only when you have unprotected sex, share needles or blades with a person with HIV, or handle the sores of a person with AIDS that you are put at risk for HIV infection. It is advisable however not to share very personal items such as toothbrushes with ANYONE, including with a person living with HIV or AIDS.

Provider Note: Please see question 37 for more information on this topic.

41. Should I protect my skin when helping a person who has HIV or AIDS?

Yes. You should protect any openings in your skin when handling the body fluids (for example, when cleaning) of a person living with HIV or AIDS by wearing gloves or plastic bags without holes in them. However, if you are helping a person living with HIV or AIDS in a way that does not involve handling body fluids then you **DO NOT NEED** gloves or plastic bags.

42. Can I get HIV from a public toilet? How about my private toilet if a person with HIV uses it?

No. You cannot get HIV from sharing a toilet with someone who has HIV. There is very little or no HIV virus in the urine or stools of an infected person. In addition, sitting on a toilet that has been used by some with HIV will not expose you to HIV because the virus cannot live exposed on a toilet seat. Further you cannot get HIV from indirect contact with the skin of an HIV positive person.

43. Can I get HIV from sharing the same enema syringe?

Possibly. The skin around the anus is very sensitive and cuts and tears easily. If traces of blood are left on the enema syringe, even very tiny traces of blood, it might be possible for you to get HIV from the infected syringe. To be on the safe side, it would be best not to share enema syringes with other people. To sterilise the syringe, soak it in a 1:10 mixture of bleach to water for 10 minutes or in boiling water for 20 minutes.

Provider Note: Remind your client that cleaning a syringe with soap and water does not sterilise it.

44. Can I get HIV if I am playing football and an HIV positive player hits me?

No. While both players may get hurt or even bleed from the hit, the chances of the infected player's blood going into the other player's body in this example are very small. There have been no recorded instances of HIV infection through playing football or other sports.

CHAPTER 6

PREVENTING THE SEXUAL TRANSMISSION OF HIV



Introduction: This Chapter focuses on reducing the personal risk for getting HIV. It is important to know that when someone is infected with HIV, they can look and feel normal for as many as eight to ten years or more before they become ill or feel sick. Others become sick within months or a few short years after being infected. In either case, people who do not know their HIV status may continue to have unprotected sex and infect others without knowing it. Since one cannot tell by looking at a person whether or not he or she has HIV, it is important to know the four main strategies for preventing the sexual transmission of the virus.

The first and only sure way to prevent HIV through sexual transmission is to completely abstain from having sexual intercourse. For youth or unmarried young adults, this includes delaying or postponing, sexual activity. A second method is to use a new condom for each act of sexual intercourse. Both abstinence and condom use prevent unwanted pregnancy and HIV. A third method is to reduce the number of sexual partners a person has. Remind your clients that even if they choose the third strategy, they should use a new condom for each sexual act with each partner. The fourth strategy is for two people, who do not have HIV or other STIs, to remain sexually faithful to each other. This fourth strategy is called monogamy.

Your clients may wonder why they should now have protected sex if in the past they have had unprotected sex with more than one partner. Your clients who have been tested and who are HIV negative should not take the chance of getting HIV in the future by not using condoms during each sexual act. Your HIV positive clients should also know that it is possible them to get re-infected. Remind your clients of how HIV will affect their loved ones—such as their wives, husbands, boyfriends, girlfriends, children and other family and friends—before taking chances with their health.

Preventing HIV through Sexual Abstinence

Abstinence: Description & Practice

45. What is abstinence?

The word “abstinence” refers to *sexual* abstinence. It is the practice of not having sexual intercourse. This includes any sexual activity during which body fluids (blood, vaginal fluids or semen) can be passed between sexual partners, such as oral sex and anal sex.

46. Why should I abstain from having sex?

You should practice abstinence for the following reasons:

- ◆ **To avoid getting HIV or other STIs** through sexual activities. You may believe that unprotected vaginal sex is the only way to get HIV. However, HIV is also transmitted through oral sex and other forms of sexual petting when body fluids are exchanged between partners.

- ◆ **To avoid unwanted pregnancy.** This reason may be very important if you are a young person still attending school, or if you are unmarried.
- ◆ **To develop sexual and emotional maturity.** Sexual intercourse is very intimate and can be very powerful as well. It should not be taken lightly. A person may use sex as an expression of love or commitment to a romantic partner. It may also represent physical attraction with no love or commitment. You may even know of other reasons why people have sex. In all of these cases, sex involves your emotions. If you are not ready to make an emotional commitment you should abstain from sex. It is the wise and responsible thing to do.
- ◆ **To maintain virginity.** In some places, being a virgin is an honourable status. Once you have sex, this status and honour are lost. Abstaining from sex, or delaying sex, can help you to maintain this honour. Abstaining from sex can also help you to remain focused while working towards your life goals.

Provider Note: There are a number of reasons why your clients should choose to abstain from having sex. Although it is good to present all of these reasons to your clients, their individual lifestyle choices will help to determine which reasons will be the most convincing and important to them.

47. How can I abstain from having sex?

If you have already begun having sex and would now like to abstain you may find it more difficult to do so.

