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HIV and AIDS Intro

Acquired Immune Deficiency Syndrome (AIDS) was first detected in Canada more than 25 years ago. Since then, thousands of Canadians continue to become infected with the Human Immunodeficiency Virus (HIV) every year. HIV and AIDS are not the same thing – and an HIV diagnosis is not a death sentence.

HIV is a virus that attacks the immune system, resulting in a chronic, progressive illness. When left untreated, people who are infected with HIV become susceptible to certain infections that do not usually cause illness in people who do not test positive for HIV. When the body can no longer fight infection, the disease has progressed to become AIDS. There is no cure for HIV.

AIDS is a deadly disease and continues to be a global health issue. According to the Joint United Nations Programme on HIV/AIDS, there were an estimated 35.3 million people living with HIV/AIDS in 2012. There is no cure for AIDS and currently no vaccine to prevent the HIV infection.

According to the Public Health Agency of Canada, an estimated 71,300 people in 2011 were living with HIV/AIDS in Canada. The number of people living with HIV/AIDS in Canada has increased by over 11% since 2008 due to the development of new treatments which decrease the number of HIV-related deaths and allow HIV+ individuals to live longer lives.

Background

Over a period of up to ten years, HIV can weaken the body's immune system to the point where it no longer can fight usually harmless bacterial and viral infections, parasites, fungi, and cancers. These diseases are called "opportunistic infections", and their appearance for a person living with HIV may lead to the onset of AIDS, which is the last stage of the HIV infection. Advanced opportunistic infections can be gravely debilitating for a person infected with HIV/AIDS.

HIV Infection

The HIV infection cannot live outside the human body. Therefore, HIV is not transmitted through air, food, saliva, or water or through everyday social contact, such as shaking hands, sneezing, touching, and swimming. For a person to become infected with HIV, the virus must enter the bloodstream. As such, there are a limited number of ways that a person can transmit or become infected by HIV.

The following activities can place a person at high-risk for HIV infection:
• engaging in unprotected sexual intercourse (anal or vaginal);
• sharing sex toys without using condoms or proper disinfection;
• sharing needles or equipment for injecting drugs or steroids; and
• mother-to-child transmission during pregnancy, delivery, and breast-feeding. (called “vertical transmission”)

HIV cannot be transmitted in the following ways:

• through sweat, tears, saliva, urine, or feces
• shaking hands, hugging; coughing, sneezing, kissing;
• giving blood;
• using swimming pools, toilet seats;
• sharing eating utensils, water fountains, towels, or linens;
• mosquito and other insect bites; animal bites;

The following activities pose a low risk for contracting the HIV infection, but they still carry a risk. They pose a high risk when one of the partners has a pre-existing infection that resulted from a previous sexual experience or contact with infected blood.

• Receiving or performing unprotected oral sex poses a lower risk for HIV transmission, but a higher risk for causing other sexually transmitted infections, such as chlamydia, gonorrhea, herpes, genital warts (HPV, and syphilis)
• Reusing or sharing needles for tattooing, skin piercing, electrolysis, or acupuncture carry a low risk for HIV transmission and a higher risk for the transmission of other blood-borne infections, such as INK hepatitis B and hepatitis C.
• Exposure to blood and bodily fluids in an occupational setting (for example, in an emergency response or a medical environment) carries a low risk if infection-control precautions are followed. However, the transmission risk is higher in an occupational setting if precautions are not followed, or if the skin is punctured while being exposed to bodily fluids.

Even without treatment, it can take many years for a person infected with HIV to develop noticeable symptoms. That is why people can be unaware that they are infected with HIV. The Public Health Agency of Canada estimated that among the 71,300 individuals in Canada infected with HIV/AIDS, 25% were unaware of their infection due to a lack of testing and/or diagnosis. If people have HIV and do not know it, they may unknowingly infect others by not
taking proper precautions during sex, or while injecting drugs or steroids. The only way to confirm if you are infected is through a blood test performed by a doctor, nurse, or clinician.

**Minimizing Your Risk**

HIV is not an easy virus to transmit. It can only be passed from body to body through blood, semen, pre-ejaculate (pre-semen), vaginal fluids, and breast milk. There are several steps a person can take to reduce the risk of HIV infection.

If you decide to have sex, discuss HIV and other sexually transmitted infections with your sexual partner, and only have sex with a partner who agrees to have safe sex.

