

**AIDS PREVENTION  
THROUGH  
HEALTH PROMOTION**

Broadcasters'  
Questions and  
Answers on  
**AIDS**



World Health Organization  
Global Programme on AIDS

---

## ■ Introduction

---

The global strategy for the prevention and control of the acquired immunodeficiency syndrome (AIDS), developed by the Global Programme on AIDS (GPA) of the World Health Organization (WHO), has received the support of every nation of the world. GPA is working with governments in over 140 countries to support the establishment of national AIDS committees and AIDS prevention and control programmes.

In each programme the involvement of the media is regarded as essential for the task of informing and educating the public about AIDS. This "Q & A" is being sent to radio broadcasters and national AIDS committees all over the world. Working together, they will be able to increase public knowledge about AIDS and reduce its harmful consequences.

**Dr Jonathan Mann**  
Director, Global Programme on AIDS

---

## ■ How to use Broadcasters' Q & A

---

This document has been prepared by WHO Global Programme on AIDS to help you as a broadcaster understand and explain AIDS. It provides material for use in programmes such as:

- magazine shows that cover health topics
- question-and-answer programmes
- plays
- stories
- short talks
- public service announcements
- spots.

The material is prepackaged to help writers and producers but is not necessarily ready to use. Rather, it is envisaged that broadcasters will:

1. **Adapt the material** for use in stories, dialogues, plays, and songs for AIDS programmes that:

- can be heard in local languages
- use scenarios relevant to local high-risk audiences
- respect local customs and sensitivities
- use familiar characters and place names
- contain dialogue and narrative.

Adapted stories will help the audience to identify with people affected by AIDS, learn how they feel, and cope, and understand the consequences of the infection.

2. **Seek further information** and advice about AIDS and the local situation from their national AIDS committee.
3. **Retain the health teachings** that are printed in bold type in the scenarios.
4. **Include health promotion measures** in each scenario, focusing on people's capacity and responsibility for preventing and controlling AIDS. (See, for example, the Alternatives given in each case, and seek further suggestions from the appropriate branch of the national AIDS committee in your country.)

---

## ■ Contents

---

To facilitate its use in broadcast programmes, the material is presented under topics from everyday life:

### Topics

What is AIDS? ■ 1

AIDS background ■ 5

AIDS and nightlife ■ 9

AIDS and you ■ 13

AIDS next door ■ 17

AIDS on the street ■ 22

AIDS at work ■ 27

AIDS and pregnancy ■ 30

Mosquitos, bedbugs, and AIDS ■ 33

AIDS and travel ■ 35

International AIDS ■ 40

National AIDS ■ 46

AIDS radio serial ■ 52

Under each topic information is provided in two forms: as **questions and answers (Q&A)**, and then as a brief **scenario** that places the information within everyday life. You are invited to adapt the scenarios to your audience's situation and, as usual, you will decide what is suitable to go on the air. The expert information available from your national AIDS committee will be useful in developing and maintaining high-quality radio broadcasts about AIDS.

---

## What is AIDS? ■ Q & A

---

Themes: virus and disease; what the virus does to people

**Q: What is AIDS?**

AIDS is a disease caused by a virus that can break down the body's immune system and lead to fatal infections and some forms of cancer.

Before this brief answer is given more detail, three abbreviations that are often used need to be explained:

AIDS stands for the acquired immunodeficiency syndrome.

HIV is the human immunodeficiency virus, which causes the disease. In other words, HIV is the AIDS virus.

HIV Infection means infection with the AIDS virus, or AIDS virus infection.

When the AIDS virus, HIV, enters a person's body, it penetrates certain cells in the body, where it can remain for the life of the person. In some people who are infected the virus remains quiet for years — ten years or more — before it causes AIDS. They may nevertheless spread the virus to sexual partners during this period.

In other people the virus is very active, multiplies rapidly, spreads through the body, and causes AIDS quickly. This may happen a few months or several years after the virus has infected them.

**Q: How does the virus cause AIDS?**

The virus causes AIDS by disabling or destroying certain kinds of cell that normally help the body to fight disease. If these particular cells are destroyed the body cannot defend itself against infections and certain cancers. AIDS patients are then open to attack from infections and cancers that a healthy person can resist.

Though they may get different sicknesses, all AIDS patients have something in common: their immune defence system is not working because of infection with the AIDS virus.

AIDS is the most severe illness caused by the AIDS virus HIV, but other milder illnesses also result from infection with the virus. These usually get worse with time and develop into AIDS.

**Q: What happens to people infected with HIV?**

After infection most people have a prolonged period without illness caused by the virus. Then they develop AIDS. Current estimates are that within ten years of infection at least 50 per cent of HIV-infected persons will develop AIDS.

At first a person infected with the virus does not appear to be ill. He or she can, however, spread the virus to his or her sexual partner.

In course of time HIV will most likely cause illness in the person. There are several types of illness the virus can cause and it may eventually result in the disease AIDS itself. People with AIDS may lose more than 10 per cent of their weight, and they may have chronic diarrhoea and prolonged fever for more than a month. Meanwhile they suffer from lesser problems with their skin, glands, or throat, and they are very vulnerable to deadly diseases like pneumonia and some cancers. The majority of people with AIDS die within two years of the diagnosis. A few persons have survived longer.

The virus can also cause less severe illnesses. People with these AIDS-related illnesses may have mild and serious infections one after the other. Their body cannot defend itself against infection and heal properly, but it is still able to fight. Most of these people go on to develop AIDS.

HIV can also attack the nervous system and the brain, causing problems such as mental confusion and poor coordination of the body.

**Q: Some of these conditions sound fairly common. Do they mean that a person might have AIDS?**

Many of the signs and symptoms are common in other diseases, and they do not necessarily indicate HIV infection. If someone is ill, he or she should seek medical attention. AIDS may need to be considered if the symptoms continue for more than a month and the person's behaviour has brought him or her into contact with HIV.



Switzerland/Federal Office of Health

## What is AIDS? ■ Scenario

Target audience: the general public

When HIV is present in a population, it is something like an iceberg floating in the sea: we see a small part of it, but most of it remains out of sight. However, we can estimate the hidden virus epidemic from the visible disease as follows.

### The iceberg effect

For each person sick with AIDS...

**1**

several more are sick with AIDS-related illnesses...

**several**

and many more have HIV infection

**Many more**

As time passes, the picture changes

More of the persons with HIV infection develop AIDS and related illnesses  
The epidemic among those people becomes more visible

---

## What is AIDS? ■ Scenario

---

Target audience: the general public

Another way to grasp how the AIDS virus works is to compare it with white ants, which can ruin a wooden house.

### A house with white ants

A certain house is well built

and, although it has aged, it still looks like a good house on the outside

but several years ago white ants got into the wood

and now the problem is serious

One day a storm comes

The house with white ants stands right in its path

When the storm passes, other houses are still standing

but not this house

Then, in the wood of the fallen house, the work of the white ants is discovered

- good timber was used
- it still seems to be sturdy
- impossible to tell when they arrived
- no evidence from the outside that they are at work
- the posts that hold up the house are full of ants
- a great storm, but no greater than many storms before
- it is struck by strong winds
- neighbouring houses are struck too
  
- at first there is surprise that the storm could have blown down such a house
  
- the broken timbers are full of ant holes
- it is now easy to see what was not suspected before
- the house had in fact become very fragile

■ **AIDS is caused by a virus that breaks down the body's immune system and leaves the body weak and open to attack from diseases a healthy person could resist.**

## AIDS background ■ Q & A

Themes: origin of virus; a "new" disease?

**Q: Where did AIDS come from?**

AIDS comes from a virus, HIV, but where this virus came from is not known. To find out, more information is being gathered. But as new facts are discovered about viruses like HIV, the question of where HIV came from is becoming more complicated to answer.

**Q: Where was AIDS first found?**

AIDS was first recognized in the United States in 1981. However, it is clear that AIDS cases had occurred in several parts of the world before 1981. The evidence now suggests that AIDS epidemics began at roughly the same time in several parts of the world, including the United States and Africa.

**Q: Why do some people say the disease came from Africa?**

This idea comes partly from the fact that some old blood specimens from Africa dating back to the late 1950s apparently proved positive for AIDS. Also, the AIDS virus is similar to a virus found in some African monkeys.

But this does not prove much. Old blood can give a false positive reaction to the AIDS tests that are now in use. We are still learning about HIV and related viruses as they exist today and the picture is turning out to be rather complicated. To go back in time and make deductions from earlier evidence is extremely difficult.

**Q: But how can there suddenly be a disease that never existed before?**

If we look at AIDS as a worldwide epidemic, it is something new and rather sudden. But if we look at AIDS as a disease and at the virus that causes it we get a different picture. We find that both the disease and the virus that causes it are not new. They were here well before the epidemic.

We know that viruses sometimes change. A virus that was once harmless to humans can change and become harmful. This is probably what happened with HIV long before the AIDS epidemic.

What is new is the rapid spread of the virus. It may be compared with a weed that someone brings home from a distant place. In its original environment the weed survives but does not spread much. However, once it gets started in the new environment, conditions may allow it to grow much better than it did before. It spreads, chokes out other plants, and becomes a nuisance and then a plague. The spread of HIV is somewhat similar.

Researchers believe that the virus was present in isolated population groups years before the epidemic began. Then the situation changed: people moved more often and travelled more; they settled in big cities; and lifestyles changed, including patterns of sexual behaviour. It became easier for HIV to spread, through sexual intercourse and contaminated blood. As the virus spread, the isolated disease already existing became a new epidemic.