However, it is possible to begin abstaining in this case. If this is your situation, there are many ways you can learn to abstain from sex. Remember that how you abstain from sex—that is, how you avoid having sex—is specific to you and changes depending on your circumstances.

Provider Note: Once you have discussed the reasons for abstaining from sex with your clients, they may be especially drawn to one of the reasons given above. This reason will determine their abstinence strategies—or how each client will commit to not having sex. Your clients who have not already begun having sex will need to focus on avoiding people and relationships that expect sex (for example, certain boyfriends or girlfriends may not accept having a relationship with a person who will not have sex).

Encourage your clients' who want to abstain from sex and talk to them about some of the problems they will encounter when abstaining from sex. Help your clients develop ways to deal with these problems, such as identifying someone in their daily life who can offer encouragement as your clients abstain from sexual intercourse. You will find that as you counsel people on this issue, you will become aware of more and more strategies and will be able to offer better suggestions on practicing abstinence.

Myths & Other Questions about Abstinence

48. You say I should practice abstinence. But isn't it true that a man needs to have sex?

No. It is a myth that men must have sex. Having sex does not make you more of a man. A male is not less of a man if he chooses to abstain from sex. To the contrary, it takes strength and determination to abstain from sexual intercourse. It is honourable for you to abstain from sex until you are prepared to accept its positive effects, avoid its negative consequences and act responsibly when having sex.

49. If I abstain from sex, won't my sperm build up inside me and cause me to be ill?

No. Sperm are produced when needed. If you are not having sexual intercourse or being sexually aroused, you will not produce sperm. There is no store of sperm building up inside of you waiting for you to have sex. It is perfectly normal for you not to have sex. In fact abstaining from sex cannot harm the body of either a man or a woman.

Preventing HIV through Condom Use Condoms: Description & Use

50. What is a condom?

A **male condom** is a thin sheath that stretches over the penis during sexual intercourse once the man has an erect penis. There are many brands of male condoms.

While male condoms can be made from a number of materials such as lambskin and latex, only latex condoms are effective in preventing STI transmission, including HIV. Other condom types (such as those made of lambskin) allow HIV and other STIs to penetrate the sheath.

A **female condom** is a strong, soft sheath that is placed inside the vagina and has a protective ring around the outer genital area. It can be placed inside the vagina before the penis is erect. The female condom is made from polyurethane—a material that is thicker than latex. The female condom is also very good at preventing the transmission of HIV and other STIs. There is only one company (The Female Health Company) that makes the female condom.

51. How can a condom protect me?

A **male condom** protects both sexual partners from HIV and other STIs, when worn by a man. It protects the man from infection by preventing the penis from touching the vaginal fluid. The condom also catches the man's semen so it does not go into the woman. This protects her from HIV infection and pregnancy.

A **female condom** can also protect both sexual partners from HIV and other STI infections, when worn by a woman. Like a male condom, a female condom protects both partners from HIV and other STIs and protects the woman from pregnancy when worn by a woman. It prevents either partner from infecting the other by preventing the vagina and penis from touching each other. The condom also creates a wall between the woman's sex fluids and the man's penis, so that the sex fluids do not go into the man. This protects him from HIV infection.

52. With different types of male condoms on the market, how do I know which condom is good?

Almost all male condoms in Nigeria today are of good quality. Condoms sold under different brand names are very similar and all provide very good protection against HIV, other STIs and pregnancy.

Do not use old, expired condoms, because they may break or tear. Condom packages have a date on them to show how old they are. Do not use a condom if the date on the condom package has passed. Instead, the condom should be thrown away. Remember only latex condoms should be used on the male.

Provider Note: As a health care provider, you should recommend a reputable brand of condoms to your client.

53. Do condoms come in different sizes? Can any condom fit any man?

Yes, technically there are some condoms that are made much larger than others. These large condoms are mostly for show or amusement and are much too large to fit a human penis. Other condom brands may falsely claim that their condoms are very large. Such advertisement is only a ploy to make people buy certain brands of condoms. As a rule, condoms are made in one size that stretches to fit all men.

54. Where can I buy condoms?

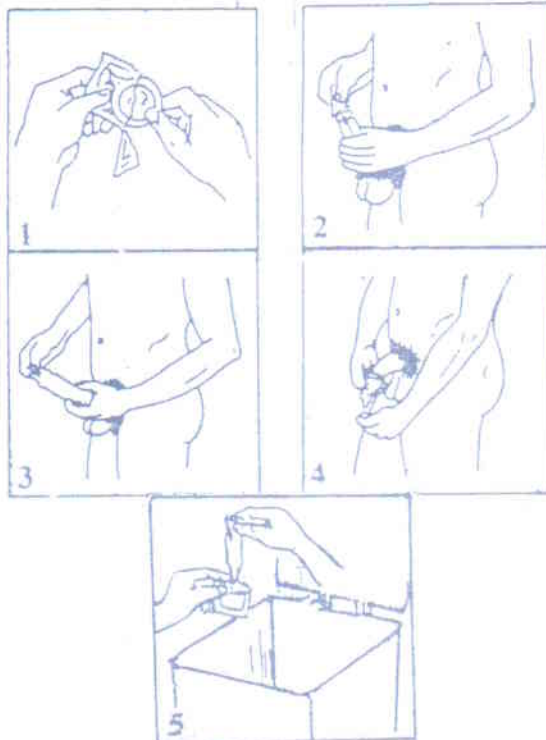
Condoms can be purchased at kiosks, chemists' stores, health clinics and other medicine dispensers. You can find out about nearby condom sellers by asking your friends where they buy their condoms.

