

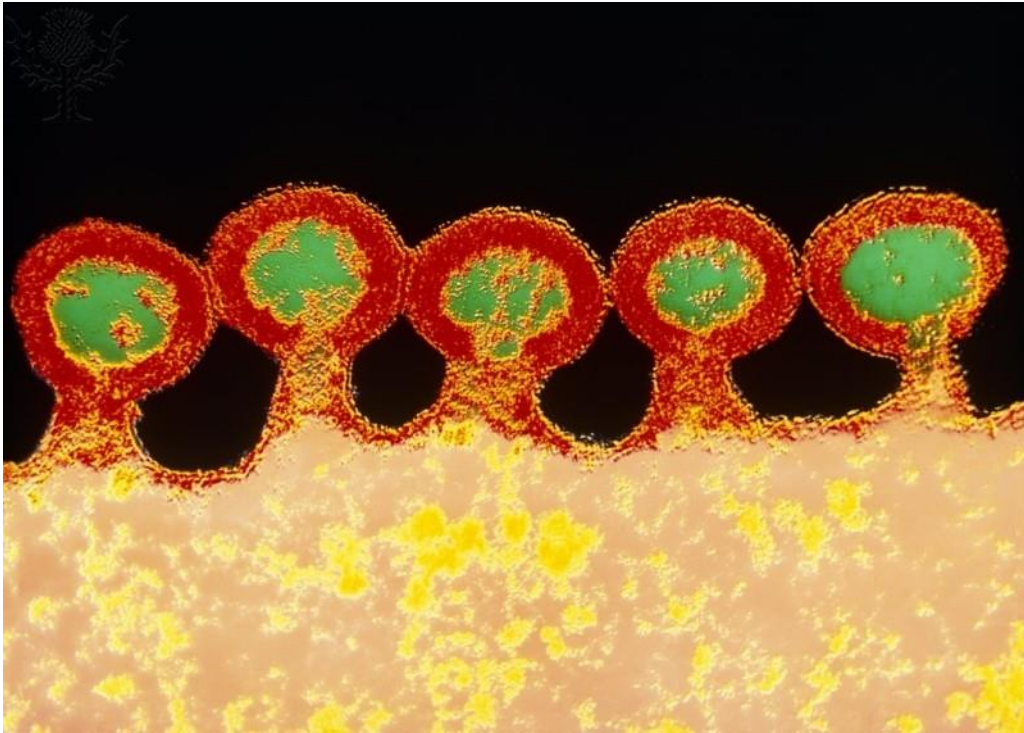
---

# Learning Unit 3:

## Transmission and prevention

---

**BOTH  
TRACKS**



Viruses budding from a cell

[\[TABLE OF CONTENTS\]](#)

# Table of Contents

## Learning Unit 3 – Transmission and prevention

- [Introduction](#)
- [How is HIV transmitted?](#)
- [Who is to “blame” for the spread of HIV?](#)
- [Poverty, disempowerment and HIV](#)
- [How HIV is NOT spread](#)
- [Prevention of HIV infection](#)
- [Assessment](#)

# Introduction

[\[TABLE OF CONTENTS\]](#)

In 1981 when the world realised that it was threatened by a serious new disease there was great fear. The fear was caused by the fact that people did not know at that time what caused the disease and also had no idea how the disease spread from one person to another. We can truly say that knowledge is power since we know today that Aids is caused by HI virus, how it is spread and how it can be prevented. We no longer need to harbour unnecessary and harmful fears and we have no excuse to treat people with HIV infection like outcasts. In this learning unit we will look into ways that HIV can be transmitted from one person to another and how it can be prevented.

## Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- How is HIV transmitted from one person to another?
- How do poverty, disempowerment and poor socio-economic conditions contribute to the spread of HIV?
- How does HIV not spread?
- How can HIV infection be prevented?