**LOVE SAFELY**

The Gambia/Medical & Health Department

## AIDS Background ■ Scenario

On a sensitive topic like AIDS, radio must take special care to inform and satisfy the public. It is all too easy for misunderstandings to go unnoticed, for facts to be lost in transmission, or for rumours to be spread unintentionally.

Even questions and answers about AIDS may spread rumours about the disease. A broadcaster who knows the facts can spot a rumour even when it is hidden in a genuine question or an incorrect answer. Here then are some rumours...common, everyday, false rumours about AIDS, not for broadcasting.

### Rumours? Not for broadcast

#### False rumours:

- Mosquitos spread AIDS
- Shaking hands with an infected person can give you AIDS
- Public toilets spread AIDS
- You can get AIDS by donating blood
- The AIDS virus was grown in a secret laboratory and then escaped
- AIDS is an enemy plot
- AIDS affects homosexuals only
- AIDS came from homosexuals in Western countries
- Second-hand clothes spread AIDS
- AIDS is really an African disease
- AIDS is a white man's disease
- Someone has AIDS simply because he or she belongs to a certain group, for example:
  - homosexuals
  - blacks
  - drug addicts
  - prostitutes
- AIDS was brought to Africa to control population growth
- A cure for AIDS has been discovered in Africa, but Western scientists are not recognizing it so that they can find a cure and win the Nobel Prize.

When a radio programme tells a story about AIDS, some of the characters may believe in AIDS rumours like those listed in this booklet. Any such rumours should be dispelled while the audience is still listening — before the radio story is over.

■ These and other AIDS rumours have their roots in the prejudices of society and the world today. Meanwhile, plenty of facts are available to dispel the rumours. The facts may be sought from national AIDS committees and the many agencies cooperating to promote health and stop the disease. Many of the facts are also to be found in this booklet.

■ No matter whom or what the rumours try to blame, it is clear that AIDS and HIV infections are a worldwide problem. No country can consider itself isolated from the epidemic. The problem today is not where AIDS came from, but rather how individual countries and the international community can control and prevent its spread.

---

## AIDS and nightlife ■ Q & A

---

Themes: protecting against an invisible threat; using condoms; social contact

**Q: Can you tell who has HIV infection by looking at them?**

No, there is no way of telling if a person has the virus just by looking at him or her. Many people who have HIV infection look and feel healthy for a long time, but they are carrying the virus and can pass it on to others.

**Q: Can you have HIV infection and not be sick?**

Yes, some people have HIV infection but are not sick — at least not yet. They may become sick later.

**Q: If a person who has HIV infection is not sick, what is the problem?**

There are two problems. First, if you have the infection, you may become sick later, even as many as ten years later. Second, you can pass the virus on to other people through your blood or through sexual intercourse without knowing it.

**Q: If you have HIV infection, can you still have sex?**

You can hug and caress safely, but any sexual activities that involve sharing of sexual fluids will put your sexual partner at risk of getting the infection from you. Both you and any potential partner must know and understand the risk. You are responsible for informing your partners and for agreeing with them on what is safe. Health workers can help you with this sensitive question.

**Q: How can you protect yourself against the HIV infection if you are sexually active?**

Stick to one uninfected sexual partner and be sure that he or she is sticking to you only. That is the best advice. If you cannot do this, use condoms and reduce the number of your sexual partners.

Of course, you can also choose not to be sexually active.

**Q: When should you use condoms?**

Use condoms whenever you have sex with a person who is not your regular partner or who might be infected. If your regular sexual partner has sex with other people, the best practice is always to use condoms with him or her.

**Q: How do condoms protect you from AIDS?**

If condoms are used properly, sexual fluids usually do not pass from one partner to the other. There is then no contact with the other person's semen or vaginal fluids. Contact with the other person's blood is also avoided. Since HIV lives in these fluids, condoms stop it from spreading with the fluids.

**Q: Is it dangerous to shake hands with someone infected with HIV or have a drink together?**

No. HIV infection is not spread by such casual contact. You will not get it by touching, sitting together, or eating or drinking with a person infected with the virus.



Switzerland/GPA Follo

## AIDS and nightlife ■ Scenario

Target audience: the young, single people, prostitutes

### A good-looking stranger

In a crowded night spot...

you meet someone attractive...

you would like to be alone together,  
and the thought of AIDS...

does not stop you. Or does it?

Knowing this, what action can you  
take?

- the place has a reputation
- plenty of men/women to watch

- a stranger
- he or she seems to like you
- the conversation goes well
- the evening passes agreeably

- you have heard all about AIDS
- you have seen pictures of people with AIDS
- this person looks healthy
- he or she is not thin, and since AIDS makes you thin, you figure that this person must be okay

■ You cannot tell by looking at someone whether or not he or she has HIV infection. Anybody can carry the virus.

### Alternatives:

- talk some more, or have a dance; arrange to meet again another day
- kiss and say good night

This option includes a warning: there may be a low risk of virus spread through vigorous, wet, "deep" kissing; there certainly is a risk that such kissing might lead to other, riskier sexual activities.

- be sure you or your companion has a condom and be prepared to use it properly, so that no sexual fluids or blood can pass between the two of you

■ Use a condom every time, from start to finish, if there is any doubt about whether a sexual partner is infected with the AIDS virus.



Photo: M. Goldwater/Network ©

## AIDS and you ■ Q & A

Themes: how it is spread; high-risk behaviour; avoiding AIDS

### Q: Who can get AIDS?

People with behaviour that puts them at risk of HIV infection. Risky behaviour determines which men and women get AIDS.

### Q: How is HIV infection spread?

The virus is spread from an infected person to someone else only through:

- sexual intercourse
- contaminated blood
- passage from an infected mother to her baby.

### Q: Do some people have a high likelihood of getting AIDS?

Yes. Some people are more likely to get HIV infection than others. It depends on their behaviour. This is because of the way the virus spreads. At high risk are:

- people who have many different sexual partners
- people who already have other sexually transmitted diseases and are sexually active, especially with different partners
- people who get injections with needles that are not sterilized properly, or who inject themselves, or who share needles
- people who receive blood transfusions with contaminated blood
- infants born to mothers who have HIV infection.

### Q: Do you have to have several sexual partners to catch AIDS?

No. It only takes one partner to give you the infection, if that partner is infected. You could get it the very first time you have sex with such a person, or the second time, or the twenty-second time. Having several partners or frequently changing your partners increases the risk of coming into contact with an infected partner.

### Q: How can you avoid AIDS?

It is fairly simple to avoid AIDS, even if some people find it hard to change their behaviour. Many people are not at risk; they do not have sex with casual acquaintances or prostitutes, nor do they have many different partners. To be as safe as possible, they stay with one sexual partner who is faithful to them and not infected.

If they have more than one sexual partner, men should use condoms every time they have sex and the women should make sure that their partners use condoms.

To avoid AIDS, needles and syringes used for injections should always be sterilized. This rule applies to any instrument that draws blood, such as knives or razor blades used for tattooing or ceremonial scars or in traditional medicine.

## AIDS and you ■ Scenario

Target audience: the young, single people

### A self-confident young man

A handsome young man likes to meet women and become intimate with them

He has heard about AIDS but thinks that it won't affect him

After all, life is full of risks...

besides, we all die sooner or later

What can a person with such an outlook do to protect himself and others from AIDS?

- his job provides lots of contact
- he has lots of money to spend
- it is present in the city he lives in
- you are only young once
- AIDS is not going to ruin my life
- women find me attractive
- everybody does
- people die in road accidents
- grandfather smoked until he was 92
- what's the difference if it's AIDS, a traffic accident, or cancer?

■ **AIDS is not one of the inevitable risks of life for anyone. It is a painful and deadly disease, but one that is definitely possible to avoid. The virus only spreads in a few ways that we can control: sex, blood, and infected mother to child.**

**The main way of spreading AIDS is through sexual contact. The more sexual partners a person has, the greater the risk of getting the AIDS virus and passing it on to others.**

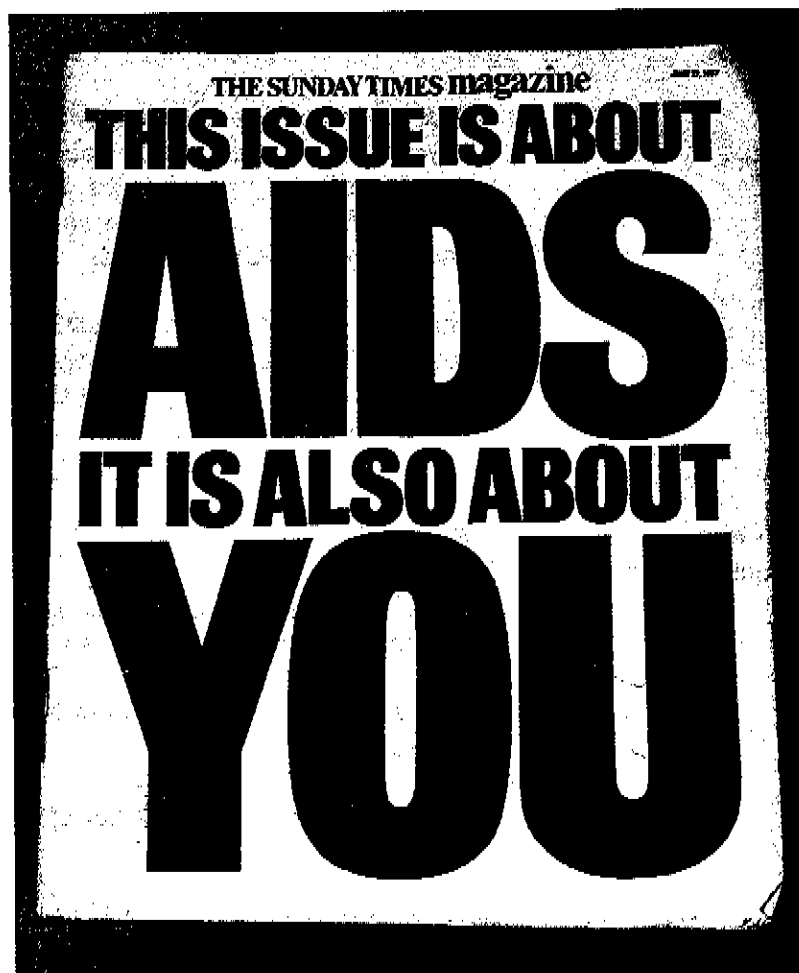
### Alternatives:

- at the least, he can use condoms every time he has sex, from start to finish
- he can find out more about how to practise safer sex
- he can reduce the number of sexual partners he has
- he can avoid women who, like him, have many sexual partners

- or, better still, he can be faithful to one woman and expect the same behaviour in return
- he can examine his own thinking: thus he compares the AIDS risk with road accidents, but would he drive a car at high speed on the wrong side of a highway in the dark? That is the type of risk he is running with AIDS.

■ The risk of HIV infection by sexual intercourse with a specific person is directly related to two factors — to the possibility that that person may already be infected, and to the type of sexual intercourse with that person (for example, anal sex is riskier than oral sex).

In addition, the presence of other sexually transmitted diseases and/or genital lesions (sores) may increase the risk of HIV transmission.



United Kingdom/GPA Folio

## Aids next door ■ Q & A

Themes: living close; coughing; touching; toilets; eating; contact with the public

**Q: What happens if you live close to someone with AIDS?**

Living near someone who has AIDS or who is infected with HIV will not give you AIDS. You can live in the same neighbourhood or in the same building and this will not give you the disease. In fact, you can live quite safely in the same room with someone who has AIDS, provided that he or she is not your sexual partner.

**Q: But what if someone with HIV infection coughs on you?**

The AIDS virus HIV spreads through sexual fluids and through blood. It does not spread through the air, through breathing or coughing. So if someone with AIDS coughs on you, it is much the same as anyone else coughing on you. You may catch a cold, but you will not catch AIDS.

**Q: But what if they want to shake your hand, or you accidentally touch them?**

The virus is spread through sexual secretions and infected blood. Shaking hands with, or touching a person who has AIDS, will not give it to you.

**Q: What about using the same toilet?**

You will not get AIDS from toilets. This applies to both public and private toilets, and is true even if they are dirty. HIV infection does not spread in this way.

**Q: What if insects bite someone with AIDS and then come and bite me?**

Many people worry about AIDS from insects, but the evidence is that HIV infection is not spread by insects. If it were spread in this way everyone bitten by insects would be at high risk of infection. Young children and old people are not at high risk of HIV infection, yet mosquitos and other insects bite children, old people and sexually active adults, but only sexually active adults are at high risk of AIDS.

(There is more on this topic below, under "Mosquitos, bedbugs, and AIDS".)

**Q: What if we use the same forks and spoons?**

Sharing forks and spoons does not spread HIV infection. A person can also share the same cooking pot or drink from the same cup without danger.

**Q: AIDS is a deadly disease, isn't it?**

Yes, but that does not mean it is everywhere or in everything, just waiting to infect you. Infection does not spread through the air, by touch, or through food and drink. You can sit next to people with AIDS, work beside them, or ride in a bus crowded amongst them. The virus does not spread by these kinds of contact.

**Q: Should people with HIV infection go out in public?**

People with the virus do not spread it to others by casual contact like touching or coughing. They are not a risk to the public.

# I HAVE AIDS Please hug me



# I can't make you sick

AIDS HOT LINE FOR KIDS  
CENTER FOR ATTITUDINAL HEALING  
19 MAIN ST., TIBURON, CA 94920, (415) 435-5022

---

## AIDS next door ■ Scenario

---

Target audience: the general public

### No need to keep away

In an area of town where many people live

a man has AIDS

He fears that his neighbours will find out...

and they soon do

The neighbours keep away...

they are sure that he could easily give them AIDS

Some use his illness as an excuse for continuing their own risky sexual behaviour

- low shacks covering a hillside or crowded high-rise buildings
- muddy pathways, no sewage

- he hasn't been feeling too well
- so far he has not become worse
- he is still living in his own place
- he still has a job
- his boss understands

- how will they react?
- will they want him to move?
- he has no other place to live in

- who told them?
- no one can see that he has AIDS
- does everybody know?

- scared of AIDS
- scared he will give it to them
- scared of him
- they talk behind his back
- don't look him in the eye

- they avoid where he has walked
- they ask where he goes to the toilet
- where he washes his clothes
- which bus he rides

**■ HIV infection is not spread in numerous ways. You cannot get AIDS from shaking hands, hugs, sneezes, or coughing. You cannot get it from food, drink, someone else's clothing, toilets, swimming pools, public places, or insects. There is no danger in working with a person who has the virus, going to school together, or being friends.**

- they don't find out how AIDS is really spread and say to themselves instead: "Why should we stop having fun with sex, if you can be exposed to AIDS in so many other ways?"

while others say he should be isolated anyway

Instead of this fear and ignorance, what else could happen when the man next door has AIDS?

- they ignore health messages about practising safer sex.

■ **The AIDS virus spreads in only three ways, so people can take responsibility for their own safety. They need to protect themselves during sexual intercourse with someone who might be infected. People should also avoid exposure to blood. The third way involves only a mother and her baby.**

- how can we be sure we are safe?
- wouldn't it be better for everybody to identify these dangerous people and keep them away from us?

■ **We must respect the human rights and dignity of people with the AIDS virus. Respect allows for discussion, for absorbing new information, and for better care, which are vital in preventing and controlling AIDS. Everyone benefits from such information, and people with the disease can be cared for in hospital or at home without undue risk to anyone.**

**On the other hand, discrimination against people infected with HIV could drive them and the epidemic underground, making them inaccessible and the situation much worse.**

### **Alternatives:**

- His neighbours understand how AIDS is not spread and their understanding shows in their attitudes and actions
- His neighbours understand how AIDS is spread, and it does not spread any further in their neighbourhood
- His sister (or brother or friend) comes to look after him, lives with him, and does not get sick

---

## AIDS on the street ■ Q & A

---

Themes: how it is spread; by whom; in which groups; men or women; testing

**Q: How does HIV infection spread through a city?**

The virus spreads from infected persons to healthy persons, in three ways. It spreads most frequently during sexual intercourse. It also spreads through infected blood, for example when people use unsterilized needles and syringes. Before widespread testing of blood, it could also spread through transfusions of infected blood, but great progress has now been made toward testing all blood. The third way it spreads is from an infected mother to her infant, during pregnancy or shortly after.

**Q: Who spreads HIV infection to others?**

Anyone who is carrying the virus can pass it on to someone else through sexual secretions or blood. This applies to infected people who show no sign of AIDS.

Remember that carrying the virus in your body is not the same thing as having AIDS. You can be infected with the virus but show no sign of the disease AIDS. And if you are infected you can infect your sexual partners with the virus even though you continue to be healthy.

**Q: Which people are in most danger from the virus?**

That depends on the behaviour of each individual. The danger from the virus itself is well known and can clearly be avoided — or not avoided — by any individual.

Since the main way of catching AIDS is through sexual intercourse, people who have sex with many different partners are at the greatest risk.

The risk of AIDS is also greater if you already have a sexually transmitted disease and continue to be sexually active with different partners. For example, sores on the genitals from syphilis provide an opening through which the AIDS virus may enter.

People who use needles and syringes that have not been properly sterilized after earlier use are also in danger of exposure to the virus from blood left on the unsterilized needles and syringes. This applies to anyone who injects drugs or is given injections with unsterilized needles and syringes. It also applies to people who receive cuts with unclean blades during traditional cures and rituals.

**Q: Are men or women more involved in spreading HIV infection?**

Both sexes can spread the virus and both can help stop its spread. AIDS is of equal concern to every man and woman who put themselves at risk of infection or put others at risk.

**Q: Why not test as many people as possible to find out who has the infection?**

Widespread testing for AIDS may tell us more about the epidemic, but it can also create many other problems\*.

