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Tea with Miss DUT

'it feels good to know my status'

"We mustn't have a negative opinion about HIV and AIDS. We must be careful and respect ourselves. I know my status and it feels good." These were words from Miss DUT 2009, Gugu Mpanza, when she had tea with Zett Masondo, a Voluntary Counseling and Testing (VCT) Professional nurse at the HIV and AIDS Centre.

From Montclair, south of Durban, Gugu is in her third year, studying Public Relations (PR) and currently serving internship at DUT. The 20 year old started taking part in beauty pageants at a young age and had entered the Miss DUT contest in 2008 when she achieved third position. She wasn't satisfied with the results so she entered again and her dream came true in 2009. "I didn't want to be anything less than Miss DUT and I thought it was an opportunity for me as a PR student. I can even network for the university," said Mpanza.

According to her, being Miss DUT hasn't changed her. She is still quiet, focused on her studies and loves her family more than anything. "I still love collecting pictures and drawing. I am a family person, friends come and go but I will always have my family," she said.

Being a go-getter, Gugu would love to work for a well recognised consultancy in five years from now and wants to obtain a B-Tech or even M-Tech in PR. "I have never been a pretty face with no brain. I work hard for what I want and try to maintain a balance in everything that I do," she added.

As an ambassador, she is very aware of HIV and AIDS and sets an example for other students by having an HIV testing every three months. "It's being irresponsible not to know your status, people should know if they have any sexual diseases," she said. Mpanza further praised the University for its handling of HIV and AIDS awareness campaigns and the availability of VCT clinics at the premises. When referring to campaigns she said, "We even have Scrutinize campaigns, where the university hosts celebrities because they know they have a huge impact on people's lives." Her message to DUT students was to be responsible for their status and respect other people in order to be respected. "You can learn from mistakes and people will respect you for that. Respect yourself so you can be respected by others," she concluded.



Zett Masondo, VCT professional Nurse from the HIV/AIDS Centre and Gugu Mpanza, Miss DUT 2009, at the HIV/AIDS Centre.



Condom use and distribution

Condom use in South Africa is growing with the percentage of those using a condom during their last sexual encounter increasing from 27% in 2002, 35% in 2005, to 62% in 2008. Younger people show the highest rates of condom use which bodes well for the future of prevention, and could explain the decline in HIV prevalence and incidence among teenagers and younger adults.

The 2009 National Communication Survey on HIV/AIDS also found that 15% of married men and women used a condom at last sex compared to 74-83% men and 55-66% of women who had casual sex or one night encounters, identifying the need for prevention programmes to further target married couples. In 2007, 256 million male condoms were distributed by the government, down from 376 million in 2006. Over 3.5 million female condoms were distributed in 2006 and 2007.

(www.avert.org/aidssouthafrica)



Put color in your diet . . . eat like a robot

This is a very simple message that can help remind people to eat variety of fruits and vegetables everyday. This simple message reminds people to seek different coloured fruits and vegetables and hence obtain a variety of vitamins, minerals and essential nutrients to enhance the immune system and keep well with HIV. Not only must one ensure that you select a variety of colors RED, YELLOW, GREEN (e.g. beetroot, pumpkin and cabbage) - it is also important to consider the preparation and cooking methods used. Boiling the vegetables and then pouring off the water, results in losing all of these essential nutrients, vitamins and minerals.

Cabbage is a good source of vitamin C which helps to fight infection especially the infections so often associated with winter. The vitamin C helps Vitamin B6 to facilitate metabolism and absorption of fats and proteins and helps to make red blood cells. Eating cabbage raw, for example in coleslaw, is much better than eating cooked cabbage but in winter this might not be suitable. Braising the cabbage is a better cooking method than boiling.

HIV and Tuberculosis

"We cannot fight AIDS unless we do much more to fight TB."

- Nelson Mandela

Tuberculosis (TB) is the leading cause of death in South Africa, a trend that needs to be seen in the context of the HIV epidemic. People living with HIV are at a far higher risk of developing active tuberculosis as a weakened immune system will facilitate the development of the disease. Similarly, TB can accelerate the course of HIV. In countries with high HIV prevalence, TB has tripled in the past 15 years, which clearly illustrates the link between the two diseases.

