

A HANDBOOK

TRADE UNIONS



HIV/AIDS

Prepared by



in collaboration with



Under the ILO India Project

Prevention of HIV/AIDS in the world of work :
-A tripartite response

WVGI National Labour Institute

Supported by the US Department of Labor

A HANDBOOK TRADE UNIONS AND HIV/AIDS

Prepared by



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W. G. Herzog Labour Institute, WOLDA

Under the ILO India Project

*Prevention of HIV/AIDS in the world of work:
A strategic response*

Supported by the US Department of Labor

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Developed by the ILO Indiv. projects: 'Prevention of HIV/AIDS in the world of work' & 'Training the Responder'

ACRONYMS

- AIDS : Acquired Immuno Deficiency Syndrome
- ANC : Ante Natal Care
- BCC : Behaviour Change Communication
- CBOs : Community Based Organisations
- CBWE : Central Board for Workers Education
- CDC : Centre for Disease Control and Prevention
- ELISA : Enzyme Linked Immuno Sorbent Assays
- GOI : Government Of India
- HTV : Human Immuno deficiency Virus
- IEC : Information Education and Communication
- ILO : International Labour Organisation
- MOL : Ministry Of Labour

- MTCT : Mother To Child Transmission
- MSM : Men having Sex with Men
- NACO : National AIDS Control Organisation
- NGOs : Non Governmental Organisations
- PLWHA : People Living With HIV/AIDS
- SACS : State AIDS Control Societies
- SAAT : South Asia Advisory Team, ILO
- STI : Sexually Transmitted Infection
- TUs : Trade Unions
- USDOL : United States Department of Labor
- UNAIDS : Joint United Nations Programme on HIV/AIDS
- VUGNLJ : V. V. Giri National Labour Institute
- WHO : World Health Organisation

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PREFACE

We are pleased to present this handbook to workers' organisations. It comes as a fulfilment of a promise made during the launch of the ILO India project (phase-I) in July 2001. During the stakeholders' meeting, the trade union representatives had expressed the need for a simple handbook which could provide them with the basic information about HIV/AIDS and an understanding of the role that they could play in combating HIV/AIDS.

Global figures of HIV infection are grave. At the end of 2001, 40.1 million people were living with HIV/AIDS. According to the ILO estimates, about 25 million of them belonged to the working population. HIV/AIDS is known to have affected people at the prime of their productive life as the maximum number of infections have been reported from the age group 15-49. This in itself is sufficient for the trade unions to understand the enormity of the problem and its manifestations for the working class. The concerns of trade unions have always encompassed the major social issues of their times. And now these must include HIV/AIDS.

Immediate efforts are needed to control the spread of the epidemic in India, the home to ten percent of the global HIV population. A single agency or the Ministry of health alone can not do this. The recently adopted AIDS policy of the GOI aims 'to generate a feeling of ownership among all the participants both at the government and non-government levels, like the central ministries... , industrial undertakings in public and private

sectors ... to make it a truly national effort'. The policy also highlights that the 'organised and unorganised sector of industry needs to be mobilised for taking care of the health of the productive sections of their workforce'.

Trade unions have historically been involved in protecting the rights of workers. And now protection of rights, especially to non-discrimination on the basis of HIV status, is essential in order to combat the fear and stigma that surrounds the epidemic.

Trade unions have also been involved in education and training on important social issues. Considering the extensive reach that the trade union networks have, a real impact can be made if HIV/AIDS education can become a regular part of the trade union educational programmes. Considering the fact that AIDS has no cure as of now, prevention is the only option. And prevention is possible if all the existing networks can be used to reach out to people with correct information in an effective manner. This is where workers' organisations, together with government and employers, can make a difference in responding to the challenge that HIV/AIDS is posing to the world of work.

This handbook has been produced under the ILO project after a series of consultations with trade union representatives and sensitisation workshops organised at V.V. Giri National Labour Institute.

We hope that the workers organisations will find this handbook useful.

S.M. Akbar
National Project Coordinator, ILO

Uday Kumar Varma
Director, VVGNLI


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OBJECTIVES


This handbook aims to provide guidelines to workers' organisations to help them initiate policy/programmes to combat HIV/AIDS. It enables trade unions gain in-depth understanding of the HIV/AIDS problem and basic issues, and also the role they could constructively play in addressing HIV/AIDS through their networks and programmes.

The specific objectives of this handbook are:

- ▶ To enhance the knowledge level of the trade unions about STIs/HIV/AIDS.
- ▶ To enable the trade unions appreciate their role in developing policy and programmes on HIV/AIDS.
- ▶ To provide guidelines to trade unions to help them play their role effectively in strengthening the world of work response to HIV/AIDS.



Know
about it!



Understand
your role!



Act!



HIV/AIDS is an
important issue
for Trade Union

3

WHAT MAKES HIV/AIDS AN ISSUE FOR THE WORLD OF WORK?

- According to UNAIDS, an estimated 40.1 million people were living with HIV/AIDS at the end of 2007. Of these, at least 25 million were workers, according to the ILO estimates.
- HIV/AIDS affects:
 - Workers and their families
 - Enterprises/employers
 - Government and national economies
 - Trade Unions

IMPACT ON WORKERS AND THEIR FAMILIES:

HIV hits hardest at the most productive 15-49 years age group.

Loss of the main bread earner results in insurmountable suffering for the family: Stigma, denial of educational opportunities to children, exacerbation in child labour, additional burden on women and elderly people.



Women are generally faced with the double burden of having to work and cope with the additional responsibilities of providing care and support to family members who fall ill.

Screening people for HIV in order to bar them from work, deny them promotion or exclude them from social protection and benefits are some of the AIDS-related discrimination at workplace.

This necessitates the need to put HIV/AIDS in human rights perspective and ensure that there is no discrimination due to HIV/AIDS.

Experiences have revealed that discrimination against people with HIV undermines efforts for prevention and care.

A CASE STUDY FROM GUJARAT, INDIA:

Driver of a nationalized bank died of AIDS. His wife was also HIV positive, but healthy and fit to work. In spite of the provision for offering job to the dependent as per the bank's rules, the wife was denied job because of her HIV status. To compound the problem, her in-laws demanded job for the younger brother of the deceased, not for the wife.

The case highlights discrimination at workplace as well as from family/society, particularly in case of women.

"We can work. Please understand that we pose no risk to our fellow colleagues. Work is more than medicine to us. It keeps us going and enables us to bring home food and medicine".

*Mr. Navan Kumar, President,
Delhi Network of People Living with HIV/AIDS.*

IMPACT OF HIV/AIDS ON ENTERPRISES/EMPLOYERS:

At the enterprise level, AIDS related illnesses and death mean:

- ✓ Increase in absenteeism due to illness and bereavement
- Increase in labour turnover due to illness and death
- Fall in production due to absenteeism, labour turnover, loss of skills/experience
- Increase in expenditure on employees' replacement and training, health care and social security cost, and
- Reduction in profit levels

Enterprises in Africa and Asia are reporting fall in productivity and raising costs due to HIV/AIDS.

HIV/AIDS PREVENTION PROGRAMME COSTS MUCH LESS TO COMPANIES:

An example from Kenyan companies:

It is projected that average cost due to HIV/AIDS will double (from US\$25 per employee to \$50) by 2005.

However, a comprehensive prevention programme would cost US\$15 per employee. (this is a one-off cost).

-Excerpt from 'Putting HIV/AIDS on the business agenda', UNAIDS 1998

Costs related to HIV/AIDS among companies in Kenya are projected to increase in the range of 4% to 8% by 2005.

In Chennai, India, a study of large industries found that absenteeism was expected to double in next two years largely due to STIs and AIDS related illnesses.

AIDS HAS SHOWN ITS IMPACT ON ALMOST EVERY SECTOR:

Mining companies in South Africa estimate that 40% of their work force may have HIV. AIDS will increase labour turnover by 3-6%. Studies also indicate that miners in South Africa are now more at risk of contracting HIV than of being in a mining accident.

In Zambia, deaths of teachers due to AIDS are equivalent to about half the total number of new teachers the country manages to train annually. Over half of the teachers in Uganda are believed to be living with HIV/AIDS.

A study in a sugar industry in Swaziland indicated that death rates of employees increased alarmingly and AIDS-attributable death rate was 53.7%.

In a tea estate in the southern region of Malawi, the cost of HIV/AIDS was estimated to be approximately 1.1% of the total expenditure and 3.4% of gross profit in a 12 months period.

