India:
Prevention of HIV/AIDS in the World of Work:
A Tripartite Response

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September 2009
“I work with New India Assurance. After detection of my HIV status, I work even harder to prove that PLHIV can work”.

Prakash, in a session in ASSOCHAM, Delhi

“Protect our rights, Mr. Kalan. Some employees are not being regularised due to their HIV status”.

Senthil tells in a Trade Unions session in Chennai

“We shall do our best to create a non-discriminatory work environment for PLHIV”.

Mr. S.K. Srivastava, Additional Secretary, MOL&E, in a Delhi workshop
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“...People living with HIV (PLHIV) are the best ambassadors for HIV and AIDS. We celebrate and salute this important contribution. Their engagement in advocacy has been a very effective strategy worldwide. Global experience has revealed that stigma and discrimination has a major negative effect on HIV prevention efforts. Experience demonstrates graphically that PLHIV can have good quality and long productive lives. Treatment, care and support for all who need it can be available. HIV is not spread by day to day casual contact. Why should there be any room for discrimination?

...ILO, in collaboration with its constituents and the UN family, is engaged in strengthening HIV/AIDS policy and programmes in the world of work - to protect human rights, ensure non-discrimination, enhance access to HIV prevention, care and treatment. The right to decent work and the dignity that comes from employment is central to the ILO’s approach.

...In this context, I am so happy to see this handbook and the accompanying advocacy/training video, produced by our colleagues in ILO India. The handbook is straight-forward and offers practical guidelines to PLHIV to help them undertake advocacy at workplaces. The training video illustrates the concept further and the advocacy video is extremely powerful. I am sure PLHIV in India and also in other countries will find it useful in their advocacy efforts. Organizations engaged in building capacity of PLHIV networks will also find it to be a very useful tool.

Dr. Sophia Kisting
Director, ILO Global Programme on HIV/AIDS and the world of work
Geneva
Acknowledgements

It is with mixed feelings that I write this note of acknowledgement. On the one hand, I am happy that this handbook has been developed in close collaboration with its end users – people living with HIV (PLHIV) and that we have trained PLHIV in using this publication. On the other hand, I feel sad because we have lost some of the PLHIV who were part of the process, but are not with us any more. My first thanks, therefore, goes to them for their contribution to this handbook.

In this International Labour Organization (ILO) Project, we have been building the capacity of PLHIV and engaging them from the beginning in advocacy, research and training programmes. The key approaches for workplace advocacy by PLHIV were concretized over a period of time. We saw the impact of the advocacy programme when PLHIV spoke at workplaces, gave personal accounts of stigma and discrimination, and presented audience specific messages, highlighting how important the support of employers and colleagues was in enabling them to lead productive and dignified lives. The idea of the handbook then emerged for the benefit of a large section of PLHIV, who could use this with a bit of handholding/orientation by their peers trained by the ILO. We have trained a team of core trainers within the Indian Network for People Living with HIV/AIDS (INP+) and the state networks and finalized this handbook, both in English and in Hindi. The handbook is simple and offers practical step-by-step guidelines to help PLHIV undertake advocacy at workplaces. I am sure the PLHIV will find it easy to use. The accompanying advocacy and training videos will also be very useful.

I thank Mr. K.K. Abraham, president of the INP+, the other board members of the INP+, and the state networks which participated in the workplace training conducted by the ILO and provided useful inputs for this publication.

I would like to appreciate the commendable work done by our consultant, Mr. S.M. Baqar, who facilitated the training sessions along with the ILO Project team, interviewed PLHIV to document individual case studies and compiled the handbook. He also did the masterly translation of the handbook into Hindi. I thank him for his contribution.

I acknowledge the efforts and contribution made by the ILO Project team, Mr. Ravi Subbiah, Mr. Manjunath Kini, Ms. P. Joshua, and Ms. Divya Verma, who were all associated in the training of the PLHIV, facilitating sessions, and organizing advocacy sessions with the ILO constituents and worked hard to provide inputs for the finalization of this handbook. Special thanks are due to Ms. Seena Chatterjee for providing logistics support and coordinating with the printer and designer and to Dr. Sanjay Sahai for designing the handbook.

I am also grateful to my ILO colleagues, Dr. Sophia Kisting, Director, ILO/AIDS, Geneva; Mr. Behrouz Shahandeh, Project Manager, ILO/AIDS, Geneva; Ms. Leyla Tegmo-Reddy, Director, ILO Subregional Office, New Delhi, and other colleagues for their constant support and guidance.

Last but not least, I would like to thank the US Department of Labor for its continued financial support to the ILO India Project, which includes this publication as well.

S. Mohammad Afsar
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Foreword

I am pleased to present this handbook and the accompanying videos for people living with HIV (PLHIV) as a tool for effectively undertaking workplace advocacy. Advocacy at workplaces with government officials, employers, and trade unions is essential as HIV/AIDS affects the fundamental rights of people at work. There are instances of people not being recruited, being denied promotion, or even losing their jobs due to their HIV status. Experience shows that in a low prevalence country, stakeholders stay in denial for too long and miss out on a chance to arrest the epidemic in its early stages. As HIV affects people in the prime of their working lives, it is very important to undertake focused advocacy efforts with the key stakeholders in the world of work.

PLHIV have played a central role in the International Labour Organization (ILO) programme on HIV/AIDS in India. We appreciate the exemplary courage they have shown in coming out with their status and sharing personal stories of stigma and discrimination. This has contributed immensely in enhancing the acceptance of the problem and changing attitudes.

The ILO believes strongly in the principle of Greater Involvement of People Living with HIV/AIDS (GIPA). We have developed a meaningful partnership with PLHIV. Our collaboration with PLHIV is rated as an effective strategy and has found clear mention in the evaluation reports. The evaluation report of Phase I of our Project in 2002 said: “... The inclusion of a Project Management Team (PMT) member, representing the PLWHA, is an important development that will help in the decision making process to mobilize the PLWHA network in support of the project and for their own needs.”

Later, the mid-term assessment of Phase II in October 2004 noted: “... The participation of (a) person(s) living with HIV/AIDS, and speaking about their own experience is a great strength of the training programme. Accordingly, their training in public speaking and presentation skills is an important feature of the Project.”

In January 2006, the board members of the Indian Network for People Living with HIV/AIDS (INP+) visited the ILO office in New Delhi to interact with us and with the ILO’s constituents. They handed over a copy of an INP+ resolution to me, which endorsed the ILO Code of Practice on HIV/AIDS and the world of work, and requested the ILO’s technical assistance in advocacy and fighting discrimination at workplaces. Our collaboration with the INP+ has grown considerably since then. We have trained PLHIV on workplace advocacy, supported them with the development of communication materials, and facilitated their partnership with our constituents. This handbook is also an outcome of this collaboration.

I hope this handbook and the videos will be helpful to PLHIV networks and other organizations to undertake advocacy at workplaces. It is critical to work together to protect our workers from HIV infection, which is preventable with timely action. This is also an important component of the ILO’s Decent Work Country Programme in India, which the ILO and its constituents have developed together.