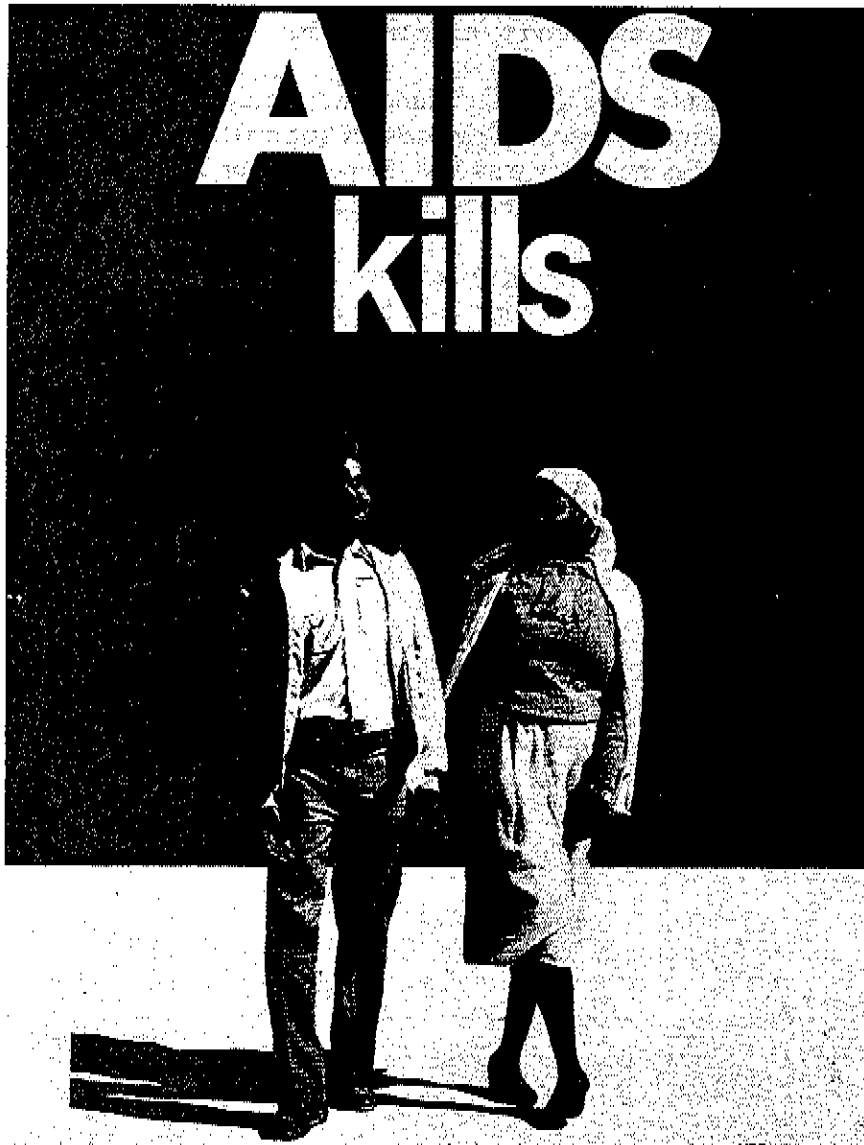
Testing by itself does not stop the spread of AIDS. Widespread testing requires widespread follow-up work, and the testing must be matched by an equal capacity for counselling those who are found to have the virus.

It is difficult for tests to give the full picture. There is a gap between the time when the virus enters the body and when its presence shows up on the test. Thus, a test shortly after the virus enters someone's body may find the person not infected. This gap can last for a few months or, rarely, even longer. So a test during the gap may not give a true picture.

It is also difficult to reach all the persons for whom testing might be important. Thus behaviour that puts a person at high risk, for example having many different sexual partners, is difficult to identify in a nation or neighbourhood.

Finally, if testing is made compulsory it may drive underground the very people one is trying to help. It would certainly run counter to the voluntary testing and counselling that are important parts of a national AIDS programme.

\* For more information on this topic, see "Screening and testing in AIDS prevention and control programmes" (WHO/SPA/INF/88.1), available from: Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland



# AIDS kills

AIDS is a fatal disease that weakens the resistance of the body and makes it defenceless against infections. Anyone who develops AIDS will die within a few years. AIDS is most commonly transmitted through sexual intercourse, though it may also be spread through infected blood, dirty needles and from an infected mother to her unborn child. Anyone who has sex with an infected person is at risk of getting AIDS. The more sexual partners, the greater the risk.

## stick to one partner

Botswana/World Health magazine

## AIDS on the street ■ Scenario

Target audience: married men, married women, customers of prostitutes, prostitutes

### Help stop the spread

A married woman goes to a busy public clinic for help

- she has a common sexually transmitted infection
- she is tested for HIV infection

and finds out she has HIV infection

- the test is positive for HIV
- she is told of her test result and counselled briefly about using condoms during intercourse
- no social workers are able to see her that day
- she is told to come back for more care later

She accepts the situation

- she has no other choice
- she feels healthy enough
- she wonders if condoms are available for people like her and if they cost a lot of money
- she tells her husband the news

but her husband throws her out of their house

- his reaction is angry
- he blames her for catching AIDS
- he won't listen to what the clinic told her
- he won't let her near their children

Alone in a big city, she ends up as a street prostitute

- it is a means of support
- she works when she has to
- she tries to avoid certain customers

and the virus spreads further

- she exposes each of her customers to the risk of infection
- some of them become infected

Meanwhile, her husband takes a new wife...

- he does not tell her what happened to the last one
- he does not know that he is also an HIV carrier
- or he ignores that possibility

and eventually infects his new wife

- now both of them are infected and neither of them knows it

The story started with two HIV infected persons and ended with many more probably infected. This raises questions and suggests alternatives

### Alternatives:

- Did the people in the story have many options? The clinic was busy, the woman was left with little choice, her husband was not willing to change his behaviour, and we do not know if condoms were readily available or acceptable
- It is possible to identify how the virus spread and how it could be stopped

**■ Anyone who has HIV infection can pass it on to someone else through their sexual secretions or blood. This includes people who show no sign of AIDS.**

- Perhaps the busy clinic did what it could, but more than a HIV test was obviously needed to stop further spread of the virus

**■ Testing tells whether or not an individual is infected, but it raises other questions that must be dealt with at the same time. They include that of how to communicate the test results to the persons involved and how to counsel them afterwards.**

- Information, action and personal support were needed in the case of both the woman and her husband
- Since the woman and her husband are both infected, their options are few: to abstain from sex with other people, or, if they do not abstain, to reduce their number of partners and to always use condoms

**■ Use a condom, from start to finish, every time you have sexual intercourse with someone who may be infected with the virus.**

- If feasible, anyone — male or female — working as a prostitute must use a condom with each customer

## AIDS at work ■ Q & A

Themes: who is safe; why; not telling the boss; not asking the employee\*

**Q: Is it safe to work with someone infected with HIV?**

Yes. Most workers face no risk of getting the virus while doing their work. If they have the virus themselves, they are not a risk to others because of their work.

**Q: Why are people safe from HIV infection during work?**

The virus is transmitted from an infected person to someone else in blood, in sexual fluids and from infected mother to child during pregnancy or during or shortly after childbirth. Since contact with blood, sexual fluids, and childbirth is not part of most work, most workers are safe.

**Q: What about working every day in close physical contact with an infected person?**

You may share the same telephone with other people in your office or work side by side in a crowded factory, but that will not give you AIDS virus, even if one of your co-workers is infected. You may have a job with lots of dirt and sweat or you may share the same cup of tea, and that kind of contact will not give you the infection.

**Q: Who are at risk while they work?**

Health care workers — doctors, dentists, nurses, laboratory technicians, and a few others — have to take special care against possible contact with blood that may contain the virus. They can protect themselves by using the simple precautions that are commonly taken in their type of work.

**Q: If a worker has HIV infection, should he or she be allowed to continue work?**

Workers with the infection who are healthy should be treated in the same way as any other workers. Those with AIDS or AIDS-related illnesses should be treated in the same way as any other workers who are ill. Infection with HIV is not a reason in itself for termination of employment.

**Q: Does an employee infected with the virus have to tell the employer about it?**

Anyone affected, or thought to be affected, must be protected from discrimination by employers, co-workers, unions, or clients. Thus employees should not be required to

\* For more information on this topic, see "Statement from the consultation on AIDS and the workplace" (WHO/GPA/INF/88.7), available from: Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

inform their employer about their infection. If good information and education about AIDS are available to employees, a climate of understanding may develop in the workplace; then it will be possible to face the situation more openly.

**Q: Should an employer try to find out if any workers are infected with HIV?**

Testing for HIV should not be required of workers. Imagine that you are a worker with HIV infection and are healthy and able to work. As far as your work is concerned, the information about the virus is private. If it is made public, you could be a target for discrimination. If AIDS-related illness makes you unfit for a particular job, you should be treated in the same way as any other employee with an illness. A suitable alternative job can often be arranged by the employer.

Employers in different parts of the world are dealing with these problems. Their associations and workers unions can be consulted for advice. Both employers and unions can help stop the disease by providing all workers with information and education and referring those concerned for counselling about AIDS.

**Protect public health**

**Respect human rights**

**Prevent discrimination**

## AIDS at work ■ Scenario\*

Target audience: working people

### Infection by association

A veteran worker has recently taken a lot of leave

but most co-workers willingly adapt to the increased workload

even when she suddenly takes three more weeks of special leave

But one man begrudges her absence and speaks out against her

Her co-workers don't pay much attention to him, but some begin to listen when he reveals that her nephew has AIDS

Finally, the boss has to step in

Later, as planned, the woman returns from her special leave

The boss in this story treats an employee affected by AIDS in the same way as employees affected by other serious illnesses. What other attitudes would have been helpful?