[\[NEXT\]](#)

## Key concepts

While working your way through this learning unit, look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used (or look up their definitions in the glossary. You have learned by now that to click on the word will take you directly to the glossary):

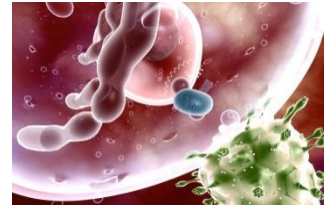
<a href="#">Transmission of HIV</a>	<a href="#">MTCT</a> (mother-to-child transmission)
<a href="#">Microbicides</a>	<a href="#">Myths</a>

[\[NEXT\]](#)

# How is HIV transmitted?

[\[TABLE OF CONTENTS\]](#)

Why is it important to know how a disease is spread? Well, if we know how a disease is spread, we also know how to prevent it. Knowing how a disease is spread also gives us peace of mind because we can then easily distinguish between facts and myths (or misconceptions).



## Study



**Prescribed book: pp. 50-67 as well as pp. 548-550**

Study the following sections in your prescribed book:

**Introduction:** It is not so easy to get infected with HIV. Certain conditions must apply before HIV can be transmitted from one person to another. Let's see if you know what these conditions are:

- Name the two things that must happen before HIV will be transmitted from one person to another.
- Name the three conditions where transmission is more likely to happen.

**Section 3.1: Sexual transmission of HIV.** Will you be able to answer the following questions if a client asks them?

- What is the role of other sexually transmitted infections in the spread of HIV?
- Why are women more easily infected by HIV than men?
- How many instances of sexual contact with an HIV-positive person are necessary before one becomes infected oneself?
- Is oral sex safe?
- When is an HIV-positive person most infectious to other people?
- Which contributing factors influence the spread of HIV?
- What is the difference between 'men who have sex with men' and 'being gay'?

**Section 3.2: Transmitting HIV through contaminated blood.** You may find that people in your community are often very scared of blood. Do you have the knowledge to share the real dangers with them but also to pacify their fears by giving the correct information?

- List all the important points about the transmission of HIV through contaminated blood that you would discuss with a concerned person in your community.

How would you explain to a person in your community that it is safe to donate (or give) blood? Click on this link to go to the South African National Blood Services (<http://goo.gl/jTTkYa>) for a discussion on donor risks.

**Section 3.3: Mother-to-child transmission of HIV.** HIV-positive pregnant women are very concerned about the health of their babies. After reading this section, make sure that you will be able to answer the following questions:

- What would you tell a pregnant woman about the transmission of HIV from a mother to her child?
- How would you counsel HIV-positive pregnant women in your community about breastfeeding their babies?

- |  |                                                                                                                                                                                                                                                                                                         |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"><li>• What implications does the very interesting “exclusive breastfeeding versus mixed feeding” debate have for your community? Keep the socioeconomic as well as cultural beliefs and traditions in community in mind when you think about this question.</li></ul> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 

### ACTIVITY 3.1 - TRANSMISSION OF HIV

Go to [Activity 3.1](#) and complete the questionnaire on how HIV is transmitted. This activity gives you an understanding of how HIV can spread from one person to another.

**Feedback:** While doing the activity you may have become aware that some practices are more dangerous than others and that others are only dangerous under certain conditions and when viral loads are high.

---

Now do the next activity.

---

### ACTIVITY 3.2 - A HOME EXPERIMENT ON VIRAL LOAD

Got to [Activity 3.2](#) and do the home experiment. This activity will help you to understand why the viral load is an important determinant (or deciding factor) in the transmission of HIV.

**Feedback:** The experiment was a practical illustration (by using two glasses of water and small polystyrene balls) of how important viral load is in terms of the chances of HIV transmission.

---

[\[NEXT\]](#)

# Who is to “blame” for the spread of HIV?

[\[TABLE OF CONTENTS\]](#)

In Learning Unit 1, you read about the history of HIV and Aids and where it probably came from. In this section we will explore our perceptions and feelings about so-called at-risk individuals and groups. Let’s start by doing the following activity:



---

## ACTIVITY 3.3 - PERCEPTIONS OF PEOPLE AT RISK OF HIV INFECTION

Go to [Activity 3.3](#) and fill in the “at risk” scale. This activity will give you the opportunity to explore your beliefs about and perceptions of people at risk of HIV infection.

**Feedback:** I trust that this activity made you aware of how easy it is to hate people who are different from you and to label groups as high risk instead of rather identifying high risk behaviour.