South Africa has one of the highest coinfection rates with an HIV prevalence of almost three-quarters among people with incident tuberculosis. Despite accounting for just 0.7% of the global population, the country accounts for 28% of the world's people living with both HIV and TB. Fighting both diseases together, where appropriate, is seen as crucial:

The high level of HIV and TB coinfection led the National Strategic Plan to call for an integration of care for the two diseases. Integrating HIV and TB systems means it is easier for people with one disease to be tested and treated for the other, where elements of care are otherwise handled separately. The Ubuntu clinic, offering what it terms 'one-stop' HIV and TB care in the Khayelitsha township, on the edge of Cape Town, illustrates the benefits of this approach to the twin epidemics. In the township, the number of people diagnosed with TB who were offered HIV counselling increased from 50% in 2002 to 97% by mid-2007.

The principal medical officer of the clinic highlighted how Ubuntu's integrated approach benefits co-infected people: "It makes it easier for the patients. You know your patient doesn't have to go in your queue and tomorrow stand in another one."

The success of the HIV/TB service integration is such that the Western Cape has adopted this as policy. In 2007 over one-third of South African HIV-positive TB patients were provided with antiretroviral therapy and two-thirds received co-trimoxazole prophylaxis in 2007. The WHO has stated that "collaborative TB/HIV activities are being scaled up across the country".

In a sign that HIV/TB coinfection is being taken seriously, as of April 2010, the treatment threshold for coinfecting people will rise from 200 to 250 cells/mm³. Rising cases of Multi-Drug Resistant (MDR) and Extensively Drug Resistant (XDR) TB suggests a need for an overall improved response to avoid a spread of resistant TB. XDR-TB has been recorded in 60 hospitals in KwaZulu-Natal. It is suggested that earlier testing and diagnosis, greater adherence and drug resistance surveillance will help to control the threat of resistant TB in South Africa.

AIDS helpline 0800 012 322



www.avert.org/aidssouthafrica

Is normalisation of HIV/AIDS an option for SA?

Karishma Ganpath

HIV is a problem and has fast become a pandemic world wide. Over the last two decades, there has been increased focus on media-based health campaigns. However, according to research, campaigners have used a limited array of media forms and comprehensive campaign strategies.

Alternative strategies to reduce the rate of the prevalence of HIV include recent calls for the use of innovative social marketing, Entertainment Education, Information, Education and Communication-interventions (IEC's) and the normalisation and remedicalisation of the diagnosis of HIV. In an interview with Ronwyn Von Staden, Law Lecturer at DUT, who recently completed her research titled 'Normalization of HIV/AIDS in South Africa', she addresses whether normalisation is a viable option for South Africa.

Von Staden said her research was largely motivated and influenced by Justice Edwin Cameron stance on HIV/AIDS. She said: "I have much respect for the open and honest way

in which he has written about the impact the disease has had on his life and the wisdom that he has imparted in the numerous articles, speeches, books and papers he has published. I read a transcript of his speech which was delivered at the Ronald Louw Memorial Campaign, at UKZN in 2006. Two points that he raised caught my eye and aroused my interest in the pandemic".

She said the first was his call for what he termed the 'normalisation and remedicalisation' of the diagnosis of HIV/AIDS. Cameron's appeal was motivated by the fact that AIDS is no longer a death sentence but is now considered to be a medically manageable disease. He suggested that the human rights protections erected around AIDS, particularly its diagnosis have resulted in it being treated as exceptional and that this has served to reinforce the stigma surrounding the disease. Von Staden's personal interest regarding certain illnesses and diseases motivated her to compare the manner in which other diseases are diagnosed and

treated in comparison to HIV/AIDS.

The second aspect was that Cameron stated that HIV/AIDS could only be treated in the same way as other diseases if three conditions were met. These conditions included that Antiretroviral treatment must be available to the patient; Assurance that the consequences of the diagnosis will not lead to discrimination and ostracism; the patient must be secure in the knowledge that the testing procedure and its outcome will remain confidential.

She said: "I was interested to assess what progress had been made in achieving these goals between 2006 and 2009. I found that despite a progressive Constitution and enabling legislation and policies, the reality on the ground is very different. South Africa remains a country of constrained healthcare resources and the result is that antiretroviral treatment is not universally available. Further, HIV/AIDS remains to a large extent a disease of stigma".