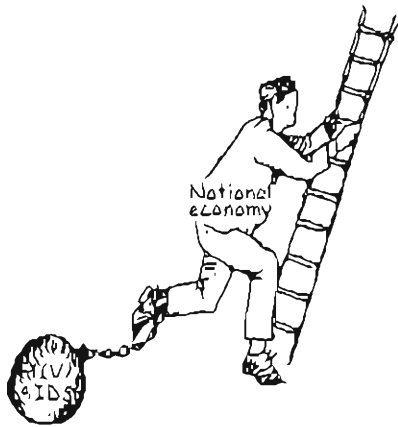
WHAT MAKES HIV/AIDS AN ISSUE FOR THE WORLD OF WORK?

In one big transport company in Zimbabwe, the cost has been as high as 20% of the annual profits. Zambia's largest trucking company reported that 28% of its drivers had suffered a fatal illness in the last three years.

Empirical evidence from studies undertaken in India suggests that as many as 75% of drivers and 50% of their crew-members engage in sexual encounters with occasional partners, making them highly vulnerable to HIV/AIDS.

IMPACT OF AIDS ON THE NATIONAL ECONOMIES:

The epidemic is placing a huge strain on many countries. Impacts are clearly visible in the following areas:



Falling GDP: The GDP of some developing countries is projected to fall by 25% over the next two decades. According to a study conducted by two US economists, the South African economy may be 17-20% smaller in the year 2010, largely due to the impact of HIV/AIDS.

Increasing health expenditure: Kenya expects to be spending 60% of its health budget on HIV/AIDS treatment by 2005.

Falling production levels: Due to loss of skilled personnel such as teachers, doctors, technicians, farmers and others, the ability of countries to deliver basic services is

WHAT MAKES HIV/AIDS AN ISSUE FOR THE WORLD OF WORK?

seriously hampered. Impact of AIDS has been witnessed in virtually every sector.

United Nations estimates that among the 25 African countries worst affected by HIV/AIDS, seven million farm workers have died of AIDS related causes, and an estimated 16 million could die by 2020.

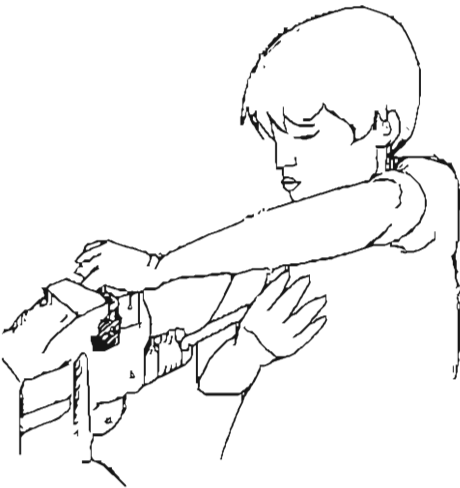
A third of rural households affected by HIV/AIDS in Thailand reported a fifty percent reduction in agricultural output.

EMPLOYMENT AND LABOUR MARKET IMPLICATIONS OF HIV/AIDS:

The US Census Bureau has projected that by the year 2010, life expectancy will fall from 60 years to around 30 years in the worst affected countries.

According to the projections made by the ILO for eight African countries with highest prevalence rates, the labour force would be 10-22% smaller by 2020 than it would have been without AIDS.

AIDS is to change the composition of labour force. Quite simply, there will be less people available to work on farms, factories, in the offices, mines etc.



HIV/AIDS EXACERBATES CHILD LABOUR:

An estimated 13 million children have been orphaned by AIDS. 95% of them are in Africa.

There are evidences to show that the epidemic has forced children out of school into child labour, often into exploitative and extremely hazardous forms of work.

Young female orphans are especially vulnerable to sexual exploitation.

High drop out rates from schools will further lower the qualification and skill level of workforce.

HIV/AIDS AND TRADE UNIONS:

Trade Unions in the worst affected countries have also borne the brunt of AIDS.

In Zimbabwe, a mine workers' union lost almost 90% of its organising staff and its national education officer.

A union in Zambia lost many of its trained staff. The IUF, the international body representing food workers, hotel workers and plantation workers is experiencing an increasing loss of trade union leaders among its affiliated units.





POINTS TO REMEMBER

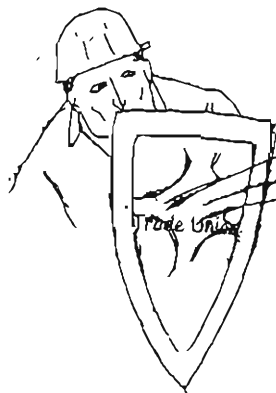
- ▶ HIV/AIDS affects the most productive age group between 15 - 49 years.
- ▶ Prevention is the key as at the moment there is no cure.
- ▶ The world of work needs to respond to HIV/AIDS on an urgent basis.
- ▶ Workplace provides the key venue for initiating effective programmes for prevention and care related to HIV/AIDS because:
 - * Workers are the hardest hit group and they need to be protected.
 - * It provides the platform and opportunity to reach large number of people (captive audience) and with high impact.
 - * Workers are influential in their communities and through them AIDS education can reach the communities as well.

4

THE ROLE OF TRADE UNIONS IN COMBATING HIV/AIDS

The concerns of trade unions have always encompassed the major social issues of their times. Now, these must include HIV/AIDS as the epidemic is known to have undermined the rights and livelihoods of the working population.

Traditionally, the responsibilities of trade unions have included:



- ▶ Protecting the rights of workers and combating discrimination.
- ▶ Ensuring safe and healthy working conditions.
- ▶ Promoting access for all workers to a fair income, social insurance and basic health care.
- ▶ Participating in social dialogue on national issues affecting employment and human resources.

In the light of the epidemic and its consequences for the working people and their families, communities and workplaces, trade unions can play the following roles:

A) PROTECTING THE RIGHTS AND DIGNITY OF THOSE INFECTED AND AFFECTED BY HIV/AIDS

A core trade union responsibility, protection of the rights of workers especially to non discrimination on the basis of HIV status- is essential in order to combat fear and denial that still surrounds the epidemic and to promote effective prevention.

Trade Unions can assist management in developing systematic and non-coercive HIV workplace policy regarding HIV in the workplace.

Trade Unions can persuade the employers to set up committee to develop policy and programmes related to HIV/AIDS.

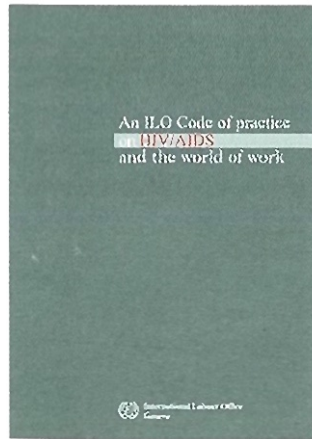
The Trade Unions can also play a crucial role in implementation of the policy.

The following are the principles that the ILO Code recommends to be included in the workplace policy on HIV/AIDS:

- People with HIV/AIDS are entitled to the same rights, benefits and opportunities as people with other serious or life threatening illnesses.
- Employment practices must, at a minimum, comply with national, regional and local laws and regulations.
- Employment policies should be based on the scientific and epidemiological

.. Employers and workers' organisations should develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS.

- Excerpts from the ILO Code of practice on HIV/AIDS and the world of work



THE ILO CODE ESTABLISHES PRINCIPLES FOR POLICIES ON HIV/AIDS AT ALL LEVELS



- ▶ evidence that people with HIV/AIDS do not pose a risk of transmission of the virus to co-workers through ordinary workplace contact.
- ▶ The highest levels of management and union leadership should unequivocally endorse non-discriminatory employment policies and educational programmes related to the prevention and care of HIV/AIDS.
- ▶ Employers and union leaders should communicate their support of these policies to workers in simple, clear and unambiguous terms.
- ▶ Employers should provide employees with sensitive, accurate and up-to-date education about risk reduction in their personal lives
- ▶ Employers have a duty to protect the confidentiality of medical information in respect of all their employees
- ▶ To prevent work disruption and rejection by co-workers of an HIV/AIDS employee, employers and unions should undertake education for all employees before such an incident occurs and thereafter as needed.
- ▶ Employers should not require HIV screening as part of pre-employment or general workplace physical examinations.
- ▶ In special occupational settings where there may be a potential risk of exposure to HIV (working with blood and blood products), employers should provide specific, ongoing education and training as well as the necessary equipment, to reinforce appropriate infection control procedures and ensure that they are implemented.

