



HIV

Media Reference Package

A quick reference for media practitioners
Basic facts on HIV & AIDS | Key terms and terminologies
| Framing HIV & AIDS in the media | South South SACA contacts



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1. Basic facts and information on HIV and AIDS.

a) Difference between HIV and AIDS

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). When HIV gets into a person's body, the person is then infected with HIV.

HIV can damage a person's immune system, which is the part of the body that fights infections and keeps us healthy.

When a person's immune system is damaged, the HIV-infected person starts to get frequent diseases or illnesses, they are said to have AIDS,

b) Modes of transmission

HIV can be found in different body fluids including blood, semen, vaginal fluids, and breast milk. To get HIV, one of these fluids from an infected person has to get inside your body. The most common ways one can become infected with HIV:

- *Sex* – One can get HIV by having unprotected vaginal, anal, or oral sex (without a condom) with an HIV infected person,
- *Being born with it* – HIV-positive mothers can transmit the virus to their babies during pregnancy, delivery, or even through breastfeeding.
- *Infected blood and blood products or infected sharps* – If a person receives a blood transfusion with HIV positive blood, or received an infected organ transplant he or she can become infected with HIV. One can get HIV by using needles, syringes, blades, and other sharps infected with HIV.

How HIV is not transmitted

- Casual contact with someone who has HIV
- Touching
- Hugging
- Kissing with an infected person without cut or bleeding
- Playing with an infected person
- Sharing drinking glasses
- Eating at the same table with an HIV positive person
- Contacting tears, saliva, sweat, urine
- Through mosquito or insect bites

c) Myths and misconceptions on HIV and AIDS

Myth – widely held but false beliefs and ideas

- **Herbal medicine can cure HIV-** No cure for HIV. Herbal or traditional medicines can interact poorly with ARVs.
- **Only certain groups of people can be infected with HIV-** HIV does not discriminate between types of people, though some people are more vulnerable to HIV infection because of their involvement in risky lifestyles.
- **People living with HIV cannot safely have children-** A pregnant HIV-positive woman on ART has a 1% or less risk of transmitting HIV to the baby if she adheres to her medication throughout her entire pregnancy (including labour and delivery) and continues for 4 to 6 weeks after birth.
- **HIV is a death sentence-** With proper treatment people living with HIV can live a normal life span.
- Having sex with a virgin, using contraceptive pills, or taking a shower after sex can protect you from contracting HIV. When someone is involved in sex, the only methods of HIV prevention are condoms or pre-exposure prophylaxis (PrEP).
- Having sex with a virgin can cure HIV.
- HIV can be transmitted or contracted through witchcraft.
- HIV is a punishment from God.

Misconception – it is a view or opinion that is incorrect based on faulty understand and thinking

You can get HIV:

- **From someone who does not have HIV-** You can only contract HIV from someone who is already living with HIV.
- **By touching, hugging, and shaking hands with someone who is infected with HIV -** No, because the virus can only be transmitted through specific bodily fluids.
- **By kissing-** HIV cannot be transmitted when kissing involves skin-to-skin contact such as a peck on the cheek or hand. However, contracting HIV is likely to occur when kissing involves tongue and exchange of saliva with someone living with HIV who has a cut or ulcer in and around the mouth.
- **From sweat, tears, urine, or faeces of someone who infected with HIV -** No, because the virus can only be transmitted through specific bodily fluids.
- **By sharing space with someone who is HIV-positive -** HIV cannot survive in the air so you cannot get it from sharing a space with someone who is HIV-positive
- From HIV-infected person who coughs, sneezes, or spits.
- **From food, drink, and cooking utensils -** HIV cannot be transmitted through sharing food, drinks, or cooking utensils, even if the person preparing your food is living with HIV.
- **From toilet seats, tables, door handles, sharing towels-** You cannot contract HIV from any of these as it can only be transmitted through specific bodily fluids.
- **From water-** HIV cannot survive in water. Someone cannot contract HIV from swimming pools, baths, shower areas, washing clothes, or drinking water.
- From insect bites such as a mosquito.
- **From tattoos and piercings-** someone can only be infected with HIV if the instruments used were infected with the blood of HIV positive person. Professionals are required to use new needles for each new client.
- **HIV can only be transmitted through blood, semen, or vaginal secretions -** No. Other body fluids like pre-cum and breast milk may also contain HIV and all can transmit the virus.