- To practice safer sex:
  - Use a latex or polyurethane condom or a female condom consistently and correctly whenever you have anal or vaginal sex;
  - Use a latex or polyurethane condom or a dental dam consistently and correctly every time you have oral sex;
  - Use only water-based lubricants with latex condoms, as oil-based lubricants like Vaseline, can weaken a latex condom and cause it to break;
  - Don't share sex toys without putting a condom on them first; and
  - Refrain from kissing when there is the possibility of blood exchange via cuts, open sores, or ulcers in the mouth.

If you are injecting drugs or steroids, practice safer injection:

- Never share needles or injection equipment;
- Always use a new needle and new injection equipment (cookers, spoons, water, etc.) every time you inject; and
- Never try to re-cap a used needle – you could accidentally prick yourself.

If you are pregnant and concerned about HIV, talk to your doctor about being tested. Early treatment with medication can reduce the risk of transmission of HIV from a mother to her baby.

If you are getting a tattoo, body piercing, electrolysis, or acupuncture, ensure these activities are only carried out by professionals who follow universal infection-control precautions similar
to those used in hospitals. The law requires that all needles used in these procedures are used only once and are disposed of after use.

If you are exposed to bodily fluids in an occupational setting, follow applicable health and safety guidelines and universal infection-control precautions. If accidental exposure to these fluids occurs through a needle-stick or a sharp-object injury or through a skin puncture, follow organizational guidelines or, in the absence of guidelines, let the wound bleed freely and go to a hospital emergency room as soon as possible.

**Remember, if you have engaged in risky behaviour, get HIV tests regularly.** Even after you cease risky behaviour, it is important to continue getting checked as the levels of HIV can remain undetectable for up to 10 years.
MALE CONDOM

- Condom use is the safest practice to prevent transmission of HIV
- Begin the procedure when your penis is hard.
- Male condoms usually come rolled up in a sealed packet, and most are pre-lubricated on the outside (the preferred choice). If the condom is brittle, stiff sticky, or if there is no air in the condom when you gently squeeze it, discard it and use another
- Put a drop or two of lubricant or saliva inside the tip of the condom (optional)
- If you’re not circumcised, pull back your foreskin
- Place the rolled-up condom over the tip of your penis, leaving a half-inch space for semen collection
- Pinch the air out of the tip of the condom
- Unroll the condom all the way to the base of the penis
- If you’re not using a pre-lubricated condom, lubricate the outside of the condom with a water-based lubricant
- When you’ve finished having sex (vaginal, anal or oral), hold the condom against the base of your penis while you pull out.

DENTAL DAM

Making a dental dam is very, very easy! All you need is a pair of scissors, a male condom and about 30 seconds.

- Carefully take the condom out of its package and unroll it
- Cut off the tip and base of the condom and cut down the length of the tube
- Unroll the condom into a rectangular sheet.

Hint: For the best results, use unlubricated condoms that haven’t been treated with a spermicide (they tend to taste bad), and you might want to try out flavoured, thin-latex condoms. These days, condoms come in a wide variety of flavours - so shop around and see which ones taste best!

A few tips on using dental dams
- Put a few drops of water-based (latex-friendly) lubricant between the dam and your vagina/anus. It will make it more sensitive and it will likely hold in place better.
- Never reuse a dental dam or flip it over and use the other side. Consider marking the side in contact with your or your partner’s vagina/anus with a permanent marker so you can avoid mixing it up.
- Use your hands to hold the dam in place, or ask your partner to.
- A Dental dam won’t work if it won’t hold still.
- Store-bought or homemade dams are made of thin latex for high sensitivity. For even more sensitivity, try making your homemade dams out of thinner latex condoms (usually labelled as thin or “extra” sensitivity).

**Some people are allergic to latex, and dental dams may give them a rash. Have no worries! You can buy polyurethane dental dams (try ordering them online), or you can make your own by cutting a male or female polyurethane condom into a rectangular sheet.