Female students bear the brunt of HIV infection

HIV prevalence among university students in South Africa is lower than in the general population, according to a new study. But HIV infection among female students is more than double that of their male counterparts.

The Higher Education HIV and AIDS Programme (HEAIDS) surveyed 21 universities in the country. Only two were not surveyed. The sample involved almost 24 000 students and various levels of staff in different provinces. Fort Hare University's Professor Mvuyo Tom, released the results at a media conference, in Johannesburg.

"HIV prevalence is 3.4% for students and 1.5% for academics. Both these figures are substantially lower than average for the national population aged between 15 and 49 years. The average HIV prevalence among service workers is 9.9%, rising to 20% in KwaZulu-Natal as a region. Behaviour that puts students at risk of HIV infection is quite common and it occurs at all institutions. HIV prevalence amongst students

increases sharply with age as they progress from their late teens to early 20s and even more so after the 25-year mark. Only 60% of sexually active students had used a condom the last time they had sex. Nineteen percent of male students had slept with more than one partner in the last month. About one out of 20 sexually active students had a partner more than 10 years older", Professor Tom announced.

Interestingly, both male and female students had a similar rate of being involved with people more than 10 years older than them. The rates are 6% and 7% respectively. HIV prevalence between the sexes varied sharply, however. Among females it was more than double that of males. It was 4.7% compared to 2.0%. But why?

"Students arriving at university with funding for their studies and, perhaps, for residence, but very little funding for food and no disposable income, are really drawn to find relationships that can

support their material needs. That must predispose them to high-risk sexual relationships or certainly sexual relationships with partners where they don't have very much capacity to insist on the conditions of the relationship, to insist on condom use", said Dr Kevin Kelly of Rhodes University's Centre for AIDS Development Research and Evaluation (CADRE), one of the principal investigators in the study. "We could call it transactional sex, in the sense of women declaring that, 'yes, we do this. We need to do this and it works for us'. So, we must not see them in all respects as being victims in this. Many young women, actually even some that have many of their material needs met, tend to have relationships with people that they know as risky. It's a significant part of the campus culture in many of the universities", added Kelly.

Higher Education and Training Minister, Dr Blade Nzimande, called on universities to address young



cont. on page 4

cont. from page 3

women's vulnerability to HIV infection. "I urge you to adopt a zero tolerance to these issues and work actively towards eliminating with rigor conditions of inequality, negative gender stereotypes and activities that allow women to be exploited. Central to our approach is the ability to deal with eradicating poverty. We do recognize that poverty is the trigger for many diseases", Nzimande said.

Participation in the survey was voluntary and many students and staff were left out. Overall, a 3.4% HIV prevalence amongst tertiary students and a 1.5% for academics is substantially lower than the national average of almost 17% among people aged between 15 and 49 years. HIV infection among service workers was relatively high, at almost 10%. Even though the study shows that HIV infection is lower among higher education students, Minister Nzimande appealed for more awareness around HIV and AIDS in campuses. "We can provide as much skills for our young people, but if we do not integrate HIV and AIDS awareness, education and other programmes, all we will do will just simply be training young people for the grave, instead of the workplace", he said.

While the study results show that HIV and AIDS do not pose a generalized threat to the country's higher education system, institutions cannot afford to relax their efforts to prevent the spread of HIV, particularly amongst young women. Centres of higher learning also have the responsibility to offer care, support and treatment to students and staff living with HIV and AIDS.

Siyazama Project

The Siyazama Project was founded in 1999 and has since been led by Dr Kate Wells, professor at the Durban University of Technology (DUT) as part of 'Design Education for Sustainable Development'. It was initiated to deal with the urgent need to address the HIV/AIDS epidemic in rural KwaZulu-Natal and was taken on in order to inform and educate a small group of rural traditional beaded doll makers on the concerns and taboos surrounding the AIDS condition. The overall aim of the research is to better understand the effect and effectiveness of beadwork craft as a visual metaphoric mode of expression, and seeks to promote the role of design as a means to spread information about HIV/AIDS.