Leyla Tegmo-Reddy
Director,
Subregional Office for South Asia
and ILO Representative in India
Preface

The Indian Network for People Living with HIV/AIDS (INP+) believes that unless the rights of people living with HIV/AIDS (PLHIV) are recognized and respected, prevention will not be effective. I am glad that the International Labour Organization (ILO), in partnership with the INP+, has been actively pursuing the principle of right to employment and other basic employment related rights in its HIV/AIDS workplace policy and programmes in the world of work. This Handbook for PLHIV on Advocacy for HIV and AIDS at Workplaces, which has been developed with contributions from more than 100 PLHIV, is yet another example of this meaningful partnership. The INP+ has been engaged in developing this handbook through consultative meetings, workshops, and training programmes. So far, through this collaboration, it has been possible to build a team of more than 20 state-level trainers for conducting workplace advocacy training and another 145 trained PLHIV for direct involvement in undertaking workplace advocacy programmes.

The Handbook for PLHIV on Advocacy for HIV and AIDS at Workplaces provides a very simple and practical framework to plan and conduct advocacy sessions with different stakeholders in the world of work. The tips on effective communication and public speaking, the structure and flow of constructing and sharing one’s life story, together with examples of successful workplace advocacy efforts, make this handbook a useful tool for all of us.

I am sure the availability of this handbook will certainly help the networks to follow a more structured and effective process of training and conducting workplace advocacy programmes.

K.K. Abraham
President,
Indian Network for People Living with HIV/AIDS (INP+)

The Indian Network for People Living with HIV/AIDS is a national network for, by, and of people living with HIV/AIDS (PLHIV), which is working closely with the Government of India and various other agencies to improve quality of life for PLHIV and give them a sense of belonging, political empowerment, and strength of spirit.

For more information on INP+, please visit www.inpplus.net
People Living with HIV (PLHIV) are playing an effective role in HIV and AIDS policy and programmes. When they present their personal accounts of stigma and discrimination and the impact of HIV on them and their families, they effectively convey the message that HIV is a real problem and it is affecting people from all walks of life. It, therefore, calls for action on the part of everyone.

This handbook has been developed for PLHIV to use as a tool to strengthen their advocacy efforts, particularly at workplaces, by the International Labour Organization (ILO) Project, Prevention of HIV/AIDS in the World of Work: A Tripartite Response, which is being undertaken in collaboration with the Indian Network of People Living with HIV/AIDS (INP+). This is accompanied by an advocacy and a training videos. The training video will help in reinforcing the concepts of the handbook with live examples.

Objectives

The objectives of the handbook are:

• To present the basic concept of workplace advocacy to PLHIV; and
• To provide guidelines to PLHIV for conducting advocacy sessions with the key stakeholders in the world of work – the government, employers, and trade unions.

The handbook and videos were developed by the ILO on the request of the INP+, following a process of consultations with PLHIV both at the national and state levels through a series of workshops, which involved the following steps:

• In September 2005, the INP+ and Family Health International (FHI) invited the ILO to conduct a workshop for the INP+’s state level affiliates on the ILO’s concept of advocacy at workplaces. Key ILO messages, emanating from the ILO Code of Practice on HIV/AIDS and the world of work, which got wide endorsement by the participants were:

  i. People should be allowed to work/earn a living as long as they are fit to work; and
  ii. The right to work is as important for PLHIV as the right to treatment.

  “Work is as important as treatment; and non-discrimination is the key”, Afsar
• In June 2006, a delegation of the board members of the INP+ visited the ILO office in New Delhi, interacted with the ILO and its constituents (representatives of the Ministry of Labour and Employment, and employers’ and trade unions) and handed over a resolution to the ILO Director, endorsing the ILO Code. The INP+ resolution said that it will use the ILO Code in its advocacy efforts. The INP+ also requested the ILO to train its members in workplace advocacy.

• The ILO assisted the INP+ in translating and printing project posters for its use in workplace advocacy. The ILO also facilitated the partnership of PLHIV networks with the Ministry and Departments of Labour and Employment, and employers’ and trade unions. One poster included an emotional appeal by a PLHIV to employers on the need to work and for continuation of employment.

The set of six ILO posters, translated and printed by the INP+ in regional languages:
The ILO India Project designed a three day training workshop on conducting workplace advocacy for the INP+ and its state level affiliates. The design of the training programme included:

i. Presentation of and discussion on the conceptual framework of workplace advocacy;

ii. Discussion on the structure and framework of My Story – a form of writing and sharing accounts of personal experiences;

iii. Presentation of My Story by participants, video recording of presentations, and feedback for improvement;

iv. Discussion on communication and advocacy skills;

v. Practical advocacy sessions with workplace audiences: employers, trade unions, and officials of the Department of Labour, followed by the sharing of experiences by participants and feedback by facilitators.

In all, a total of 165 (100 men and 65 women) PLHIV from 20 networks participated in a series of workshops conducted at Chennai, Delhi, and Kolkata between June 2006 and May 2009.

The draft handbook was developed and pre-tested at workshops in Delhi in 2008 and finalized.

Use

- The handbook has been developed as a guide for PLHIV to help them undertake advocacy at workplaces. It provides a conceptual framework on workplace advocacy, different target audiences and key messages, and practical tips for effective advocacy in workplaces.

- The handbook is intended to be used by core trainers within PLHIV networks trained by the ILO to guide the workplace advocacy efforts of PLHIV networks at the national and state levels, along with other communication materials provided by the ILO.

- The advocacy spot included in the CD will be useful to sensitize stakeholders. It can be shown in the beginning of advocacy sessions.

- The training video presents some live examples of advocacy by PLHIV and reinforces the concepts of the handbook.

- Organizations engaged in building the capacity of PLHIV for advocacy/positive speaking can also use this handbook and the videos. The last segment of the CD is photo documentation of ILO’s training of PLHIV. This will also be useful for organisations.
What is advocacy?

Advocacy is a process of communication targeted at key decision and policy makers, media, and the general public. Advocacy attempts to inform (based on evidence/facts) and seek commitment to take action to support a cause or address an issue.

Key points to be kept in mind in advocacy efforts/campaigns are:

- Advocacy is part of a programme or leads to a programme;
- Advocacy is not a one-off event;
- Advocacy has a specific purpose, definite objective(s); and
- Advocacy is audience-specific.

While no advocacy effort is without problems, advocacy for HIV and AIDS presents the following challenges:

- Stakeholders generally remain in denial for too long because there are no immediate and exclusive symptoms of the HIV infection;
- HIV is often viewed from a moralistic lens and a large number of people associate it with immoral behaviour;
- Most people think that HIV and AIDS is a medical problem and, therefore, only the Department of Health should be responsible for controlling it;
- Stigma and discrimination are widely associated with HIV and AIDS and have emerged as key challenges to advocacy efforts. While they hinder prevention efforts, they also act as a barrier for the effective care, support, and treatment of PLHIV; and
- Violation of the rights of infected and affected people is common.