---

I hope that this activity made you think about your **own attitudes** and feelings about people with values other than your own, and also about the dangerous consequences of negative attitudes and the “blaming” of others.

***NOBODY IS TO BE BLAMED FOR THE SPREAD OF HIV***

[\[NEXT\]](#)

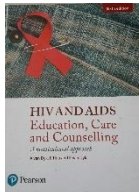
# Poverty, disempowerment and HIV

[\[TABLE OF CONTENTS\]](#)

How do poverty, disempowerment and poor socioeconomic conditions contribute to the spread of HIV? In Learning Unit 2 the meaning of the word “cause” was clarified as well as the role of contributing factors (such as poverty) in a person’s vulnerability to HIV infection. Do you agree that poor socioeconomic conditions and poverty are fertile grounds for the spread of HIV infection, but that they in themselves are not causes of HIV infection or Aids?



## Study



## Prescribed book: pp. 51-56

Study the following sections in your prescribed book:

**Contributing factors influencing the spread of HIV.** There are so many aggravating factors in Africa contributing to hardship and vulnerability to diseases. Think about the conditions in your own communities or in the lives of your clients and add these to the aggravating factors described in the prescribed book.

## ACTIVITY 3.4 - THE ROLE OF POVERTY AND DISEMPOWERMENT IN ACTION

Go to [Activity 3.4](#) and read the case study about Maria who grew up in a very poor family. The activity will give you hands-on experience of how certain factors in a person’s life can contribute to their chances of also becoming infected with HIV. We call them contributing factors to (NOT CAUSES OF) Aids.

Feedback: You probably know by now that the only cause of Maria’s HIV-positive status is HIV that she contracted by having unprotected sex. There were, however, various factors that contributed to this situation and if these contributing factors could have been avoided, Maria’s life story could have turned out so very differently – for example if she had been an empowered young woman who believed in herself and who also had the means to protect herself.

You will probably meet people like Maria in the course of your work as an HIV and Aids counsellor. Use the opportunity this course offers you to empower yourself to help them to make better life decisions.

[\[NEXT\]](#)

# How HIV is not spread

[\[TABLE OF CONTENTS\]](#)

One of the important tasks of Aids educators or counsellors is to eradicate myths (i.e. popular views that are not true) and to correct misconceptions about HIV and Aids in their communities. But to know what these myths and misconceptions are, you need to listen to the voices of the people in your community first.



## ACTIVITY 3.5 - MYTHS AND MISCONCEPTIONS

Go to [Activity 3.5](#) and complete the questions about myths and misconceptions about HIV and Aids. The purpose of this activity is to familiarise you with some of the die-hard myths and misconceptions about the transmission of HIV and also to give you the opportunity to find out what myths and misconceptions exist in your community.

**Feedback:** It is important when you work in your communities to help correct wrong information or myths and convince people of the correct facts. I believe that eradication of HIV myths should start at a young age and that schools should use science classes to explain to children why certain myths are scientifically not possible (e.g. one such myth is that you can get rid of the virus by having sex with a virgin).

Myths are not harmless! Go to your prescribed book (Chapter 10, Section 10.6, Enrichment box )and read what South African adolescents (16 to 18 year olds), who participated in research about South African schoolchildren’s perceptions about HIV and Aids, had to say about the so-called virgin cleansing myth.

Adolescent girls expressed extreme concern about the virgin cleansing myth and made the following comments:

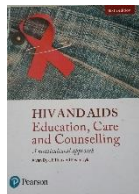
- “ If this is true, how safe is it to be a virgin?”
- “ They give us double messages: They want us to be virgins but it is extremely dangerous to be a virgin – we get raped.”
- “My grandmother wants me to go for virginity testing. For what? So that I can be labelled as a ‘cure for Aids’ and be raped?”

Adolescent boys were intrigued and curious about the myth:

- “Our friends say that you can cure yourself from Aids if you have sex with a virgin. Is it true? Can it be that easy?”

As counsellors, we should, however, be empathic and understand the functioning of myths in the lives of people who believe in them. Myths often serve the function of alleviating fear and guilt feelings and of shifting blame. For example: “I’m safe and won’t get Aids because I’m not gay”, or “It’s not my fault that I have Aids, I was bitten by a mosquito”.

