



Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions in India



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International Labour Organization
Subregional Office for South Asia
India Habitat Centre, Core 4B, 3rd Floor, Lodi Road, New Delhi - 110 003, India
Ph.: +91 11 24602101 - 03, Fax: +91 11 24602111, E-mail: sro-delhi@ilodel.org.in
Website: www.ilo.org/hiv aids/india

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ILO Subregional Office for South Asia



**Joint Statement of Commitment on
HIV/AIDS of the
Central Trade Unions in India**

All India Trade Union Congress - AITUC

Bharatiya Mazdoor Sangh - BMS

Centre of Indian Trade Unions - CITU

Hind Mazdoor Sabha - HMS

Indian National Trade Union Congress - INTUC

New Delhi, August 2007

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Contents

Messages

Joint Statement of Commitment on HIV/AIDS	1
Trade Unions and HIV/AIDS: Five basic questions and their answers	4
Trade unions action on HIV/AIDS in India: Some case studies	14
Frequently asked questions and answers on HIV/AIDS	22

ऑस्कर फर्नांडिस
OSCAR FERNANDES



श्रम एवं रोजगार राज्य मंत्री
(स्वतंत्र प्रभार)
भारत सरकार, नई दिल्ली
MINISTER OF STATE FOR LABOUR &
EMPLOYMENT (INDEPENDENT CHARGE)
GOVERNMENT OF INDIA
NEW DELHI

16
20 August, 2007

MESSAGE

The HIV/AIDS epidemic in India is at a critical juncture. Fight against HIV/AIDS is not an option but a necessity. As the country experiences rapid economic growth, HIV/AIDS remains a serious threat. Our government is committed to develop and put into effect a multi-sectoral response to HIV/AIDS, and the Hon'ble Prime Minister himself chairs the National Council on AIDS.

As the maximum impact of HIV/AIDS is seen on the most productive segment of society, we need to make a concerted effort to protect our working population.

HIV/AIDS in the world of work is now one of the key priorities of the Ministry of Labour and Employment and we are expanding our response in partnership with the employers and workers organizations, NACO and the ILO.

Trade Unions are best poised to educate workers about HIV/AIDS and its devastating effects. As the representatives of people at work, they are in a special position of trust and leadership. In collaboration with the government and the employers, the trade unions can play a crucial and important role in the national response to this evil.

Stigma and discrimination associated with HIV/AIDS is a key challenge that we need to tackle. Unless rights of people living with HIV/AIDS are protected and a stigma-free environment is created, we will not succeed in our efforts.

I congratulate the central trade unions that they have finalized their Joint Policy Statement, based on the ILO Code of Practice on HIV/AIDS and the World of Work.

I am sure the Statement will guide the trade unions and their affiliates at the national and State levels in the developing their response to HIV/AIDS.

I extend my best wishes to the success of this effort in achieving its objectives.

(OSCAR FERNANDES)



K. Sujatha Rao

*Additional Secretary & Director General
President, National Blood Transfusion Council*

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India



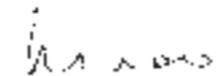
MESSAGE

I am happy to note that central trade unions in India have come together to sign a joint statement of commitment on HIV/AIDS. This initiative of the unions has come at the right time as we have just launched the third phase of the National AIDS Control Programme (NACP-III) which aims at halting and reversing the HIV/AIDS epidemic by 2011-12. In NACP-III, we are trying to mainstream HIV/AIDS in different Ministries - civil society organizations, organized and informal business sectors. Trade Unions certainly are important stakeholders in this effort.

HIV/AIDS affects the most productive age group of 15-49 years, that encompasses the majority of working population. Therefore, workplace policies and programmes are extremely important tools for protection of the rights, HIV/AIDS prevention and care services for workers and staff infected by HIV/AIDS.

National Council on AIDS (NCA) chaired by the Hon'ble Prime Minister of India, accorded top priority to protection of workforce with regard to HIV. The NCA is a reflection of Government of India's commitment to oversee development and implementation of a multi-sectoral response to HIV/AIDS.

I congratulate the five central trade unions for demonstrating their commitment to join the fight against HIV/AIDS through this policy statement. I acknowledge the contribution of Ministry of Labour & Employment and International Labour Organisation for facilitating development of this policy statement with NACTU.


K. Sujatha Rao



दिल्ली-110001
Telegam : LABOUR
Tele : 23710239
Fax : 2373601 &
23718700

अपर सचिव
श्रम एवं रोजगार मंत्रालय
भारत सरकार
श्रम शक्ति भवन, एजी ब्लॉक,
नई दिल्ली-110001
ADDITIONAL SECRETARY
MINISTRY OF LABOUR & EMPLOYMENT
GOVERNMENT OF INDIA
SHRAM SHAKTI BHAWAN RAFI MARG
NEW DELHI-110001

Message

HIV/AIDS is a global threat to humanity today and has become a serious socio-economic and development concern. As the infected people are predominantly in the age group of 15-49 years, it affects the valuable skilled labour force having adverse effects on output and productivity resulting in financial crisis in the family and society. The problem has, therefore, significant impact on the economy, the workforce, the business, individual workers and their families. It is a very serious workplace issue. Stigma and discrimination are a combination of social processes that create and maintain social control and reproduce structural inequalities; challenging these inequalities requires appropriate action to change the context within which individuals and communities respond to HIV/AIDS rather than just individual action.

2. As a part of the multi-sectoral effort to deal with the HIV infection, the Ministry of Labour & Employment, in collaboration with, social partners (Workers Organization and Employers Organizations), NACO and the ILO is taking initiatives in implementation of programmes for prevention of HIV/AIDS in the World of Work in India. As Chairman of the Project Management Team, I feel extremely happy for the concerted efforts being made by our social partners, shoulder to shoulder, in dealing with this gigantic task. The Joint Statement of Commitment of the Central Trade Union Organizations (CTUOs) on HIV/AIDS is a testimony to the key role being played by our Trade Unions in the welfare of workers. This is another big step forward in the direction of making the work place safer and healthier for our workers.

3. I congratulate the Central Trade Unions in India for this effort and extend my good wishes for success in their endeavour to face the challenge posed by HIV/AIDS, collectively with all the social partners.

(S. Krishnan)

Chairman, Project Management Team,
Prevention of HIV/AIDS in the World of Work,
A Tripartite Response

Statement of Commitment

The Central Trade Unions in India **recognize** that HIV/AIDS has become a serious threat to the world of work as it affects the most productive segment of the labour force. Nearly 90% of the reported HIV infections in India are in the 15-49 years' age group. This is the age group to which most workers belong, in both the formal and informal economy.