FEMALE CONDOM

- Carefully remove the condom from its package.
- One end of the condom will have an opening for the penis to enter. This end will remain outside the vagina.
- Squeeze the flexible inner ring at the closed end of the condom.
- Some women find it comfortable to insert the condom while standing with one leg raised, or you may find it more comfortable to insert the female condom while squatting or lying down.
- While squeezing the ring, insert the closed end of the condom into your vagina.
- Placing your index finger inside of the condom, gently push the inner ring into your vagina as far as it will go.
- Be careful not to twist the condom. The outer ring of the condom should remain outside of the vagina. Placing lubrication inside of the condom may help keep it in place during sex.
- Make sure the penetrative partner enters inside the female condom, not to one side. The female condom should not be used with a male condom.
- When removing the condom after sex, twist the outer ring so that no semen leaks out during removal.
- Throw the used female condom into the garbage. Do not flush it down the toilet. Do not reuse the condom.
How do you know if you have HIV?

In order to find out if you have been infected with HIV, you need to have a blood test for HIV antibodies.

In order to find out if you have been infected with HIV, you need to have a blood test. This blood test, often incorrectly called an AIDS test, is actually a test for HIV antibodies. These include the P24 antigen, IgM antibody, and HIV antibody.

Antibodies are produced by your body as a reaction to infection with HIV. An HIV antibody test looks for the presence of these antibodies in your blood. A needle is inserted into a vein in your arm and a sample of your blood is taken. It is sent to a lab to be tested for the presence of these antibodies. After about three weeks, the test results come back to the office where you had the test done.

However, there are new rapid HIV tests available that can detect the HIV virus as early as just ten days after being exposed. The entire process with the new tests, including taking a drop of blood from your finger, along with HIV counselling before and after the test, takes about 20 minutes. The results that you receive from the rapid test are very accurate. If you test positive, the doctor will order a confirmatory blood draw.

Since HIV antibody tests look for antibodies and not the virus itself, you need to wait to be tested until HIV antibodies are made by your body. The period of time from when you are infected with HIV to when antibodies appear in your blood is often called the window period. During the window period, the HIV test may give a negative result even though you have HIV. 95% of infected individuals will test positive for HIV within one month following exposure; 100% of infected individuals will test positive within three months post-exposure. Newer methods of testing are shortening the window period. Talk to your doctor or HIV tester about the window period for the test being used.

A positive test does not mean that you have AIDS or that you will get it. It does not give you any additional information about the state of your health. A negative test does not mean that you are HIV-free.
What you need to know if you are HIV+

You are OK...

The first thing you need to know is that you are OK. You are not going to die or immediately start experiencing debilitating symptoms. You do not have to tell everyone that you are HIV positive. But most importantly, you do not have to pretend that everything is as it was before, because it is not. Just remember, your life is not over. It is just different.

Receiving a diagnosis of HIV changes your life forever. It is normal that you will feel a lot of different emotions as you come to accept the idea of living with HIV. How are you feeling right now? Maybe you have just found out, and you're calm. Or maybe you found out a month or two ago and were OK until someone made a thoughtless remark. Or maybe you've been drinking and partying a bit too much or have retreated into your shell, but now feel you can't do that forever.

Whatever you are feeling, it is really important to tell yourself that it's OK and to give yourself permission to feel those feelings. It's a good idea to let them out—be angry, be sad, be confident, be calm, be afraid, be numb. If you become overwhelmed by your feelings, try to be careful not to hurt yourself or those around you. Consider getting help from professional counsellors, from friends and family, and especially from other people living with HIV. Talking about your feelings can help a lot.

...And you have a future

You may not believe it right now, but HIV is not a death sentence. There have been significant advances in the care and treatment of HIV. People with HIV now live long, productive lives. In fact, doctors speculate that many people with HIV might live out their natural lifespan. A newly-infected 20-year old with an undetectable viral load and CD4+ count greater than 500 could live another 51 years. Many HIV+ individuals live into their 70s, mirroring the average life expectancy in non-infected Canadians.

So, since you're likely to be around a while, you have a future. You can still have sex, you can still have meaningful relationships, you can still have a family and you can still have a career. Maybe you are thinking that there is no point in pursuing any of the goals you had before being diagnosed. Tell yourself that it's OK to feel discouraged right now, but don't give up on your
dreams or plans for the future. If for a persistent period of time you’re feeling sad and hopeless, or if you don’t enjoy the things you normally do, you might want to speak to your doctor about it. You may be experiencing depression. This is normal and there are treatments that can help you.

Are there going to be a lot of new challenges? Yes—both health-related and social—but there are services and individuals available to help you. There are groups called AIDS service organizations, or A.S.O.s for short, that help people with HIV, people like you. ASOs are also a good way to find other people living with HIV. You might not be ready to contact an ASO yet, and that’s fine. Take your time. They will be there to help you when you are ready to talk with somebody. In the Resources section, you can find ways to get connected to an ASO in your area. In the Guelph community, the Aids Committee of Guelph (ACG) and Masai Clinic are fantastic AIDS service organizations. Contact information can be found at the end of this booklet.