## Study



## Prescribed book: pp. 67-69

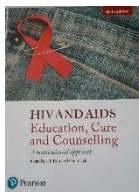
**Section 3.4: Myths about the transmission of HIV.** After reading this section make sure that you are able to do the following:

- List the myths and misconceptions about the transmission of HIV that are mentioned in the book.
- Add at least three myths that you have heard in your community to this list.
- Understand why you may have believed in some of these myths or misconceptions – and whether you feel any different about what you believed now that you have reading more about myths and misconceptions?
- Formulate a way in which you can convince your friends that some beliefs about the spread of HIV are simply not true.

[\[NEXT\]](#)



## Study



## Prescribed book: pp. 70-79

**Section 3.5: Prevention of HIV.** Study this section and give attention to figure 3.1 which provides a nice summary of this section. Make sure that you understand the following:

- What are the differences between the following intervention strategies: Behavioural intervention, biomedical intervention and structural intervention?
- Give examples of the specific strategies used under each one of the three main intervention methods to prevent HIV.
- Which of the interventions are already used in our communities, and which have been researched but not yet implemented?
- Do you understand the difference between “ARVs as treatment”, and “ARVs as prevention”?
- Do you know the different uses of ARVs to prevent HIV? That is the use of ARVs to prevent MTCT of HIV, prevention in heterosexual discordant couples, as post-exposure prophylaxes (PEP as well as nPEP); and pre-exposure prophylaxis (PrEP).

If you are interested in knowing more about male circumcision, click on the link (<http://goo.gl/VAfKJ>) to see what the World Health Organisation has to say about it.

**Important note on circumcision:** Circumcision alone is NOT the ultimate answer! Although male circumcision research indicates that men who have been circumcised have a reduced risk of HIV infection compared to their



uncircumcised counterparts, the World Health Organisation (WHO) and UNAIDS warn that circumcision is not a magic bullet. Although male circumcision reduces the risk of infection for men substantially, it does not eliminate the risk of infection completely. Male circumcision should therefore NEVER replace other known methods of HIV prevention, but should always be considered as part of a comprehensive HIV prevention package. There is also no evidence that male circumcision has any direct impact on the risk of infection for the woman, on the risk among men who have sex with men, or on the risk for heterosexual anal intercourse.

Also note that male circumcision is very different from female genital mutilation (previously called female circumcision). Female genital mutilation has very adverse effects on the health, sexual pleasure and obstetric outcomes in women and has no medical benefits.

[\[NEXT\]](#)

## Study reflection

After completing Learning Unit 3 (Transmission and prevention), you should have acquired the following knowledge and understanding and be able to:

- explain what each one of the key terms mentioned under “key concepts” at the beginning of this learning unit means to you.
- explain to a friend why unprotected, penetrative sexual intercourse can transmit HIV as well as other STIs.
- advise women on how to make themselves less vulnerable to HIV infection. (Before you can do this, you will have to list the reasons why women are particularly vulnerable to HIV infection.)
- counsel an HIV-positive couple on condom use and self-protection when they argue that it “surely is not necessary to use condoms since we are both infected with the virus.”
- write an article to your local newspaper about the difference between causal and contributing factors to a disease – explain how poverty and homelessness can contribute to the spread of HIV, while it cannot in itself cause HIV infection.
- talk to an HIV-positive pregnant woman about the possible transmission of HIV through her breast milk and counsel her on her choices.
- facilitate a workshop for adolescents where you discuss the following issues:
  - why oral sex is not necessarily safe sex
  - why the virgin cleansing myth is just that: a myth (use scientific arguments you picked up in Learning Unit 1 to explain why this cannot be true)
  - how girls can say “No” and boys can respect the choices of young women.
- evaluate your own sexual behaviour in terms of what is risky and what is safe.
- explain what we mean by behavioural interventions, biomedical interventions and structural interventions to prevent HIV infections to another.
- understand that nobody is to be “blamed” for the spread of HIV.
- explain how poverty, disempowerment and poor socioeconomic conditions contribute to the spread of HIV.
- explain how HIV is **NOT** spread.
- explain how HIV infections can be prevented.
- explain what we mean by behavioural interventions, biomedical interventions and structural interventions to prevent HIV infections.