An ILO study on the socioeconomic impact of HIV and AIDS on PLHIV and their families, published in 2003, revealed the following facts:

- Seventy per cent of PLHIV faced discrimination in one form or the other;
- Women faced more discrimination (74 per cent) than men (68 per cent); and
- Most of the reported discrimination was from the PLHIV’s family (33.3 per cent), followed by health care settings (32.5 per cent), neighbours (18.3 per cent), community (9 per cent) and 6 per cent at the workplace.
Some of the personal experiences of PLHIV on stigma and discrimination, which they shared during the ILO study and the ILO training workshops, support these findings:

“I faced every kind of discrimination. At the hospital, the doctors and paramedical staff continuously made humiliating gestures at me. I had a shop in my village, but when people came to know of my status, they stopped coming to my shop and, ultimately, I had to close it.”
A man respondent from Maharashtra.

“After my husband’s death, all I got was blame and harsh words.”
A woman respondent from Maharashtra.

“People are still so ignorant that they don’t attend the last rites of a relative who has died of AIDS. I have seen cases where only five or six people were there to perform the last rites.”
A male respondent from Maharashtra.

“People are still so ignorant that they don’t attend the last rites of a relative who has died of AIDS. I have seen cases where only five or six people were there to perform the last rites.”
A male respondent from Maharashtra.

“My husband and I were separated without our consent. They took custody of my children. The worst part of my life is that I can’t live without my children.”
A woman respondent from Manipur.

“The remarks made by the hospital staff made me feel very ashamed. The doctor asked my spouse to administer the injections and saline fluids on his own.”
A woman respondent from Tamil Nadu.

“I have nobody in the world. After my time, I am sure that my daughter will be alone.”
A woman respondent from Tamil Nadu.
The workplace policy environment in India

A good policy environment exists in India, which strongly recommends non-discrimination at workplaces for PLHIV. It is necessary for anyone who is engaged in advocacy at workplaces to know about the workplace policy guidelines that exist in the country:

- The Ministry of Labour and Employment and the National AIDS Control Organisation (NACO) has developed a national policy on HIV/AIDS and the world of work;
- NACO has endorsed the ILO Code of Practice on HIV/AIDS and the world of work for use in workplace settings in India. The ILO Code suggests ten principles on which HIV/AIDS workplace policies should be developed.
- Indian employers’ statement of commitment on HIV/AIDS, signed by seven national level employers’ organizations/chambers, endorses the ten key principles of the ILO Code and encourages Indian companies to develop non-discriminatory policies at workplaces.
- A joint statement of commitment of the trade unions, signed by five central trade unions, has been developed, through which the central unions have endorsed the ILO Code and appealed to their affiliates at the national and state levels to work with employers and the Indian Government on the development of workplace policies and programmes.
- The INP+ has also endorsed the ILO Code for use in workplace advocacy in India.

Advocacy issues/challenges for HIV and AIDS policies and programmes

- Bring stakeholders out of denial, particularly in a low prevalence country;
- Reduce HIV/AIDS related stigma and discrimination; and
- Develop policies and programmes that ensure non-discrimination and respect for the human rights of PLHIV (to earn a living/employment, to health care/treatment, to education, etc.)
It has been recognized that PLHIV can play a central role in HIV and AIDS advocacy issues at workplaces.

Strengths of advocacy by PLHIV

- PLHIV present the human face of the epidemic and contribute in bringing stakeholders out of denial;
- PLHIV present personal accounts of stigma and discrimination and the problems faced by individuals and their families;
- PLHIV dispel existing myths by presenting live examples of technical facts – for example, that HIV infection and AIDS are different, and that PLHIV are able to work and able to lead healthy and productive lives for years;
- PLHIV can showcase the fact that they are part of the solution, not the problem; and
- PLHIV can move people to take action, both in an individual capacity and in an organizational capacity.

Objectives of workplace advocacy by PLHIV

- To sensitize stakeholders on HIV and AIDS and key PLHIV issues;
• To contribute to reduction of HIV and AIDS related stigma and discrimination at workplaces; and

• To contribute to enhanced coverage of workplace programmes.

Audience segmentation for workplace advocacy

• Management of enterprises/companies;
• Trade unions;
• Employers’ organizations/business chambers;
• Government at the national level: (NACO/Ministry of Labour and Employment/ Ministries of Defence, Coal, Home, Industry, Railways, Transport and Power, etc.);
• Governments at the state level: (State labour departments, State AIDS Control Societies (SACS), industrial associations/ chambers, trade unions, etc.); and
• Media.

Audience-specific messages

It is necessary to look at the issue from the perspective of the audience. What do they know or think about the issue? Why are they not doing what you want them to do?

In an advocacy effort, one needs to give a series of messages with the intent to:

• Present some information/facts about the issue;
• Share some concerns regarding the issue;
• Communicate the benefit of action on the part of the audience; and
• Call for some concrete action from the audience.

Example

Target audience: A company manager who thinks that HIV is not a problem among his workers because he hasn’t found an infected person among them so far. He also feels that HIV+ workers will be a burden on the company for they will fall ill and, therefore, be unable to work. Messages that can be given to such a manager include:

• HIV infection goes unnoticed for years as there are no immediate and exclusive symptoms. The maximum impact of HIV has been seen in the most productive age group of 15-49 years, the age group in which most of your workers belong. (Share information to suggest why action is needed even if nobody has been found to be HIV+);
• HIV infection is not the end of life. Infected people can lead normal productive
lives for years. There is treatment available now that can prolong the life of an infected person substantially. Look at me... I have been living with HIV for the last five years and I work just like any of my colleagues. (Address the concern that a PLHIV will be a burden on the company by presenting facts and backing them with personal examples and experiences);

• HIV infection is preventable. Prevention costs less when started early. Several companies have done so. This is also the government’s and the ILO’s policy for enterprises. (Share additional information and talk about the benefits. Also arouse interest. They may want to know more about policy elements and what other companies are doing, which can then be shared); and

• You have seen me and heard the story of discrimination that I faced, and how important employment or a source of income is for a PLHIV. I don’t want your workers to face what I faced. You can protect them from this infection. Please develop your policies and programmes in time. (Call for action, make an emotional appeal, and also show that PLHIV are part of the solution).

Based on the experience of workplace advocacy sessions with different audiences, it has been realized that in general, there is lack of correct knowledge about HIV and AIDS and very little understanding of why HIV is a workplace issue. Therefore, information about the syndrome and its effects needs to be shared with the key audience, along with specific messages interspersed at the appropriate time, in order to make advocacy sessions effective.

HIV/AIDS is a workplace issue because it affects workers, their families, enterprise performance, and the national economy. HIV affects people in the most productive age group – 15-49 years – and in the age group to which most workers belong. Both workers and their families suffer from stigma and discrimination, and eventual loss of employment benefits, if effective workplace policies are not put in place. Enterprises face absenteeism due to HIV and AIDS, lose workers and incur heavy costs on treatment, replacement, and training. In the long run, HIV and AIDS can have an adverse effect on the national economy.