B. PREVENTION OF HIV THROUGH EDUCATION AND TRAINING

Trade Unions have long experience in education and training. This can now be adapted to include modules on HIV/AIDS.

Trade unions can get some of their members trained as peer-educators on HIV/AIDS who could educate others on a continuing basis.

Occupational health and safety in the face of HIV/AIDS: Unions can ensure appropriate first aid measures, knowledge of universal precaution and availability of basic protective equipment.

Prevention programmes should include:

- Informing workers how HIV is and is not transmitted
- Helping workers assess the risks of their own behaviour
- Education about symptoms of STIs and timely treatment
- Condom education
- Practical support for behaviour change (e.g. condom distribution)

Educational programmes could include innovative use of media and materials (folklore, street theatre, film shows, TEC materials - pamphlets, posters, etc)

At the initiative of the trade union, a government office in Thailand set up a programme to train six people from each department, at all levels of responsibility for two weeks. They were then authorised to hold regular information and discussion sessions for their colleagues during working hours.

Trade Unions can also get into partnership with the local NGOs and other agencies working in the area of HTU/AIDS to help them start the programmes.

Trade Unions can also network with local resources for services such as counselling, testing, health care, condoms, drugs and obtaining technical expertise for training materials, self-help groups.

In India, trade Unions are collaborating with the ILO to create a cadre of 'Peer-educators' among trade unions. The ILO Project has developed a training manual for trade unions and is organizing a series of Training of Trainers programmes towards this end.

C. CONDOM PROMOTION

Condom promotion is necessary as an effective workplace HIV/AIDS prevention programme. Trade Unions can ensure:

- ▶ Education - the advantages of using a condom in prevention of STIs and HIV/AIDS, its quality imparting usage skills through demonstrations.
- ▶ Availability - making condoms available in the places they are needed by setting up condom outlets (even mud pots can be used as outlets) in places where it is easily picked up. It is important to replenish the condom stock from time to time.
- ▶ Trade Unions can play a role in creating condom friendliness among the workers and decrease the stigma attached to the topics of sex and sexuality.

Condom promotion is necessary as an effective workplace HIV/AIDS prevention programme

EXP. Jan 2004

D. DIAGNOSIS AND TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS (STIS):

Presence of STIs increases the risk of HIV infection by many folds. Therefore, early diagnosis and treatment of the patient and the partner becomes part of HIV prevention programmes. Here also, trade unions can play a key role:

- Work closely with the medical/welfare department of the enterprises to make sure that STIs are treated by adhering to the norms of confidentiality.
- Network with the government or non-government health services in and around the company for STI treatment and establish a good referral system.
- Organize health camps from time to time.

E. CARE AND SUPPORT

In the context of HIV/AIDS, care and support at the workplace ranges from protecting workers against stigma and discrimination to ensuring their access to available treatment and social security.

Trade Unions can ensure that workers living with HIV/AIDS do not face any discrimination from fellow workers.

Trade Unions can help the employers set up affordable structures of care and support. Trade Unions can also network with available support structures if counselling and medical treatment are not available at workplace.

The Philippines TUC has put in place a network of 14 health centres, which provide its members with diagnosis, counselling and treatment in the areas of reproductive health, sexually transmitted infections, and HIV/AIDS

F. UNDERSTANDING AND MANAGING THE IMPACT OF HIV/AIDS

The Trade Unions can support national efforts to analyze and monitor the epidemic surveillance, by sharing examples of good practice. Particularly urgent is the need to measure and respond to the loss of skilled and professional workers on whom sustainable development depends.

Three global union federations—representing building and wood workers, garment workers, and public sector workers have conducted surveys among their members to find out how HIV/AIDS is affecting their work and union activity and what action they are taking in response

G. ADVOCACY AND PARTNERSHIPS

Partnerships are necessary at all levels, ensuring the integration of affected communities and individuals in strategic planning and the input of resources from national and the international community. Advocacy is also needed at all levels:

- ▶ to persuade governments that national AIDS policy should be multi-sectoral and must include the world of work;
- ▶ to persuade employers of the urgent necessity of setting up workplace programmes; and to support campaigns around the availability of drugs and the strengthening of health systems.

H. POLICY DEVELOPMENT

Trade Unions can develop their own policy on HIV/AIDS. It shows their firm commitment to the cause. Some trade unions have taken a lead by developing their policy.

The International Confederation of Free Trade Unions (ICFTU) encourages its affiliated organisations-national union centres, and the global union federations to develop policies for their own organisations as well as workplace policies or clauses in collective agreements. Policies need to cover, at the least, measures against discrimination and stigmatisation; information and education for prevention; care and support. Programmes to implement these policies should provide training components for all relevant workplace actors, and structures for measuring and monitoring the impact of the epidemic and the effectiveness of the response.

Policy of Trade Union Congress of the Phillipines (TUCP) on prevention and control of HIV/AIDS and STDs can be seen at Annexure A for reference.



POINTS TO REMEMBER:

- ▶ Trade Unions can work for protecting the rights of workers infected and affected by AIDS.
- ▶ Trade Unions can prevent AIDS through education and training.
- ▶ Trade Unions can help employers set up policy/programmes for HIV/AIDS prevention and Care & Support.
- ▶ Trade Unions can develop and implement their own policy/programmes on HIV/AIDS.

Trade Unions
can work for protecting
the rights of workers
infected and affected
by AIDS.



5

HIV/AIDS SCENARIO

Global figures of the HIV epidemic

Globally, nearly
14,000 people
became infected
every day in 2001

Globally, nearly
8,000 people
died every day due to
HIV/AIDS in 2001

PEOPLE NEWLY INFECTED WITH HIV IN 2001	TOTAL ADULTS AND CHILDREN	5 MILLION
TOTAL NUMBER OF PEOPLE LIVING WITH HIV/AIDS	TOTAL ADULTS WOMEN CHILDREN > 5 YEARS	40 MILLION 32.3 MILLION 17.6 MILLION 2.7 MILLION
AIDS DEATHS IN 2001	TOTAL	3 MILLION
AIDS DEATHS CUMULATIVE	TOTAL CHILDREN > 5 YEARS	24.8 MILLION 4.3 MILLION

Source: UNAIDS: AIDS epidemic update December 2001

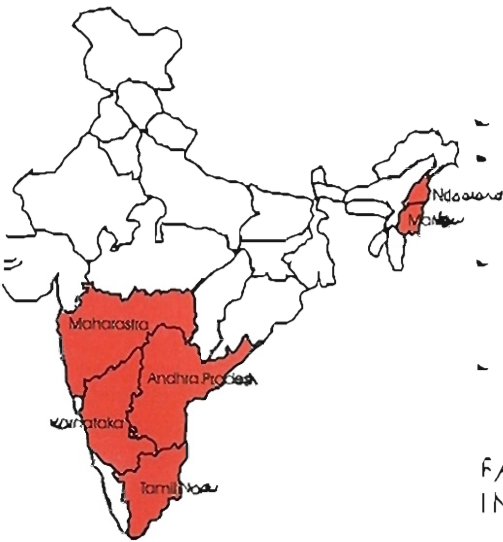
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TRADE UNION AND HIV/AIDS

GLOBAL CRISIS

- ▶ At the end of 2001, an estimated 40 million people globally were living with HIV.
- ▶ In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable.
- ▶ About one-third of those currently living with HIV/AIDS are aged 15-24 yrs.
- ▶ Most of them do not know that they carry the virus.
- ▶ Out of the total global estimation, about 18 million are women, which is about 44% of the global population of people living with HIV/AIDS.
- ▶ Twenty years after the first clinical evidence of AIDS was reported, it has become the most devastating disease humankind has ever faced.
- ▶ Since the epidemic began, more than 60 million people have been infected with the virus.
- ▶ HIV/AIDS is now the leading cause of death in sub-Saharan Africa.
- ▶ Worldwide, AIDS is the fourth biggest killer.