- **If both partners have HIV, there is no reason for a condom.** Someone living with HIV and adhere strictly to antiretroviral treatment can reduce the virus to undetectable levels in the blood and less likely to transmit HIV to a partner during sex. The current medical consensus is that “Undetectable = Untransmittable.” However, it is recommended that even if both partners are living with HIV, they should use condoms during every sexual encounter. In some cases, it's possible to transmit a different strain of HIV to a partner, or in some rare cases, transmit a form of HIV that is considered a “superinfection” from a strain that is resistant to current ARVs.
- **If I take PrEP, I do not need to use a condom.** PrEP is a medication that can prevent HIV infection in advance if taken daily. However, it does not protect against other sexually transmitted diseases or infections. Therefore, PrEP is recommended to be used in combination with safer sex practices.
- **Those who test negative for HIV can have unprotected sex.** If someone was recently diagnosed with HIV, the HIV may not show up on an HIV test until up to three months after exposure. Therefore, a second HIV test is recommended after three months to confirm a negative test result.
- **If I'm getting treatment, I cannot spread the virus.** HIV treatments can lower the amount of virus in the blood significantly to a level that the virus cannot be detected in the blood. This is called an undetectable viral load. If the viral load is undetectable in the blood, it cannot transmit the virus. But if someone who is HIV positive does not adhere strictly to ART treatment the person can transmit the virus to others.
- **You can tell if someone has HIV/AIDS by looking at them.** Someone can be infected with HIV without any symptoms for years. Being tested for HIV is the only way to know if someone is HIV positive.
- **HIV always leads to AIDS.** HIV is the infection that causes AIDS. But this does not mean all HIV-positive individuals will develop AIDS.
- I am HIV positive, and therefore my life is over.
- Oral sex does not pose the possibility of contracting.
- With all of the modern treatments, HIV is no big deal.

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d) HIV prevention, treatment care, and support

HIV prevention

- Abstinence
- Sex with a regular HIV-negative partner
- Correct and consistent use of condoms
- Regular testing for HIV

Treatment care and support

- Most people with HIV look and feel most healthy. Many people who have HIV don't even know that they have the virus.
- Some people may have mild symptoms at the early stages of their infection. These symptoms often go unnoticed since they can be easily confused with other illnesses, such as cold or flu.
- A person can often go many years without noticeable symptoms. However, the person can still pass on the virus to partners or through pregnancy or breastfeeding during this time.
- During the later stages of HIV, people may start to develop symptoms from the illness such as weight loss, white patches in the mouth, cough, or diarrhoea.

What to do if one tests HIV-positive

- Enrol in the treatment called antiretroviral therapy (ART)
- Practice safer sex and encourage past and present sexual partners to get tested.
- Adherence to medicines and the use of other measures to prevent unborn babies from becoming infected in the case of pregnancy.
- Enrol in a support group for love and support

2. Key HIV terms and terminologies

| | |
|---------|------------------------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Ante-Natal Care |
| ART | Antiretroviral Therapy |
| ARV | Antiretrovirals |
| ASWHAN | Association of Women Living with HIV/AIDS in Nigeria |
| ATM | AIDS, Malaria and Tuberculosis |
| AYP | Adolescent and Young People |
| AYPLHIV | Adolescent and Young People Living with HIV |
| BBFSW | Brothel-based Female Sex Worker |
| BCC | Behavior Change Communication |
| CBO | Community Based Organization |
| CSO | Civil Society Organisation |
| EID | Early Infant Diagnosis |

| | |
|---------|---------------------------------------------------|
| eMTCT | Elimination of Mother to Child Transmission |
| FSWs | Female Sex Workers |
| GBV | Gender-Based Violence |
| HBC | Home-Based Care |
| HCT | HIV Counselling and Testing |
| HIV | Human Immunodeficiency Virus |
| HIVDR | HIV Drug Resistance |
| HIVST | HIV Self Testing |
| HTS | HIV Testing Services |
| IDU | Injecting Drug Users |
| IP | Implementing Partner |
| IPC | Interpersonal Communication |
| KP | Key Populations |
| LGBTI | Lesbian, Gay, Bisexual, Transgender, and Intersex |
| MPPI | Minimum Prevention Package Intervention |
| MSM | Men who have Sex with Men |
| MTCT | Mother to Child Transmission of HIV |
| NACA | National Agency for the Control of AIDS |
| NBBFSW | Non-Brothel-based Female Sex Worker |
| NEPWHAN | Network of People Living with HIV/AIDS in Nigeria |
| OIs | Opportunistic Infections |
| OVC | Orphans and Vulnerable Children |
| OSS | One Stop Shop |
| PABA | People Affected By HIV/AIDS |
| PEP | Post-exposure Prophylaxis |
| PHDP | Positive Health, Dignity and Prevention |
| PICT | Provider Initiated Counselling and Testing |
| PrEP | Pre-Exposure Prophylaxis |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother to Child Transmission of HIV |
| PWID | People Who Inject Drugs |
| SACA | State Agency for the Control of AIDS |
| SBCC | Social Behaviour Change Communication |
| STIs | Sexually Transmitted Infections |
| TasP | Treatment as Prevention |
| TG | Transgender |
| TLD | Tenofovir, Lamivudine and Dolutegravir |
| VL | Viral load |