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

## Self-Assessment 3



Click on the link [Self-Assessment 3](#) to do a few questions on this learning unit. Please note that these self-assessment questions do not contribute to your year mark or your admission to the exams. The feedback to the questions will be given to you immediately after you have completed each question.

**You are now finished with the assessment. Now go to Learning Unit 4.**

# APPENDICES

- Activities
- Self-Assessments
- Glossary

### ACTIVITY 3.1 – TRANSMISSION OF HIV

Complete the following questionnaire on how HIV is transmitted. First, read through the list in the left-hand column. Then indicate in the right-hand column if you think that HIV can spread from one person to another through the way mentioned. Answer “yes”, “no”, or “maybe” in the right-hand column.

HIV infection can be transmitted in the following ways	Yes/No/Maybe
1. Swimming in a municipal swimming pool	
2. Being born to a mother who is HIV positive	
3. Donating (or giving) blood	
4. Being bitten by an infected mosquito	
5. Having unprotected sex with an HIV-positive person	
6. A baby drinking the breast milk of her HIV-positive mother	
7. Sharing food with a person with Aids	
8. Receiving a blood transfusion if the blood contains HIV	
9. Extreme poverty and dire living conditions	
10. Having oral sex with a person with Aids without a barrier	
11. Shaking hands with a person with HIV	
12. Kissing an HIV-positive person	
13. Having sex with many partners without using condoms	

When filling in the above questionnaire you may have become aware of the fact that you were uncertain about some of your choices. How do you know if they were correct or not? To assess your own choices consult your prescribed book.

[\[FEEDBACK\]](#)

### FEEDBACK 3.1

Did you give a definite “NO” to questions 1 (swimming pools), 3 (donating blood), 4 (mosquitoes), 7 (sharing food), 9 (poverty), 11 (shaking hands) and 12 (kissing)? If you are still wondering about the mosquito, read the enrichment box “Mosquitoes and Aids” in your prescribed book. This will hopefully prove the mosquito’s innocence beyond all doubt. If you marked “YES” to questions 5 (unprotected sex), 8 (blood transfusion with infected blood) and 13 (sex with many partners without condoms) you were correct. Note that oral sex without a barrier like a condom (question 10) also carries some risk.

One of the lessons I have learnt about HIV and Aids is that there are some **grey areas** where the answers to questions are not so straightforward. For example, if you gave a definite “YES” to questions 2 (being born to an HIV-positive mother) and 6 (breastfeeding), and a definite “NO” to question 12 (kissing), think again! Not all babies born to HIV-positive mothers or who are breastfed by an HIV-positive mother become HIV infected. It depends on factors such as the viral load in the mother’s blood or in her breast milk at the time of birth or while breastfeeding her child. An HIV-positive mother on ART will probably have very few viruses in her blood that can be transmitted to her baby. On the other hand, a mother who gave birth or breastfed while she was in the seroconversion phase (the first phase of infection when the viral load is very high) would most probably transmit the virus to her baby.

And kissing? Kissing is generally safe and becomes a problem only with two conditions: open sores in the mouth and a high viral load (in the blood of the person, not in the saliva).

[\[BACK\]](#)

### ACTIVITY 3.2 – A HOME EXPERIMENT ON VIRAL LOAD

This activity will help you to understand why the viral load is an important determinant (or deciding factor) in the transmission of HIV.

Do the following home experiment to illustrate the importance of viral load in the transmission of HIV:

You will need the following:

- two long water glasses and two shorter glasses (tumblers)
- tap water
- a marker pen (“Koki” or whiteboard marker)
- polystyrene balls (usually sold at post offices or PostNet shops as packaging material)
- a teaspoon

Now follow the next six steps to conduct your experiment:

**Step 1:** Mark one long glass with an “A” and the other with a “B” with the marker pen, and mark one short glass “X” and the other “Z”. The four glasses represent four people.

**Step 2:** Fill glasses A and B with tap water. The water represents a body fluid – let’s say semen in this case.

**Step 3:** Add 20 polystyrene balls to glass A, and 100 polystyrene balls to glass B. The polystyrene balls represent HIV.