In addition, HIV/AIDS affects fundamental rights at work, particularly with respect to discrimination and stigmatization of people living with and affected by HIV/AIDS. Instances of discrimination have been reported from the workplaces in India. There are instances of individuals living with HIV having been denied employment opportunities or losing jobs or employment benefits due to their HIV status. Discrimination by coworkers has also been reported.

Therefore, the representatives of the central trade unions lend voice to the issue of HIV/AIDS through this statement of Commitment and **urge all the affiliates and member comrades** to give the issue priority and act upon its prevention, and care of the infected and affected.

We **endorse** the guidelines provided by the *ILO Code of Practice on HIV/AIDS and the World of Work*. We **pledge** to undertake sincere efforts to develop our response following the key principles of the ILO Code of Practice, which are:

- **Recognition of HIV/AIDS as a workplace issue**
HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.
- **Non-discrimination**
There should be no discrimination or stigmatization of employees on the basis of real or perceived HIV status.
- **Gender equality**
More equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

- **Healthy work environment**

The work environment should be healthy and safe, and adapted to the state of health and capabilities of employees.

- **Social dialogue**

A successful HIV/AIDS policy and programme requires cooperation and trust between employers, employees, and governments.

- **Screening for purposes of employment**

HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the work place except as specified in this code.

- **Confidentiality**

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the existing ILO code of practice

- **Continuing the employment relationship**

HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

- **Prevention**

The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behaviour.

- **Care and support**

Solidarity, care and support should guide the response to HIV/AIDS at the workplace. All employees are entitled to affordable health services and to benefits from statutory and occupational schemes.

On our part, we **commit** ourselves to the following:

- We **encourage workers and their representatives** to consult and collaborate with their employers on the development and implementation of an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS;
- We **will set up internal committees on HIV/AIDS** at the Central and State levels to review/monitor the implementation of workplace HIV/AIDS policies and programmes;
- We **will endeavor to negotiate with the employers**, inclusion of HIV/AIDS policies in human resource development programmes at workplaces;
- Using our existing union structures, we **will provide** information on HIV/AIDS in the workplace to workers; we **will undertake** training of the focal points and peer educators on HIV/AIDS from the unions wherever possible with the help of the ILO and other agencies.

- We will **attempt as** much as possible to initiate prevention interventions to cover workers in the informal/unorganized sector;
- We will **seek and explore opportunities** from various government and international agencies to initiate interventions and develop joint action programmes to cover working population all over the country. These will be done in the overall national framework on HIV/AIDS Control Programme coordinated by the National AIDS Control Organization (NACO); and
- We **will build partnership with the national and international HIV-related agencies including** NACO, State AIDS Control Societies (SACS) and their partner agencies, The Ministry of Labour and Employment (MOLE), The State Labour Departments, Employers, UN agencies, Networks of People living with HIV/AIDS and other fellow comrades to share resources and experiences in fighting HIV/AIDS.

Mr. Gurudas Das Gupta M.P.
General Secretary
All India Trade Union Congress

Mr. Girish Awasthi
President
Bharatiya Mazdoor Sangh

Dr. M.K. Pandhe
President
Center of Indian Trade Unions

Mr. Umraomal Purohit
General Secretary
Hind Mazdoor Sabha

Dr. G. Sanjeeva Reddy, M.P.
President
Indian National Trade Union Congress

Trade Unions and HIV/AIDS

Five basic questions and their answers:

- Q1. *There are several diseases killing people. Why is so much attention being paid to HIV/AIDS?*
- Q2. *How is HIV/AIDS a workplace issue?*
- Q3. *Why should unions be concerned about HIV/AIDS?*
- Q4. *What role can unions play in HIV/AIDS programmes?*
- Q5. *What is the legal/policy framework on HIV/AIDS related to workplace in India?*

Q1. There are several diseases killing people. Why is so much attention being paid to HIV/AIDS?

- HIV/AIDS affects people at the most productive age, between 15 and 49 years;
- It is generally not possible to get an exact magnitude of the HIV/AIDS problem. This generally keeps stakeholders in denial for too long;
- HIV infection is preventable. However the key challenges in preventing HIV are:
 - a. HIV infection spreads predominantly through sexual contact. Sexual behaviour being in the private domain, people don't want to talk about it. Discussion on sex is a taboo in most societies. As a result, correct information does not reach people;
 - b. HIV infection goes unnoticed for several years. There are no immediate and exclusive symptoms in the initial years. That is why HIV/AIDS is called a silent killer; and
 - c. The stigma and discrimination associated with HIV/AIDS hinders with the HIV prevention and care efforts.
- HIV continues to wreak human life and inflict suffering. The relentless spread of the epidemic throughout the world has destroyed countless lives and deeply damaged whole societies, and

The stigma and discrimination associated with HIV is as deadly killer as the virus itself. Unlike the Virus which affects immunity, this attacks our self respect and our right to existence

- A person living with HIV in Bihar, India, in an ILO workshop in Delhi

- HIV infection exists in complex relationships with poverty, inequality, discrimination and illiteracy, increasing the burden on the most vulnerable people in society – women, children and the poor.

Q2. How is HIV/AIDS a workplace issue?

- HIV has emerged as a serious issue for the world of work. It has shown its effect on workers and their families; enterprise performance and national economies, and

- The immediate impact of HIV is on the workers and their families, who lose income and employment benefits, and face stigma and discrimination.

According to an ILO study on Socio-Economic impact of HIV/AIDS on People Living with HIV/AIDS by monthly income reduced one third, and expenditure patterns changed after the infection. Due to increased expenditure on food and treatment, people spent less on education of children and entertainment.

- HIV/AIDS affects Enterprise performance in the following ways:

- Increase in absenteeism;
- Loss of skilled workforce;
- Increase in health expenditure;
- Increased recruitment and training costs;
- Loss of morale;
- Loss of production, and
- Reduced profit.

Discrimination at workplace:

A driver of a nationalized bank died of AIDS. His wife was also HIV+ but healthy and fit to work. As per the bank rules, she should have been offered job as a dependent. However, she was denied the job because of her HIV status. Her in-laws demanded that the job be given to the younger brother and not the wife. Here the issue for women gets magnified due to discrimination, not only from the workplace but also from the family/society.

