Pandemic: Facing AIDS

1. What steps did Margaret and other members of the Uganda Orphans Rural Development Programme take to address AIDS in their community?

The group uses a network of volunteers to assist orphans and vulnerable children materially, spiritually and emotionally. They teach “life skills classes” and sponsor drama and singing groups. They also talk about the disease and embrace people who have contracted HIV. The orphans choir helps to build self worth in children affected by AIDS. The UORDP hopes to overcome the stigma of HIV/AIDS by promoting the view of HIV/AIDS as a cause of death and as an infectious disease, not as a social punishment. Reducing stigma makes it easier to encourage prevention, treatment, and respect for the human rights of children and adults affected by HIV.

2. What will happen to James and Jessica? How will their extended family and community deal with them, and other orphans like them?

James will continue taking care of his sister Jessica when their mother dies, with very little support. The staggering number of children orphaned by AIDS puts a massive strain on already limited resources in many developing nations. When children lose both their parents, they often have to rely on the goodwill of relatives or member of the community to make ends meet, and many children are forced to assume adult responsibilities at a young age. Children affected by AIDS are more likely to miss school and have a harder time meeting basic needs such as food, shelter, and medical care. They are at greater risk for sexual abuse, labor exploitation, and other human rights abuses, and can even lose their property or inheritance rights.

3. What is harm reduction?

The goal of harm reduction programs is to decrease damage caused by a potentially dangerous activity, such as injection drug use or unprotected sex. Harm reduction attempts to convince people to reduce their risk of exposure to HIV. Programs have achieved documented success in reducing HIV infection rates.

4. How is HIV transmitted between injection drug users?

Sharing a needle with an HIV-positive person puts you at the highest risk of contracting the virus. It is a devastatingly effective way to transmit HIV. If two or more people use the same needle to inject drugs into their veins, one person’s blood can enter the bloodstream of another. The AIDS virus cannot survive outside of the body for a long period of time, but a vacuum in most needles protects the virus and preserves its ability to infect others.
5. What makes Brazil's approach to AIDS different from the strategies of other countries?

Brazil is the first developing country to make generic AIDS drugs (Highly Active Antiretroviral Therapy, or HAART) available to all HIV+ citizens who need them. Many wealthier nations have the same policy. Other developing countries, such as Thailand and Nigeria, are beginning to offer similar programs, but most cannot afford them. Much credit for Brazil's policy is due to AIDS activists and the government officials who responded to their calls for funding, research and prevention. Their persistent efforts resulting in government policy that has kept Brazil's AIDS rate low and prolonged the lives of tens of thousands of people living with HIV.

6. Why aren't these antiviral drugs available all over the world?

Antiretroviral drugs are available in many countries, but are so expensive that most people who live with the virus cannot afford to buy them. A complete course of medicines costs $12,000 to $15,000 a year in the United States. Countries like Brazil have made an effort to distribute generic versions of the drugs to their citizens who live with HIV. In most developed countries, governments make the drugs available to HIV+ people who need them.

7. What was Lek's father's reaction to the stigma of HIV/AIDS? Do you think he loved his child?

Lek's father and mother feared the possible negative reaction of others in their community to her condition. Being HIV+ carries with it a stigma in many cultures, including Thailand, and they were worried that other villagers would ostracize them just because they were family. Lek's parents finally had a change of heart and decided that they were prepared to risk the opinions of other villagers in order to allow their daughter to die with dignity in their home. Their risk paid off, as many villagers overcame their fear of AIDS and came to visit Lek and bring her gifts during her final weeks.

8. How did Bhanu's doctors decrease the chances of her passing HIV on to her child?

Bhanu's doctors took several steps. They administered a dose of nevirapine to her during the birthing process and to her child shortly after. They also performed a c-section on her, which reduces the risk of HIV passing from the mother to child. Experts say the virus is most often passed on during the actual birthing process when the child is exposed to blood and other fluid from the mother, but a c-section eliminates much of the potential for fluid transfer. Most children born to HIV+ women are HIV negative when they are in the womb.

9. What steps can Nagaraj and Bhanu take to ensure that their baby remains healthy?

Even if HIV+ mothers do not infect their babies during birth, there is about a fourteen-percent chance that a baby will contract HIV from infected breast milk. This risk can be eliminated if Bhanu does not breastfeed Maria. Instead, she should use baby formula or kill the virus by boiling her breast milk for at least twenty minutes. They should continue to have Maria tested regularly.

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