- she has many years of faithful service
- her absences put a strain on her co-workers
- they appreciate her previous work
- some know that she is caring for a sick nephew at home
- after six months of illness, the nephew dies
- she has many family matters to settle
- he is new and has felt pressure
- he feels unfairly blamed for errors
- he complains that she is the cause
- he says she might be spreading AIDS
- he says he has a family to think of
- he says the company should protect its employees better
- he disciplines the complainer
- he gives well informed answers when others ask about the threat of AIDS in the workplace
- her job and her co-workers are waiting for her return

### Alternatives:

- The complainer discovers how the virus actually spreads
- The company encourages information and education about AIDS for employees in the workplace and at home
- The employees discuss and appreciate the excellent example of the woman caring for an AIDS patient in her own home

\* Adapted from AIDS Workplace Training, American Red Cross.

---

## AIDS and pregnancy ■ Q & A

---

Themes: what happens; a child can get it; breast-feeding\*

**Q: Can a woman who has HIV infection become pregnant?**

Yes.

**Q: What happens to a woman with HIV infection if she becomes pregnant?**

Pregnancy may increase the risk of her actually developing AIDS, instead of just carrying the virus. This has not been proved conclusively, but it is possible, especially if she has been infected for a long time.

She may also be more likely to lose her baby during the pregnancy.

**Q: What happens to a child born to a woman with HIV infection?**

The child may be born infected with the virus. An infected mother can pass the infection to her baby during pregnancy or during or shortly after childbirth.

Research suggests that up to 50 per cent of babies from infected mothers will be born infected with the virus. Some will develop severe illnesses during their first year of life. The rest will be at risk of AIDS or AIDS-related illnesses. The majority of the infected babies will not survive until their fifth birthday.

**Q: What about breast-feeding?**

Breast milk has many substances in it that protect an infant's health, and the benefits of breast-feeding for both mother and child are well recognized throughout the world today. The benefits are still considerable even if the mother or her infant is infected with HIV.

There is, however, an unknown but relatively small risk of HIV transmission from an infected mother to her infant through breast-feeding. On balance, the slight added risk of an infant becoming infected is outweighed by the benefits of breast-feeding.

For many mothers there is no alternative to breast-feeding; their baby's life depends on their milk. Safe and nutritious alternatives are not available.

\* For more information on this topic, see "Statement from the consultation on breast-feeding/breast milk and human immunodeficiency virus (HIV)" (WHO/SPA/INF 87.8), available from: Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

## AIDS and pregnancy ■ Scenario

Target audience: the general public

### A long-awaited child

A man and a woman have waited a long time for a child...

but now can finally go ahead

Then the woman is found to have HIV infection

The man is tested too

The couple see a doctor about how to protect the man from getting the virus

They ask if their child would have AIDS too

They ask what will happen if they go ahead anyway

- they married late, or
- they were separated by tribal barriers,
- or parents prevented their marriage,
- or they were separated by work
  
- they want a family right away
- they have high expectations
  
- she cannot believe it
- she does not feel sick
- she asks herself when it happened
- she wonders if she will get AIDS
- she wants to have a child more than ever, while she still feels well
  
- he is not infected now
- but what about the future?
  
- the only way to eliminate all risk of sexual transmission, they find out, would be to avoid sexual intercourse

■ **When a woman infected with HIV becomes pregnant, there is about a 50 per cent chance that the child will be born with the virus.**

- they still want the child
- they say they might ignore the risk of the man being infected during sexual intercourse
- they hope nothing will happen
- they think a 50 per cent chance of having a healthy baby is better than having no baby at all

■ **Unfortunately, there are other risks. Pregnancy may increase the risk that an infected woman will develop AIDS. There may also be an increased risk that a woman may lose her baby during the pregnancy.**

Can the baby be protected from the virus during pregnancy?

If it is not wise for a woman infected with HIV to have children, what can such a couple do?

■ **This is not possible. If a mother has the virus in her body, there is a 50 per cent chance that she will pass it on to her child while she is pregnant or during birth.**

**Alternatives:**

- It is hard to suggest answers
- They face difficult choices and may need help, such as counselling
- They must try to understand that any child of their own might be born infected with HIV
- and that pregnancy may increase the risk of AIDS developing in an infected woman
- Perhaps they could help educate others about AIDS and its effect on family life...
- or take special responsibility for a child in need of help

**Education is the key**

**Informed and  
responsible individual  
and social behaviour  
can stop HIV**

WHO/GPA

## Mosquitos, bedbugs and AIDS ■ Q & A

Themes: insects do not spread AIDS; how we know; why they do not.

**Q: Do mosquitos spread AIDS?**

No.

**Q: If not mosquitos, do other biting or bloodsucking insects spread AIDS?**

No.

**Q: How do we know that they do not spread AIDS?**

The evidence clearly shows that the virus is not spread by mosquitos and other insects.

Compare AIDS with malaria. Malaria is spread by mosquitos. Malaria strikes everyone — children, young people, adults, old people. This is because malaria-carrying mosquitos in a neighbourhood bite them all.

But in the same mosquito-infested neighbourhood AIDS does not strike everyone. The only small children who have it are those whose mothers gave it to them at birth or those who got it from infected blood transfusions. Other children remain uninfected. Also, most old people are not infected. If mosquitos carried the virus everyone bitten would be vulnerable. But AIDS is always most common among people who are between 20 to 40 years old. That is because this age group is the most active sexually. They are at risk from AIDS because of their sexual activity, not because of mosquitos, which bite people in every age group.

Bedbugs, lice, fleas — and mosquitos again — are not guilty of spreading AIDS for other reasons as well. Studies in Africa have shown that people who live in the same crowded households as AIDS patients are no more likely to be infected with the virus than members of households without AIDS patients. Bedbugs, lice, and fleas in the households of AIDS patients do not spread the virus among the other people living in the households.

**Q: Why can't mosquitos spread AIDS?**

There are various reasons why mosquitos don't spread HIV. From the way they bite it might be thought that a mosquito was like a flying hypodermic needle, contaminated and spreading the virus by injection whenever it bites. This is an imaginative idea but it is not correct.

Mosquitos do not inject blood, they draw blood. When they bite, they inject a substance that keeps blood from clotting and then suck blood out. When they fly off, they do so

to digest their meal, not to inject it into another human being. What is more, only tiny amounts of blood are involved, with a very low likelihood of the AIDS virus being present even in blood from an infected person. After a mosquito has drawn blood, there is another obstacle for any virus that might be inside the mosquito's body. We know that the virus lives in some cells of the human body and that it does not live in insects' cells; in other words, mosquitos are not a suitable home for HIV. The virus is not like the malaria parasite, which thrives in the mosquito and spreads to people when mosquitos bite.

Mosquitos are a pest, but they cannot be blamed for AIDS. The AIDS virus does spread, but not with the aid of mosquitos.



Rwanda/Red Cross

## AIDS and travel ■ Q & A

Themes: where it is not a problem; where it is; transfusions; injections \*

### Q: Should a traveller or tourist be concerned about AIDS?

Travellers should know about AIDS because AIDS is a reality in today's world — a reality throughout the world. Concern about AIDS, however, should not be an obstacle to travel. Avoiding AIDS depends mainly on each individual. You can easily protect yourself against AIDS during your travels by knowing and following some simple rules — the same rules as protect you at home.

### Q: Can a traveller get AIDS just by casual contact in a foreign country?

No. AIDS is not spread by daily routine activities, either at home or in a foreign country. For example, it is not spread by sitting next to someone, shaking hands, coughing, or sneezing. AIDS is not spread by public transportation, public telephones, restaurants, food, cups, glasses, plates, drinking-water, air, toilets, swimming pools, or insects.

### Q: How can a traveller get AIDS?

The same ways he or she may get it at home. The virus spreads most frequently through sexual activity, from an infected person to his or her sexual partner. It also spreads through contaminated blood — in transfusions, on needles, or on any other skin-piercing instruments.

### Q: How can the sexual spread of AIDS be prevented while travelling?

Do not have sex with prostitutes (male or female) or casual acquaintances, even in countries claiming that they have no AIDS problem. You cannot tell by appearance if someone is infected with the virus; he or she can look healthy.

If having sex with someone who may be infected, men should use a condom each time from start to finish, and women should make sure that their partner uses one. Remember that vaginal and anal sex can spread AIDS. Oral sex also poses a risk.

Finally, remember that the fewer sexual partners you have, the lower your risk of exposure to the virus that causes AIDS.

### Q: What about AIDS and blood transfusions in foreign countries?

In many places blood is now screened for the AIDS virus before it is given. If you need a transfusion, try to ensure that screened blood is used. You can reduce the chances that you will need a blood transfusion by taking ordinary precautions against serious injury — for example, by driving carefully, insisting on wearing a seat belt, and not mixing alcohol and driving.