Stigma and discrimination

Twenty three years old Ashok, a worker in a small private company, was going to get married when he was diagnosed as having sexually transmitted infection. History revealed that he had made frequent visits to sex workers. Upon counseling, he agreed to go for HIV test and tested positive. Post test counseling was provided. He narrated problems related to disclosure of his status to his family and expressed fears that his marriage would be cancelled and that his family would suffer from stigma and discrimination. He also feared that his status would prevent his younger sister from getting married. The fallout was that he never turned up at the hospital again.

According to *Businesses and HIV/AIDS in Asia: Pushing back the tide*, a report of the World Economic Forum, 2004, which covered 1314 firms in Asia, 56 in India:

- 30% Asian business leaders report current impact of HIV/AIDS on businesses (46% in India)
- 37% Asian firms expect some impact in five years. (50% in India)

According to an ILO study on Singhereni Collieries Company Ltd. (SCCL), 2005:

- SCCL spent Rs.65 lakhs (US\$144,000) in the five years preceding the study in lump sum payments to 29 employees, who were declared unfit to work due to HIV/AIDS.

- In the worst affected countries, HIV/AIDS has shown an adverse impact on the national economies in terms of :
 - Loss of workforce;
 - Increasing health expenditure, and
 - Falling GDP.
- People working in the informal economy are more vulnerable to HIV/AIDS as they generally have low access to health care and social security and are more difficult to reach. Nearly 93% of the Indian working population is in the informal economy, which needs special attention/strategies.
- **A large number of people come together at a workplaces. Workplaces offer a structured entry point for HIV-related activities. Programmes in the workplace that protect rights, support prevention and provide access to care and treatment can help mitigate the impact of the virus.**

Q3. Why should unions be concerned about HIV/AIDS?

- As the representatives of workers, trade unions are in a special position of trust and leadership;
- Trade unions are key actors at the workplace and well placed to work in arresting the spread of HIV/AIDS in collaboration with employers. Since they share the same background as the people they represent, their messages and their educators are likely to be more trusted and accepted;
- Traditionally, trade unions have a history of promoting and protecting the rights and dignity of workers, ensuring safe and healthy working conditions, combating discrimination, promoting access to fair income, providing social protection and participating in social dialogue on national issues that affect employment and human resources, and
- In the light of the HIV epidemic and its consequences on working people and their families, communities and workplaces, trade unions can play a major role.

..Employers and workers' organizations should develop and implement an appropriate policies 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

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. Similarly, the IUF, an international body representing food workers, hotel workers and plantation workers, is experiencing an increasing loss of trade union leaders among its affiliated units.

Q4. What role can unions play in HIV/AIDS programmes?

Trade unions can help the employees and employers to raise education and awareness, create an enabling environment, provide access to services and develop and implement policies and programmes, as illustrated below in the boxes with some global examples¹:

(i) Raise education and awareness

- Collaborate with the employers and link with national/state government HIV/AIDS programmes in developing and implementing HIV prevention and care programmes for workers;
- Integrate HIV/AIDS in their education and training efforts by developing a cadre of HIV/AIDS trainers/peer educators;
- Identify clusters of workers in formal and informal sector and develop their programmes;
- Advocate for and mobilize for additional resources to support or expand trade union-specific action on HIV programmes, and
- Seek technical support from expert agencies and develop partnerships with key international and national agencies, including networks of people living with HIV/AIDS.

(ii) Protect rights of those infected/affected by HIV/AIDS

- Collaborate with employers to develop HIV/AIDS workplace policies and programmes for prevention, treatment, care and the protection of rights;
- Protect the rights and dignity of those infected and affected by HIV/AIDS against stigma, discrimination, compulsory testing and dismissal;

¹ Global reach: how trade unions are responding to AIDS, Case studies of union action, UNAIDS best practice collection, 2006

(i) Training teachers in Rwanda

Education International and its affiliates in 17 countries have been working to develop the skills of teachers to avoid HIV infection and help young people reduce their own vulnerability. The training aims to reach every teacher in each country where the unions implement the programme.

(ii) Couples training in Zimbabwe

The Zimbabwe Congress of TUs ran training in HIV awareness, counselling, behaviour change for workers, their spouses and partners. The programme also trained couples as peer educators to discuss safer sex positively in their own communities

(iii) Uganda: education at the truck stop

Transport unions in Africa, supported by global union ITF, have been targeting truck drivers and sex workers through a range of projects on HIV prevention, collective agreements and workers' rights. Based on extensive global networks and its presence in 142 countries, the ITF will scale up its support for responses to HIV in the transport industry worldwide. Activities have already extended to Asia, with projects under way in India, Bangladesh and Nepal involving a cross section of unions organizing dockers, seafarers and railway workers.

(iv) Discrimination in the workplace in Central America and the Caribbean

In Central America and the Caribbean, trade unions have launched a project to deal with workplace discrimination against PLHIV. The project partners are ORIT the ICFTU's regional organization for the Americans and LACCASO, a NGO representing HIV/AIDS service organizations. A comprehensive survey of legislation and practices in eight countries, showed that employers widely violated the law and dismissed or refused to hire PLHIV. Trade union engagement in labour issues related to HIV was found to be limited, but this finding triggered a top-level political commitment to step up trade union action in the region.

- Promote occupational safety and health and address the social, economic and political factors that increase risks;
- Create an atmosphere of trust and non discrimination wherein people can be motivated and encouraged to go in for voluntary and confidential testing and counselling, and
- Set a personal example. e.g. in Swaziland, two trade union leaders underwent public HIV testing in support of the country's 'Know Your Status' campaign.

(iii) Provide access to services

- Ensure provision of condoms and information on how to use correctly;
- Provide early and effective access for diagnosis, treatment and management of TB and other sexually transmitted infections. If the company does not have the resources to provide these, refer the employees to the neighboring public health services;
- Ensure provision for anti-retroviral drugs and its adherence;
- Lobby for reduced drugs prices and access to treatment and counseling, and
- Provide access to sterile needle and syringe exchange programmes, where relevant.

(v) Union -run health services in the Philippines

The Philippines national trade union centre the TUCP has developed a comprehensive programme on HIV and reproductive health for its members. Family welfare clinics, staffed by medical professionals and managed by the trade unions, provide family planning and reproductive health services to workers and their dependants.