Provider Note: Remind your client always to keep the condoms in a cool place and to avoid keeping them close to heat.

55. How much do condoms cost?

There are different prices for different brands of condoms. But in general, they cost between 50 to 100 Naira per condom.

How to Use a Male Condom Properly



56. What is the proper way to use a condom?

Before using a condom, a person should make sure that it is safe to use. Be sure to:

1. Check the expiration date on the package.
2. Check the condom package to make sure there are no holes in it and that it has not dried out.

Once you have confirmed that the condom is safe to use, you should:

1. Open the package carefully so as not to tear the condom. Do not use scissors, razors or sharp objects—including teeth—to open the package. Sharp objects may cause the condom to break or tear.
2. Hold the tip of the condom and unroll the condom onto the erect penis.
3. Leave a little space at the tip of the penis to hold the semen.
4. Before pulling the penis out of the vagina, hold the condom at the base of the penis so it does not slip off. This should be done while the penis is still hard.
5. Safely dispose of the condom by putting it in a toilet, dustbin, or by burying or burning it.

Provider Note: Remind your clients that unless they are sure that their sexual partners are completely faithful, they should use a condom for every act of sexual intercourse. This rule is especially important for your clients who have multiple sexual partners.

Myths & Other Questions about Condoms

57. If condoms sometimes tear or burst, why should I bother to use them?

Condoms are very strong and remain strong throughout a sexual act if properly used and stored. If a condom breaks or tears, it is likely because you have not used it properly; for example, if you have put it on incorrectly. Be sure to CAREFULLY follow the directions given in this *Handbook*, for properly using a condom.

If a condom tears while putting it on, throw it away and use a new one to avoid becoming infected with HIV or getting pregnant. Remember that a male condom can only be used once. A female condom may be used more than once.

Provider Note: Your clients should remember that every time they have sex without a condom, they risk HIV or other STIs. Encourage your clients to use condoms to reduce the risk of HIV and other STI infection. If your clients are interested in using the female condom, instruct them to carefully read the information on the female condom package label before use. Note that the female condom is still very rare in Nigeria. Currently, only one brand is available, produced by the Female Health Company.

58. How can I make sure my (male) condoms are strong?

You should always choose a latex condom because it is made much stronger than other condom types (such as condoms made of lambskin that do not protect against HIV). To keep condoms strong before they are used, store your condoms away from the sun or heat (for example, do not store condoms outdoors or in the kitchen). Do not put any oil on the condom before use because this will make the condom weak. Remember that each male condom should only be used once.

59. Can I tell if a condom is not good to use?

Yes, you can tell that a condom is **not good** to use if its package is damaged, if the condom is hard or cracked, or if it is too old. Condom age is explained in the next question. If a condom has any of these problems, do not use it.

60. How would I know that a condom was too old to use?

You would know that a condom was too old to use if the expiration date on the package has passed. Always check the date listed on a condom package to make sure the condom is still good for use. Some condoms have two dates on them. One is the date of manufacture (abbreviated, “*man.*”) meaning when the condom was made. The second date is the date of expiration (abbreviated, “*exp.*”) meaning when the condom is too old to be used safely.

For example, a condom may say, “*man.* - 12/98” and “*exp.* - 12/03.” This means the condom was made in December of 1998 and that it will be good until December of 2003. After December 2003, this condom will be **TOO OLD TO USE**. Most condoms are made to last for about 5 years before being used.

61. Can condoms get lost inside a woman's body?

No, a condom can not get lost inside a woman's body. However, condoms can sometimes slip off into the vagina. This happens when a man waits until his penis softens before pulling out of the vagina. But the condom cannot go deeper into the woman's body. The vagina leads to the cervix, the neck of the womb. This opening is very small and a condom cannot pass through it. It will stay in the vagina. The woman can reach into her vagina and pull the condom out with her fingers. To prevent condoms from slipping into the vagina, either sexual partner can hold on to the condom at the base of the penis and pull the penis out of the vagina while it is still hard.

62. Will using two condoms at the same time, give me more protection against HIV or other STIs?

No, using two or more condoms at once will not increase your protection against HIV and STIs. When worn correctly, one condom is enough to provide protection against HIV and other STIs. In addition, if a second condom is placed on top of the first, it is likely to slip off, tear or break due to friction. This can also cause the first condom to break, exposing both you and your sexual partner to HIV or other STIs. Each act of sexual intercourse requires the use of only one new condom.

63. Can I get HIV if I touch a used condom?

No, you cannot get HIV if you touch a used condom. HIV does not live for long outside of the body. But it is always a good idea to throw away used condoms in the latrine, dustbin or garbage. Always wash your hands after you touch a used condom.