This is some of the work from Siyazama Project exhibited at the HEAIDS Conference 28 -30 March 2010.

Siyazama Project seeks a way to international markets

Daisy Mthethwa

Professor Kate Wells, Graphic Design Programme Co-ordinator and a leader of the Siyazama Project, together with Editions in Craft, recently hosted a five day craft workshop at DUT's City Campus.

The focus of the workshop was to get international designers to work creatively with the Siyazama craftswomen. The aim of the project was to come up with new and innovative beaded products for the international market. The workshop follows a 2009 visit of Stockholm based curators and the founders of Editions in Craft, Renee Padt from Netherlands and Ikko Yokoyama from Japan.

The Siyazama project involves artwork created by a group of craftswomen from rural areas of KwaZulu-Natal. "We want Siyazama craftswomen to find a platform outside South Africa by taking them to an international level. We also wanted to bridge the gap between anonymous craft makers and well known designers," said Padt.

The initial workshop with the Siyazama Project craftswomen started after Professor Wells, who has led the project since its inception in 1998, attended and presented at an exhibition by Padt in Sweden. The large international art exhibition was titled No Name Fever: AIDS in the Age of Globalization, and included the work done by the Siyazama Project. She presented talks about her work with Siyazama. Prof Wells said: "Siyazama is a DUT exemplar project which links rural craftswomen with education on design and health". Swedish designers, Boaz Cohen and Sayaka Yamamoto, took craftwork to a new level when they used the idea of a snake to inspire the design and production of utensils and accessories including fruit bowls. "The pattern reminds me of a snake wrapping itself around, the colours are quite similar to what the craftswomen are using but with different interpretation," said Cohen. Khishwephi Sithole, an Msinga craftswomen said she enjoys being part of Siyazama Project because she loves craft work and it helps keep her active.

Both the Siyazama Project and Editions in Craft hope to exhibit their finished products during the Milan Design week in April. "We seek to explore and discover new, more equitable strategies for the production, marketing and distribution of design and craft products. We are hoping to showcase these wonderful products at the Milan Design Week," said Padt.



Lobolile Ximba, a member of the Siyazama Project makes a bowl using traditional techniques.



LETTERS TO SISTA-ZEE

Dear Sister Zee

I've just found out that I am HIV Positive. I am now cool with it and know that it is not the end of my life but the start of a new one. I am living positively. My problem is that I do not know how to tell my boyfriend as I do not want to lose him, and he has promised to marry me. Please help!

As much as you are not forced to reveal your status, there are issues that need his support - like condom use & taking your booster treatment or ARV's. Remember that even if you were not using condoms before, now it's more critical that you use a condom, otherwise you'll be re-infecting yourself and that way reducing your CD4count. You can suggest that you both go and do the test even though you know your status. Make him understand more about HIV / AIDS issues, sensitize him about people living with HIV

Dear Sister Zee

I have a friend who is five months pregnant and does not want to get tested nor go to the clinic for any kind of check ups. Can the baby be infected (if she is HIV positive) when and how?

Signed: a concerned friend

Yes the baby might be infected especially during delivery due to the amount of body fluids, including blood,. The baby either inhales these or gets cut resulting in direct contact with infected blood and /or body fluids. Note that attending antenatal (pregnancy) clinic is not only for HIV testing but they also test you for other infections, deformities and diseases caused by pregnancy, e.g. stillborn, syphilis, diabetes, hypertension, albinism, etc.

Dear Sister Zee

If I sleep with my boyfriend without a condom and get tested, and my result come out negative does that mean he is also negative. How long does it take for one to show that signs of infections?

Definitely not, he has to test and know his status. There is no specified time to show signs as this depends on a person's immune system. Remember that you might not be his first and only girlfriend. This is what makes most people test twice or more with negative results, and then like a delayed reaction bomb, they get their positive results.

Dear Sister Zee

- a) How many times should a guy have sex in a week?
- b) Is it true that if women have sex regularly the vagina does not go to its regular size.
- c) Can we find this news letter on the website?

Signed: the man

- a) There is no specified time, as sex is not like food that you eat three times a day but it's a feeling that depends on the individual person.*
- b) True. The vagina of a virgin is tight and sealed, but after sexual penetration, yes the seal is broken but the vagina doesn't shrink back to its virginity state.*
- c) Yes. It's already there on our website.*

For more info: don't hesitate to contact Sista Zee -031 373 2320.