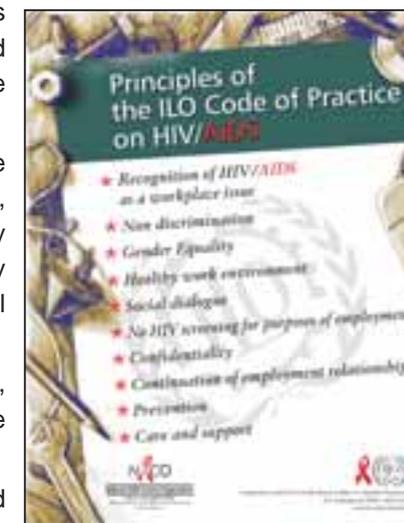
The TUCP has also developed a workplace programme focused on the prevention of HIV and sexually transmitted infections, the protection of workers' rights and respect for the dignity of people infected with the virus. The programme shows that workers can act as important agents of change and advocates of sexual health.

(iv) Develop and implement policies and programmes on HIV/AIDS

- Sensitize union leaders and set up internal committee;
- Integrate HIV/AIDS in the unions' regular trainings;
- Develop HIV/AIDS agreements with employers and nominate a nodal person to deal with the issue, and
- Involve People Living with HIV (PLHIV) in planning and implementation of programmes for increased effectiveness.

Q5. What is the legal/policy framework on HIV/AIDS related to the workplace in India?

- The Government of India's National AIDS Prevention and Control Policy supports the protection of rights as a key element in successfully dealing with HIV/AIDS.
- The National AIDS Control Organization (NACO) has endorsed the ILO Code of Practice on HIV/AIDS and the world of work for use in developing workplace policies and programmes in India;
- A draft HIV/AIDS Bill 2007, which recognizes the rights related to equality, autonomy, privacy, health, safe working environment and information, is currently being considered by the Ministry of Health and Family Welfare and the NACO. So, in times to come, India will have a specific legislation on HIV/AIDS;
- Some of the provisions addressed in the draft HIV Bill, with reference to the world of work in particular are elaborated below:
 - Prohibition of discrimination within the public and private spheres;
 - Informed consent before conducting an HIV test is crucial and must be accompanied by pre and post-test counseling. The consent must be in writing;
 - A person cannot be compelled to disclose her/his status and persons to whom they may reveal it in confidence are bound not to reveal the information. It also prohibits the publication of HIV related information of a person without their informed consent;
 - The right of access to treatment related to HIV/AIDS is an integral part of the right to health that is recognized under the Indian Constitution and the International Covenant on Economic, Social, and Cultural Rights, to which India is a signatory;
 - The Bill specifies obligations for every institution - organized and unorganized sectors and to all persons, whether they are 'employees' or not - to carry on systemic activity in co-operation to designate a Complaints Officer and to have an HIV/AIDS policy;
 - The Bill recognizes the right of all persons to information and education relating to health. The programmes should not promote gender and sexual stereotypes but promote gender equality;
 - The Bill accordingly mandates the Government to introduce health insurance and social security schemes related to HIV, and
 - In cases relating to employment discrimination, courts can order reinstatement, payment of salary, wages, benefits etc. that may have been lost due to the discrimination and can order damages.



ILO's collaboration with Trade Unions in India - An overview

The International Labour Organization (ILO) Sub-regional Office Delhi, in consultation with its Indian tripartite constituents (the government, the employers' and workers' organization), the National AIDS Control Organization (NACO) and People Living With HIV/AIDS (PLHIV), has developed a three-phased programme, aimed at establishing a sustainable national action on HIV/AIDS prevention, care and support in the world of work. The ILO Programme, currently in its second phase, is being implemented with support from the U.S. Department of Labor.

The ILO's response is based on the ILO Code of Practice on HIV/AIDS and the World of Work. The ILO Code is based on human rights framework and provides guidelines for workplace policy and programmes to be implemented by the governments, employers' and workers' organizations, in association with the other partners including PLHIV. The Code of Practice has been endorsed by NACO for use in workplace policy and programmes in India.

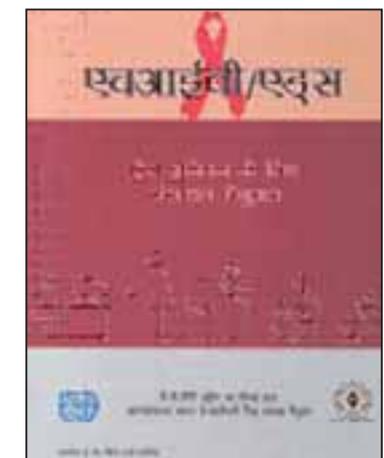
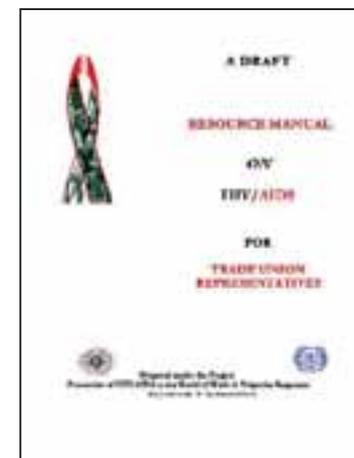
The programme had made substantial contribution towards building capacities for work place interventions (WPIs), influenced the policy framework, demonstrated action at the corporate level, and played a key role in integration of WPI in the National AIDS Control Programme Phase III (NACP-III).

The ILO Programme adopts a four-pronged approach regarding engagement of unions on HIV/AIDS

- Involvement of unions in the ILO Project Management Team to ensure that unions' suggestions are taken in developing programme strategies and policies;
- Building capacity of unions to respond to HIV/AIDS;
- Supporting pilot interventions of unions on HIV/AIDS; and
- Facilitating unions' partnership with the NACO and State AIDS Control Societies to ensure that unions play a role in the NACP III.

Advocacy/Training materials developed for unions:

The ILO Programme has developed a set of advocacy and training materials on HIV/AIDS for trade unions. The set includes: a film *Joining hands*, a handbook on HIV/AIDS, and a Training Manual. All these materials are available in English and Hindi.



Workers' organizations are greatly concerned about the problem of HIV/AIDS... We need simple materials ... a handbook to begin with which can provide unions with basic information on HIV/AIDS and also tell us the role that unions can play in fight against HIV/AIDS.

- Mr. R. A. Mittal, Secretary, Hind Mazdoor Sabha, at the Stakeholders' Meeting on 19 July 2001, New Delhi. Mr. Mittal is the current representative of Unions in the Project Management Team of the ILO's HIV/AIDS Project.

Capacity Building of the trade union representatives

- A number of Training of Trainers (TOT) programmes on HIV/AIDS have been conducted for the Trade Union representatives using ILO materials at the state and national levels.
- Technical assistance has been provided to organize TOT programmes on HIV/AIDS to INTUC, HMS, CITU and affiliated units.