\* For more information on this topic, see "AIDS information for travellers", available from : Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

**Q: What about injections?**

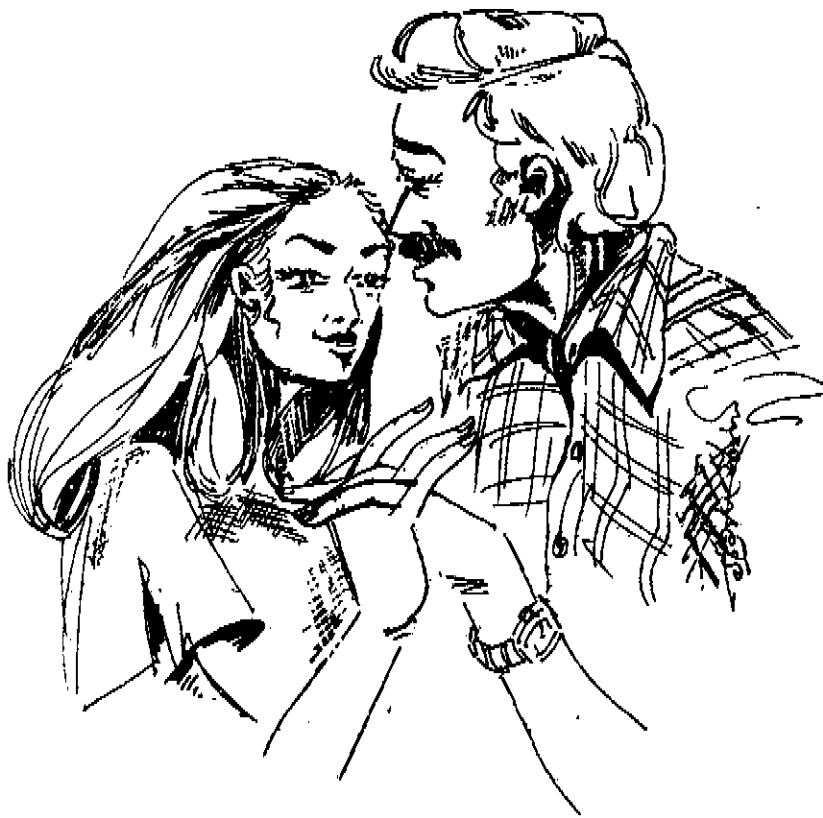
Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe come straight from a sterile package or have been sterilized properly; a needle and syringe that have been cleaned and then boiled for 20 minutes are ready for reuse. Finally, if you inject drugs, of whatever kind, never use anyone else's equipment.

**Q: What about having a tattoo or your ears pierced?**

Tattooing, ear-piercing, acupuncture, and some kinds of dental work all involve instruments that must be sterile. In general you should avoid any procedure where the skin is pierced, unless absolutely necessary.

**Q: What if you are already infected with the AIDS virus?**

If you are already infected, consult your health care provider for guidance well before you plan to travel.



Sri Lanka/Health Ministry

## AIDS and travel ■ Scenario

Target audience: business travellers, government officials, tourists, truck drivers

### Invisible souvenir\*

A man gets a chance to go overseas

- he is chosen for an important meeting
- he thinks he is important
- he promises his wife, his secretary, and his girl friend that he will bring back lots of gifts

His wife warns him to behave himself

- he says he can look after himself

One night in the big city overseas...

- after a hard day of meetings
- the chance he has been waiting for

he heads for a bar

- he ignores the advice of colleagues
- he assures them that A-I-D-S really stands for "ailment invented to discourage sex"
- he ignores the small sore on his penis caused by another sexually transmitted disease

■ **If someone has genital sores from a sexually transmitted disease and has intimate sexual contact with a person who has HIV infection, there is an increased risk of the virus being transmitted.**

he finds himself a pretty woman for the night

- someone who looks so attractive
- she could never be carrying AIDS

and next morning boasts of his exploit

- he taunts more cautious colleagues
- he has the best souvenir of his trip

He returns home bringing gifts for all...

- his girl friend
- his secretary
- his wife and children

and accepting their favours in return

Several months later, he does not feel well..

- low appetite
- diarrhoea
- loss of weight

\* This story is based on "Le Sida", a comic book from Zaire by L-L. Beketch & B. wa Mbongo.

He tries various remedies, but nothing works

Finally, in the hospital, he is told that his illness is due to the AIDS virus

Other family members wonder if he has given them AIDS

Later, from his sick bed, he confesses...

and eventually he dies  
...But others still suffer

- his wife is told at the same time
- she knows she may have it too
- she happens to be pregnant
- she remembers him coming home with gifts for the family

■ **HIV infection is not spread through the contacts that people have when they live in the same house, eat from the same dishes, shake hands, use the same toilet, ride the same bus, or work together.**

**A traveller in a foreign country will not get the infection from these everyday activities.**

- that night on his trip...
- warn his secretary
- warn his girl friend
- stop them before they infect others

■ **HIV infection can spread through sexual intercourse between an infected person and a healthy person. A woman with the virus can infect a man during sexual contact, and a man can infect a woman. A man can also infect another man. Their infected partners can pass the virus on to others.**

**Many people with the virus feel and appear healthy. It is not possible to tell from outward appearances whether a man or woman is carrying the virus.**

- his wife has AIDS
- his girl friend is infected with the virus
- his secretary, with whom he has had sexual relations, seems to have escaped infection
- his wife's new baby is found to have been born infected with the virus

How could this story have had a different ending?

At various points the ending could have changed

**Alternatives:**

- The man could have listened to information and advice about AIDS and changed his own behaviour
- He could have abstained from sex with a woman he knew nothing about
- He could at least have used a condom during sex with her, or she could have insisted that he use one
- At home, on his return, he could at least have used condoms properly every time he had sex
- Safer still, he could have abstained from sexual relations after that night on his trip until he was sure he did not have the infection. At least three months must pass after that night before an AIDS test could provide him with this information

■ **HIV infection by sexual intercourse is the major way in which AIDS spreads in the world. Personal decisions about sexual partners and use of condoms can protect against sexual spread of AIDS.**

---

## International AIDS ■ Q & A

---

Themes: global problem; nature of epidemic; how many people; where; stoppable?

**Q: How did AIDS come to be such a big problem?**

The virus swept across the world silently before it was even known to exist. The worldwide epidemic was well under way by 1981, when AIDS was first recognized and given a name. Only then, with cases occurring in several areas of the world at the same time, did the epidemic begin to be recognized. But the virus had already spread far beyond what could be seen, infecting more and more people every day.

The years since 1981 have been years of further spread, with AIDS cases now officially reported by 140 countries. But they have also been years of discovery and struggle to learn enough to understand the epidemic and gather the means to fight back. Virtually every country in the world is now reacting to the problem.

**Q: Is the problem of AIDS any more important than other serious diseases in the world?**

Every serious disease is important and, for many people in the world today, malaria, diarrhoeal diseases, and malnutrition are more important threats to health than AIDS. But the ways in which the AIDS virus spreads, the number of people already infected, the time it takes for infected people to become sick, and the lack of a vaccine or cure — all these make the problem of AIDS today, a serious problem with a very disturbing future.

We know now that AIDS is almost always fatal to those who have it and that it is increasingly causing problems for the communities in which they live. One such problem is economic. This is because AIDS mainly affects young and middle-aged adults, people in their most productive years. Instead of contributing to the economy, people with AIDS require long and expensive medical help, which is already needed for other health problems.

AIDS is also serious because we do not yet know how well the weapons we have to control the epidemic are working. Health education is one such weapon.

**Q: The word "epidemic" suggests measles or yellow fever. Is AIDS like those epidemics?**

Compared with well-known diseases such as measles or yellow fever, AIDS is an epidemic that is much more complex and more difficult to stop. It is also sudden, new, and severe.

We can describe AIDS today as three epidemics in one. First, there is the spread of HIV infection itself. Unlike measles or yellow fever viruses, HIV can spread without giving an early warning. Unnoticed and undetected, the epidemic spread throughout the world in the mid-1970s.

Second, after a delay of several years, the AIDS epidemic began when cases appeared in the early and mid-1980s. It may continue for years or possibly decades after the initial infection.

The third epidemic is the worldwide reaction to AIDS—social, cultural, economic, and political. As public awareness about the disease grows and as the number of cases rises steeply in the next five years, this third 'epidemic' will intensify, and have an impact far beyond the health care system.

**Q: How many people are affected?**

By early 1989 more than 140 000 AIDS cases had been reported officially to WHO. The actual number of cases is estimated to be more than twice that number because reporting is often delayed or incomplete.

Since AIDS occurs years after HIV infection, the number of cases occurring today does not tell us the real level of infection in the population today. WHO estimates that for every actual case there are many infected people. Thus AIDS cases are only the most visible part of a much larger epidemic.

From information available in 1988, WHO estimates that at least five million people in the world are now infected with the AIDS virus. The virus appears to be present, at least to some extent, in virtually every country.

The answers to this and the next question should be updated regularly with information from:

Public Information Office  
Global Programme on AIDS  
World Health Organization  
1211 Geneva 27, Switzerland

**Q: Where is AIDS spreading? What are the patterns of spread?**

Here is a region-by-region summary, as of February 1989.

**Africa.** More than 21 000 cases have been reported from 46 countries in Africa. The highest numbers are in urban areas of central, eastern, and southern Africa. Those affected are usually young adults, both men and women. In some urban areas up to 25 per cent of people in this age group have the virus. Among female prostitutes in some of the same cities up to 90 per cent are now infected with HIV.

The major ways in which HIV spreads in Africa are heterosexual transmission (male-female or female-male), transfusion of unscreened blood, the use of unsterilized needles or syringes, and transmission from infected mothers to the newborn.

**Americas.** In North and South America 42 countries report AIDS cases. Of these countries, the United States with some 84 000 cases has the highest number of officially reported AIDS cases in the world. The region as a whole has 70 per cent of the world's reported AIDS cases.

In North America and many urban areas of Latin America AIDS cases occur mostly among homosexual and bisexual men and intravenous drug users. In some urban areas over 50 per cent of homosexual men had become infected with the virus by mid-1988. However, heterosexual transmission also occurs in these areas and is increasing.