SCENARIO OF HIV/AIDS IN INDIA

- ▶ 3.97 million infections in India at the end of 2001, as against 40 million globally. This means India is home to ten percent of the global HIV/AIDS population.
- ▶ In absolute numbers, India is second in the world in terms of estimated number of people living with HIV/AIDS, South Africa being the first.
- ▶ In six states - Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland - HIV prevalence among the ante-natal women (pregnant women) is



- more than 1%. This means that the epidemic has reached the general population in these states.
- HIV is spreading from urban to rural areas and from the high-risk to low-risk groups.
- Of the reported AIDS cases, an estimated 75% of the infections are in the male population. However, in high prevalent states, the number of infected women is almost equal to that of infected men.
- Nearly 83% of the infection is through the sexual route of transmission. These estimations are based on the annual sentinel surveillance data collected from the survey conducted in 320 sites nationwide.
- Stigma and discrimination continue to be the greatest challenges for the prevention and control efforts in the country.

FACTORS CONTRIBUTING TO THE SPREAD OF HIV IN INDIA

- Complexities arising out of the size and diversity of the country
- Low levels of literacy leading to myths and misconceptions
- Migration for work
- STIs very often go untreated due to both lack of information and health care facilities.
- Complacency
- Gender disparities

INDIA'S RESPONSE TO HIV/AIDS:

- ▶ National AIDS Control Organisation (NACO) is the apex level body within the Ministry of Health and Family Welfare, Government of India which plans and coordinates the national response to HIV/AIDS in India. At the state level, State AIDS Control Societies (SACS) have been set up.
- ▶ The first phase of National AIDS Control Programme, (NACP) began in 1992, primarily with the support from the World Bank. The phase I continued till 1999.
- ▶ At present, India is in the Phase II of National AIDS Control Programme (1999-2004).
- ▶ Flexible State structures of State AIDS Control Societies have been formed with strong mechanisms for programme management at the State level, including a strong NGO component on targeted interventions, supported by efforts for mobilizing the community around awareness and treatment of sexually transmitted diseases/reproductive tract infections.
- ▶ Resources for the national programme are mobilized from the Government of India, World Bank, bilateral donor agencies and the UN agencies.
- ▶ The GOI has recently approved an AIDS policy. The policy also recognizes the need to take care of the workers in the organized and unorganized sectors, and the need for developing a multi-sectoral response to HIV/AIDS in India.

OBJECTIVE II:

To generate a feeling of ownership among all the participants both at the government and non-government levels, like the central ministries....., industrial undertakings in public and private sectors to make it a truly national effort.

... Organized and unorganized sector of industry needs to be mobilized for taking care of the health of the productive sections of their workforce.

-Excerpts of the AIDS Policy, GOI

- The key programme components of National AIDS Control Programme (NACP-II) are:
 - Interventions targeting high-risk groups (Commercial Sex Workers, Truckers, Migrant labourers, Injecting drug users, MSM, youth) through NGOs, with support from SACS/NACO.
 - Preventive interventions for the general community (IEC, Testing and Counselling Blood Safety, Operational Research etc.).
 - Low cost AIDS care
 - Institutional strengthening (managerial and technical capacity building).
 - Inter-sectoral collaboration

National AIDS Control Organisation has developed partnership with both Government and Non-Governmental Organisations and agencies, which have a credible presence in the social sector. NACO has undertaken collaborative programmes with the Department of Women and Children, Ministry of Human Resource Development to train Anganwadi Workers, the grass-root functionary of the Integrated Child Development Scheme (ICDS), partnerships with the Ministry of Social Justice and Empowerment have also been forged with training of counsellors in NGOs working on drug de-addiction. Reduction of stigma and discrimination along with protection of human rights at workplace is priority area for National AIDS Control Programme. NACO is also working closely with UNAIDS and other UN agencies, including the ILO. MOL, GOI is also involved in the national effort as WGNLI and CBWE, two key institutions of the MOL, have mainstreamed HIV/AIDS within

their programmes. The ILO India project, supported by the USDOL, is working closely with the MOL, NACO/SACS, employers' and workers' organisations in India. The project is trying to mobilize the partners and strengthen the world of work response to HIV/AIDS in India.

Care and support of those already infected and their families is an important part of the National AIDS Control Programme. Drugs required in management of opportunistic infections are provided free of cost in the public hospitals. Community care centers are being established through NGOs to provide low-cost care and psychological support to those who are infected by HIV and their families.

6

BASIC INFORMATION ABOUT STIs/HIV/AIDS

HIV stands for Human Immuno-deficiency Virus. HIV weakens the human body's immune system, making it difficult to fight infections.

AIDS stands for Acquired Immuno-Deficiency Syndrome. AIDS is a condition, representing breakdown of immune system caused due to HIV.

A	ACQUIRED	NOT HEREDITARY BUT DUE TO A VIRUS ENCOUNTERED BY A PERSON
I	IMMUNE	DEFENCE MECHANISM OF HUMAN BODY TO FIGHT INFECTION
D	DEFICIENCY	WEAKENING OF THE IMMUNE SYSTEM
S	SYNDROME	A GROUP OF SYMPTOMS THAT MANIFEST DUE TO WEAKENED IMMUNE SYSTEM

HIV enters the body and attacks a specific type of white blood cells called T4 lymphocytes (helper cells). HIV replicates itself in the body and crumbles the immune system. As a result the body loses its ability to fight diseases. AIDS is the later



BODY FLUIDS CONTAINING HIGH CONCENTRATION OF HIV TO INFECT & CAN BE EXCHANGED	BODY FLUIDS CONTAINING TOO SMALL A CONCENTRATION OF THE VIRUS TO INFECT	FLUIDS CONTAINING THE HIV BUT NOT LIKELY TO BE EXCHANGED BETWEEN PEOPLE.
BLOOD	SWEAT	CEREBROSPINAL FLUID
SEMEN	TEARS	AMNIOTIC FLUID
MENSTRUAL BLOOD	SALIVA	FECAL MATTER
VAGINAL FLUID	SKIN OILS	
BREAST MILK		

stage of HIV infection.

The conditions for the virus to transmit are quantum, route and viral load. This means there should be adequate quantity of the body fluids, the route through which the exchange of fluids can take place should be established and the quantity of the virus in the fluids should be of high concentration to infect the other person.

The modes of transmission of HIV are:

- ▶ Unprotected sexual intercourse with an infected person;
- ▶ Sharing of contaminated syringes/needles;
- ▶ Infected blood transfusion; and

- Infected mother to child

The WBC's fight diseases like soldiers protect the country. Antibodies are like the bullets.



UNDERSTANDING HIV/AIDS: AN ANALOGY

Our body is like our country. It needs to be protected from invasions. Just like we have soldiers to protect the country from foreign invasions, the human body has white blood cells to fight the disease causing agents. The white blood cells, when they find a germ, send out antibodies (like soldiers fire bullets) to destroy them. Just like soldiers take time to raise their weapons aim and then fire, the human immune system takes time to identify the enemy and begin producing antibodies, the bullets of the human system. In the case of HIV, it takes 3 - 12 weeks (some times even six months) for the body to begin producing the antibodies against HIV. This period of time, when the virus or enemy is present but the antibodies are not, is called the window period. Tests to determine the presence of HIV, look for the antibodies, therefore, tests are ineffective during the window period.

Gradually the HIV starts multiplying within the human body weakening its immune system. When our soldiers are ill or unable to fight then our country becomes vulnerable to invaders. Similarly, when our body's defenses are weak, it becomes vulnerable to a variety of germs that the body would normally be able to fight off. This condition is analogous to AIDS.

PREVENTION OF HIV-

HIV is a fragile virus knowing about it can easily prevent its transmission:

- ▶ As sexual route is the most common mode of transmission of HIV, it can be prevented by:
 - A: Abstinence
 - B: By observing mutual faithfulness in sexual relationship; and
 - C: Correct and consistent use of condom as safer sex practice

- ▶ Transfusion through infected blood and blood products can be avoided through practice of universal precautions by health care workers, sterilization of all medical equipments, avoiding sharing of syringe/needle and screening of all blood/blood products before transfusion.

- ▶ Mother to Child transmission can take place during pregnancy, during delivery and during breast feeding. This can be prevented by avoiding pregnancy, ensuring hospital delivery, avoiding breast-feeding and taking available medication to prevent mother to child transmission.

- ▶ HIV is **NOT** transmitted by:-
 - ✗ Shaking hands with an infected person.
 - ✗ Drinking water or eating food from the same utensils used by an infected person.