You might be feeling like you wish you had never found out about your diagnosis. It’s true that it is hard to hear at first. But the fact that you have been diagnosed means that you can take steps to take care of yourself. Knowledge is power. It’s a cliché, but with HIV it’s true. By knowing your status, you can decide how you want to live with the virus. Maybe you won’t want to know too much at first, but as time goes by, have confidence that you’ll learn what you need to, and you’ll find your own way of living with HIV.

**How can I stay healthy with HIV?**

First and foremost, get a good doctor. Try to find a doctor who has experience with treating HIV positive people. You also want someone you can talk to openly and honestly.

Your doctor will likely suggest a complete medical check-up. Other medical conditions (like hepatitis, sexually transmitted infections or heart conditions) can affect your care, so you’ll want to make sure you’ve got the whole picture. Know the details of your medical history (including past surgeries, hospital stays, illnesses, and your family health background); any allergies you have; results of any medical tests (such as blood tests); and all medications you take (prescription and non-prescription).

Look after your mental and emotional health. Stress, depression and anxiety often go hand-in-hand with HIV, and sometimes drugs and alcohol do too. There’s no shame in any of this; it’s common to need some help coping with an HIV diagnosis. If you
need someone to talk to, get hooked up with a counsellor, a therapist or a buddy. Many people also use mind-body practices such as yoga or Tai Chi to help relieve the stress.

There are many other things you can do to keep yourself healthy. Eat well (include a good-quality daily multivitamin and mineral supplement if you can), exercise and get enough rest. A lot of people with HIV also use complementary therapies (like herbal treatments, naturopathy and massage) along with their “standard” medical treatments. Be sure to mention any complementary therapies to your doctor.

Sooner or later, you’ll need to talk to your doctor about medications. The main weapons against HIV are drugs called antiretrovirals. The big question is when to start antiretrovirals. ART & HAART: Antiretroviral treatment is often called ART, for AntiRetroviral Therapy, or HAART, for Highly Active AntiRetroviral Therapy.

As an HIV patient, know your bill of rights:
- You have the right to be treated with dignity and respect
- You have the right to hope
- You have the right to ask questions
- You have the right to honesty
- You have the right to a second opinion
- You have the right to confidentiality
- You have the right to up-to-date and balanced information
- You have the right to refuse any therapy
- You have the right to have all tests and treatment done with your full and informed consent
- You have the right to your doctor’s full attention
- You have the right to get important information in person

**Working with Your Doctor**

Your doctor, and your relationship with your doctor, will play a crucial part in your care. You will likely see your doctor regularly, and together you will chart the course of your HIV treatment and care. Because you’ll be working closely together, try to find someone who is knowledgeable and who you can trust and be open with.

Some people see a general practitioner (GP) or family physician who has experience in HIV and can treat their HIV infection along with other medical problems they may be experiencing. Others see a specialist in infectious diseases or immunology to treat their HIV, while their GP deals with problems that are not related to their HIV.

Ideally, you will want to choose a doctor who is experienced in treating HIV and who takes the time to stay up-to-date on all the latest information. In larger cities, it’s possible to find a family physician with expertise in treating people with HIV. Unfortunately, in some parts of Canada, it is difficult to find a doctor knowledgeable about HIV care. In this case, try to find a doctor who
is willing to work with you to learn about HIV. Your local AIDS service organization may be able
to suggest a doctor in your area who has some experience caring for people with HIV. CATIE can
also provide information for you and your healthcare team. Give us a call at 1-800-263-1638
or send us an email to find out how we can help.

If you have the option of choosing between doctors, consider interviewing them and asking
them about everything that’s important to you. You definitely want a doctor with whom you
feel comfortable and are able to talk freely, and one who will answer your questions
respectfully.

After you find your doctor, remember to keep the lines of communication open.
Communication works best when there is mutual respect. You want your doctor to respect you,
so it makes sense that you approach the relationship with respect too. Here are some other
suggestions for working with your doctor:

There are several things you can do between visits: keep track of the symptoms or side effects
you experience, write down questions you have for your doctor, and keep note of things you
need to ask during your next visit.