**Asia/Oceania.** Countries in this part of the world have reported relatively few AIDS cases. In fact, Asia and Oceania, along with Eastern Europe, the Middle East, and North Africa, account for only about one per cent of the world's reported AIDS cases.

Still, the reports indicate that some 1 500 people in the region have AIDS. Most of these are in one country, Australia. Many of the Asian cases are people who have links with other countries where AIDS is more prevalent. While HIV infection has not yet penetrated the general population of most countries in this region, the virus is being increasingly found among prostitutes and among people who share needles for injecting drugs.

**Europe.** About 13 per cent of the world's reported cases are in Europe. The epidemic there is similar to that of North America, affecting mainly homosexual men and people who inject drugs. Switzerland, France, and Denmark have the highest per capita rates of AIDS cases in Europe.

**Q: How many people will be affected?**

If we consider the social, economic, political, and cultural effects of AIDS, we could say that it could in some way affect almost everyone who is part of the modern world.

More specifically, if we speak only of people who will develop AIDS, the numbers are still large. Using conservative estimates based on current evidence, if just 20 per cent of the five million HIV-infected people in the world develop AIDS during the next five years, this would mean one million new cases. If 30 per cent develop AIDS (which is also possible) this would mean about 1.5 million new cases.

Thus, unless a drug is developed to prevent the progression of the disease, at least one million AIDS cases can be expected in the next five years. Another one or two million AIDS-related illnesses can also be expected in the persons already infected with the virus. These related illnesses are less severe than AIDS but usually lead to AIDS.

These new AIDS cases are like a large wave forming on the horizon. Unless a treatment is found to protect HIV-infected persons from developing AIDS, this wave cannot be avoided. But we also know that every success in preventing the further spread of the virus will keep the wave from swelling even larger and help bring the epidemic under control.

**Q: Can the AIDS epidemic be stopped?**

AIDS arrived rapidly and is now sufficiently established to last for a long time, but it can be stopped from spreading. We already know enough about the virus to stop the spread.

AIDS is stopped by people changing behaviour that places them at risk of infection with the virus. The risk mostly involves sex, so that is where most of the behavioural change

is needed. People at risk must understand the risk they run and be motivated to change their behaviour.

Communicating what is already known about AIDS to effect this change in people is the key to stopping AIDS. This is a difficult task, but various sectors of society are already actively engaged on it in many countries and the World Health Organization is promoting international cooperation and providing leadership.

To stop the AIDS epidemic, three goals must be pursued:

- the prevention of HIV transmission
- care of HIV-infected persons
- unification of national and international efforts against AIDS.

All three are essential, because the infection cannot be stopped in any one country unless it is stopped in all countries.

Action is urgent because time is important. It is clear from the nature of the epidemic that action now will have a greater impact than action later. An ounce of prevention today is worth a pound of cure in the not too distant future.

**We know enough  
to prevent the spread  
of HIV, even though  
a vaccine is not yet  
available.**

WHO/GPA

---

# International AIDS ■ Scenario

---

Target audience: the general public

**This scenario is about how HIV infection spreads from being a local problem to one that crosses international boundaries.**

## The AIDS highway

1. The AIDS highway follows major international routes between cities
  - for example, from major ports to big inland cities and neighbouring landlocked countries
  - some long-haul truck drivers keep mistresses along the way
  - the infection spreads to towns and major stopping points along the highway
2. The "army camp" pattern
  - possible wherever young men are together in large numbers away from home with some access to local women
  - HIV infection can spread into surrounding communities
3. The "tourist-prostitute" pattern of two-way transmission between tourists and prostitutes
  - in capital cities
  - in major ports
  - it leaves the countryside untouched unless local people go to the same prostitute
4. The "town and country" pattern spreading HIV in town and out into the countryside through promiscuous lifestyles
  - involves people with many sexual partners including prostitutes, mistresses, and their partners
  - partners transmit the virus to their spouses
  - country people, e.g., local farmers, traders, rural schoolteachers, go to town and become infected
  - your country may have military bases with long-established prostitution nearby, both now threatened by HIV infection
  - your region may have people in its labour force, e.g., miners or migrant workers, who work far from their homes and spouses for long periods of time

What are the patterns of spread in your town or region?

What are their AIDS stories?  
What explains their situation?  
How can they prevent the spread  
of HIV?  
Your scenario can speak for them

# **THE GLOBAL AIDS STRATEGY**

## **OBJECTIVES:**

- **Prevent HIV infection**
- **Reduce the personal and social impact of HIV infection**
- **Unify national and international efforts against AIDS**

---

## National AIDS ■ Q & A

---

Themes: affects all countries; how related; how handled nationally

**Q: "AIDS is mainly a problem in developing countries."  
"No, AIDS is really a problem of Western countries."  
Which of these opinions is more accurate?**

Many people would like to claim that AIDS only affects others — other people or, other countries.

There are reasons for linking malaria with the tropics or perhaps heart disease with the industrialized world. AIDS breaks the patterns we associate with major diseases, for it affects both the developing and the industrialized countries, both cold and hot countries. HIV can spread anywhere where people live and have sex.

**Q: How are the AIDS problems in different countries related?**

They are related in at least three ways. First, AIDS is always spread by a virus transmitted through sexual intercourse and through blood. Specific actions by people are required for it to spread in all countries.

Second, AIDS can be stopped in all countries by people changing their sexual behaviour, by screening blood for transfusion, and by sterilizing needles and syringes.

Third, the prevention and control of AIDS bring most countries of the world together in joint action. They have the same basic problems to solve. For example, all must test the blood donated to their blood banks, so that everyone benefits from simple, reliable, cheap blood tests for the virus. Only joint international action can make such tests widely available and affordable. It is to find these common solutions that the WHO Global Programme on AIDS was established. Many other groups are involved as well in what is now a broad partnership between many countries.

**Q: How is the AIDS epidemic being handled within a typical country?**

Every country in the world is being encouraged by the World Health Organization and the United Nations to organize a national AIDS Programme. Most have agreed and are either preparing such a programme or already putting it into effect. The first step is to establish a broadly representative national AIDS committee with responsibility for the programme. Then plans must be made and action taken. It is vital to find out how far HIV infection has spread in the country and then monitor the epidemic constantly. Health workers at all levels must be educated so that they can give proper medical care to AIDS patients and accurate information to the public.

The purpose of all the activity is very specific:

- to prevent sexual transmission of the disease—through information and education

- to prevent blood transmission by making blood safe and ensuring that injection equipment and other skin-piercing instruments are always sterile
- to prevent mother-to-infant spread of the virus.

National programmes must also help those already infected with HIV, including persons with AIDS.

WHO has been asked by the international community to provide the leadership necessary to shape national efforts into one international strategy for the control of AIDS. That strategy is being developed both nationally and internationally. Everyone involved is learning by doing, and by evaluating what has been done.

**Q: Where do ordinary people fit in all of these programmes?**

That is a challenge in every emergency and in all emergency programmes. AIDS programmes are no exception.

Ordinary people have the power, directly or indirectly, to spread or stop HIV infection. Ordinary people are also at the centre of the local, national, and international practices, customs, and attitudes at which the various AIDS programmes are directed. These programmes must reach or affect ordinary people. If they do not, the programmes must be changed. However, if ordinary people are helped to protect themselves and others, AIDS programmes will succeed in preventing the further spread of the virus. Then, although many people now infected will still become sick, the emergency will eventually pass.

---

## National AIDS ■ Scenario

---

Target audience: the general public, opinion leaders, decision makers

### Country X

Country X has HIV infection

- official reports show 2 543 current cases
- over 1 000 people have died
- doctors say that actually there are probably more than 5 000 cases
- there are delays in reporting, statistical errors, and inaccurate diagnoses
- one-third of a million people may have HIV infection

The two biggest cities are worst affected

- 75 per cent of the persons with AIDS live in the two cities

Country X has now recognized the seriousness of the problem

- four years have passed since the first cases were found

but dealing with it has been difficult

- because of the thousands of deaths they cause each year, malaria, tuberculosis, and yellow fever have had priority for health officials
- the government invests only 4 per cent of the gross national product in its health system
- richer countries, some with smaller AIDS problems, usually invest 10 per cent of their gross national product in their health systems
- over half the population of Country X live in the kind of poverty that effectively isolates them from most government programmes

Public opinion is slow to respond

- a recent poll in the biggest city showed that 60 per cent of those surveyed hardly worried at all about AIDS
- until recently the unusually large homosexual community that exists in one big city said that it did not believe in AIDS

and a great deal of risk behaviour apparently remains...

— night clubs, saunas, and motels seem as full as ever

virtually unchanged

— in the biggest city, 72 per cent of people questioned in one poll said that they had not changed the number of their sexual partners

— though 63 per cent in the same poll said that they were now choosing their partners more carefully

Foreigners are blamed...

— country X has a reputation overseas for sexual freedom

— some tourists and travellers come looking for sexual adventures

— in recent years many gay people from neighbouring countries have settled there because their own communities made them unwelcome

but other causes of HIV spread are nearer to home

— testing of donated blood only started three years after AIDS was first found

— imported AIDS blood tests were said to be too expensive

— as a result, some people received the virus from infected blood

One city has begun to fight back

— it has special training for health workers

— it has walk-in AIDS clinics

— it has obtained funds for TV, radio, and newspaper campaigns

but the other city, known for its night life, has been slow to do anything

Meanwhile private groups have taken the lead in public education

— some large companies educate their employees and support infected workers

— a family planning group has distributed 10 million condoms

— two private TV companies each carried out a campaign, one stressing that AIDS is not limited to certain groups, the other urging viewers to limit the number of their sexual partners.