64. Should I use condoms with my regular partner?

Possibly. The only time it is safe not to use a condom is if you and your sexual partner have received negative HIV test results, if both of you remain sexually faithful to each other and if neither of you shares needles or razors with other people.

Using condoms shows that you care for your sexual partner. It is the responsible action to take when having sex when you don't want to have a child. Condom use protects both partners from possible HIV infection, STIs and unwanted pregnancy.

65. Is it true that some condoms have tiny holes that let the virus through?

No. All condoms sold in Nigeria today are made of strong latex rubber, or they are made of polyurethane that is even stronger than latex. They are tested by machine to ensure that they are safe before they are produced in bulk. After abstinence, condoms are the most effective method of preventing HIV/STI transmission. However, heat, age and use of oil can damage latex, causing holes in a condom.

66. I hear that some people infect condoms with HIV to reduce the population of Africa. Is this true?

No, this is not true. Condoms have been created for the dual purpose of protecting people against HIV and other STIs and to prevent pregnancy. Condoms have not been used to spread disease and reduce Africa's population. In addition, a person cannot infect a condom with HIV because the virus does not survive for long outside of body fluids and blood products.

Preventing HIV through Sexual Partner Reduction: Description & Practice

67. What is sexual partner reduction? How and why is it practiced?

This term refers to a practice by which a person who has more than one sexual partner (either regular or periodic) decreases the total number of people with whom he or she has sexual intercourse. Sexual partner reduction is practiced to reduce a person's risk for getting HIV or other STIs.

Provider Note: Give your clients a practical example:

Describe a man, who is a truck driver, and has a steady girlfriend at home. During his travels throughout the country, he meets many women and has a number of girlfriends who are his sexual partners. He may have sex with his steady girlfriend more often, and have sex with his other girlfriends from time to time, when passing through their towns. For this man, reducing his number of sexual partners may mean not having sex with all of his other girlfriends as he travels throughout the country. By having sex with fewer women, this man reduces his chances of getting HIV or other STIs.

Feel free to choose any good example to explain what sexual partner reduction is, and why it is used to prevent HIV.

68. How can I reduce the number of sexual partners I have?

If you are having sex and now want to reduce your number of sexual partners, you must negotiate and discuss your decision with each of your partners. Some of your sexual or romantic relationships will need to be terminated. This may be difficult at first, but it will be worth your efforts in the long run.

Provider Note: Help your clients make plans for reducing their number of sexual partners. Perhaps role playing the discussions they'll have with their partners will help your clients anticipate the reactions they will receive.

Myths & Other Questions about Reducing the Number of Sexual Partners

69. Isn't it true that a man needs to have many sexual partners?

No, a man doesn't need to have many sexual partners. A man can have just one sexual partner and be satisfied with his sex life. In addition, having a limited number of sexual partners is healthy because it helps a man to develop better relationships with his partner(s).

70. I am in a polygamous marriage and cannot reduce my number of sexual partners? How can I avoid getting HIV?

If you are a woman who is in a polygamous marriage you may feel obligated to have sexual intercourse with your spouse. Similarly, if you are a man in a polygamous relationship you are expected to have sex with your wives. Yet whether a wife or a husband, you can safely have unprotected sexual intercourse **ONLY IF** the following is true:

- 1) If none of the partners in your polygamous relationship have HIV—that is, all wives and the husband have been tested for HIV and have received negative results; and

2) If none of the spouses in your marriage have sexual intercourse with others outside of your household.

However, if it is not clear that all of the wives and the husband are sexually faithful, each partner should negotiate the use of a condom for each sexual act. This is for the protection of the family as a whole. It is also important to note that when a husband and wife in an unfaithful polygamous relationship want to have a child, this may expose one or both partners—as well as the baby—to HIV transmission.

Provider Note: This topic may be very sensitive to your clients, who are in polygamous marriages. Use care when discussing how to prevent HIV transmission in these cases.



CHAPTER 7

TESTING FOR HIV



Introduction: Now that you have explored all of the ways to get and prevent HIV, it is time to look more closely at how your clients can determine their HIV status. The Information in this chapter will help you to respond to basic questions about HIV testing and understanding test results.

There are a number of tests available in Nigeria used to determine HIV status. These are **Orasure** (tests saliva); **ELISA** (tests blood) and **Western Blot** (confirms Orasure or ELISA tests). In other countries, other tests exist. These are all usually classified as either initial or confirmatory tests. Orasure and ELISA are initial tests; the Western Blot is a confirmatory test.

An initial HIV test is given to a person twice to test for HIV antibodies found in a sample of blood, saliva or urine (although the urine-based test is not yet available in Nigeria). The Western Blot or other confirmatory test is taken on a second sample of blood, saliva or urine to confirm the results of the two initial tests. Receiving HIV test results may take anywhere from a few hours to a few weeks, depending on the type of tests and the procedure at the centre where the test is administered.

People who have taken the HIV tests soon after they were exposed to HIV and received a negative result should be advised to take the tests again in six months time, to be certain of their HIV status.