- ✗ Hugging, touching or kissing.
- ✗ Caring and looking after people with HIV or AIDS.
- ✗ Getting bitten by an infected person.
- ✗ Use of the same toilets as AIDS patients or people with HIV.
- ✗ Sharing telephones, computers, machines and other office equipment.
- ✗ Sneezing and coughing.
- ✗ Getting bitten by a mosquito that has already bitten an infected person.
- ✗ Donating blood if clean equipment is used.
- ✗ Working with people who are HIV positive.

HIV DISEASE PROGRESSION -

Once HIV enters the body, it infects a large number of T4 lymphocytes cells and replicates rapidly. There are various stages of disease progression -

- Acute sero-conversion - HIV spreads all over the body within weeks of entry into the body especially the lymphoid organs - lymph nodes, spleen, tonsils and adenoids. The patient may complain of fever, headache, cough, skin rash, night sweats and swelling of lymph nodes around 2-6 weeks after entry of HIV virus. The flu-like symptoms last for 1-2 weeks.

BASIC INFORMATION ABOUT STIS/HIV/AIDS

- ▶ **Window period** - It takes between 6 weeks to 6 months (average 3 months) for the person with HIV to test positive through standard HIV diagnostic tests. During this time, infected persons have the virus in their body, can spread the infection but do not test positive.
- ▶ **Asymptomatic stage** - Virus replicates in deep tissues such as testes and brain where it may remain without dividing for many months or years. It is those deep-seated reservoirs of viruses, which appear to be responsible for the continued proliferation of the virus over many years. This is the stage of clinical latency, which might last for 3 months to 17 years depending on the immune status of individual patients.
- ▶ **Symptomatic stage** - Progression, destruction and depletion of the CD4 lymphocytes disables the immune system. Later stage is characterized by appearance of various opportunistic infections such as tuberculosis, candida, herpes, pneumocystis carinii, toxoplasmosis, cryptococcal meningitis, cryptococcus and cytomegalovirus.
- ▶ **Death** - Death is mainly due to the involvement of the brain, spinal cord and lungs by HIV and opportunistic pathogens.

WHO guidelines for the diagnosis of AIDS

MAJOR SIGNS	<ul style="list-style-type: none"> ▶ Weight loss of over 10 % of body weight ▶ Fever for longer than one month ▶ Diarrhea for longer than one month
MINOR SIGNS	<ul style="list-style-type: none"> ▶ Persistent cough for more than one month ▶ General itchy skin diseases ▶ Recurring shingles (herpes zoster) ▶ Thrush in the mouth and throat ▶ Long lasting spreading and severe cold sores ▶ Long lasting swelling of the lymph glands ▶ Loss of memory ▶ Loss of intellectual capacity ▶ Peripheral nerve damage

TESTS FOR HIV-

- Enzyme linked Immunosorbent Assays (ELISA) Testing serum for antibodies to HIV with a standard ELISA is currently one of the most common, cost-effective and accurate methods of screening for infection. Two consecutive positive tests are required from 3 different kits before a result is confirmed positive.

- **SPOT test** - The other most commonly used HIV test in India with a high degree of accuracy (98%). It again tests for antibodies.
- **Polymerase Chain Reaction (PCR)** - This is the only test available specifically for HIV and tests for the presence of HIV genetic material.
- **Western Blot test** - A confirmatory assay for the detection of antibodies to HIV and considered the "gold standard" for validation of HIV results. Three positive ELISA tests have the same degree of accuracy as a Western blot test.

MANAGEMENT OF HIV/AIDS:

- **Treatment of opportunistic infections:** Drugs are provided in all government hospitals for the management of infections like Tuberculosis, Pneumonia, fungal infection etc.
- **Preventive therapy:** Medicines are given to people with HIV/AIDS whose CD4 count falls below 200 cells/mm³ (Normal range - 500 to 1200 cells/mm³) so that they can prevent opportunistic infections.
- **Nutrition & Positive living:** All people living with HIV/AIDS must be encouraged to fight the disease within themselves, look after their own health, exercise regularly (20 minutes of brisk walk or aerobic exercises), decrease mental tension through relaxation exercises, meditation or Yoga,



dietary advice (lots of green, leafy vegetables & seasonal fruits, avoid red meat etc)

- **Anti-retroviral therapy:** Combination of 3 drugs is provided which arrests the spread of virus within the body. But before starting therapy, patients must be counselled that it is not a cure. Medicines need to be taken most often throughout the life and can cause serious side effects. Also it is an expensive therapy which makes it beyond the reach of common man in developing countries.
- **Palliative care:** Providing care during the terminal stages of the illness through management of pain & supportive therapy is also important.
- **Care and Support:** People with HIV/AIDS need empathy, love & affection. In addition, they need ongoing counselling to cope with their HIV status. Referral services to organizations that provide vocational training, financial support or other support services must be made available to people with HIV/AIDS. Family members need to be taught about how to take care of health, hygiene, nutrition and ailments of their loved ones through home-based care approach. Widows & orphans need special care and support.

SEXUALLY TRANSMITTED INFECTIONS:

A person with a high-risk behaviour (i.e. one who practices unprotected multi partner sex) and his/her partner with the following symptoms can have a Sexually Transmitted Infection:

STI SYMPTOMS IN MEN:

- ▶ Discharge or pus from the penis
- ▶ Sores, blisters, rashes or boils on the penis
- ▶ Lumps on or near the genital area or penis
- ▶ Swelling in the genital area
- ▶ Pain or burning during urination
- ▶ Itching in and around the genital area

STI SYMPTOMS IN WOMEN:

- ▶ Pain in the lower abdomen
- ▶ Unusual and foul smelling discharge from the vagina
- ▶ Lumps on or near the genital area
- ▶ Pain or burning during the sexual intercourse
- ▶ Itching in and around the genitals
- ▶ Sores, blisters, rashes or boils around the genitals

Diagnosis and Treatment: Most of the Sexually Transmitted Infections are curable with a course of treatment from a qualified medical doctor.

The key factors for complete cure are as below

- ☑ **Compliance of treatment for the full course:** Usually the treatment may be for a period of 7 - 14 days depending on the type and extent of the infection, the medication should be taken regularly even after the symptoms disappear.

- ✧ Partner notification or treatment: this is very important to prevent reoccurrence of the infection from the untreated partner.
- ✧ Condom use: it is suggested that the person should avoid having sex during the treatment. Correct and consistent use of condom for all the sexual activities is a must.

LINK BETWEEN STI & HIV/AIDS:

- The predominant mode of transmission of both HIV and other STI agents is sexual, although other routes of transmission for both include blood, blood products, donated organs or tissue, and from infected mother to her child.
- Many of the measures for preventing the sexual transmission of HIV and other STI agents are the same.
- There is a strong association between the occurrence of HIV infection and the presence of certain STIs (Genital ulcer disease 10 times more chances, Genital discharges 5 times more chances) making early diagnosis and effective treatment of such STIs an important strategy for the prevention of HIV transmission.
- STI clinical services are an important access point for people at high risk of contracting both AIDS and other STIs, not only for diagnosis and treatment but also for education and counselling.
- STI prevalence rate in a community is a good indicator of the effectiveness of any HIV prevention programme effort.

Myths and misconceptions about STIs/HIV/AIDS:

STATEMENT	MYTH OR FACT
1. STIs can be cured by having sex with a virgin	Myth
2. HIV is the virus that causes AIDS	Fact
3. One can get HIV by drinking from a glass used by someone who has HIV	Myth
4. One will not get STI/HIV if genitals are washed with soda/lemon after having sex	Myth
5. HIV is spread by kissing	Myth
6. One can get HIV by donating blood	Myth
7. Someone who has HIV but looks and feels healthy can still infect other people	Fact
8. Drinking alcohol can increase the risk of getting HIV	Fact
9. Mosquitoes can spread HIV	Myth
10. Sharing needles to inject drugs can spread HIV	Fact

A HANDBOOK:
TRADE UNIONS AND HIV/AIDS

11. Using latex condom during sex can reduce the risk of getting HIV Fact
12. HIV is found in only sex workers Myth
13. Most people who get infected become seriously ill within 3 months Myth
14. Presence of Sexually Transmitted Disease increase the risk of HIV infection Fact
15. Vaccination can protect people from HIV Myth
16. One can know if a person is infected with HIV from their looks Myth
17. STDs are curable but HIV/AIDS has no cure Fact
18. Taking birth control pills can protect a woman from getting HIV Myth
19. I am not at risk of HIV infection Myth



POINTS TO REMEMBER:

- ▶ Human Immunodeficiency Virus (HIV) causes AIDS.
- ▶ People who are infected with HIV can live productively for years without showing any symptoms.
- ▶ PLWHA pose no risk to their fellow workers.
- ▶ AIDS refers to specific clinical manifestations seen during the later part of HIV infection when people are ill as a result of opportunistic infections.
- ▶ Although many of the opportunistic infections seen in AIDS can be managed, at present there is no cure for AIDS.
- ▶ Prevention is at present the only possible cure.
- ▶ STIs need to be treated immediately as their presence enhances the chances of HIV infection.
- ▶ PLWHA need care and support. Every body needs to fight to end the prevailing stigma and discrimination against PLWHA.