Moreover, a large number of people come together at workplaces. Therefore, workplaces can be very effective in reaching out to people with HIV information and services.

The following messages were pre-tested at workplaces with different audiences and found to be very effective. They should be presented along with accounts of personal experiences of PLHIV.

A. For managers of enterprises and companies

The management of a company is the most important group that needs to be targeted. Managers are the ones who take decisions and develop human resource (HR) plans, including staffing and welfare schemes for workers. These are the messages suggested for managers of companies:

• HIV affects people in the most productive age group of 15-49 years;
• HIV and AIDS can have an adverse impact on enterprises;
• HIV and AIDS are not a problem of only blue collar workers;
• PLHIV can live productive lives for years;
AIDS workplace programmes and policies in place and suggest partners for technical support.

B. For trade unions

Trade unions are the link between employers and workers. Unions are known to take up issues that affect workers’ rights and welfare. They are part of workplace committees and can work with the management to develop workplace policies and programmes. Therefore, the following messages are suggested for advocacy with leaders and members of trade unions:

- HIV is affecting the rights of workers to earn a living with dignity;
- HIV is affecting the welfare of workers;
- People with HIV infection can lead a productive life for many years;
- PLHIV pose no risk to their co-workers in regular workplace contact;
- Identifying PLHIV at workplaces is not the solution;
- HIV infection is preventable and it works best if started early;
- India is a low prevalence country – prevention programmes at this stage are timely and cost effective;
- With the availability of anti-retroviral treatment (ART), the productive life of a PLHIV can be enhanced substantially;
- Every PLHIV does not need ART immediately;

The three pillars of workplace programmes are:

i. Workplace policy;
ii. HIV prevention programmes for employees and families;
iii. Care and support for infected and affected employees and families;

- HIV need not be a standalone programme. It can easily be integrated into existing workplace programmes such as human resource development, occupational safety and health, and welfare programmes.
- Develop your response based on the national policy and the ILO Code.

Give specific examples of companies that already have HIV and AIDS workplace programmes and policies in place and suggest partners for technical support.
• Invite PLHIV to speak at your meetings and programmes.

C. For employers’ organizations and chambers

Employers’ organizations, chambers of commerce, and industry associations can play a key role in influencing their member companies. The following messages are suggested for advocacy with leaders and members of such groups:

• Motivate your member companies to develop HIV and AIDS policies and programmes;
• Network and provide technical support to member companies to help them start HIV and AIDS programmes;
• Acknowledge the work of companies doing good work on HIV and AIDS, and promote good practices in documentation and experience sharing;
• Get insurance and pharmaceutical companies involved;
• Help in enhancing access to anti-retroviral treatment;
• Engage PLHIV in your sensitization and training programmes; and
• Mobilize resources from your members for HIV and AIDS prevention and treatment.

D. For the Ministry of Labour and Employment and state labour departments

The Ministry of Labour and Employment (MOLE) at the national level and the labour departments at the state level are responsible for developing, implementing, and enforcing policies and programmes for the protection, welfare, and development of the labour force in the country. It is necessary to engage them through advocacy efforts with the following messages.

• HIV and AIDS is a workplace issue;
• HIV infection is not the end of life;
• PLHIV pose no risk to their co-workers;
• The right of PLHIV to work must be protected;
• The implementation of the national policy on HIV/AIDS and the ILO Code must be monitored;
• Companies must be encouraged to develop non-discriminatory workplace policies and programmes, based on the national policy and the ILO Code.
• PLHIV must be helped in their quest for justice if their right to work is violated through any institution or mechanism; and
• All labour welfare policies, schemes, and programmes such as labour welfare funds, social security, insurance, and occupational safety and health must address the needs of PLHIV.

E. For national and state governments

Government programmes and policies on HIV and AIDS are coordinated by NACO at the national level and the SACS at the state levels.

In order to develop a multi-sectoral response to HIV and AIDS in India, one of the key strategies of the third phase of the National AIDS Control Programme in India is mainstreaming HIV and AIDS in key ministries and expanding HIV/AIDS policies and
programmes in the world of work, in the private sector, and in civil society organizations.

A National Council on AIDS (NCA) has been set up to oversee the implementation of a multi-sectoral response in India. The NCA has members from different ministries, the private sector, and civil society organizations. NCA is chaired by the Prime Minister, which is a reflection of the top level political commitment to solving the issue of HIV and AIDS in India. State councils on AIDS have been set up at the state level. PLHIV are included by NACO and SACS in different committees, which allows them to conduct advocacy and influence policies and programmes.

Against this background, messages by PLHIV for workplace advocacy with government can be built around the following ideas/themes.

**NACO/SACS**
- Involve PLHIV in workplace advocacy at the national and state levels;
- Monitor implementation of the national policy on HIV/AIDS and the ILO Code;
- Scale up programmes for income generation and livelihood support for PLHIV and HIV affected families;
- Build the capacity of SACS for workplace interventions and partnerships with the private sector and trade unions; and
- Develop PLHIV inclusive insurance policies and products in partnership with the public and private sectors.

**Other ministries and departments**
- Develop workplace policies and programmes for your employees;
- Mainstream HIV and AIDS in your existing schemes and programmes; and
- Involve PLHIV in your efforts.

**F. For media**
The media shapes public opinion. PLHIV can give advocacy messages through both electronic and print media. The media likes to cover human interest stories. Therefore, key messages for the media can be built around:
- Personal instances of stigma and discrimination;
- How HIV has changed your life and how you are coping with the infection;
- Key messages for employers, trade unions, and the government can be conveyed through the media: PLHIV are physically fit to work (here again, give personal examples); the importance of employers’ support to PLHIV; HIV does not spread by usual workplace contact, etc.; and
- Positive examples of the support PLHIV are receiving at workplaces.

**Further tips**
It is advisable to keep collecting evidence of the impact of HIV and AIDS on sectors and enterprises and highlight them at the appropriate place to strengthen your argument.

*For example:* The ILO India conducted a study on Singareni Collieries Co. Ltd (SCCL), in Andhra Pradesh, in 2005. The study revealed that the company had spent Rs 65 lakh (around US$ 144,444) on disbursement of terminal benefits to 29 employees declared unfit due to HIV related illnesses in the past five years. The study brought
out evidence of rising costs, increased absenteeism, and loss of manpower due to HIV and AIDS. The company has 311 employees living with HIV and, if all of them reach the stage of being unfit to work and are given compensation as per the company rules, it will cost SCCL Rs 9.33 crore (around US$ 2.1 million) in the coming years. The provision of anti-retroviral treatment to these employees for a period of ten years would cost SCCL much less – Rs 5.59 crore (around US$ 1.24 million). And it would also enhance the working life of the infected employees, reduce absenteeism, and help them sustain their families.

Sectoral examples work best if presented in appropriate sessions. An advocacy session for a cement company will go well if an example of the impact of HIV and AIDS on the work of a cement company is presented. In the absence of a specific sectoral example, example from other sectors can be given.