Description of Tests & Testing Procedures

71. What are the tests for HIV? What do they mean?

There are two main types of tests for HIV. These are classified as initial tests and confirmatory tests. ELISA and Orasure are initial tests that are offered in Nigeria. ELISA tests blood while Orasure tests saliva. The Western Blot is the most common confirmatory test that is used in Nigeria. Other initial and confirmatory HIV tests exist in other places around the world.

All HIV tests look for antibodies. These can be found in the blood, saliva or urine of an infected person. Antibodies are substances that a person's body produces to fight certain diseases, including the HIV virus. The body usually makes antibodies in less than 3 months although on average this happens around 25 days after the moment of infection. This period of time between when a person is infected and when antibodies are developed is called the *window of infection* or the *window period*. When these antibodies are found in the body it usually means that a person has been infected with HIV.

Two positive results for the initial HIV tests mean that a person is very likely infected with HIV. Once the initial tests have been taken, a confirmatory test is taken on a second sample of blood, saliva or urine to verify the results of the two initial tests that were taken on a single sample of blood, saliva or urine. If a person's confirmatory test comes back negative, he or she is probably not infected with HIV.

Provider Note: If your clients think that they were exposed to HIV less than six months ago and have taken the series of three HIV test, advise them to have a second set of tests taken six months from now. Although most people develop antibodies to HIV within three months after being infected, some people may take up to six months to develop antibodies. As such, it is possible that your clients who were recently exposed still have HIV and should be re-tested after six months to be sure of their status. Remind your clients that while they wait for their next tests, it is important that they abstain from sex completely, or use a condom every time they have sex to protect against HIV & STI infection.

72. If I get an HIV test and it is negative, am I safe?

No. This depends on how long ago you had unprotected sex before taking the HIV test. It also depends on whether or not you have taken all three tests that make up the HIV test series—that is, two initial tests and a confirmatory test.

If you had unprotected sex less than six months before taking the test, then it is possible that you could have a negative HIV test result, even though you are actually infected. This is because the HIV test looks for HIV antibodies which can take up to six months for a person's body to make.

Make sure you take both of the initial tests and a confirmatory test AGAIN, six months or so after you have taken the first series of HIV tests.

While you wait for the next test, it is important that you abstain from sex completely, or use a condom every time you have sex to protect against HIV or STI infection.

73. Does a positive HIV result mean that I have AIDS?

No. Having a positive HIV result does not mean that you have AIDS, but it does mean that you carry the HIV virus in your blood.

HIV tests do not determine if a person has AIDS because AIDS itself is not a disease. It is the final stage of HIV. When a person has AIDS, it is an outward show of the HIV infection that has been developing in the body of an infected person, from the moment of infection.

While you will likely develop AIDS over time, how long this takes depends on your overall state of health and how well you take care of your body. This means receiving the proper nutrition and rest, once you know that you are HIV positive.

74. How reliable are the HIV tests?

Overall, the HIV tests are very reliable. There are several kinds of HIV tests available. Most of them can correctly determine—with 98-99% certainty—if a person truly has the virus in his or her blood.

75. How long does it take to get the result once I give blood for the test?

Generally, it takes about 2 days to 6 weeks for you to receive the results of the two initial HIV tests. The length of time between taking the HIV test and receiving the results depends upon the type of initial test you take as well as on the procedures at the hospital or clinic where the test is administered. Some tests provide results in a few short hours; others may require a period of several days or weeks before your health provider can give you the results.

Provider Note: Instruct your clients to check with a hospital or clinic for the types of tests offered there and the length of time it requires before the results are available to them.

76. What if I get only one test? Can I tell for sure if I have HIV?

No. You cannot know your HIV status from getting a single blood, saliva or urine test for HIV. There are a number of reasons why you must take all three tests in order to be sure of your HIV status.

First, although the tests for HIV are very good, results of the first test are not always clear. A second test is usually taken on the same sample of blood, saliva or urine to make sure that antibodies were present. Second, HIV is a serious disease and it is very important to know for certain whether or not you have HIV so that you can receive the proper medical treatments if you are positive. For this reason a third, confirmatory test verifies whether or not you have HIV antibodies in your body, using a second sample of blood, saliva or urine. You will usually be required by your health care provider to take a confirmatory test between three and six months after taking the initial HIV tests. Finally, if you have taken a series of HIV tests just after you were likely exposed to HIV (for example, through unprotected sex), you should repeat the series of tests SIX MONTHS later. Your body may not have made any antibodies to HIV yet and so your test results fail to show that you have HIV even if you are infected.

While you wait for the next test, it is important that you abstain from sex completely, or use a condom every time you have sex to protect against HIV or STI infection.

Remember, even if you test negative for HIV now, you can still become infected in the future if you do not practice HIV risk reducing behaviours (as described in this chapter). These behaviours also help reduce your risk for getting other STIs.