Submit your letters in the drop-in box situated in all DUT libraries or at 1st floor Open House, DUT HIV and AIDS Centre or email them to masondoz@dut.ac.za. Fab prizes up for grabs for the winning letter.

KNOW YOUR STATUS!! IT'S THE RIGHT THING TO DO!!



HIV TERMINOLOGY

AIDS: Acquired Immuno-Deficiency Syndrome, a serious diseases caused by the HIV virus which destroys the immune defences of the body which is then subject to serious opportunistic infections and certain cancers.

ANTI-RETROVIRAL DRUGS: Substances that reduce the viral load and strengthen the immune system, all are proprietary and therefore expensive, and must be used in combination in order to be effective.

HIV: Human immuno-deficiency virus, which causes AIDS.

RESISTANCE: When a virus develops the ability to "resist" a drug which normally happens when treatment is interrupted or doses are frequently missed, or taken in unsuitable combinations, resistance can spread together with the virus.

VIRAL LOAD: The amount of virus in the blood.

WINDOW PERIOD: When the virus enters your body, it hides quietly as if it's looking through a "window" trying to understand the body system in order to spot the perfect environment where it can get excited and multiply. During this time the test is negative because the antibodies are not showing and we hope that approximately three months later, we will get a true negative or positive result.

CD4 COUNT: CD4, also known as "body soldiers". During a fight between the virus and the body soldiers, there are casualties on both sides. After we have discovered one's positive status, it is crucial to know how many soldiers survived the fight because that number of survivors is the deciding factor for one's treatment - whether to boost the soldiers or ARVs. The South African government has stated that CD4 of 200ul is deciding factor.

OPPORTUNISTIC INFECTIONS: These are "chance takers" as the name suggests. These infections take advantage of opportunities in the weakened (compromised) immune system. When noticing these infections, one should acknowledge the immune system has been compromised. Examples of opportunistic infections are: TB, meningitis, oral thrush, pneumonia, diarrhea, sexually transmitted infections (STIs).

ONGOING COUNSELLING: This is a follow up visit to your counselor. After being diagnosed negative or positive, it is important to discuss challenges faced now the status is known, discriminating partner, a better approach to disclose your status, need for support buddy to start ARVs, discovering that you are pregnant after being diagnosed positive, etc.

HEALTHY LIVING: As the term implies, this is an awareness of a healthy lifestyle to ensure that the immune system is strong, so preventing infections. This can be done by regular exercise, a balanced diet, safer sex, drinking at least eight glasses of water per day, avoidance of smoking and alcohol, reducing stress levels.

PRE-TEST COUNSELLING: Dialogue between a client and a care provider before an HIV test aimed at discussing the HIV test and the possible implications of knowing one's HIV sero-status. This leads to an informed decision whether to take the test or not.

POST-TEST COUNSELLING: Dialogue between a client and a care provider aimed at discussing HIV test result and providing appropriate information, support and referral and encouraging risk reduction behaviour.



Faculty Orientations

The faculty orientations were aimed at providing the following:

- Orientate the now registered student to the services available to students within the university, by inviting various departments to make presentations on "who they are" and "what they have to offer" and "how the student can best utilize these services"
- Providing some "survival" skills, for the first few weeks/months within a tertiary environment - as they adjust to campus life

The 2010 orientation programme ran from the 15 until the 29 January.

Life skills presentations were scheduled for 18 until 21 January, on various topics of interest.

The 2010 first year orientation was very successful indeed and we look forward to further positive co-operation and outcomes from all stakeholders in the future.



AIDS vaccine researcher hopeful

A leader in the search for a vaccine against HIV, which causes AIDS, said that recent advances have given scientists new reason for hope. In an interview with *The Associated Press*, Dr. Alan Bernstein, executive director of the Global HIV Vaccine Enterprise, cited the world's first successful AIDS vaccine. In September, researchers said the vaccine protected one in three people from getting HIV in a large study in Thailand.

Bernstein also pointed to recent progress in determining whether people with HIV produce antibodies that could lead to a vaccine guarding against a variety of forms of HIV.