Appropriate language to use

| Do not use this | Use this |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HIV/AIDS | People living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease. AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. |
| HIV/AIDS scourge or pandemic or plague | HIV epidemic and AIDS epidemic. |
| HIV or AIDS virus | The virus associated with AIDS or Human Immunodeficiency Virus (HIV). |
| AIDS disease | AIDS is a syndrome that makes one vulnerable to some diseases (opportunistic infections) due to a damaged immune system. AIDS itself is NOT a disease. |
| AIDS-infected | Person living with HIV or HIV-positive person. No one can be infected with AIDS. |
| AIDS test | HIV or HIV-antibody test. There is no test for AIDS. |
| AIDS sufferer or victim or carrier | Person living with HIV. |
| AIDS patient | “Patient” is used only when referring to a clinical setting. Use patient with HIV-related illness. |
| Risk of AIDS | Risk of HIV infection or risk of exposure to HIV. |
| High(er) risk groups; vulnerable groups | Key populations at higher risk (both key to the epidemic’s dynamics and key to the response) |
| Commercial sex work | Sex work or commercial sex or the sale of sexual services |
| Prostitute | Sex worker. |
| Intravenous drug user | Injecting drug user. Drugs may be injected subcutaneously, intramuscularly, or intravenously. |
| Sharing (needles, syringes) | Non-sterile injecting equipment if referring to the risk of HIV exposure. Contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission has occurred. |
| Fight against AIDS | Response to AIDS |
| Evidence-based | Evidence-informed |
| HIV prevalence rates | HIV prevalence. |
| Catching AIDS | Infected with HIV, or contract HIV, or become HIV-positive |
| Dying from AIDS | Dying of HIV-related or AIDS-related illnesses |
| Voluntary counselling and testing (VCT) | Client-initiated testing |
| Gay men | Men who have sex with men |
| Safe sex | Safer sex |

Key definitions

Concordant - Couples where both partners are uninfected

Sero-discordant - where one partner is uninfected and one partner is infected

Driver - The term relates to the structural and social factors, such as poverty, gender, and human rights, that are not easily measured and can increase people's vulnerability to exposure to HIV.

Incidence - HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become infected with HIV during a specified time, for example during the past year.

Prevalence - HIV prevalence refers to the number of infections (old and new) at a particular point in time (like a camera snapshot).

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3. Framing HIV & AIDS in the media

- Mass media institutions have 'a critical role to play in shaping public understanding of HIV issues, how innovations in HIV are presented and how scientific controversies are interpreted.'
- Media plays an important role in shaping policy and public health endeavours, and therefore in framing HIV policy issues.
- It is important to note that this relationship – between media and the public – is mediated by how media, scientific, health, and community stakeholders interact.
- Strategic framing of public messages about HIV may influence public support for policies and programs affecting access.
- The media ought to contextualize actions and events in a meaningful way such that relevant issues around HIV are explained and explored. This will potentially contribute to social action.

Steps in framing HIV in the media

- Ask key questions: What do I want to achieve from framing a public message about the subject matter? How do I want the subject matter to be understood? How is the subject matter applicable within our context?
- Do your research: What authorities say about the subject matter. Current data. Get correct terms, terminologies, and definitions.
- Articulate why the subject matter is needed
- Articulate your headline

Example: Framing Pre-exposure prophylaxis (PrEP) in the media

| S/N | Steps and details | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1. | Ask key questions Q: What do I want to achieve from framing a public message about PrEP? A: It may influence public support for policies and programs affecting access. Q: How do I want PrEP to be understood? A: As a preventive method signalling health rather than a treatment signalling illness. Q: How is PrEP applicable and within which context? A: It is now included as an additional option for people at substantial risk of HIV infection in the context of a combination HIV prevention package | |
| 2. | Do your research on 1. What authorities say about PrEP PrEP is the use of antiretroviral drugs by HIV-un-infected persons to prevent the acquisition of HIV before exposure to HIV. It is needed during periods of high HIV risk and can be discontinued if they feel they are no longer at risk (e.g. in a mutually monogamous relationship with HIV negative partner). It is a supplement rather than a replacement for condoms. It is not meant to replace or be a substitute for existing interventions The WHO recommends that PrEP should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention. 2. Correct terms, terminologies, and definitions. PrEP is taken by the HIV-negative person for prevention, ART is a life-long therapy taken by an HIV-positive person for treatment. Motivation for adherence is different: ART is taken by HIV-infected persons so they can remain healthy, while PrEP is taken by HIV uninfected persons to prevent infection. 3. Current data—include the currently available data | |
| 3. | Why PrEP is needed despite other effective HIV prevention interventions condoms and harm reduction for PWID 1. New HIV infections still occur despite prevention efforts 2. New HIV infections among priority and key populations are quite high 3. It is revolutionary and provides an additional prevention intervention to be used with existing interventions (such as condoms) for anyone who might be at risk of HIV. 4. Taking PrEP a responsible, caring, morally good thing to do 5. It is a celebration of being HIV-negative 6. It is a commitment to keeping you and your partners safe from HIV | |
| 4. | Headline | PrEP.....Breaking news: ART evolution? |

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