CHAPTER 8

CARING FOR A PERSON LIVING WITH HIV & AIDS



Introduction: *It is important that all of your clients know their HIV status. This knowledge challenges your clients to act responsibly to prevent further transmitting the virus to others. It also challenges clients and others who are HIV positive to lead a healthy, positive lifestyle, so that they can remain alive and healthy for as long as possible. Unfortunately, most of your clients, including those who have HIV, do not know their HIV status. Many are afraid to get tested, because they fear the consequences of having HIV. In general, people living with HIV have been treated unfairly in Nigerian society, as in many other parts of the world. Others in their community are afraid of them, or blame them for having HIV. Some fear that having casual contact with an HIV positive person will give them the virus.*

This chapter will help you encourage your clients who are HIV negative to treat people living with HIV & AIDS with compassion and respect. In this chapter you will find answers to your clients' questions on the emotional and nutritional needs of people living with HIV. This chapter also addresses some of the myths held by people who do not have HIV about people living with HIV. These myths are responsible for the stigma, or negative treatment of HIV positive people, that must be stopped. By discussing the content of this chapter with your clients and others, more people will come to understand and support the HIV positive people in their lives.

Emotional Needs & Relationships

77. What do I do if someone I know tells me that he or she has HIV?

You should always give people with HIV the same respect and courtesy you gave them before knowing their HIV status. However, in addition to these things people living with HIV & AIDS need a great deal of compassion, care and support—even more than family and friends who do not have HIV.

Remember that people with HIV are not dangerous. You should give your friends and family members who have HIV the same love that that you have always given them in the past. You should therefore encourage people living with HIV to follow the same advice that your health provider gives to you:

Make every effort to lead a healthy, full life. Practice healthy sexual behaviours in order to avoid getting other infections or becoming re-infected with HIV.

Provider Note: Talk to your client about these important issues related to care and support. Refer him or her to the appropriate organisation or resource person for further information.

78. What do people with HIV need the most?

Having a serious illness like HIV is too much for any one person to bear alone. People with HIV need a great deal of emotional support and physical comfort from family and friends, especially if they have already developed some symptoms of AIDS.

79. What do people with HIV worry about the most?

People with HIV worry about medical, social and emotional problems. They feel sad, fearful, angry and anxious. People living with HIV are usually afraid when they find out that they have HIV. Some HIV positive people even lose hope for the future. They fear being left alone, being in pain and dying alone without the love, support or comfort of loved ones. All of these are normal feelings for people to have when they discover that they have a serious illness. You should find ways to assist the HIV positive people in your life to cope with the emotions they have about living with HIV. Remember however that people living with HIV do not spend all of their time worrying. **Many continue to live life positively**—that is, with a positive attitude about their future and potential to achieve their dreams.

Provider Note: Give your clients examples of support groups that you know of for people living with HIV & AIDS. This will show your clients that it is possible for HIV positive people in your community continue to lead healthy, positive lives after finding out that they carry the virus. Encourage your clients to give emotional and moral support to HIV positive people in their lives. You will need to discuss this point at greater length with your clients. They are likely to have many of their own fears or concerns that they want to share with you. Helping your clients to understand their own feelings about diseases and HIV in particular may help them learn how to better help the HIV positive people in their lives.

80. If I am caring for someone who has HIV, how do I protect myself from getting the virus?

Remember that you cannot get HIV from eating, sleeping, working, playing or living with a person who has HIV or AIDS. HIV is not transmitted through casual contact; it is only transmitted through infected body fluids (blood, vaginal fluids, semen and breast milk). However, if you are caring for a person who has developed symptoms of AIDS you should wear protective covering when cleaning the person's blood, stool, or urine.

81. How can I help someone with HIV make peace with his or her family?

Serious illness sometimes gives a person the courage to focus on what is important to him or her. There are many different ways to help in these situations. Some people write letters to their loved ones to express what they feel. Others make "memory boxes" for their children and put sentimental things in the box so their children will have happy memories of them if they die before seeing their children grow up. Use what you know about the HIV positive person in your life to help her find a way to make peace with family and friends. This is especially important if the person already has signs of AIDS.

NUTRITIONAL SUPPORT NEEDS

82. Do people who have HIV require special diets and meals?

Yes. People with HIV need to eat healthy foods and avoid foods with a lot of oils and fats, especially when they have diarrhoea. The most important parts of a diet for HIV positive people are: drinking clean water and eating a good variety of foods, especially those that are high in protein, vitamins and minerals (most importantly, Vitamins A, C and E).

Drinking clean water is important to avoid getting water born diseases. These diseases cause diarrhoea that makes people with HIV lose most of the nutrients they get from food. It is recommended that people with HIV boil their water for at least five minutes before drinking it. This will rid the water of disease causing bacteria. HIV positive people should be advised to eat foods such as yoghurt, bananas and rice to help cure diarrhoea and to prevent it from occurring in the future.

Eating foods that are high in protein is very important as well. When people have HIV or AIDS, their bodies process food more quickly than usual. Protein helps build muscle and tissue mass. If people with HIV or AIDS do not eat large amounts of food, their bodies begin using muscle or tissue mass as a source of nutrition. This problem is called *wasting*. People with HIV need much more protein than do people who do not have HIV, in order to combat the problem of wasting. Commonly available sources of protein include groundnuts and meat. People with HIV should be sure to eat large amounts of protein-rich foods everyday in order to maintain strong muscles and tissue.