7

GENDER DIMENSIONS OF HIV/AIDS

- ▶ According to UNAIDS estimates, at the end of 2001, out of the 40 million people living with HIV/AIDS (PLWHA), 17.6 million were women. This means women accounted for 44% of the global population of PLWHA.
- ▶ Globally in 2001 alone, 1.1 million women died of HIV/AIDS.
- ▶ In India, six high prevalent states of India (Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland) the ratio of infected male to female is almost equal (1 male:1.2 female).
- ▶ A study conducted in Mumbai showed that 90% of the HIV positive women got the infection from their husbands.

In 2001 alone,
1.1 million women
died of HIV/AIDS

THE GENDER DIMENSIONS

- ▶ Many women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or refuse unsafe sex.
- ▶ The power imbalance in the workplace exposes women to the threat of sexual harassment.



- Poverty is a noted contributing factor to AIDS vulnerability.
- Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men worldwide-twice as many in some countries.
- Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized.

WHY ARE WOMEN MORE VULNERABLE?

- **Physiological susceptibility**
- **Increased social/cultural vulnerability**

PHYSIOLOGICAL SUSCEPTIBILITY:

- The vaginal walls of women have large surface area which aid in collection of fluids that can facilitate in the transmission of HIV. On the other hand surface area on the penis is small thus cannot collect fluids.
- Walls of cervix and vagina are thinner and are easily torn thus the micropores can allow easy passage to the virus.
- Women have more chances of getting Reproductive Tract Infections.
- Most often women suffer from Sexually Transmitted Infection which are asymptomatic and do not get treated.

Why are women more vulnerable?



SOCIO-CULTURAL REASONS.

- ▶ The reasons are that there is unequal access to education and economic resources.
- ▶ They enjoy less power than men in social and sexual relations.
- ▶ Women are more likely to experience rape, sexual coercion, sometimes forced to sell or exchange sex for their economic survival.
- ▶ Gender related discrimination is often supported by laws and policies that prevent women from owning land, property and other resources. This promotes women's economic vulnerability to HIV infection, limiting their ability to seek and receive care and support.
- ▶ Women with HIV infection also often experience more social blame and stigma than men in the same position.
- ▶ In addition to their own increased risk of HIV, women also carry the social burden of the epidemic, in terms of providing care to relatives with AIDS.

8

LEGAL AND ETHICAL ISSUES SURROUNDING HIV/AIDS

Only when rights are protected and enhanced, can a person's vulnerability to HIV/AIDS be reduced. It predicated the creation of an enabling environment - an environment where people are not left out, stigmatized and isolated but are empowered, included in the mainstream and guaranteed their inalienable human rights.

HIV AND LAW IN INDIA:

"Article 14 of the Indian Constitution mandates that the state shall not deny any person, equality before the law or the equal protection of laws in India.

... While legal recourse can be taken against discriminatory practices carried out by the State under the jurisdiction of Supreme Court under Article 32 or the High Courts under Article 226, no remedy is available against the private sector (except a private health care institution denying treatment in emergency situations) as the private sector does not fall within the rigours of the Constitutional guarantee of Equality⁵.

A case study of discrimination:

MX V.ZY AJR 1997 BOM406: The petitioner, who was a leader in a public sector company, was removed from the roster of casual labourers and his casual labour contract was cancelled, when he tested HIV Positive. He filed writ in the high court, which held that a HIV positive person could not be denied recruitment to a job as long as he can perform his duties and as long as he does not pose a significant risk to others. It further held that to protect such a petitioner from discrimination, he could be allowed to prosecute his case under pseudonym. (It held that medical test must pass the rigors of article 14 and 21).

ILO STANDARDS

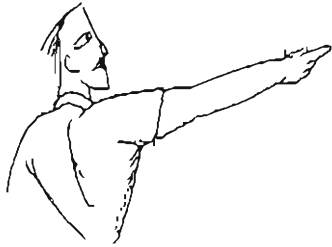
While there is no international labour convention that specifically addresses the issue of HIV/AIDS in the workplace, many instruments exist which cover both protection against discrimination and prevention against infection that can be and have been used. The conventions that are particularly relevant to promoting respect for human rights in the context of HIV/AIDS at work include:

- Termination of Employment Convention, 1982
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983
- Social Security (Minimum Standards) Convention, 1952

"In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention".
- Excerpts from the ILO code of practice on HIV/AIDS and the world of work

- Occupational Safety and Health Convention, 1981
- Labour Inspection Convention 1947 and Labour Inspection (Agriculture) Convention, 1969
- The eight fundamental conventions, especially the Discrimination (Employment and Occupation) Convention, 1958

What should be the rights of People Living with HIV/AIDS (PLWHA) at workplace?



- PLWHA should not be denied employment or removed from job based on their HIV status.
- PLWHA should be reasonably accommodated or transferred within the same organization if they are not fit to perform their current job.
- Employers should not force HIV testing as part of medical examination at the time of recruitment or during the course of employment.
- Testing for HIV should be voluntary, accompanied by pre and post-test counselling.
- PLWHA are not obliged to inform their employer about their HIV status unless required by a statutory law because their HIV status is not relevant for the determination of fitness or capacity to perform job functions.
- PLWHA are entitled to all terminal benefits, employment benefits such as pensions, provident fund and housing as well as those related to spouse, children and/or dependants.

- ▶ **Right to Confidentiality:** The employers are bound to keep the HIV status of the employees confidential.

LEGISLATION AND DISCRIMINATION IN SOME OF THE COUNTRIES:

- ▶ Zimbabwe's Labour Relations (HIV/AIDS) Regulations of 1998 ban non-consensual testing, outlaw workplace discrimination, require wide dissemination of the regulations and dictate strong penalties of up to 6 months imprisonment for employers who violate the regulations.
- ▶ Namibia's National Code of HIV/AIDS and Employment gazetted as a Government Notice in 1998 adopts a ban on testing, similar to Zimbabwe.
- ▶ South Africa's Employment and Equality Act 1998 prohibits discrimination based on HIV status and bans testing except where authorized by the Labour Court. The onus is on the employer to demonstrate the need for testing. In any legal proceedings in which it is alleged that any employer has discriminated unfairly, the employer must prove that the discrimination was fair.
- ▶ Philippines' AIDS Prevention and Control Act states that: "the state shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties" The act bans compulsory testing, discrimination "in all its forms and subtleties" and termination of employment on the basis of real or perceived HIV status.



9

COMPONENTS OF HIV/AIDS PROGRAMMES IN THE WORLD OF WORK

This section aims to provide understanding of the components of HIV/AIDS programmes in the world of work.

It can broadly be seen under two sections:

A) SOME APPROACHES FOR THE ORGANIZED SECTOR

1. Development of a policy related to HIV/AIDS.

This is the first step in any HIV/AIDS intervention at the workplace. It serves as the foundation on which a strong HIV prevention programme can be built on. An HIV policy clearly defines the position of the company in relation to HIV/AIDS.

The ILO code of practice provides guidelines on the key elements of the policy. It is



also important to follow the process that has been suggested by the ILO code of practice for development of policy. Employers and trade unions can work together to develop policy on HIV/AIDS.

2. Prevention:

Key elements of Prevention of HIV through sexual mode of transmission are through:

- ▶ Provision for Information and Education
- ▶ Making condoms available
- ▶ Diagnosis and treatment of Sexually Transmitted Infections and
- ▶ Creating a conducive environment to support behaviour changes.

While there are several approaches for setting up prevention programmes at workplace, two lessons are critical:

- ▶ HIV/AIDS needs to be integrated within the welfare programme of employers. It should not be a separate programme.
- ▶ For continuity of AIDS education at workplace, creation of a cadre of peer educators (from workers and trade unions) is a sustainable approach. It does not cost much to start prevention programme for HIV/AIDS. Enterprises and trade unions can take help from the NGOs, State AIDS Control Societies/UN and bilateral agencies.