**Step 4:** Stir the contents of glass A with a teaspoon and pour half of the water into glass X.

**Step 5:** Stir the contents of glass B and pour half of the water into glass Z.

**Step 6:** Make your observations (count the polystyrene balls in glass X and in glass Z) and write them down on a piece of paper.

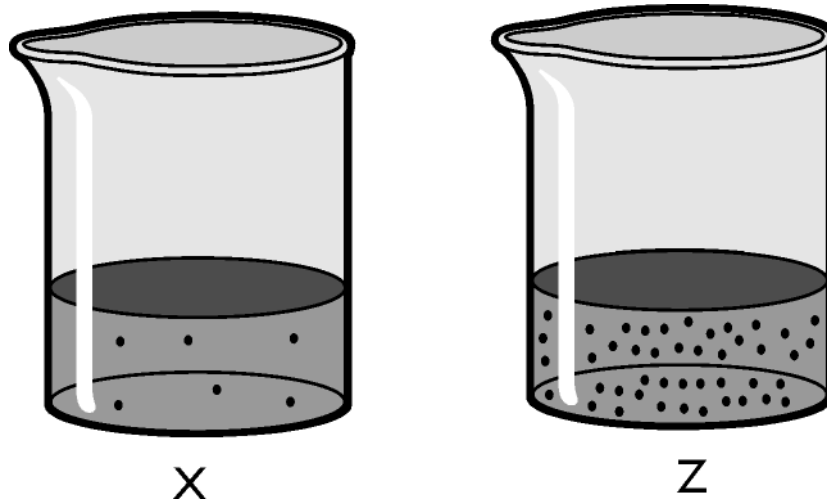
Answer the following questions:

- Which glass (X or Z) had the most polystyrene balls?
- If the glasses X and Z were people exposed to HIV, which one would have the greater chance of getting infected?

[\[FEEDBACK\]](#)

### FEEDBACK 3.2

You will probably find that the container with the most polystyrene balls in it is glass Z. Because there are 100 balls in glass B, chances are so much bigger that more balls will end up in glass Z since there are only 20 balls in glass A. The same applies to the number of viruses in the body fluids of an HIV-infected person. The higher the viral load (or the more viruses) in the body fluid, the higher the chances of transmitting HIV to another person.



The figure above is an illustration of the home experiment.

But what if you found more balls in glass X? Remember what I said earlier about some remaining grey areas and that the answers to HIV and Aids questions are not always straightforward? There are always exceptions to the theoretical rules. If the recipient of a body fluid (e.g. semen) has an STI with open sores, the chances of getting infected with HIV are extremely high – even if the viral load in the HIV-positive person's semen is relatively low!

[\[BACK\]](#)

### ACTIVITY 3.3 PERCEPTIONS OF PEOPLE AT RISK OF HIV INFECTION

This activity will give you the opportunity to explore your beliefs and perceptions of people at risk of HIV infection.

1. Fill in the following “at risk” scale.

**Instructions:** Read through the list of people on the left-hand side of the scale. Indicate to what extent you think each one of them is susceptible to or at risk of getting an HIV infection, and who are the least susceptible. Draw a circle around a number between 1 (least susceptible) and 5 (most susceptible) to indicate your choice for each one of the individuals mentioned.

	Least			Most	
A medical student	1	2	3	4	5
A sex worker	1	2	3	4	5
A homosexual man	1	2	3	4	5
A travelling businessman	1	2	3	4	5
The businessman’s wife	1	2	3	4	5
A Unisa first-year student	1	2	3	4	5
A lesbian woman	1	2	3	4	5
An injecting drug user	1	2	3	4	5
A high school teacher	1	2	3	4	5
A trans-Africa truck driver	1	2	3	4	5

2. How easy was it for you to do this activity and why?

3. Search the Internet for stories about hate crimes towards gay and lesbian people. There are many reports in newspapers about senseless killings of gay and lesbian people.

Also think of the horrible xenophobic crimes that shook our country and our communities in 2008 (and that are currently still happening). Xenophobic and gay crimes have one thing in common: fear of and hate for people that are different from us.