“I am working in New India Assurance. When detected to be HIV+, I thought it was the end of my life. Initially, I faced discrimination, but then I proved myself. I am working as hard as anybody else to prove that even with our HIV+ status, we can work.” – Prakash, Madhya Pradesh Network, addressing ASSOCHAM members during an advocacy session organized by the ILO in New Delhi.

“Work is more than medicine to us. It enables us to bring home food and medicines.” – Naveen, DNP+.

“If I am living a good life today, it is only because I have a job – a source of earning.” – Celina D’Costa, INP+, during the launch of the trade unions’ policy statement in Delhi.

Examples of messages that demonstrate responsible behaviour on the part of PLHIV and show them as part of the solution

“After my husband died of AIDS and I came to know of my status, I continued my education. I started teaching and got the support of my colleagues. It helped me a lot. I appeal to you to keep supporting them if any of your workers are infected. It helps us a lot.”
– Geeta, Gujarat.

“All I would add is that the earlier you provide HIV education, the better it will be for your employees. You wouldn't like them to get infected.”
– Pawan, Uttar Pradesh.
“HIV does not spread through day to day casual contacts. We are not spreading infection. We are very responsible and playing a part in HIV prevention.”
– C.S. Rathore, Rajasthan.

“HIV infection can happen to anyone. Timely education is key in prevention.”
– Dayanand, Delhi.

“We want to protect others from getting infected. We want to create awareness and share our experiences and knowledge with other workers.”
– Asha, Bangalore.

Advocacy can be done through writing, speaking directly to an audience, or through the media, developing tools such as leaflets, films, and recorded interviews. Here, we will discuss public speaking because it is the most common form of advocacy at workplaces by PLHIV.

**Pre-session planning**

Good planning for experience sharing before the actual session contributes significantly to the success of advocacy efforts. Arrangement of logistics and use of information, education, and communication (IEC) material is very important in this context. Pre-session planning includes:

- Finding out who is organizing the event – the network or another organization. What is their objective and follow-up plan?
- Knowing the audience – their level and the likely number. Are they engaged in HIV/AIDS programmes or totally new?
- What is the venue and timing? Who are the other speakers and how much time has been allotted for the session by the PLHIV?
- Who is the contact person for organizing the session? Coordinate with him/her;
- What are the facilities available for the session, such as projection system and public address system?
- How many of you will go? Clarify the role of each team member; and

“… I was once invited to speak at a workplace. I hoped to address the management. When I reached there, I found I was supposed to speak to a group of workers. It was simply an awareness session… The organizers did not tell me anything beforehand. And I made the mistake of not asking.

– A member of DNP+
Public speaking is the art of communicating. One gets better with practice. The important thing is to consistently incorporate the lessons from each session into future performances.

**REMEMBER!**
- Communication is a process of simplification. The trick is to make it simple.
- Communication is a two-way process. Feedback from the audience is essential.
- Communication is 15% verbal and 85% non-verbal. Body language is important.

You are invisible until you speak! Your speech shows your personality. To make an impact on decision makers, you must express your personality. By sharing your feelings and personal stories, you are actually sharing your attitude to life and your commitment to the cause. You will be able to connect with the audience in a more real way if they are able to understand you as a person and empathize with you. Only then will they take the action you desire.

**Speak from the heart**

The golden rule of speaking is: Speak passionately and speak from your heart. People will also listen to you with the same passion. Share your story as if it were the first time you were telling it.

**Body language**

Your entire body communicates while you speak. It is better to speak in a standing position so that everyone can see you properly.

- **Eye contact** is important because all types of emotions are displayed through the eyes. Look at everyone. Some speakers maintain eye contact with only certain segments of the audience. Don’t do this, for then, the rest of the audience will lose interest. Shift eye contact regularly and engage briefly with all segments of the audience.

- **Avoid** actions such as touching your hair or your nose, continuous movement from one foot to the other, and crossing your arms. This is distracting for the audience and also shows nervousness on the part of the speaker.

- **Your voice** should be clear. Practise for variations in tone and pace according to the emotions of the speech. Don’t speak too fast or too slow. The pace should be such that the audience can grasp easily what you are saying.
Attitude

A positive attitude on the part of the speaker is extremely important in effective communication. Try to be as positive as you can, even when you face disturbing questions from the audience. Your determination to live a long productive life despite the problems related to HIV infection should show in your communication.

Example: “... There is a constant battle between the virus and me. So far, the virus has not been able to defeat me. I am sure it will never be able to till I secure a good future for my only child...”

– Naveen, DNP+.

Dress

Dress comfortably and appropriately for the occasion. Avoid dressing casually because this dilutes the seriousness of your purpose.

Relaxation

Be relaxed. Take a few deep breaths before you start. Relaxing for a few seconds in the middle of a speech also helps. It provides the opportunity to rethink or make on the spot changes while talking.

Finally, check that you are carrying enough advocacy material (handouts, posters, and documents) and reach the venue at least 15 minutes before time.
Having discussed the target audience for workplace advocacy and audience specific messages, we will now discuss the structure of an advocacy session.

Advocacy at workplaces by PLHIV through the sharing of personal experiences – “My Story” – has always been found to be very effective, particularly when the narration is structured well. However, the PLHIV should be comfortable in sharing their personal accounts of the realities of coping with HIV infection. Thus, the content and process of sharing “My Story” becomes very important for an effective advocacy session.

Structure of a talk for the sharing of ‘My Story’
The following structure is recommended:

- Self-introduction;
- Life before infection;
- Feelings at the time of detection of HIV status;
- How you coped with it;
- Personal instances of discrimination, grief, and loss;
- Life after detection of HIV infection – on ART or not;
- Impact on employment; and
- A good ending/key messages (e.g., healthy and capable of work).

Once the written version of the story is ready, go through it again, share what you are comfortable in sharing, and remember that there is no compulsion to share anything that you don’t want to share. Avoid irrelevant, unnecessary, and unwanted technical information.

What to expect from the audience?
Advocacy by PLHIV, especially public speaking, is a sensitive job that entails great responsibility. Advocacy without preparation and precaution may generate feelings of fear and indifference among the audience. On the other hand, it can also evoke responses like empathy, motivation, commitment, and responsibility if done with full preparation and practice. The audience may be meeting a PLHIV for the first time, so expect a range of reactions/emotions such as:

- Applause;
- Empathy;
- Discriminatory behaviour and negative remarks or questions;
- Tears; and
- Shock and dismay.

Remember:

- The audience wants to see and hear you as a PLHIV, not as a technical resource person;
- KISS (Keep it short and simple): The attention span of the audience may be limited, so refrain from telling long stories;
• Share personal life experiences rather than concepts loaded with jargon (such as GIPA, positive living, prophylaxis treatment, ART, CD4, and viral load);
• Highlight how responsibly you have been living your life after the detection of your HIV status;
• Offer simple solutions which are possible to act upon within the system. Refrain from getting into activist mode;
• Happy ending! Highlight stigma and discrimination, but also present positive examples;
• Remember that the experience can be agonizing at times;
• Don’t get disheartened by negative remarks; and
• That’s the reason you are doing advocacy!!!