He also said there is progress in mapping the many variations of what he called a "clever virus" that has so far eluded vaccine efforts because it kills some of the key cells needed to make a vaccine. "This is a very exciting time in the field," Bernstein said. "A vaccine is possible, and we have the scientific tools now to turn that possibility into a reality."

Though he said the research effort has turned a corner after several setbacks, he cautioned a vaccine was still several years away.

Salim Karim, director of the Centre for the AIDS Programme of Research in South Africa, said he was not optimistic.

"I wish I could say I was. But I'm not. It's proving to be a challenge that's more complex than previously thought," Karim said, adding he has spent 15 years researching a vaccine, and expected success to take at least another 15. Karim called the Thai study a "glimmer." Scientists must now try to improve the vaccine so that it protects more than a third of the people who get it, and lasts for more than the six to 12 months it now appears to be effective.

Questions have been raised about whether an HIV vaccine was possible, and even whether it made sense to devote time and energy to the pursuit.

Bernstein said a comprehensive approach, that includes finding a vaccine, must be taken against AIDS. As head of an international group of major vaccine researchers and funders, Bernstein was in South Africa to discuss strategy with UN health and AIDS officials.

South Africa, a country of some 50 million, has an estimated 5.7 million people infected with HIV, more than in any other country. In an announcement that marked a dramatic shift from the past, South African President, Jacob Zuma, pledged on World AIDS Day last year to embark on earlier and expanded treatment for HIV-positive South Africans. The program was to be

formally launched this weekend. Bernstein said a vaccine would be particularly important for Africa, where prevention and treatment campaigns have proven costly. A vaccine, unlike an expensive lifetime regime of AIDS drugs, would be administered every few years. A vaccine "is the most effective public health measure we've come up with," Bernstein said.

The International AIDS Vaccine Initiative, which focuses on research into vaccines against strains of HIV that are prevalent in the developing world, says a vaccine must be part of a comprehensive solution. It says "no major viral epidemic has even been defeated without a vaccine." According to a new report summarising findings presented at a 2009 conference of vaccine researchers, the vaccine hunt is "steadily moving ahead," though HIV presents tough challenges.

The report in the May issue of *The Lancet Infectious Diseases* journal adds the massive, international effort to find an AIDS vaccine has had important side effects, providing information for the development of other vaccines and treatment for other diseases.

Apr 24, 2010 10:41 AM
By DONNA BRYSON, Sapa-AP



China lifts ban on entry of HIV/AIDS carriers

China recently announced that it had lifted travel restrictions for foreigners with HIV and AIDS ahead of the 2010 Expo.

The State Council, or cabinet, announced that an amendment to the law on the entry of foreigners into China had removed the travel ban on HIV/AIDS carriers to the nation.

The newly amended law was published in full on the government website.

State press reports said the move would be made ahead of the opening Saturday of the Shanghai World Expo which is expecting up to 100 million visitors during its six-month run.

Although most of the visitors are expected to be Chinese, up to four million foreigners could attend the Expo.

The new law was immediately praised by the United Nations. "I commend President Hu Jintao for China's decision to remove travel restrictions based on HIV status," UN Secretary-General Ban Ki-moon said in a statement.

"Punitive policies and practices only hamper the global AIDS response. I urge all other countries with such

restrictions to remove them as a matter of priority and urgency."

World Health Organisation's Director General, Margaret Chan, welcomed the removal of entry restrictions on foreigners.

"China's decision to categorically remove HIV/AIDS from the list of conditions subject to entry restrictions is a significant step in the right direction," Chan said in a statement. "This decision should inspire other nations to change laws and policies that continue to discriminate against people living with HIV."

More than 50 countries still have laws or restrictions that effectively marginalise people with HIV, including sex workers, young people, and men who have sex with men, according to the WHO. Such hurdles limit their access to vital prevention, treatment, care and support services, Chan noted. "Policies that help curb discrimination can help prevent further transmission," she added.

According to official statistics, China has 740,000 HIV-positive people.

Apr 27, 2010 7:14 PM | By AFP (article by www.timeslive.co.za)

Peer Educators' Workshop

On the 19th of March 2010 a workshop was conducted for peer educators, at Koinonia conference centre at which 48 peer educators took part.