Think about the following issues after reading stories of hate crimes and make notes in your journal:

- As a student in the human sciences, how and where would you start to address the change of attitudes in your community to prevent hate crimes?
- If you were a school teacher, what would you do to prevent one of your learners from one day becoming part of senseless hate crimes or xenophobia?
- If you explore your own feelings and attitudes towards other people whose beliefs and life choices differ from your own, are you tolerant, or are you also guilty of “passive” hate?

[\[FEEDBACK\]](#)

### FEEDBACK 3.3

Let's look at how easy it was for you to fill in your scale in the first part of activity 3.3. For some of you it might have been an easy, straightforward exercise because you thought that the homosexual man, the sex worker, the injecting drug user and the trans-Africa truck driver should all score high marks. However, I hope that most of you were frustrated by this activity because I did not give you enough information to enable you to make an informed decision on where to draw your circle. For example, if the homosexual man always uses condoms when having sex, he is at a considerably lower risk than the businessman who has unprotected sex with sex workers on his trips. And what if the sex worker always insists on condom use and goes for HIV testing regularly? The medical student is supposed to have all the facts on HIV and Aids, but what if he or she does not apply them and has many sex partners without always using condoms? How at risk is the businessman's wife who has sex only with her husband (who visits sex workers on his travels)?

In conclusion: Can you identify with the following statements?

- There is ***no such thing*** as high-risk people, only high-risk behaviour.
- If you have more than one sex partner – even if you use condoms, there is no such thing as no-risk sexual behaviour, only lower-risk behaviour.
- To automatically see some people as high-risk people is to **blame** them, to stereotype them and to foster negative attitudes which often lead to prejudiced behaviour.

I hope that this activity made you think about your **own attitudes** and feelings your own about people with values other than your own, and also about the dangerous consequences of negative attitudes and the “blaming” of others. We all have our own opinions and attitudes about the world around us, but to be good and helpful counsellors we need to explore and recognise our attitudes and change them when they are hurtful to our clients.

[\[GO BACK TO LEARNING UNIT\]](#)

### ACTIVITY 3.4 – THE ROLE OF POVERTY AND DISEMPOWERMENT IN ACTION

Read the case study below and answer the questions that follow.

*Maria grew up in a very poor family. Her father was very strict and often hit his wife and young daughters to keep them “in line”. It became clear to Maria at a very young age that women were inferior to men and that their only worth in life lay in serving and pleasing men. To escape these living conditions, Maria ran away from home when she was 14 years old. She had no money for food and clothes and would have died on the streets if a group of street children had not taken her in. She became involved in petty crime, glue sniffing and alcohol abuse and, when she was 16 years old, she started having sex with men for money. The drinking continued to help her cope with her difficult circumstances. She often complained of a vaginal discharge and sores (indications of STIs), but she had no access to health services. When she was 18 she got what she thought was a “lucky break” when one of her clients asked her to marry him. But it was not long after the marriage that she realised that he only wanted his own personal slave. He treated her badly and when she asked him to use condoms (to prevent pregnancy) he called her a whore. It was not long after her marriage that Maria went to a mobile clinic and tested HIV positive.*

1. Name the factors that contributed to Maria’s HIV infection and explain how these factors made her more vulnerable to HIV infection.
2. Is there someone like Maria in your community? Share the story (don’t use names) with your fellow students in a blog.

[\[FEEDBACK\]](#)

### FEEDBACK 3.4

You probably know by now that the only cause of Maria's HIV-positive status is HIV that she contracted by having unprotected sex. There were, however, various factors that **contributed** to this situation and if these *contributing factors* could have been avoided, Maria's life story could have turned out so very differently. Some of these factors are as follows:

- Maria was a disempowered young girl and woman who did not know how to protect herself. She formed the perception from a young age that women are worthless, and do not have the right to protect themselves. She could not even ask her husband to use condoms.
- Poverty and dire living conditions on the streets drove Maria to prostitution.
- Alcohol abuse is a known factor in compromising decision-making abilities, for example not to insist on condom use.
- Maria contracted STIs on the street and STIs (especially those with open sores) increased her chances of also becoming infected with HIV tenfold.
- Maria had no access to health services and could not empower herself with health knowledge (e.g. to use condoms) or seek help when needed (e.g. to treat her STIs). Health knowledge could have protected her in the end.