There are no stupid questions. If there is something you don’t understand, say so. If your doctor
is confusing you with medical jargon, ask her or him to explain things in terms you can
understand.

When any treatment is recommended, ask for a clear explanation of why it’s being
recommended, exactly what it will involve, what kind of results you can expect, what any
possible side effects might be, and if there are alternatives to consider. This will likely work best
if you can make your doctor feel that you are asking because you would like as much
information as possible, so they know you want to work together and are not challenging them.

Because the amount of information your doctor gives you may sometimes seem overwhelming,
you may want to bring along a family member, partner or friend who can help remember or
record what the doctor is saying. You could also bring a notepad and pen to jot down notes—or
even a tape recorder or an MP3 player with a “record” function. Most doctors don’t object to
that; just ask them first.

Your doctor may not have enough time to answer all your questions in a single visit. If so, don’t
skip anything; make another appointment or ask your doctor if it’s possible to make a longer
appointment next time.
Beyond your doc

Your healthcare team doesn’t end with your doctor. Your clinic may have nurses on staff, as well as other professionals, like social workers and counsellors. These people all have valuable skills to contribute to your care and can often give advice on practical matters, like covering drug costs or taking your medications. What’s more, they may have more time to talk to you. For example, your nurse may be able to answer a quick question when your doctor is swamped.

You will also be seeing a pharmacist whenever you go to pick up your medications. Because pharmacists are generally more available than doctors, many people with HIV rely on their pharmacists for information about HIV and their treatment. Pharmacists can help you keep track of your drugs and avoid allergies or interactions between drugs. To avoid drug interactions, it’s best to get them all from a single drugstore, especially if you are filling prescriptions from more than one doctor. Pharmacists can also provide useful suggestions on how to take your drugs regularly without missing doses. Pharmacists can also help you get your drugs paid for by government programs and insurance companies.

Find out what these health professionals have to offer so that you can get the most out of your team. If many people are involved in your care, make sure important details don’t slip through the cracks.

This information was provided by CATIE (Canadian AIDS Treatment Information Exchange). For more information, contact CATIE at 1.800.263.1638 or info@catie.ca

For a complete list of anti retroviral drug treatments and guidelines for treatment, please go to visit AIDS info

Is there a cure for HIV/AIDS?
HIV/AIDS and Nutrition

What is meant by "nutrition" and "nutrients"?

Nutrition includes all the processes involved in eating food and how the body absorbs and uses it. Nutrients are foods and substances (like vitamins) that enable the body to function properly and help prevent disease.

Why is nutrition so important for people with HIV/AIDS?

Nutrition is an important health issue for everyone, but particularly for people living with HIV/AIDS. Eating healthily and maintaining your proper weight strengthen the immune system, making it better able to slow the progression of HIV to AIDS and fight opportunistic diseases. Good nutrition also helps your body tolerate medical treatments more easily and improves your sense of well-being, which in turn strengthens your immune system.

HIV/AIDS and poor nutrition is a vicious circle. A combination of the following factors leads to poor nutrition in people with HIV/AIDS:

Increased nutritional needs.
When you have an infectious illness, such as HIV/AIDS, your body's immune response to the virus uses up more energy and nutrients than normal. When opportunistic infections are present, your body needs even more nutrients.

People with HIV/AIDS often need to make up for protein losses, which may result from malabsorption (the inability to take up food properly from the gut) due to diarrhea. (See below: Problems with digestion). HIV and other infections can damage the lining of the gut; this interferes with food digestion and absorption. Malabsorption results in diarrhea, which in turn causes nutrient and water loss. Protein loss leads to muscle tissue breakdown.

Concerns about your health can lead to high stress levels, which affects the immune system negatively. You need larger amounts of certain nutrients during stressful periods to keep your immune system strong.

Decreased food intake.
Repeated infections and fever often result in poor appetite. Medical treatments sometimes suppress appetite, as do psychological factors, such as depression and anxiety. Physical symptoms, such as mouth and throat soreness, can interfere with eating. Fatigue can make food preparation and even eating difficult, particularly in the late stage of AIDS.

Treatment costs and reduced work output due to illness may leave you with less money to spend on food.
Good nutrition means eating a balanced diet that provides you with all the necessary daily nutrients. The aims of good nutrition for people with HIV/AIDS are to maintain ideal body weight, minimize muscle loss, prevent vitamin and mineral deficiencies, ensure food safety and overcome problems that interfere with nutrient intake and absorption.