Some tips for enhancing the effectiveness of advocacy sessions by PLHIV networks:
• Know your audience;
  • Introduce yourself clearly;
  • Speak first as a PLHIV, then as a network member;
  • Speak as a worker living with HIV;
  • Present your story – life before and after HIV infection;
  • Share personal instances of discrimination;
• Avoid the use of acronyms such as CD4, ART, VCTC, and GIPA;
• If you are not on ART, share how you are living your life, including how you take care of your health;
• If you are on ART, share when the treatment was started, its cost, who is supporting the treatment, benefits, and the positive results of ART on your life;
• Emphasize how responsibly you are living with HIV;
• Share your key concerns in the context of workplaces;
• Present key messages related to right to work and ability and skills as the only basis for a job;
• Urge concrete action/commitment; and
• Give out leaflets/other communication material at the end of the session.

An example of an advocacy session with the management of a company:

Ladies and Gentlemen,

Thank you very much for allowing me to speak to you today. Let me first introduce myself. I am Suresh. I work with an NGO that is working in the field of HIV and AIDS. I am a commerce graduate. However, I speak to you today as a person living with HIV for the last three years.

The last three years have changed my life completely. Before I was detected with HIV, I was working in a private company.
Life was good - a loving family, good education ... with all the dreams of a great future that any young man would have. I got married and felt God was really kind to have given me such a good life partner. Everything was going fine till I fell sick and was diagnosed as suffering from TB. I was advised an HIV test and the test came out to be positive. I cannot forget the day when the news was broken to me. I was shocked ... how could this happen to me? I could not believe the test result. All my dreams were shattered in a second. What would I tell my wife, my parents, younger sister... What if my wife was also infected?

Luckily, I got a very good counsellor who helped me accept my status and provided further information about HIV and AIDS. I came to know that HIV was not the end of life. With treatment, life can be prolonged substantially and I could still lead a normal life.

It took me all my courage to break the news to my wife, but I had to do it. We had promised to share everything when we got married. I don't know what went on in her mind, but she kept her calm and tried to reassure me in every possible way. Both of us went to the counsellor together. Her HIV test was also done. She was not HIV+. We thanked God and planned how to live our life hereafter. We decided to use condoms and that we do consistently even today, so that she does not get infected.

It took me time to disclose my HIV status to my family members. I would be lying if I said that I did not feel any change in their behaviour. It took them time to accept the reality. I was advised by my parents to not disclose my status. They felt it would adversely affect the marriage of my younger sister, which was round the corner.

I made the mistake of confiding in my colleague, who was like a friend. I saw the changing attitudes of my colleagues. The discrimination was obvious. They started avoiding me. Nobody had any information about HIV. My supervisor started harassing me, finding fault with my work, though I was still the same good worker. Finally, the conditions became such that I had to resign from my job. They did not sack me, but made my life hell and left me with no option but to resign. For a few months, I became totally dependent on my parents and wife, and realized how important employment or a source of earning was to one's life.

Through my counsellor, I came in contact with a network of people living with HIV. I found that there are so many of us living a dignified life with HIV. We shared our personal stories and realized that most of us had faced discrimination – from families, from hospitals, from employers, from colleagues and friends. Some of us are on anti-retroviral treatment – the treatment that is given to HIV+ people at a stage when their immune system becomes very weak. As you may know, it does not cure, but it can prolong life. I have seen in our network that so many people who are on this treatment are living normal productive lives.

I am not on this treatment yet, but I am in regular touch with my doctor, who keeps monitoring my health status. I have been trained in positive living. I take care of myself. I do regular exercise and yoga. I avoid eating outside and try to take immediate treatment for illnesses. You can afford to avoid going to a doctor in case of a minor episode of cold and cough, I can't.

I am 35 years old now, and it has been three years since I learnt about my HIV status. My doctors say I will not need anti-retroviral treatment for some more years if I continue to take care of myself as I do. Suppose I start treatment when I am 40 or so – I will be able to live for another 10-15 years, and, God willing, even more. And you never know what better medicines get invented in this time. I believe that you can change your destiny with deeds and prayers.

I share my personal example with you today so that you can set in place an HIV prevention programme and protect your workers. HIV infection is preventable. HIV does not spread by casual workplace contact, such as working together, eating together, or sharing the same tools or toilet. Please develop your company's HIV policy and programmes as early as possible. An early response will cost you much less. Several companies have done so, and we can share their examples with you. For us, people living with HIV, your support means a lot. If you take our jobs, you will kill us faster than the virus...

I thank you for your kind attention. I am happy to answer your questions, if any...
Ladies and gentlemen, I am Suresh... I speak to you today as a person living with HIV for the last three years...

...I was working in a private company. Life was good - a loving family, good education... with all the dreams...

...Everything was fine till I was diagnosed TB... I was advised an HIV test...

...And the test came out POSITIVE!

I WAS SHOCKED... HOW COULD THIS HAPPEN TO ME??

All my dreams were shattered... what would I tell my wife?

What if she was also infected?

The discrimination was obvious... colleagues started avoiding me...

My counsellor told me about network of people living with HIV, and Positive living... I found so many of us living a productive life...

It took a lot of courage to tell my wife...

I made the mistake of confiding in my colleague, who was like a friend...

The discrimination was obvious... colleagues started avoiding me...

I share my example so that you can start your HIV programme and protect your workers. We people with HIV can work like anyone else.

Please develop your policy... your support means a lot to us.
Vijay, 38, was working with Hindustan Aeronautics Ltd (HAL). When he got to know about his positive status, he went to HAL’s hospital. He got neither proper treatment nor counseling there. He thought that he should do something so that other people in similar circumstances would get proper treatment. He approached the hospital’s superintendent and expressed his desire to conduct a session on HIV for the hospital staff. They agreed, but surprisingly, nobody turned up for the session.

Vijay approached us (INP+) and we organized a session there. This time, everybody came. Initially, they did not pay attention to what we were saying, but after some time, they started taking an interest. We talked about myths and misconceptions, treatment and positive living. As PLHIV, Vijay and his wife also spoke. The session was so successful that a special Jeevan Ward has been created at the HAL hospital. Another good outcome was that HAL admitted its mistake. It said it was ready to start a PPCT (prevention of parent to child transmission) centre. The Karnataka SACS is coordinating with it in its efforts.

– As told by Senthil Kumar, INP+

Ramesh Rao, 36, from Shimoga was selected for the post of police constable in the Karnataka police. He was medically fit. In 1994, during a medical test, he was found to be HIV+. The police authorities refused to give him a fresh assignment. He ran from pillar to post, but could not get a posting. After 10 years, he got a chance to approach the KNP+. With the support of the KNP+ and Lawyers’ Collective, he filed a petition against the Police Recruitment Board. The court ruled in his favour. It directed the Board to give him a posting and 10 years’ salary as well. He has now been placed in the training division of the police department. He is an active member of the KNP+. After this case, the Police Recruitment Board set up a committee including an HIV specialist to effect the necessary changes in the police recruitment policy in Karnataka.