You will probably meet people like Maria in the course of your work as an HIV and Aids counsellor. Use the opportunity this course offers you to empower yourself to help them to make better life decisions.

[\[GO BACK TO LEARNING UNIT\]](#)

### ACTIVITY 3.5 – MYTHS AND MISCONCEPTIONS

The purpose of this activity is to familiarise you with some of the die-hard myths and misconceptions about the transmission of HIV and also to give you the opportunity to find out what myths and misconceptions exist in your community. Different communities often believe different myths.

1. Listen to what people in your community (church, school, clubs) have to say about Aids by engaging them in a conversation on the topic.
2. Make a list of some of the things people in your community say, for example how HIV is spread and how it can be prevented.
3. What do you believe about HIV and Aids?
4. What do you think is the function of the belief in myths? What role do they play in people's lives?
5. What harm can there possibly be in believing certain HIV transmission and prevention myths? How can a myth be dangerous?

[\[FEEDBACK\]](#)

### FEEDBACK 3.5

It is important when you work in your communities to help correct wrong information or myths and convince people of the correct facts. It is also not enough to tell people **that** mosquitoes cannot transmit HIV – you also need to tell them **why** it is not possible for mosquitoes to transmit HIV. I believe that eradication of HIV myths should start at a young age and that schools should use science classes to explain to children why certain myths are scientifically not possible (e.g. one such myth is that you can get rid of the virus by having sex with a virgin).

If you look back at your answers in Activity 3.1, you will see that all the questions where the correct answer is “NO” (swimming pools, donating blood, mosquitoes, sharing food, poverty, shaking hands and kissing) are based on myths and misconceptions.

[\[BACK\]](#)

## SELF-ASSESSMENT 3

### QUESTION 1

Under which one of the following conditions is HIV transmission the most likely to happen?

1. Kissing an HIV-positive person.
2. Sharing food with a person with Aids.
3. Having sex with many partners without using condoms.
4. Being bitten by an infected mosquito.

### QUESTION 2

What is the correct statement about socio-economic factors influencing the spread of HIV?

1. Sexually transmitted infections (STIs) influence sexual transmission of HIV.
2. Shaking hands with a person with HIV can cause HIV infection.
3. Extreme poverty forces women into selling sexual services.
4. Women are more likely than men to become infected with HIV during unprotected vaginal intercourse.

### QUESTION 3

Choose the correct statement about the prevention of HIV.

1. HIV prevention programmes are often not well planned and coordinated.
2. Total abstinence from sex cannot bear any fruits in the fight against HIV and Aids.
3. Interventions to prevent HIV infection can broadly be classified into two main categories: Behavioural intervention and biomedical intervention.
4. Behavioural intervention focusing only on faithfulness to one partner.

[\[FEEDBACK\]](#)

### FEEDBACK 3

**Feedback Question 1:** The correct answer is having sex with many partners without using condoms. (alternative 3).

**Feedback Question 2:** The correct answer is that extreme poverty forces women into selling sexual services (alternative 3). Note: although alternatives 1 and 4 are also correct, they are not socio-economic factors.

**Feedback Question 3:** The correct answer is that HIV prevention programmes are not well planned and coordinated (alternative 1).

[\[BACK\]](#)



---

## Microbicides

A substance that kills microscopic organisms such as bacteria, viruses and parasites. Researchers are currently developing microbicides that can be inserted into the vagina (or rectum) with the aim of destroying infection- causing organisms including HIV.

[\[BACK\]](#)

---

## MTCT (Mother to Child Transmission)

Mother-to-child transmission of HIV. This happens mostly during the birth process or when an HIV-positive mother breastfeeds.

[\[BACK\]](#)

---

## Myths

Generally held beliefs, which are UNTRUE. In the Aids field these mostly refer to false beliefs about how HIV is transmitted and how it originated. Myths are often linked to conspiracy theories and urban legends.

[\[BACK\]](#)

---

## Transmission of HIV

Transmission of HIV from one person to another. Transmission of HIV mostly happens because of exposure to HIV-contaminated blood or other high risk body fluids (e.g. semen, vaginal fluids and breast milk). Sexual transmission typically happens during unprotected sexual intercourse with a person who has a high viral load.

[\[BACK\]](#)