The purpose of the workshop was to equip DUT peer educators with information on HIV/AIDS and issues relating to relationships and positive behaviour. The Health promoter and the nurse from the Centre facilitated the process.

The following topics were discussed at the workshop:

medical terms:

- Status
- VCT
- Immune defense system
- Stigma
- ARV's
- Window Period
- Disclosure
- P.E.P
- CD4 count
- Pre & Post counseling
- Link between HIV/AIDS and circumcision

some of the myths raised:

- HIV/AIDS is only sexually transmitted
- Having sexual intercourse with a virgin cures HIV/AIDS
- Circumcised males can't be infected with HIV/AIDS
- You don't need a condom when having oral sex
- HIV/AIDS can only infect gays/lesbians and drug users

Later, Oziel spoke about knowing your HIV status and the peer educators were divided into two groups. One group was asked to list, discuss and present the advantages of knowing your status.

In their presentation they mentioned the following:

- start living a healthy life
- Lower the chance of infecting others once you are aware of your status
- If you tested negative you can protect yourself from being infected



Let's Talk

HIV/AIDS blog

The HIV/AIDS Centre presents a new forum discussion website where you can get all the information you need if you feel uncomfortable to visit the centre. Get your responses immediately from your counsellor daily from 12h00-13h00.

Whatever the queries,
whatever the issues,
get the facts.

To access: Go to the DUT website:
www.dut.ac.za

Click Let's Talk HIV/AIDS blog
Click on any of the categories
below. Your questions will
be responded to.

- General Comments & Questions
- Know how HIV/AIDS is contracted
- HIV/AIDS prevention
- Health related issues
- Support group

It is not compulsory to leave your correct e-mail address, except if you would like us to respond to your questions privately.

For general information on HIV/AIDS, access our section on DUT's website - go to Support Services - Student Services and Development - HIV/AIDS Centre. You will get information on:

- All HIV/AIDS events @ DUT and around the country
- Nutritional information
- General information on HIV/AIDS.
- HIV/AIDS Policy



CROSS WORD

Let's think about it for a minute

C	D	H	I	V	X	T	Y	E	R	U	C	O	N	P	A
V	O	I	T	U	A	B	S	T	A	I	N	X	T	U	I
H	J	C	R	R	H	L	K	F	G	M	D	D	K	N	D
Y	H	I	A	C	Y	C	N	H	J	D	E	W	Q	B	S
M	U	X	N	H	L	B	L	O	O	D	K	Y	F	U	J
A	G	B	S	N	Y	C	P	S	Q	S	S	I	K	T	L
S	L	E	F	R	E	M	E	P	G	N	U	V	P	O	U
D	J	T	U	Y	E	E	L	I	K	E	T	F	O	D	F
T	K	I	S	B	V	U	D	T	L	Z	M	C	S	Z	T
R	D	B	I	H	I	E	E	A	D	J	O	O	I	A	I
A	R	T	O	S	T	Z	E	L	E	U	Y	N	T	V	A
G	H	C	N	P	A	E	N	V	G	D	M	D	I	X	F
B	Q	E	I	X	G	E	Z	H	N	E	I	O	V	P	D
F	Y	S	D	F	E	N	K	D	Y	Z	C	M	E	N	A
T	B	N	T	Q	N	S	R	T	K	D	H	L	W	X	P
G	N	I	D	E	E	F	T	S	A	E	R	B	H	T	K

All of the words listed below can be found in the grid above. When you have found the word, try to think how the word is related to HIV/AIDS.

HIV
AIDS
KISS
HUG
SEX

NEEDLE
CONDOM
ABSTAIN
BLOOD
FAITHFUL

BREASTFEDING
STD
TRANSFUSION
COUGH
SNEEZE

INSECT BITE
POSITIVE
NEGATIVE
NO CURE
HOSPITAL



DID YOU KNOW?

When you do a rapid HIV test, the results only
take 5-10 minutes.

Know Your Status, Get Tested.

Our offices are situated at

First Floor, Open House

Tel: 031 373 2260

AIDS toll free help line: 0800 012 322

Rape Crisis: 0861 322 322