– As told by Asha, KNP+
Case study 1

I belong to Uttar Pradesh. I went to Mumbai for my education. After completing my education, I set up my own garment factory and started an export business. I had my dreams – to become rich and I guess I realized them also, very early in life. I wanted to expand my business. In 1999, I applied for a visa to go to Mauritius; I was required to take an HIV test as part of the process. I tested positive. This shattered all my dreams. I could only tell my parents that I was suffering from blood cancer.

Slowly, my business started to decline and I had to take a job in a leading garment export house on the basis of my experience. I did not disclose my status to my employer. My employers liked my work and relied heavily on me. But my health started to deteriorate. I was admitted to a hospital with fever, and there, I faced discrimination for the first time. I had to ask several times for medicines. I often went to a hospital meant for workers. The hospital staff informed my employer that one of his workers has AIDS and, till date, Rs 25,000 has been spent on treating him.

The management started to locate the worker and finally identified me. They told me either I resigned or they would dismiss me. I tried to convince them that I was doing specialized work and my output was much more than that of other workers. They did not relent and removed me from my job. For many days, I was forced to sit at the gate all day. Finally, I resigned.

The Lawyers' Collective has advised me to go to the UP Network of People Living with HIV/AIDS. I am participating in the network’s activities and also fighting a case against my employer.

– Ram Kumar, 28, Uttar Pradesh.

Annexure 1: Some select case studies of stigma and discrimination, as shared by PLHIV

(Ishwar Reddy is a member of the KNP+ and currently employed as a bus conductor with the Karnataka State Road Transport Corporation (KSRTC). He was facing problems with having to do night duty. When he approached the authorities for a change in his duty timings, they did not pay attention to his request. When the KNP+ approached the authorities and explained to them in detail about the consequences of his working conditions, they immediately agreed to shift his duty hours. They also promised to do more in such cases. Since then, the KNP+ has conducted many sessions for other sections of the KSRTC.

– As told by Asha, KNP+)
Case study 2

I belong to Nagaland. My husband died in 2002. I have a daughter who is eight years old. I was working for Sahara India Parivar as a tourist hostess at Amby Valley in Maharashtra. One day, we had a group blood test. They did not tell us the purpose. After some days, our company doctor called me and informed me that I had tested positive for HIV.

I was shocked and started crying. The doctor advised me to go in for a second test. The result of the second test was also positive.

I came back to Nagaland on six months’ leave. I did not go back to my work because I feared termination from the company. The company did not have any policy or programmes on HIV. My father was a big support throughout this period.

For the last two years I have been taking medicines from the Naga hospital in Kohima, which are provided free of cost by NACO. I am leading a normal life. I am working as an access to treatment and education officer at the NNP+. My advice to my colleagues is that HIV is not the end of the world, it is manageable, so avail of the facilities provided by the government and lead a positive life.

– Naomi, 33, Nagaland.

Case study 3

I belong to Bihar. I was working as a cook in Lufthansa Airlines and Hotels. I was a specialist in continental dishes. I was earning well and leading a good life. I was very happy when my company decided to transfer me to Germany. But my happiness was short-lived because I was found to be HIV+. When my company came to know about my status, they forced me to resign from my job. They plainly told me that they did not want to take any risk.

When I visited a doctor for a tooth extraction, he refused to treat me when I told him about my status. My relatives abandoned me. I went to ojhas and fakirs, seeking treatment, but ended up spending all my savings with no benefit. I came to the stage where I had to look into garbage bins for something to eat. I started working for drug mafias just for money. Once I was arrested and sent to prison. From the prison, I was sent to a mental hospital. I even attempted suicide two times, but was saved each time. That was when I realized that God was trying to save me for a purpose. This thought gave me new hope. I started reading books. I joined the Bihar Network of People Living with HIV (BNP+) after being released from prison. I am not taking any medicines, but I am exercising and leading a positive life.

– Kailash Bhagat, 34, Bihar.
Case study 4

I have been HIV+ for the last four years. I am working as an advocacy officer in Kerala. I got married while I was studying. When my daughter was eight months old, my husband fell ill. He was declared HIV+ when I was expecting my second child. I got myself tested for HIV. I was also found to be HIV+. It took me a long time to overcome this trauma. I felt very embarrassed when my doctor refused to help me. I approached many hospitals, but none of them were ready to admit me for the delivery of my child. Finally, one doctor agreed to perform the delivery.

My husband passed away when my second daughter was 10 months old. His family threw me out of the house. They wanted to keep my elder daughter, who is HIV negative, and threatened to kill me if I ever disclosed my status to anyone. My second daughter is also HIV negative. This gave me relief and confidence. With the support of the network, I am leading a healthy and positive life.

– Anjana, 32, Kerala.

Case study 5

I belong to Indore. I have been living with HIV for the last four years. I was leading a good life and making a lot of money in my pre-test phase. But one month after I got married, I developed a continuous fever and was asked to go in for an HIV test. When the test result returned positive, I was completely shattered. I told my wife about it and advised her to start a new life. She refused to do so. Although I am fortunate that I got support from my parents and my in-laws, I have also faced my share of discrimination. It was very painful when my sister-in-law stopped her children from visiting me.

Initially, I was not involved in the network’s activities, but when I saw discrimination, I decided to do something to stop it. Now I am involved with the activities of the network and also doing my work, even better than before.

– Manoj Varma, 28, Indore.
Case study 6

I work with the Maharashtra State Electricity Distribution Company as an MNE in Beed district. I am an active member of the workers' union. I have two sons aged eight and five. In 1999, when I was seeking treatment for a sexually transmitted infection, I came to know about my HIV+ status. At that time, it was very difficult to bear the cost of treatment and testing. I had a lot of questions in my mind, but I could not get any satisfactory answers. I went to the Network for Maharashtra People Living with HIV (NMP+), looking for answers to my questions. Since then, I am doing networking for better medical facilities for employees. In the last seven years, I have seen the many ugly faces of discrimination. I have attended cremations of HIV patients where only four or five people were present to perform the last rites. Five months ago, when I met with an accident, I faced discrimination at the hospital when I disclosed my status to the doctors there. I had to be shifted to another hospital for proper treatment.

– Shivaji Barge, 40, Maharashtra.

Annexure 2 : Frequently asked questions on HIV and AIDS

**How is HIV/AIDS different from other serious illnesses?**

HIV/AIDS is different from other illnesses because:

- It affects people at their most productive age (15-49 years);
- It is incurable at the moment;
- There are no specific symptoms in the initial years, so an HIV infection goes unnoticed for several years. That is why HIV/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 taboo in most societies. So, it is difficult to reach information to people.

*We all need to know about HIV/AIDS as it can happen to anyone.*

**What is HIV and how does it affect us?**

HIV stands for Human Immunodeficiency Virus. After entering the human body, HIV gradually destroys the immune system, i.e., the body’s ability to fight infections and disease. As it is a human virus, HIV is found only in human beings.
Usually, there are no immediate and specific symptoms of HIV infection.
HIV infection does not mean that a person has AIDS.