Vitamins A, C and E as well as minerals help to boost immunity. Vitamin A can be obtained from orange fruits and vegetables; Vitamin C, from citrus fruits; and Vitamin E from foods like avocados. HIV positive people should eat many fruits and vegetables each day to become stronger and more resistant to the opportunistic infections that will try to attack their bodies.

People with HIV may live healthy lives for a long time if they eat properly (as described above) and get plenty of rest. It is important to note, however that many people with HIV & AIDS suffer from a loss of appetite; as a result, eating the proper amounts of food is very difficult for them. They will need encouragement and help to eat, even when they are not hungry.

STIGMATISING HIV POSITIVE PEOPLE

83. Are people who have HIV immoral?

No. Having HIV is not a moral issue. HIV is not a sin or a crime—it is a virus. Anyone who is sexually active can be exposed to HIV. Anyone who is sick and needs to be given new blood to live can be at risk of getting HIV. Any infant that is breastfed by a mother who has HIV can be at risk of getting HIV.

Moreover, a person does not have to have many sexual partners to get HIV. Although certain behaviours such as having many sexual partners can increase a person's exposure to HIV, engaging in just one unprotected sexual act is enough to expose a person to HIV as well. Likewise, sharing a needle even one time or having even one blood transfusion can expose a person to HIV. When this happens and HIV is transmitted from one person to another, **NO ONE IS AT FAULT**. HIV positive people—whether old or young, male or female and regardless of their lifestyles—should therefore not be made to feel guilty because they are infected with the virus.

84. Do people with HIV want to infect others so they will not die alone?

No. Most individuals who know who they are living with HIV do not want to infect others. Because they know how hard it is to live with HIV, people living with HIV do not want to give the virus to others.

Most people pass HIV to others because they do not know they are infected themselves. This is why it is very important to treat all sexual partners as potential HIV positive people (unless a person is very sure that their partner is mutually faithful, has been tested for HIV and is not infected).

85. Is knowingly infecting others with HIV wrong?

Yes. It is wrong to knowingly expose other people to HIV. However many people with HIV do not want to tell others about their HIV positive status because they fear that they will be pushed away by their family, friends and community. As a result, some people with HIV do not change their sexual behaviours (for example, using condoms once they are aware of their positive status) because doing so could draw attention to them and cause people to suspect that they might be ill. This is one reason why some HIV positive people knowingly infect others with HIV. Remember however, that while this is done knowingly, it is not done with the intention of infecting others, but out of a fear of stigma (or negative treatment) that comes with revealing an HIV positive status.

86. Why isn't the government forcing everyone to take HIV tests and then publishing the results in the newspapers?

The Nigerian government cannot afford to test every single person in the country to correctly figure out who is HIV positive. More importantly, publishing the HIV status of Nigerian citizens is a violation of individual and human rights.

Imagine if you or a loved one tested positive for HIV. Would you want your name or your loved one's name published in the newspapers? Probably not. Pointing fingers at people with HIV will not stop the epidemic. It will only expose people to shame and divide individuals and groups—groups that should be supporting each other in a common fight against HIV.

87. If we quarantine people with HIV, would it stop the spread of the virus?

No. Quarantining people living with HIV would not stop the spread of the virus. Here are a few reasons why:

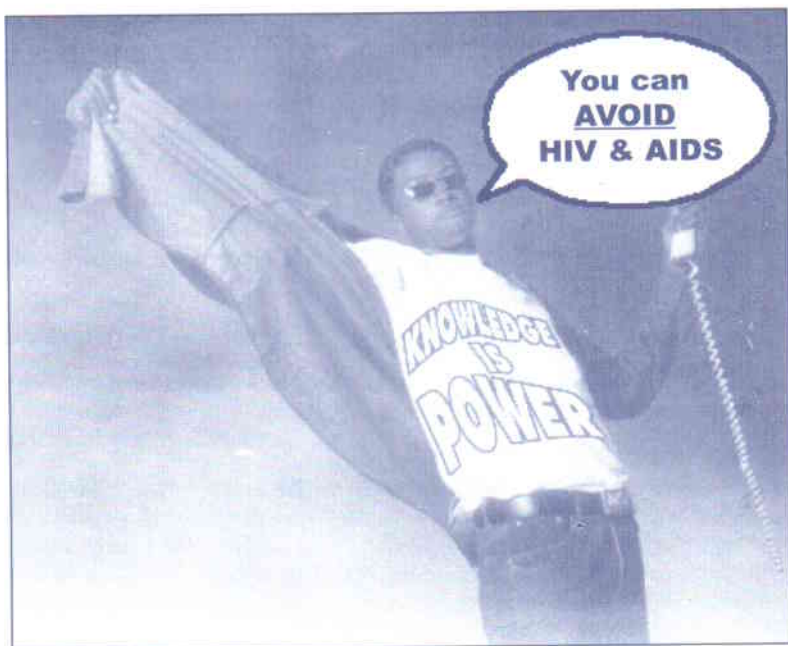
In order for quarantine to work effectively:

- ◆ Every Nigerian would have to be tested to determine who is infected.
- ◆ Camps would have to be set up to house those with HIV. This would mean separating families and taking individuals away from jobs and communities.
- ◆ Once all infected individuals have been isolated, every Nigerian would have to be re-tested every six months to make sure that there are no new infections.
- ◆ Nigeria's borders would have to be closed, preventing all from entering or leaving the country.