**Here is your seven point plan to good nutrition:**

**Step 1:** Pay attention to your diet as soon as you know you are HIV-positive, and continue to do so throughout the course of the disease.

**Step 2:** Discuss your diet and related problems with a doctor or Dietitian, preferably one experienced in counselling people with HIV/AIDS. Your local AIDS organization can also advise you on where to get nutrition information and counselling.

**Step 3:** Eat a varied diet, which includes the following food types:

- **Starchy foods,** such as bread, rice, potatoes, sweet potatoes, cereals, porridge, millet, corn, sorghum and pasta. These high-energy foods help keep body weight stable and should form the basis of your meals. A person living with HIV/AIDS needs at least 8 servings of whole-grain products. You should increase your servings of these complex carbohydrates, while limiting your intake of simple carbohydrates like white bread and pasta.

- **Fruits and vegetables** contain vitamins and other substances vital to health, and you should eat a variety of these daily. You should get at least seven servings of fruits and veggies daily. Vitamins contained in fruits and vegetables strengthen the immune system and keep the linings of the lungs and the gut intact, which reduces the risk of infectious organisms entering the body. Eat at least some of your fruits and vegetables fresh every day; overcooking and soaking fruit and vegetables for long periods can destroy their vitamin content.

- **Meat and milk products** supply muscle-building proteins and strengthen the immune system. Good sources of protein include meat, poultry, fish, eggs, dairy products (milk, milk powder, yoghurt, buttermilk, cheese). Edible insects like Mopani worms are also high in protein. Dried beans, peas, lentils, peanuts, soya, tofu and peanuts are good sources of protein too, and are especially important for vegetarians. You should aim for 2-3 servings of milk and alternatives each day, and 2-3 servings of meat and alternatives a day.

- **Sugars, fats and oils** provide energy, and should be eaten in larger amounts after infections or periods of weight loss. Apart from adding sugar to food, it can be obtained from foods made with sugar (cakes, pastries, biscuits and desserts). Fats and oils include butter, margarine, lard, cooking oil, cream, mayonnaise and salad dressings. Good fats come from foods like olive oil, flax oil, nuts, avocado, and salmon. Avoid eating too much trans fats and saturated fats found in processed foods and fatty meats and dairy products (Note: in late-stage AIDS, a high-fat diet may cause diarrhea.) See: Problems with fat digestion. **Step 4:** Exercise to build muscle. Weight loss in HIV/AIDS is often due to loss of muscle mass. Simple activities, such as doing household
chores and taking regular walks, help keep your muscles strong. Take it easy, however, when
you're feeling ill, or have diarrhea, a cough, fever or fatigue.

**Step 5:** Drink at least eight cups of fluid (water and other beverages) a day. This is particularly
important if you've had diarrhea, vomiting or night sweats, which cause water loss. (Note:
Water from taps is usually safe, but water from other sources, such as rivers, should be boiled
before use.)

**Step 6:** Avoid alcohol. It can harm the liver, particularly if you are also taking medications,
causes loss of vitamins and makes you more vulnerable to infections. It is also less likely that
you will practice safe sex when you are under the influence of alcohol.

**Step 7:** Get the essential vitamins and minerals. The following are particularly important:

**Vitamin C** helps with recovery from infections. Good sources include: citrus fruits (oranges,
grape fruit, and lemons), guavas, mangoes, tomatoes, potatoes.

**Vitamin A** helps keep the linings of the skin, lungs and gut healthy. Infections increase loss of
vitamin A from the body. Good sources: dark green, yellow, orange and red fruits and
vegetables, such as spinach, broccoli, pumpkin leaves, green peppers, sweet potato, squash,
pumpkin, carrots, yellow peaches, apricots, paw-paws, mangoes. Animal sources include: liver,
butter, cheese, eggs. **Vitamin B6** helps maintain healthy immune and nervous systems. It is lost
from the body when a person takes certain medicines for TB. Good sources: white beans,
potatoes, meat, fish, chicken, watermelon, maize, grain, nuts, avocado, broccoli, green leafy
vegetables. **Selenium**, found in whole grain foods like whole wheat bread, bran flakes, corn,
samp and millet; and protein-rich foods like milk products, meat, fish, poultry, eggs, peanuts,
dried beans and nuts. **Zinc**, found in: meat, fish, poultry, shellfish, whole grain cereals, corn,
beans, peanuts; dairy products.