The national government now says it is ready for action

and, to prove it, recently put AIDS and sex education in the public school curriculum for the first time ever

Compare this national situation with the goals that must be reached in order to prevent and control AIDS

How far has country X progressed towards these goals?

Where is progress most needed?

- it just needs more international aid, especially for blood tests and equipment
- the health ministry and education ministry collaborated
- together they have overcome long-held religious and social taboos on the subject

■ **The goals of national AIDS programmes:**

- **to prevent sexual transmission of HIV through information and education leading to responsible social and personal behaviour**
- **to prevent blood transmission by making blood safe, curbing intravenous drug use, and ensuring that injection equipment and other skin-piercing instruments are always sterile; and to prevent mother to infant spread of the virus**
- **to reduce the personal and social impact of AIDS, providing care and support to those already infected.**

- meanwhile, the AIDS story there is continuing

**LE SIDA,  
IL NE  
PASSERA  
PAS  
PAR MOI.**

COMITE FRANÇAIS  
D'ÉDUCATION POUR LA SANTÉ

France/GPA Folio

---

## AIDS radio serial ■ Scenario

---

Target audience: young adults (married and single)

It is difficult for the media to change personal behaviour. Much more than information is required; there must be an emotional impact on the listener.

Radio or television serials (especially soap operas), can involve people emotionally in experiences they have not had themselves. Not all of those at risk of AIDS have been personally involved with it or with someone who has it, yet they could probably identify with the characters in a true-to-life story about AIDS, with likeable young people who come face to face with the disease or with family and friends who are affected by it. The characters and story can entertain and at the same time involve us and teach us about AIDS in a way that may help change behaviour.

Each section in this booklet has human interest scenarios covering a few aspects of AIDS. A radio serial could cover many more aspects. As the story unfolded, there would be time to involve listeners in questions of changing lifestyles, sex, personal risk, friendship, ignorance, compassion, prejudice, and health. This might be called an AIDS soap opera.

The following is an outline of such a serial, which could be discussed and reworked for a particular milieu. Someone who knows a particular society, culture, and language could transform the outline into an effective story.

### Jack and John, a radio serial\*

Jack and John are friends. Both are married

- both are semi-skilled workers
- they have family members in the city and in the country
- some neighbours are from a group with whom there is a traditional joking relationship\*\*

Jack loves girls. They love him. His wife grumbles but puts up with his affairs

- he is open, generous
- a bit of a boaster
- a good dancer

John is less attractive

- he tends to find fault with things
- is somehow annoying in his behaviour
- is less likeable, despite (or because of) his virtues

One day Jack tries to persuade John to come and have fun with some girls

- John mentions his wife's pregnancy
- the traditional belief is that a husband's adultery presents a danger to the health of his wife and unborn child

\* The idea for this serial was developed by Peter Fraenkel, a British broadcaster.

\*\* Here the traditional relationship between two ethnic groups can be used to spell out hard and unpleasant truths. A person from one group can say them about the other group without giving offence.

A member of Jack's family joins the discussion...

- someone with a good job and a bright future
- he argues that traditional beliefs express morals that are still valid today

and mentions AIDS

- the AIDS epidemic has reinforced the need for such morals
- AIDS harms both the mother and her infant

Jack goes off alone

- the subject of disease is dropped

We follow Jack's affairs through several episodes

- he wins a dancing competition

• • •

John celebrates the birth of his first child

- much delight
- family reaction

• • •

Jack is worried... one of his girl friends, Jane, is not well

- she is losing weight
- looks unattractive

but he consoles himself

- there are other fish in the sea

Several episodes on employment problems follow

- only passing references to Jane
- she is still ill

• • •

Jane is now dying. A doctor explains AIDS

- her condition
- there is no cure
- her reaction

As for Jack...?

- discussion of how HIV infection occurs
- different risk factors, such as having many sexual partners
- possibility of having the virus long before you get sick
- what can traditional healers do?
- many earthy comments from "joking-relationship" neighbours

Jack is in some panic, but only briefly

• • •

Later, Jack becomes ill. His long-suffering wife is blamed for his disease. She denies this indignantly

- tradition holds that a husband's misfortune is due to his wife's infidelity
- we are quite sure she is innocent
- this traditional belief is just male chauvinism, she says

Rather, she says he may have infected her

• • •

Jack has period of remission

but all such ideas come to nothing...  
he falls seriously ill

Various recent and former girl friends  
are in a panic

John continues to visit him

• • •

Jack dies...

but he has left a letter confessing  
everything

• • •

The story continues with some  
characters still acting, like Jack, as  
if AIDS does not exist

and others trying to understand  
Jack's death and to make changes  
in their own and in their family life

We follow these two opposing views  
in the lives of his friends and family...  
until another one falls ill

The AIDS dilemma and its solutions  
unfold in the story once again

— family members are deeply divided

— he speaks of building a house, as John is doing  
— he speaks of winning another dancing  
competition

— they avoid him  
— other fair-weather friends avoid him too

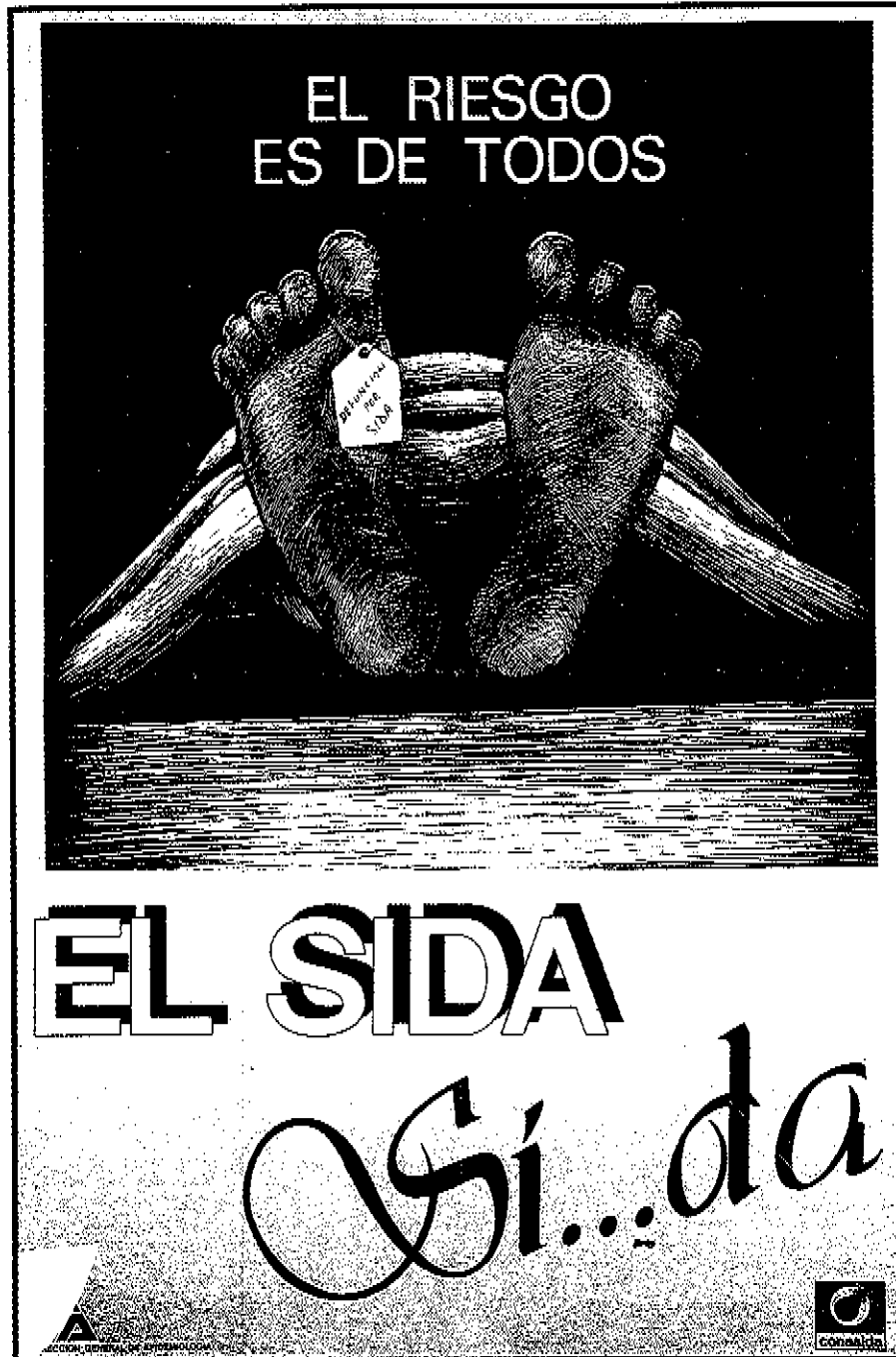
— AIDS cannot be spread by such contact  
— we come to like John better

— some of his relatives blame his wife, beat her,  
and take her goods  
— he says his wife is innocent

— the avenging relatives ignore his letter, still  
blame his wife  
— some of his girl friends refuse to change their  
ways or even to have a test for HIV  
— hidden fears

— they discuss what really happened and how it  
happened  
— seek out Jack's old friend John  
— learn a lot about AIDS

— in their jobs  
— in their relations  
— in their ambitions



Mexico/GPA Folio