"...HIV/AIDS is gradually emerging as a priority issue for the trade unions and the ILO project has played a key role in this."

Mr. A. Dakshi, Secretary, Centre of Indian Trade Unions (CITU) in the Trade Union Consultation on 1 October 2004, New Delhi.

Supporting pilot interventions of unions on HIV/AIDS:

- In consultation with the unions, the ILO programme has developed guidelines for pilot HIV/AIDS interventions by unions. The guidelines have been shared with NACO and the SACS. Based on the guidelines, pilot interventions implemented by unions which are being supported by the project are:
 - Hind Mazdoor Sabha (HMS) has been implementing HIV / AIDS preventive education project with around 3000 migrant workers from 20 villages in Jharkhand and around 1000 workers comprising of coolies, rickshaw pullers, railways employees in Haridwar, in Uttar Pradesh;
 - Centre of Indian Trade Unions (CITU) is reaching about 4000 mine workers in Jharkhand with HIV/AIDS programme, and
 - Indian National Trade Union Congress (INTUC) is reaching out to 600 coolies in Hyderabad, by creating HIV/AIDS peer-educators from amongst the workers.

Facilitating partnership of unions with the State AIDS Control Societies

- The Nirman Mazdoor Sangathana, a construction workers' union with a reach of around 40,000 workers, is implementing HIV/AIDS preventive education with support from Mumbai District AIDS Control Society (MDACS) in Mumbai;
- The Forward Seamen's Union of India, an affiliate of CITU is implementing a project with support from West Bengal State AIDS Control Society in Kolkata;
- HMS and INTUC have developed project proposals for informal workers (Zari workers and Construction workers) in Delhi and submitted it to the Delhi State AIDS Control Society for seeking its support;
- INTUC expressed interest in developing programmes for the plantation sector in Tamilnadu, Kerala and Karnataka. The ILO Project is supporting INTUC (INPWF) to organize stakeholder meeting with all the trade unions present in the plantations and facilitating partnership with the State AIDS Control Societies in those states, and
- AITUC intends to create awareness among the unorganized and organized sector workers in all the 11 talukas of Goa with the support of Goa State AIDS Control Society and ILO. Around 140 trade union members have been sensitized by GSACS.

Trade unions action on HIV/AIDS in India - Some case studies

Center for Indian Trade Unions

Action amongst informal mine workers

The Center for Indian Trade Unions (CITU) has implemented a pilot project through its affiliate, the Steel Workers Federation of India, (SWFI) in West Bengal.

The SWFI has a strong presence in West Bengal and Jharkand. It requested ILO to conduct a training programme for the selected members from the steel, coal and power sectors. A peer educators training programme was conducted for the members of SWFI in 2004 in Durgapur, where the participants were enthusiastic and willing to take up interventions. The pilot intervention to target informal mine workers was developed as a follow up to the training.

The pilot intervention, supported by the ILO, covered 4000 informal mine workers and their families in Gua and Chiria districts of Jharkand.



Peer educators training at Durgapur in March 2004



Peer educators training at Goa in August 2006

CITU identified members from the informal groups as peer educators. Training on HIV/AIDS was conducted for the peer educators, who allocated 30-40% of their time in disseminating HIV/AIDS information to their respective informal groups. Appropriate IEC (information, education and communication) material to aid the peer educators was collected from various agencies. A sample survey was conducted to generate base line information on these groups, which helped to track changes in the knowledge, attitude, behaviour, and practices (KABP) of these workers at the end of one year of the programme. ILO provided Technical support in terms of Training and IEC material.

Achievements:

- Nodal persons at SWFI, West Bengal, and in the target areas of Chiria and Gua were identified and trained;
- A baseline KABP survey was undertaken. The findings reveal that most of them have heard of HIV/AIDS through the mass media, but the information they had was inadequate. There were many misconceptions, for instance, 42% believed that having sex with a healthy looking woman post no risk of getting HIV. The findings provided critical inputs into the intervention;
- 29 peer educators who were volunteers were trained on HIV/AIDS;
- 20 condom outlets were set up with the help of Jharkand State AIDS Control Society. (JSACS);
- JSACS officials visited the area and conducted the refresher training for the peer educators;
- The nodal persons and the peer educators conducted a campaign during the World AIDS Day 2006 and mass awareness programmes in the community, schools and within their unions. The efforts provided good mobilization of people in Chiria and Gua and helped people to be aware of HIV/AIDS, and
- JSACS plans to provide continued support to this intervention. Consultations have begun with the JSACS and CITU, facilitated by the ILO, to take the project forward to the next phase, and JSACS has promised to support it.

Key Lessons:

- The leadership provided by union leaders at the local level played a key role;
- Locally identified peer educators can make a difference with proper training;
- Capacity building of the nodal persons and the peer educators is a continuous process. It can be done over some period with consistent efforts;
- About 4000 informal mine workers and families were addressed at a minimal cost. This can be viewed as the first level intervention providing basic information on HIV/AIDS to the workers. The programme needs strengthening in the next phase; and

The partnership with the Jharkhand State AIDS Control Society helped. The Project was able to build linkages with the JSACS services and have been involving the officials in the key events of the project.

Hind Mazdoor Sabha

Action amongst migrant workers and their families

Jharkand is one of the states that supplies migrant workers to various other states in India. The Hind Mazdoor Sabha (HMS), in the state identified Giridih district as a major supplier of the migrant workers. Every household in the villages of the district has their young boys working outside the state. These workers are usually out of their homes for 10 -11 months of the year, living in shared accommodation, away from their families. There have been cases of AIDS deaths reported in these remote villages. Taking into consideration these facts, the HMS developed its policy on HIV/AIDS, and started pilot intervention project here.

HMS, Jharkand state committee is now implementing an HIV/AIDS intervention with the family members of migrants workers in 20 30 villages in Giridih district.

The strategy:

The pilot project, supported by the ILO, aimed at educating the family members of the migrant workers on HIV/AIDS and at targeting the migrant workers when they returned to the village during specific periods.

The pilot intervention undertook a baseline KABP Survey focusing on the level of awareness on HIV/AIDS and sexually transmitted infections among the families in the villages of Giridih and assesses their risk behaviour. The survey brought out gaps in correct knowledge, prevalence of discriminatory attitudes, and prevalence of high risk behaviour amongst migrant workers. More than 70 per cent of If the respondents reported that they will not like to share food with the PLHIV or use same toilet as PLHIV more than 55 per cent of them said they would not like to live in the same room as PLHIV around 10 per cent of the respondents reported having had sex with people other than their spouses in the last six months, only 50 per cent of these had used condoms.