3. Care and Support

- Rights of the HIV infected persons need to be protected at the workplace.
- Medical help needs to be provided to the appropriate extent for treatment of opportunistic infections and Sexually Transmitted Infections.
- Care should include counselling for the individuals and also for the families.
- Reasonable adjustments can be made in the job profile of PLWHA as and when needed. This may be needed only during the later years as in the case of any other terminal disease.
- If a non-discriminatory environment were created, this would encourage voluntary testing from the employees, also support appropriate behaviour changes to take place in individuals.
- Employers can network with voluntary counselling and testing centres and with other care and support programmes.

B) SOME APPROACHES FOR THE UNORGANISED/ INFORMAL SECTOR:

93% of the Indian workers belong to the unorganised and informal sector. These workers, making a very important contribution to the economy are more vulnerable to HIV as they are difficult to reach with information and services. Low productivity and income levels, and poor social protection characterize the informal economy.

The vulnerability increases in case of certain groups in the informal sector especially the mobile and the migrant workers' population due to the reasons that they are away from families/home for longer duration. Discrimination and unfriendly work conditions compound their vulnerability. Reaching out to these groups with HIV information is both very crucial and difficult.

The following approaches can be tried out to reach this group:

- ▶ Encouraging enterprises to cover the informal labour force in their HIV prevention programmes, starting with their casual/temporary workforce, and gradually moving to nearby community. Some Indian companies are doing this as part of their corporate social initiative.
- ▶ Enterprises can be mobilized to network with an NGO to initiate prevention programmes for the informal groups. Corporate-NGO models have also been successfully tried out.



COMPONENTS OF HIV/AIDS PROGRAMMES IN THE WORLD OF WORK

- ▶ Attempting sectors which attract a sizeable number of casual/migrant workers like construction, sugar, jute industries etc. They can perhaps be mobilized through their employers' organizations. Employers, SACs, ILO and trade unions can together work adopting sector-wise approach.
- ▶ NGOs interventions targeted at one of the informal groups such as truckers/migrant workers/rickshaw pullers/sex workers/etc. with support from SACs/NACO. There are a number of such NGOs implementing such targeted intervention projects
- ▶ Integrating HIV/AIDS in the existing welfare programmes of the government/NGOs/CBOs. As HIV/AIDS is a cross cutting issue, it needs to be integrated in all the other development programmes.
- ▶ Involving Trade Unions/Central Board for Workers Education (CBWE)/Labour training Institutions/cooperatives/panchayats, who have tremendous reach in the informal sector.
- ▶ Mass media has a reach all over the country. So, TV/Radio/newspapers can also be effectively used.

WHY!!!

AIDS!!?

ME !!

WHEN !!

HOW ??

HIV !!

10

FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

What is AIDS?

AIDS (Acquired Immuno Deficiency Syndrome) is the late stage of infection with Human Immuno-deficiency Virus (HIV). AIDS can take around 8-10 years to develop after infection with HIV. HIV infected people can live symptom free lives for years.

What is the difference between HIV and AIDS?

HIV is the name of the virus that attacks the T-lymphocytes whereas AIDS is the state where the immune system is totally destroyed & a group of infections (Opportunistic Infections) manifest.

Where did HIV come from?

Scientists have different theories about the origin of HIV, but none have been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We do know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma, and *Pneumocystis carinii* pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States.

The cause of AIDS is a virus that scientists isolated in 1983. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy-associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

How do people get infected with HIV?

HIV can be transmitted through:

- › Unprotected sex with an infected person;
- › Transfusion of infected blood or blood products;
- › Sharing of needles contaminated with infected blood; and
- › Infected mother to her baby during pregnancy, during birth or after delivery through breast milk.

Can a person get infected with HIV from a mosquito?

No. HIV is the Human Immuno Deficiency Virus.

HIV lives within human white blood cells. It cannot survive outside its

host. Thus as soon as the white blood cells die, HIV dies. White blood cells and HIV are destroyed in the highly acidic environment of the mosquito's stomach.

Can one get HIV from kissing?

HIV must enter the human body in an unknown number in order to be able to infect. The concentration of HIV in saliva is low. Therefore, normal kissing does not result in transmission of the virus. However, deep kissing, in the presence of bleeding gums or sores in mouth can cause the transmission.

Is anal sex riskier than the vaginal sex, for transmission of HIV?

Yes, anal sex has a higher chance of transmission because the chances of minor abrasions or tearing are higher. However both anal and vaginal sex are unsafe. The Vagina and the rectum are lined with mucus membrane through which the virus can pass directly into the blood stream.



Why is the AIDS epidemic considered so serious?

HIV generally affects people at the most productive age, leading to premature death thereby severely affecting the socio-economic structure of the families, communities and countries.

Secondly, AIDS is not curable at present.

And, because it predominantly spreads through sexual contact, which being essentially in private domain, it becomes difficult to address.

How can one avoid being infected through sex?

- By abstaining from sex; or
- By having a mutually faithful monogamous sexual relationship with an uninfected partner; or
- By practicing safe sex (Safe sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.)



Can we assume responsibility in preventing HIV infection?

Both men and women share the responsibility for avoiding behaviour that might lead to HIV infection. Equally, they also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have more control over women on sexual matters. In such cases, men need to assume greater responsibility for their action.

Does the presence of other sexually transmitted infections (STIs) facilitate HIV transmission?

Yes, STI cause some damage to the inner lining of the genital tract, thus facilitating the entry of HIV into the body.

Why is early treatment of STI important?

High rates of STI caused by unprotected sex enhance the transmission risk in the general population. Early treatment of STI reduces the viral load thereby limiting the risk of spread to other sexual partners and also



reduces the risk of contracting HIV from infected partners. Besides, early treatment of STI also prevents infertility and ectopic pregnancies.

How does a mother transmit HIV to her unborn child?

An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in an advanced stage of AIDS.

Transmission can also occur at the time of birth when the baby is passing through the mother's genital tract.

Transmission can also occur through breast feeding.

Can HIV be transmitted through breastfeeding?

Yes. The virus has been found in the breast milk in low concentrations and studies have shown that, 10 to 15% children born to HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health. The



benefits of breast-feeding for both mother and child are well recognized. The issue of an infant becoming infected with HIV through breast-feeding must be weighed against the benefits of breast feeding in individual cases.

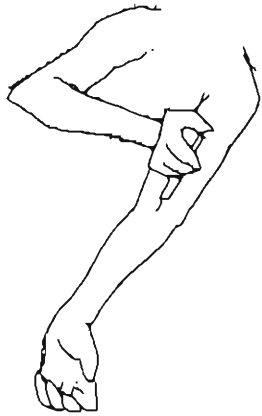
Are health care workers at risk of getting HIV on the job?

The risk of health care workers getting HIV on the job is very low, especially if they carefully follow universal precautions (i.e., using protective practices and personal protective equipment to prevent HIV and other blood-borne infections). It is important to remember that casual, everyday contact with an HIV-infected person does not expose health care workers or anyone else to HIV. For health care workers on the job, the main risk of HIV transmission is through accidental injuries from needles and other sharp instruments that may be contaminated with the virus. Even this risk is small, however. Scientists estimate that the risk of infection from a needle jab is less than 1 percent, a figure based on the findings of several studies of health care workers who received punctures from HIV-contaminated needles or were otherwise exposed to HIV-contaminated blood.

Can one get HIV through tattooing or body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

*Why is injecting drugs a risk for HIV?*

At the start of every intravenous injection, blood is introduced into needles and syringes. HIV can be found in the blood of a person infected

with the virus. The reuse of a blood-contaminated needle or syringe by another drug injector (sometimes called "direct syringe sharing") carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream.

In addition, sharing drug equipment (or "works") can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by

- ▶ using blood-contaminated syringes to prepare drugs;
- ▶ reusing water;
- ▶ reusing bottle caps, spoons, or other containers ("spoons" and "cookers") used to dissolve drugs in water and to heat drug solutions; or
- ▶ reusing small pieces of cotton or cigarette filters ("coltons") used to filter out particles that could block the needle.

"Street sellers" of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

How serious is the link between HIV and Tuberculosis in South-East Asia?