What is AIDS?
AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is the later stage of HIV infection. It is a condition in which a group of symptoms appears 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, lifestyle, and ability to afford treatment. This duration can be further increased with the introduction of anti-retroviral treatment (ART).

HIV+ people can live productive lives for years.
The life span of HIV+ people can be extended with ART.

How is HIV transmitted?
HIV can be transmitted through:
• Unprotected sex with an HIV+ person;
• Transfusion of infected blood or blood products;
• Sharing of infected needles or syringes; and
• From an infected mother to her child – during pregnancy, during birth, or 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 contact such as shaking hands, sharing equipment, eating from the same utensils, and sharing toilets.

Can HIV spread through mosquitoes?
No. Mosquitoes do not inject their own or a previously bitten person’s blood into the next person. Mosquitoes 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, mosquitoes do not become a carrier of HIV after biting an infected person. Therefore, mosquitoes do not transmit HIV infection from person to person.

Is there a risk of HIV infection in going to a barber’s shop?
There may be a possibility of risk in any situation in which skin piercing instruments are used, like in a barber’s shop, beauty salons, tattoo parlours, and body piercing shops.

The Centers for Disease Control and Prevention, Atlanta, recommends
that instruments that are used to penetrate the skin should be used once and then disposed off or thoroughly cleaned and sterilized before being used again.

How can a person avoid being infected through sex?

A person can avoid HIV infection through sex by:

- Abstaining from sex;
- Having a faithful relationship with one partner (mutual faithfulness); and
- 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+. So, it is better to avoid casual sex or to use condoms consistently and correctly.

Avoid sex under the influence of alcohol and drugs.

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+ people) and found that even with repeated sexual contact, 98-100 per cent 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 80-90 per cent.

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 to emphasize their consistent use.

Can kissing lead to HIV infection?

Open mouth kissing is a low risk activity because the concentration of HIV in saliva is very low. 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 can be risky if one partner has bleeding gums or mouth ulcers.
Is there a connection between HIV infection and other sexually transmitted infections?

The presence of a sexually transmitted infection (STI) can increase a person’s risk of becoming infected with HIV by about three to ten times, depending upon the nature of the STI.

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

- STIs can be cured, while HIV infection cannot. So, timely treatment of STIs is essential.
- People have several myths about STIs. They need to know the symptoms of STIs and seek treatment from registered medical practitioners.
- Use of condoms protects against both STIs and HIV.

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

STI symptoms in women:
- Unusual and foul smelling discharge from the vagina;
- Sores, blisters, rashes, or boils in the genital area;
- 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 seek immediate treatment. Self-medication must 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.

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

In case of an injury requiring blood transfusion, blood should be taken from a licensed blood bank. All blood collected for donation is now tested for HIV.
Hospitals, nursing homes, doctors, and paramedical staff need to make sure that the equipment used for injections and operations is properly sterilized. Unnecessary blood transfusions must be avoided.

People should insist on the use of sterilized/disposable syringes for injections. Injecting drug users should avoid sharing needles or syringes.

To prevent HIV infection through this route, both individuals and healthcare providers must take precautions.

There is no risk in donating blood.

How can HIV infection from mother to child be prevented?

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

- The mother should take the available treatment both for herself and the newborn child;
- The couple should opt for a Caesarian section, instead of a normal delivery; and
- The mother should opt to not breastfeed the baby if she can afford it, and discuss available options with the doctor or a counsellor.

Mother to child transmission of HIV can be prevented.

The couple needs to know the available options and act upon them.

What are the symptoms of AIDS?

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

According to the World Health Organization, the main symptoms of AIDS are:

Major signs
- Weight loss (>10 per cent of body weight);
- Persistent fever for longer than a month; and
- Chronic diarrhoea for longer than a month.

Minor signs
- Persistent cough;
- General itchy skin diseases;
- Thrush in the mouth and throat;
- Recurring shingles (herpes zoster); and
- Long-lasting swelling of the lymph glands.
HIV/AIDS cannot be confirmed only on the basis of symptoms – a blood test is necessary.

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 the ELISA (enzyme linked immuno sorbent assay) and the Western Blot, a confirmatory test that is usually done after the ELISA.

Testing facilities are available in both private and government medical centres. Integrated Confidential Counselling and Testing Centres (ICCTCs) have been set up in government hospitals, where HIV testing is accompanied by pre- and post-test counselling at a nominal fee of Rs 10.

What is the 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 a blood test. It takes about three to 12 weeks (up to six months in some cases) after HIV infection to form antibodies in a 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, even though HIV status does not show up in a blood test, the person is capable of infecting others.

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+ person. Once started, these drugs have to be taken throughout the affected person’s lifetime.

The drugs are expensive and often have severe adverse reactions. ART needs to be administered under the supervision of doctors who are trained in HIV/AIDS case management.

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

Is it safe to work with an HIV+ person?

It is safe to work with an HIV+ person: HIV does not spread through social contact such as shaking hands, sharing equipment, travelling in the same bus, eating together, and using the same toilet.

HIV does not spread through mosquitoes and insects. It does not spread through water or air either.

Workers, such as doctors or paramedical personnel, who come into contact with potentially infectious body fluids, should follow universal precautions and infection control measures such as gloves and masks.

HIV positive people pose no risk to their co-workers.
productive. We should respect their human rights and provide the necessary care, affection, and support to them and their families.

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

Are women more vulnerable to HIV infection?

HIV and AIDS affect 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 a large surface area, which aid in the collection of fluids that can facilitate HIV transmission. On the other hand, the surface area of the penis is small and thus cannot collect fluids;
- The walls of the cervix and vagina are thinner and easily torn. The micro-pores allow HIV easy passage;
- Women are more prone to reproductive tract infections, which increase the chances of HIV infection; and

What should be the elements of an HIV and AIDS policy or programme at the workplace?

HIV status should not be a criterion for either rejecting people for employment or keeping them out of 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 addressed suitably.

- The ILO Code provides ten principles on which workplace policies should be developed. It also provides guidelines for developing policies and programmes for HIV/AIDS in the world of work. The ILO Code can be viewed at www.ilo.org/hivaids.

What support can we give to a person living with HIV?

We should not isolate HIV+ people because they do not pose any risk to us through social contact. We can work, eat, and live with HIV+ people.

We should not pass moral judgements on infected people. We should work to reduce the stigma and discrimination related to HIV and AIDS by spreading correct information, dispelling myths, and practising a positive attitude towards HIV+ people.

We should support HIV+ people in staying active and economically
• Quite often, women suffer from sexually transmitted infections, which are asymptomatic and do not get treated.

Socioeconomic factors

• Many women experience sexual and economic subordination in their marriages or relationships and, therefore, are unable to negotiate safer 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 and AIDS vulnerability. Women make up the majority of the world’s 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 worldwide – twice as many in some countries;

• Studies show the heightened vulnerability of women, as 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 mean that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV+, 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.

For more information please visit:
www.nacoonline.org
www.ilo.org/hivaidsindia