Peer educators' refresher training at Giridih in July 2006

Achievements:

- Baseline KABP survey was undertaken;
- 25 peer educators were trained, including three women;
- Peer educators were provided with communication materials (posters, card games and flip book by the ILO) and trained in use of these materials, and

- Refresher training was provided to the peer educators by Jharkand State AIDS Control Society. Peer educators reached out to the families in the villages with HIV education.

Key lessons:

- The role of the nodal person is the key in successful implementation of the programme;
- The state unit of HMS established an effective partnership with the Jharkhand State AIDS Control Society, which ensured linkages with services for condoms and treatment of sexually transmitted infections;
- Building the capacity of the union members and the peer educators is key to effective implementation of the programme;
- The involvement of people living with HIV/AIDS proved to be very effective in the sensitization of union leaders. It also helped in effective dissemination of messages about reduction of stigma and discrimination;
- Trade union members are able to mobilize resources from the organized sector, where they have influence, and use them for working with the informal sector workers;
- Trade unions are also able to cover communities with the HIV/AIDS messages through their mass campaigns and events especially on the World AIDS Day, and
- Regular follow up and handholding is necessary.



Peer educator receiving an award from the workplace Coordinator of the JSACS, July 2007

Indian National Trade Union Congress

Action amongst railway porters (coolies)

In Hyderabad, Andhra Pradesh, the Indian National Trade Union Congress (INTUC) mobilized coolies to form a union, called the South Central Railway Licensed Porters Sangh, which is affiliated to INTUC. INTUC felt the need to implement an HIV/AIDS programme for this group. The intervention, supported by the ILO, covered three stations in Hyderabad (Hyderabad, Secunderabad and Kachiguda) and reached around 600 railway coolies and about 400 family members.

Strategy:

- INTUC nominated a nodal person in Hyderabad (the intervention site) who was a key functionary in the INTUC, Andhra Pradesh;
- A base line survey was undertaken;
- Peer educators were identified from among the coolies and were trained about HIV/AIDS;
- Peer educators provide HIV education to the coolies in three railway stations and their spouses were covered by the volunteers from the community, and
- INTUC established linkages with the Andhra Pradesh State AIDS Control Society's (APSACS) services for the sexually transmitted infection treatment, condoms, counseling and testing and other services related to HIV/AIDS.

Key findings of the KABP study:

- 50% of the respondents did not know that HIV is transmitted through blood and blood products;
- 60% of them did not know that a HIV positive mother could transmit the infection to the newborn baby;
- 45% of them believed they could get infected sharing the toilets;
- Almost 35% of them have reported multi-partner sex, and
- 40% do not think that condoms can actually prevent HIV/AIDS.



Porters attending an awareness programme

Achievements:

- The project was launched through a Stakeholders meeting involving important stakeholders such as Railway Zonal General Manager, Project Director, Andhra Pradesh State AIDS Control Society (APSACS), INTUC heads central and state, PLHIV Networks and ILO Director in August 2006. Key findings of the KABP were presented at the stakeholders meeting;
- 30 peer educators were identified and trained, and also provided refresher training;
- Peer educators conducted informal sessions with the audience, using some of the materials from the APSACS in Telugu;
- The peer educators were able to cover the 600 coolies, and the project will now focus on the spouses as well in the education sessions;
- A World AIDS Day Campaign to cover the very large population in the railways, which facilitated an enabling environment for the coolies programme, and
- Two condom vending machines were set up with the help of APSACS.



INTUC launches pilot programme for the porters at Hyderabad Aug 2006

Key lessons:

- The nodal person played a key role;
- The nodal person was able to mobilize the railway management to support the informal sector intervention with infrastructure and other facilities as and when required during the events, training and campaigns;
- Involving a person living with HIV in the peer educators training helps in minimizing the stigma;
- Linkages with the State AIDS Control Society for services is a key factor for a sustained programme, and
- The programme is based on peer education approach and with simple strategies for the coolies that can be replicated.

Nirman Mazdoor Sanghatana

Action amongst construction workers

The Nirman Mazdoor Sanghatana (NMS) is a membership-based organization established in the year 1990 under the Trade Union Act, 1926. The NMS aims to organize the unorganized workers especially construction workers, focusing on their social security, health and safety and welfare measures.

The NMS is working with the goal of facilitating the setting up of a welfare board for construction workers. Simultaneously, it is conducting advocacy with government departments on the issue of implementation of the provisions of the Building and Other Construction Workers Act, 1996, to regulate employment and conditions of service. The NMS also helps enrol members in the Janashree Bima Yojana, (LIC), a government life insurance scheme made especially for the social security of marginalized people of the unorganized sector. The NMS is also focusing on education and health issue.

The NMS developed a pilot intervention for construction workers and implemented it with support from the Mumbai District AIDS Control Society (MDACS), and technical support from the ILO. The NMS, in collaboration with MDACS is attempting to reach out to 40,000 construction workers and their families at eight *nakas* (sites where construction workers assemble every day- to be hired) and eight *bastis* (workers colonies) in the central suburb of Mumbai (Mulund, Bhandup, Vikhroli).

Strategy:

- HIV/AIDS integration in the overall health education programme of the NMS, implemented through NMS volunteers at the *nakas* and *bastis*;
- Referral linkages with the services set by the MDACS for HIV testing, condoms, treatment of Sexually Transmitted Infections and anti retroviral treatment for HIV positive people;
- Training programmes organized for *naka* workers and community workers. Mass awareness efforts organized in the form of street plays, pamphlet distribution, poster exhibitions etc;
- At all the *nakas*, the union posted an out reach worker and a coordinator for 2 to 3 *nakas* and *bastis* to monitor these out reach workers, and
- At all the *nakas* and *bastis*, sub committees have been set up with a proactive construction worker as the chairman. These committees deal with day to day HIV/AIDS and other health issues, spreading awareness and free distribution of condoms.