Clearly, quarantining HIV positive people is an impossible task; it would also violate individual human rights. Therefore, the quarantine of HIV positive people is not a prevention measure used in the fight against HIV in Nigeria or elsewhere.



THE A B C'S OF PREVENTION



The quarantine of individuals with HIV will not stop the spread of the virus. Taking the following steps, however, WILL:

It's as easy as A, B, C, and D.

- A:** Abstain from or delay having sexual intercourse.
- B:** Be mutually faithful with one sexual partner.
- C:** Use a new condom every time you have sex and with every sexual partner.
- D:** Decrease your number of sexual partners; do not share ANY needles, syringes or razors.



Resources

Please contact the following organisations in Nigeria for more information, referral or support:

1. *Youth Empowerment Foundation*
P. O. Box 7979, Surulere, Lagos
e-mail: aidshotline@yahoo.com
Telephone Hotline: 01-7732200, 01-7732201
2. *Journalists Against AIDS*
42 Ijaye Road, Ogba, Lagos
e-mail: resourcecentre@nigeria-aids.org
Telephone: 01-773-1457
3. *Lagos University Teaching Hospital*
Department of Medical Social Services
Idi-Araba, Lagos
4. *Nigeria Youth AIDS Program*
9 Adebola Street, Surulere, Lagos
email: nyaplagos@yahoo.com
5. *Society for Family Health*
Plot 2380 Nanka Close
Off Sultan Abubakar Way (By Heritage House)
Zone 3, Wuse, Abuja
6. *Constitutional Rights Project*
5 Abiona Close
Surulere, Lagos
Email: crplagos@crp.org.ng
7. *Center for Health Education and Development*
167 Iju Road, Ifeako-Ijaiye, Lagos
Telephone: 01-470-2486
8. *Planned Parenthood Federation of Nigeria*
224 Ikorodu Road, Palmgrove, Lagos
Email: ppfn@rcl.nig.com
Telephone: 01-497-5258

9. *Lagos State General Hospital*
3 Broad Street, Lagos
Telephone: 01-273-0642

10. *Johns Hopkins University*
Center for Communication Programs
18 A/B Temple Road
Ikoyi, Lagos
Telephone: 01-267-0362

11. *Family Health International/Nigeria*
18A/B Temple Road
Off Pa Alfred Rewane Road
Ikoyi, Lagos

12. *Society for Women Against AIDS, Nigeria (SWAAN)*
4 Apena Street
Surulere, Lagos

13. *The Salvation Army (VCT Site)*
11 Odunlami Street
Near CMS Bookshop
Lagos.
Telephone: 01-263-3556

14. *Nigerian Institute of Medical Research (VCT Site)*
Medical Compound
Edmunds Crescent
Yaba, Lagos

15. *Youth Communication Initiative*
4 Ilupeju Industrial Avenue
Ilupeju Industrial Estate
Lagos
Tel: 01-496-2185, 01-493-2135
Fax: 01-493-2135

HIV & AIDS Website Links

- ◆ **www.unaids.org:** The “Frequently Asked Questions” page lists a number of useful website links that have basic information on HIV & AIDS.
- ◆ **<http://www.cdcnpin.org/hiv/faq/start.htm>:** The U. S. Center for Disease Control National Prevention Information Network also has information on the testing, transmission and prevention of HIV & AIDS.
- ◆ **<http://www.who.int/emc/diseases/hiv/index.html>:** The World Health Organization (WHO) website provides statistics on the HIV & AIDS throughout the world.
- ◆ **<http://www.aidsafrica.com>:** Provides current information on HIV & AIDS in Africa, including articles, print material resources and statistics.
- ◆ **<http://groups.yahoo.com/group/nigeria-aids>:** A popular and thought provoking discussion forum on HIV & AIDS in Nigeria.


The Johns Hopkins University/Center for Communication Programs (JHU/CCP) was established by the Johns Hopkins Bloomberg School of Public Health in 1988 to focus attention on the role of communication in changing behavior and to provide leadership in the field of health communication. With over 250 field staff in 30 countries, JHU/CCP has developed and managed over 700 country-based projects and programs in HIV & AIDS, reproductive health, child and adolescent health, environmental protection and good government.

JHU/CCP provides the *HIV Q & A Handbook* in response to Nigeria's need for health education and information about HIV & AIDS.

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**If you have comments,
questions or if you would
like to request free
additional copies of this
Handbook, please write to:**

Johns Hopkins University
Center for Communication Programs
18A/B Temple Road, Ikoyi, Lagos, Nigeria
Telephone - 234-1-267-0362
Facsimile- 234-1-260-0025

**For correct and confidential HIV&AIDS
information and counseling contact the
Youth Empowerment Foundation (YEF)
HIV & AIDS Hotline at:
(01) 773-2200 or 773-2201
OR
e-mail: aidshotline@yahoo.com**



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