Every year, tuberculosis (TB) kills nearly 3 million people globally, of whom nearly 50% are Asians. The rapid spread of HIV in the region has further complicated the already serious situation. Not only is TB the commonest life-threatening illness among AIDS patients, but the incidence of TB has now begun to increase, particularly in areas where HIV infection rate is high. Multi-drug resistant TB is also emerging in many areas.

Is there a treatment available for HIV/AIDS?

While there is no cure, Anti-Retroviral drugs are available which can prolong the life of a HIV positive person. But once started, these drugs have to be taken life long. In addition, these drugs are very expensive and may have severe adverse reactions. As the virus tends to develop resistance rather quickly with single-drug therapy, the emphasis is now on giving a combination of drugs including newer drugs; but this makes treatment even more expensive.

WHO's present policy does not recommend antiviral drugs but instead advocates strengthening of clinical management for HIV-associated opportunistic infections such as tuberculosis and diarrhea. Better care programmes have shown to prolong survival and improve the quality of life of people living with HIV/AIDS.

Why should young people be concerned about HIV/AIDS

The reasons for the important role of young people depend upon several factors:

- ▶ A major proportion of HIV infection occurs in young people
- ▶ Young people are at a high risk of acquiring sexually transmitted infections, including HIV if they experiment with sex or drug as a part of their growing up.
- ▶ Young people can communicate better with their peers.
- ▶ Young people have the enthusiasm, energy and idealism that can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.
- ▶ Young persons can spread the message not only to their peers

and to younger children, but also to their families and the community.

- ▶ Young persons can ideally serve as role models for younger children and their peers.

What is the difference between ELISA and Western blot for HIV?

ELISA (Enzyme-Linked Immuno Sorbent Assay) is a preliminary test, which tests the presence of antibodies to the virus. Western blot is a confirmatory test, usually done after the ELISA, to test antibodies specific to HIV.

What is the window period?

The HIV tests detect the presence of antibodies in human body, which take about 3-12 weeks (upto 6 months in some cases) after infection to form in the body in detectable quantity. This period is called the window period. During this period the HIV status does not show in the test but the person can infect others.

Why is it important to tell people to fight AIDS & not people living with HIV/AIDS?

This is important because AIDS has produced an unprecedented negative reaction from people.

- It has produced reaction of fear, hostility and prejudice.
- Sometimes people with HIV/AIDS have been evicted from their lodgings and rejected by their family or friends.
- Consequently people with AIDS are afraid to tell others about their condition for fear of victimisation.
- Reaction such as these are mostly due to ignorance.
- Education on how AIDS is transmitted and how people can protect themselves is the most important means of reducing the spread of AIDS.

What support can be given to a person living with HIV/AIDS?

It is important that we help a person living with HIV/AIDS to remain strong in the body and mind, as this helps greatly to increase their life expectancy by delaying the onset of the disease.

We can offer support by:

- Providing a balanced and nutritious diet.
- Ensuring adequate rest and relaxation.
- Offering support to the family.
- Sharing worries or concerns and reducing feelings of loneliness.
- Ensuring that the person stays active and busy as long as possible.
- Accepting the person along with the illness so that he or she maintains a positive self-image by feeling wanted and loved.
- Providing the necessary care and affection.
- Helping neighbours, friends and relatives to understand the nature of the illness and the care and precautions required.

How can we win the war against HIV/AIDS?

It is important to realize that AIDS is the concern of each one of us as anyone of us can be at risk. By sharing and spreading correct facts and positive attitudes we can ensure the safest protective behaviour possible.

FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

We can do this by:

- ▶ Sharing our knowledge and facts about AIDS with all the members of the family.
- ▶ Discussing it with our friends and peers.
- ▶ Realizing our responsibility to spread the knowledge about AIDS in our community.
- ▶ Helping people understand the care and precautions required to avoid the spread of the disease.
- ▶ Helping people realize that there is no risk attached to caring for a person with AIDS at home provided that sensible household hygiene measures are taken.
- ▶ Creating an enabling environment for PLWHA at workplace.

ANNEXURE A

An example of a Trade union policy on HIV/AIDS:

Trade Union Congress of the Philippines (TUCP)
Policy on Prevention and Control of HIV/AIDS and STDs

1. PREVENTION AND CONTROL OF THE SPREAD OF HIV/AIDS/STDs

★ Access to information

All workers shall have access to adequate and updated information, health, counselling and education programmes on HIV/AIDS/STDs as well as to support services and referrals.

♥ Support for programmes

Programmes on HIV/AIDS/STDs shall be supported by all TUCP national leader, officers and affiliates through the mobilization of its relevant committees and

departments. In recognition of December 1 as World's AIDS Day, TUCP shall initiate and participate in relevant activities for its observance.

★ Partnership

TUCP shall establish close working partnerships among employers group, government, non government organization and research institutions but such partnership shall be limited only to funding, coordination and technical support. Actual programme implementation shall rest solely on TUCP and/or its affiliates.

★ Role of employers, Government and other members of civil society

Employers should endeavor to allocate funds and provide support for the implementation and sustainability of plant level HIV/AIDS/STDs prevention and control programme.

The government should be tapped for necessary technical assistance and accessibility to HIV/AIDS/STDs service and supplies.

★ Republic act 8504

TUCP shall support the implementation and enforcement of Republic Act 8504 or the Philippine National AIDS Prevention and Control Act of 1998, lobby for the immediate

issuance of its implementing Rules and Regulations (IRR) and carry out massive information dissemination campaign among affiliates and local unions on the said law.

2. PROTECTION OF WORKER'S RIGHTS AND DIGNITY OF PERSONS LIVING WITH HIV/AIDS/STDs

- ★ For person applying for employment
Mandatory testing for HIV antibody shall be prohibited
- ★ For employees
Worker with HIV/AIDS/STDs shall be entitled to the same rights and opportunities as other employees.
- ★ HIV antibody Screening

No mandatory HIV testing shall be done. Antibody testing shall be on voluntary basis with pre- and post counseling that guarantees anonymity and confidentiality
- ★ Confidentiality of Records.

Results on Antibody test and other employee health records shall be treated with

utmost confidentiality by the physician, employer and employee.

↓ Protection of Employee Tenure

TUCP shall uphold the security of employment of workers with HIV/AIDS/STDs. They shall be allowed to work as long as they are physically fit and medically cleared to do so. They shall, likewise be protected from stigma and discrimination by co-workers and employers as well from demotion and termination by the latter.

Workers with HIV/AIDS/STDs shall also have the right to a safe and health working environment and reasonable change in working arrangements when needed.

↓ Reproductive Health (RH) Day

TUCP shall declare a Reproductive Health (RH) Day to provide workers complete services for his/her RH needs.

TUCP shall advocate for the inclusion of this RH Day in the Collective Bargaining Agreement (CBA) as a regular part of its Family Welfare programme.

★ Benefits

TUCP shall endeavor to establish HIV/AIDS/STDs funds and/or endowments to assist/support workers with HIV/AIDS and STDs. It shall ensure that workers with HIV/AIDS be entitled to the same benefits as provided for by the law and by other employers.

Workers whose jobs are considered high risk to infection through needle prick or exposure to blood and other blood products shall be provided with special protection and additional compensation.

Universal precaution shall always be observed and practiced in the workplace.

3. RESPONSIBILITY OF WORKERS WITH HIV/AIDS/STDs

- ★ Workers with HIV/AIDS/STDs shall be responsible for maintaining a lifestyle that will control and prevent the spread of the disease.

4. RECOGNITION OF TUCP RESPONSIBILITY

- ★ TUCP affiliates shall negotiate for provisions in all CBA contracts that support HIV/AIDS/STD initiatives including, but not limited to the "time off with pay" for worker's participation in the HIV/AIDS/STD programmes and activities

- ★ TUCP shall develop an appropriate and gender sensitive information, education, communication and motivation (IECM) campaign on the control and prevention of HIV/AIDS/STDs
- ★ TUCP shall endorse and establish mechanisms for the integration of HIV/AIDS/STDs Prevention programme in existing Family Welfare programmes and/or other Health Promotion programmes in the Workplace
- ★ Establishment of TUCP Core Group on HIV/AIDS/STDs
- ★ A TUCP core group shall be established to implement and coordinate a nationwide programmes on HIV/AIDS/STDs. They shall be composed of representative coming from different federations affiliated to TUCP.
- ★ A local person shall be identified and assigned to coordinate and monitor the integration and implementation of the HIV/AIDS/STDs Prevention programme in Workplace.

ANNEXURE B

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