**Flavonoids** and **phytosterols** are natural substances, found mainly in fruits and vegetables,
which boost the immune system. Sources of flavonoids: citrus fruits, apples, berries, red grapes,
carrots, onions, broccoli, cabbage, cauliflower, brussel sprouts, peppers, green tea. Phytosterols
are found in a variety of foods, including seafood, peas, nuts, seeds (sunflower and sesame) and
whole grains.

Vitamin and mineral supplements do not make up for a nutritious diet; foods contain many
substances vital for health not found in vitamin pills. Nevertheless, it may be helpful to take a
vitamin-mineral supplement, given that HIV infection does increase the body's need for certain
vitamins and minerals. Tips for taking supplements:

Take vitamin pills on a full stomach. It is generally better to take one multivitamin and mineral
tablet daily rather than several pills containing different substances.

Don't take more than recommended on the package or by your doctor. High doses can cause
nausea, vomiting, decreased appetite and liver and kidney problems. Excessive intakes of zinc
and vitamin A can decrease immunity.
HIV/AIDS-RELATED STIGMA AND DISCRIMINATION

**Stigma:** The holding of derogatory social attitudes or cognitive beliefs, a powerful and discrediting social label that radically changes the way individuals view themselves or the way they are viewed by others.

**Discrimination:** An action based on a pre-existing stigma; a display of hostile or discriminatory behaviour towards members of a group, on account of their membership to that group.

Since the onset of the disease in the early 1980s, HIV and AIDS have triggered responses of fear, denial, stigma and discrimination, often targeted at those groups seen as the most affected (injecting drug users, sex workers, LGBTQ). In some cases, people living with HIV have been rejected by their loved ones and their communities, unfairly treated in the workplace, and denied access to education and health services – this holds true for the industrialized as well as the developing nations. AIDS-related stigma can take many forms – rejecting, isolating, blaming and shaming, and we are all involved in stigmatizing even if we don’t realize it.

Stigma and shame are the biggest barriers to people starting treatment after being infected with HIV. Fear of discrimination often discourages people from seeking treatment or from disclosing their HIV status, which makes prevention and management of the disease very difficult. The stigma attached to HIV and AIDS extends into the next generation, placing a heavy emotional burden on those left behind.

Within schools, breeches of confidentiality regarding a child or family’s HIV+ status can cause that child or family to be ostracized within that community. This discrimination can prevent a child who is from an AIDS-affected household to withdraw from school and social situations.

Stopping the stigma and discrimination against people and marginalized groups who are affected by HIV and AIDS is as important as developing a vaccine itself. Education plays a key role in diminishing stigma and discrimination. Strategies to address stigma are critical for HIV prevention and education programmes and must extend into communities to be effective. As we have seen with gender issues, stigma reduction should also be mainstreamed into every aspect of education policies, programmes and practices.
The causes of AIDS-related stigma are multiple and include the following:

- Ignorance or insufficient knowledge, as well as mistaken beliefs and fears about HIV and AIDS.
- Moral judgments about people and assumptions about their sexual behaviour.
- Associations with ‘illicit’ sex and/or drugs.
- Fear of death and disease.
- Links with religion and the belief that AIDS is a punishment from God.

Self-stigma refers to the process whereby people living with HIV impose feelings of difference, inferiority and unworthiness on themselves. Examples of self-stigma include self-hatred, shame, blame etc. Overcoming self-stigma is assisted through:

- Early referral to peer support;
- Good quality pre-, post-test and on-going counselling;
- Disclosure of HIV status to loved ones;
- Encouragement to remain a productive member of the community;
- Information about HIV and AIDS;
- Access to antiretroviral treatment for those in need of medication;
- Respect for the rights of all people diagnosed as being HIV positive;
- Training and employment of positive persons

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Community Resource List

Off- Campus

AIDS Committee of Guelph and Wellington - (519)763-2255
Wellington-Dufferin-Guelph Public Health - (519)821-2370
The Masai Centre (Regional HIV Clinic) - (519)780-5298
AIDS Hotline - 1-800-668-2437
Canadian AIDS Treatment and Information Exchange (CATIE) - 1-800-263-1638

On-Campus (519-824-4120)

Student Health Services - Ext. 52131
Counselling Services - Ext. 52344
The Wellness Education Centre - Ext. 53327