AIDS awareness for construction workers by NMS

Achievements:

- 35 NMS workers trained as trainers on HIV/AIDS;
- Peer educators trained amongst the construction workers;
- Baseline survey conducted, results analyzed and report prepared;
- There is also an effort made by the union to develop and strengthen referral linkages to the existing prevention and care and support services provided by MDACS. A regular follow up is maintained and recorded by the outreach workers;
- HIV positive construction workers referred to the MDACS services for enrolment in free anti retroviral treatment programme. The NMS has enrolled children of PLHIV in government children home and care and support centers, and
- The NMS has formed a draft policy on HIV/AIDS based on the ILO Code of Practice which will be discussed with other unions and advocated to the government to be included in the Social Security for Construction Workers programme in Maharashtra.



Exclusive Training Session for Women Construction Workers

Key Lessons:

1. The NMS showed that unorganized workers can be organized. Leadership by a few committed people can make the difference;
2. Minimal funding is required to reach a huge community of construction workers if the union's approach is followed;
3. A community based approach is the best approach to create ownership of the programme;
4. Ensuring participation and support from the local operators such as the Builders Association and contractors takes time but can make a huge difference, and
5. Partnership with the MDACS resulted in building the capacity of the union and in getting treatment and care services to the construction workers.

Frequently Asked Questions on HIV/AIDS

1. How is HIV/AIDS different from other serious illnesses?

HIV/AIDS is different from other illnesses because:

- HIV/AIDS affects people at the most productive age (15-49 yrs.);
- HIV/AIDS is incurable at the moment, and it particularly affects young and productive people;
- There are no specific symptoms in the initial years. So, the HIV infection goes unnoticed for several years. That is why AIDS is called a silent killer.
- HIV infection is preventable
- The stigma and discrimination associated with HIV/AIDS hinders both prevention and care and support efforts, and
- HIV/AIDS spreads predominantly through sexual contact. Sexual behaviour being in the private domain, people don't want to talk about it. Discussion of sex is a taboo in most of societies. Hence, it is difficult to reach information to people.

☞ **We all need to know about HIV/AIDS as it can happen to any one. Everyone can play a role in prevention of this infection**

2. What is HIV and how does it affect us?

HIV stands for:

H= Human

I= Immuno-deficiency

V= Virus.

After entering the human body, HIV gradually destroys the immune system, i.e. the bodies ability to fight infections/diseases.

As it is a human virus. It is found only in human beings.

☞ **There are no immediate and specific symptoms of HIV infection, usually. HIV infection does not mean that a person has AIDS.**

3. What is AIDS?

AIDS stands for:

A = Acquired

I = Immune

D = Deficiency

S = Syndrome.

AIDS is the later stage of infection with HIV. It is a condition in which a group of symptoms appear as the immune system becomes very weak.

It may take around 10-12 years from the stage of HIV infection to the stage of AIDS. This time varies from person to person, based on health status, life styles and ability to afford the treatment.

With the introduction of Anti Retroviral Treatment (ART), this duration can be further increased.

☞ **HIV infected people can live productive lives for years. The life span of HIV positive people can be extended with the ART.**

4. How is HIV transmitted?

HIV can be transmitted through:

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

☞ **These are the only four known routes of HIV transmission. This is because HIV is found in high concentration in blood, semen, vaginal secretions and breast milk.**

HIV does not spread through social contacts like: shaking hands, sharing equipment, eating from the same utensils, sharing toilets etc.

5. Can HIV spread through mosquitoes?

No. Mosquito does not inject its own or previously bitten person's blood into the next person.

Mosquito inject saliva, which acts as a lubricant so that the insect can feed efficiently. HIV is not found in the saliva of mosquitoes.

Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes but not HIV.

☞ **In simple terms, mosquito do not become a carrier of HIV after biting an infected person. Therefore, mosquito does not transmit the HIV infection from person to person.**

6. Is there a risk of HIV infection in going to a barber's shop?

There may be a possibility of a risk in any situation in which skin piercing instruments are used, like in a barber's shop, beauty saloons, tattoo parlours, body piercing shops etc.

☞ **The Centre for Disease Control, Atlanta, recommends that instruments that are used to penetrate the skin should be used once and then disposed off or thoroughly cleaned and sterilized.**

7. How can a person avoid being infected through sex?

A person can avoid being infected by HIV through sex by:

By abstaining from sex;

By having a faithful relationship with one partner (mutual faithfulness), and

By using condoms correctly and consistently

☞ **Casual sex and sex with multiple partners is high-risk behaviour. Anal penetrative sex carries higher risk. Oral sex can also be risky. Looking at a person you cannot know whether he/she is HIV positive or not. So, it is better to avoid casual sex or use condoms consistently and correctly. Avoid sex under the influence of alcohol and drugs.**

8. How effective are condoms in providing protection from HIV?

Studies have shown that latex condoms are highly effective in preventing HIV transmission, when used consistently and correctly.

These studies looked at people having multiple sexual partners (including HIV positive people) and found that even with repeated sexual contacts, 98-100 percent of people who used latex condoms correctly and consistently did not become infected.

Scientific studies of discordant couples (one partner infected with HIV and the other uninfected), have demonstrated that the consistent use of latex condoms reduces the likelihood of HIV infection by 80 to 90 percent.

Further, laboratory research has demonstrated that latex condoms provide an impermeable barrier to disease causing pathogens, including HIV.

☞ **Condoms are highly effective, if used correctly and consistently. It is critical to provide information and skills on the correct use of condoms and emphasize upon its consistent use.**

9. Can kissing lead to HIV infection?

Open mouth kissing is a low-risk activity, as the concentration of HIV is very low in saliva.

HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, unbroken skin is a good barrier. No one has become infected from social contact such as dry kisses, hugs, and handshakes.

Prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to his/her partner(s).

☞ **Kissing if one partner has bleeding gums or mouth ulcers can be risky.**

10. Is there a connection between HIV infection and other Sexually Transmitted Infections (STIs)?

The presence of sexually transmitted infection can increase a person's risk of becoming infected with HIV, about 3 to 10 times, depending upon the nature of STI.

STIs may cause discharge from the genitals or sores/ulcers in the genital areas. These conditions provide easy entry point for HIV.

☞ **STIs can be cured while HIV infection can not be. So, timely treatment of STIs is essential. People have several myths about STIs.**

They need to know the symptoms of STIs and take treatment from registered medical practitioners. Use of condoms protects from both STIs and HIV.

11. What are the symptoms of STI in men and women?

STI symptoms in men

Discharge or pus from the penis;

Sores, blisters, rashes or boils on the penis;

Swelling in the genital area;

Pain or burning during urination, and

Itching in and around the genital area.

STI symptoms in women:

Unusual and foul smelling discharge from the vagina ;

Sores, blisters, rashes or boils around the genitals; Pain in the lower abdomen;

Lumps on or near the genital area;

Pain or burning during sexual intercourse and Itching in and around the genital area.

☞ **It is important to know these symptoms and take immediate treatment. Self Medication needs to be avoided.**

It is important to take the full course of prescribed treatment, even if the symptoms disappear.

As sexual partner(s) may also have the same infection, it is important to get the partner(s) treated as well.

12. How can we protect ourselves from getting infected through infected blood?

In case of injury requiring blood transfusion, blood should be taken from a licensed blood bank.

All blood collected for donation is now tested for HIV also.

Hospitals and nursing homes, doctors and paramedical staff need to make sure that the equipment used for injections and operations is properly sterilized. Unnecessary blood transfusion needs to be avoided.

People should also insist on use of sterilized syringes/ disposable syringe for injections.

Injecting drug users should avoid sharing of needles/syringes.

☞ **To prevent HIV infection through this route, both individuals as well as health care providers must take precautions. There is no risk in donating blood.**

13. How can HIV infection from mother to child be prevented?

There is 25-40 per cent chance that an infected pregnant mother would pass on the infection to her child. If the couple knows their status, they can decide whether or not to have the child. If the couple wants to have the child or the mother's HIV status is discovered late in a pregnancy the couple should receive information and counseling, and explore the following options:

- The mother should take the available treatment, both for herself and the new born child.;
- The couple should opt for a caesarian section for the delivery, instead of a normal delivery, and
- The mother should decide not to breast feed the baby if she can afford it, and discuss available options with the doctor/councillor.

☞ **Mother to child transmission of HIV can be prevented. The couple needs to know the available options and act upon them.**

14. What are the symptoms of AIDS?

AIDS is a condition of weakened immune system. In this symptoms of various opportunistic infections appear causing certain cancers, tumors, tuberculosis, pneumonia, brain and skin related problems.

According to WHO, main symptoms of AIDS or:

(A) Major Signs:

Weight loss (> 10% of body weight);
Persistent fever for longer than a month, and
Chronic diarrhea for longer than a month.

(B) Minor Signs:

Persistent cough;
General itchy skin diseases;
Thrush in mouth and throat;
Recurring shingles (herpes zoster);
Long lasting swelling of the lymph glands.

☞ **HIV/AIDS cannot be confirmed only on the basis of symptoms – a blood test is necessary.**

15. How can a person find out his/her HIV status?

The HIV status of a person can be known through blood tests.

The most commonly available test is ELISA (Enzyme-Linked Immuno Sorbent Assay) and the Western Blot, a confirmatory test is usually done after ELISA.

Testing facilities are available both in private and government medical set-ups.

Voluntary Confidential Counselling and Testing Centres (VCCTC) have been set up in government hospitals where HIV testing is accompanied by pre- and post counseling at a nominal fee of Rs. 10/-

16. What is window period in the context of HIV Testing?

Our immune system produces antibodies to fight infection. The window period is the time taken by the human body to produce antibodies in a quantity that can be detected through blood test. It takes about 3-12 weeks (upto 6 months in some cases) after HIV infection to form antibodies in detectable quantity.

In simple terms, the window period is the period in which a person is infected but his/her test result does not show the infection.

☞ **During the window period the HIV status does not show up in the test, but the person can infect others**

17. Is there any treatment available for HIV/AIDS?

There is no cure available for HIV/AIDS at the moment.

However, Anti Retroviral Therapy (ART) can prolong the life of an HIV positive person.

Once started, these drugs have to be taken throughout the affected persons life time.

These drugs are expensive and often have severe adverse reactions.

ART need to be administered under supervision of doctors who are trained in HIV/AIDS case management.

☞ **With the advent of ART, HIV/AIDS has become a medically manageable problem.**

18. Is it safe to work with a HIV positive person?

It is safe to work with a HIV positive person as HIV does not spread through social contact like shaking hands, sharing equipment, traveling in the same bus, eating together, using the same toilets etc.

Mosquitoes and insects do not spread HIV nor is it spread through water or air.

Workers, who come in contact with potentially infectious body fluids, like doctors or para-medical personal, should follow universal precautions and infection control measures such as gloves, masks, etc.

☞ **HIV positive people pose no risk to their co-workers**

19. What should be the elements of HIV/AIDS policy/programme at the workplace?

The HIV status of a person should not be a criterion for either employing her/him or keeping her/him in employment. There should be no discrimination against People Living with HIV/AIDS.

The HIV status of people should be kept confidential.

The workplace should have an HIV prevention, care and support programme.

As women are more vulnerable and HIV affects women more adversely, the gender dimension should be suitably addressed.

☞ **The ILO Code of Practice on HIV/AIDS and the World of Work provides ten principles on which workplace policies should be developed. The ILO Code also provides guidelines for developing policy and programmes against HIV/AIDS in the world of work. The ILO Code can be viewed at www.ilo.org/aids**

20. What support can we give to a person living with HIV/AIDS (PLHIV)?

We should not isolate the infected person, as he/she does not provide any risk to us through social contacts. We can work, eat and live with the person

We should not pass moral judgments on the person. We should work to reduce the stigma and discrimination related to HIV/AIDS by spreading correct information, dispelling myths and having a positive attitude towards the infected person (s).

We should support the person in staying active and economically productive. We should respect the human rights of people and provide the necessary care/ affection and support to the family.

☞ **A non-discriminatory attitude towards PLHIV helps in HIV prevention efforts. People can live with HIV infection for years. They need care and support, not isolation.**

21. Are women more vulnerable to HIV infection?

HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors, which make women more vulnerable than men. Inequalities in the status of women make it hard for them to take measures to prevent infection, and these also intensify the impact of AIDS on them.

Biological factors:

The vaginal walls of women have large surface area, which aid in the 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.

The Walls of cervix and vagina are thinner and are easily torn. The micro-pores can allow easy passage to the virus

Women are more prone to reproductive tract infections which increase the chances of HIV infection.

Quite often women suffer from sexually transmitted infections, which are asymptomatic and do not get treated.

Socio-economic factors:

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 HIV/AIDS vulnerability. Women make up the majority of the worlds' poor; in poverty crises, it is more likely to be a girl child who is taken out of school or sold into forced labour or sex work.

Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men world wide twice as many in some countries

Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with HIV/AIDS, particularly in rural settings, thus leaving them shunned and marginalized.

Sexist property, inheritance, custody and support laws means that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may, in turn, force them into survival sex . The girl child is especially vulnerable to commercial sexual exploitation.