



LOVE
IN A
TIME OF
HIV

Film Screening Discussion Guide

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aids2031

aids2031 is a two-year project developed in 2007 by a consortium of partners—including economists, epidemiologists, biomedical, social and political scientists—to look at what has been learned about the global AIDS response, and to deliver recommendations on how to shift it towards one that is long term and sustainable. This project is not about what should be done in 2031, but what can be done differently, now, to change the face of the pandemic by 2031, 50 years after AIDS was first reported.

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TakingITGlobal / Global Youth Coalition on HIV/AIDS

The Global Youth Coalition on HIV/AIDS (GYCA) is an initiative of TakingITGlobal. It was proposed by youth attendees of the XV International AIDS Conference in Bangkok 2004 and XIV International AIDS Conference in Barcelona 2002. GYCA is a youth-led, global network of more than 4,000 young leaders and adult allies working on youth and HIV and AIDS in over 150 countries worldwide. Its mission is to empower young leaders with the skills, knowledge, resources and opportunities they need to scale up HIV and AIDS interventions amongst their peers.

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Introduction

Love in a Time of HIV is a five-episode documentary series exploring young peoples' lives in five cities around the world. Each episode profiles several young people living with HIV in a different city: Cape Town, St. Petersburg, New York, Mumbai, and London. The series explores how young people living with HIV are navigating their sexual and reproductive lives, careers and families, and their expectations and hopes for the future.

This discussion guide is meant for everyone who is organizing a screening of the documentary in their communities or at conferences and events. It aims to help facilitators initiate conversations with a range of audiences – including community members, young people, and policymakers – about how young people are affected by the HIV pandemic. After the screening and discussion, viewers are expected to have a basic idea of the urgent needs of young people, both HIV positive and negative, to access sexual and reproductive health information and services. We hope that the ensuing conversation will help viewers see that a successful response to HIV depends upon including young people in policy and program planning.

Structure of the Guide

For each episode, the discussion guide provides several discussion questions on the themes highlighted in that episode, including a few specifically developed for screenings with policy makers. These questions will raise and challenge issues around the existing stereotypes of young people and HIV. The subjects include sexual and reproductive health and rights issues such as safe sex, mother to child transmission and access to youth friendly health services. Other questions explore the connections between harm reduction and sexual and reproductive health and rights as well as infection by blood transfusions. Most importantly, the discussion questions will provide a way to start an important and necessary discussion about young people and HIV.

Information for the Screening Facilitator

Before screening the episode(s), the facilitator should review the introduction, the summary for the various themes, and the discussion questions. The facilitator of the discussion should decide which discussion questions would be interesting and most appropriate for the audience. In order to create a successful discussion process, the facilitator should be familiar with the issues being discussed. To assist with this, the background information sections are meant to provide information about the various issues raised. After screening the episode, the facilitator can initiate the discussion using the questions provided as a framework, and sharing the summary and background information as necessary.

Agree/Disagree Exercise

The Agree/Disagree exercise aims to encourage debate among the audience members. The statements attempt to make this interactive by splitting the room into an agree side and disagree side. After the facilitator reads out the statement, the participants have to choose between the agree and disagree sides. The participants choose a spot in the room according to their opinion on the statement. This means if a participant agrees with a statement, the participant moves to the agree side. The same applies to when a participant does not agree, he or she moves to the disagree side. When a participant is undecided, she/he can choose to stand somewhere in between.

After all the participants have chosen a spot in the room, the facilitator asks the different participants to explain why they stand at that specific spot, with the intention of engaging the two sides of the room (agree and disagree) in discussion with each other.

The facilitator of the screening should decide if the agree/disagree activity is appropriate for their specific audience.

Keywords

In every section there are keywords listed in a textbox. Information on each of the keywords can be found on page 17. Beyond those specifically highlighted in the episode, other keywords and concepts are included to provide the facilitator with as much background information as possible.

EPISODE 1: Tender Moments

Section Keywords:

Stigma and Discrimination
Disclosure
Youth
Gender

See page 17/18 for definitions

Tender Moments is the extraordinary story of Tender Mavundla, a 27-year-old singer from Soweto. Tender wants to be a star and has already made a big impression when she appeared on South Africa's version of Pop Idol. Tender is HIV positive, and in this documentary episode she explains what impact it has had on her life and how she copes with her status.

Stigma and Discrimination upon Disclosure

Tender Mavundla experiences stigma and discrimination when she discloses her HIV status to the world. When Tender tells the Pop Idol audience that she is HIV positive, she soon has to leave the show. This episode suggests Tender's HIV status is a factor in her immediate and unexpected departure. We also see the reaction of the man Tender is dating when Tender tells him she is HIV positive.



Discussion Questions

What do you think about the way this episode shows the consequences of Tender's disclosure that she is living with HIV (both to the public through Pop Idol and on a personal level to her partner)?

Do you think that stigma and discrimination affect youth differently than the rest of the population? Why or why not?



Agree/Disagree Statement

Young people encounter different challenges than other age groups in disclosing their HIV status.

Background Information for the Facilitator

Young people living with HIV (YPLHIV) face significant stigma, discrimination, criminalization and violence. One of the reasons is that YPLHIV make up a large percentage of the groups considered "most at risk" for HIV infection, groups that traditionally already face criminalization and discrimination. These "most at risk" groups include injecting drug users (IDUs), sex workers (SWs), and men who have sex with men (MSM). Further, young people who are homeless or living on the streets, disabled, imprisoned, and those living in conflict zones also face stigma and discrimination..

Young people in these marginalized groups are often driven underground and are unable to access health and social services. Additionally, there are laws in many countries that require young people to be 18 or need parental consent to access HIV testing or health services. These barriers and the fact that young people often do not want to tell their parents about being sexually active have critical consequences for HIV prevention and treatment.

YPLHIV often have different needs from other age groups and need psychological support and youth-friendly health services to deal with their diagnosis, disclosure, treatment adherence, issues of relationships and parenthood, financial stability, and living positively.¹

¹ This section is based on information from: UNFPA and GYCA. "Young People and HIV Factsheet." Global Youth Coalition on HIV/AIDS, 2008. Accessed: 1 Aug. 2009. <<http://www.youthaidscoalition.org/page/ypdata>>.

HIV and Gender

Tender views unequal gender relations in South Africa as a main cause of the spread of HIV.



Discussion Questions

Tender thinks men have more power in sexual relationships in South Africa, and therefore women have a hard time saying no to sex or asking to use condoms. What are your thoughts about her view? Do you agree? Why and how, or why not?

What role do you see women's empowerment playing in the response to HIV?



Agree/Disagree Statement

If Tender's younger sister did not have unprotected sex with men, she would not get HIV, and therefore a solution for HIV prevention for women is abstinence.

Background Information for the Facilitator

Gender inequality and harmful gender norms affect young women and girls worldwide. For example, women and girls often have less access to education, specifically comprehensive sexuality education. Also, gender barriers decrease females' access to services and control over resources while responsibilities like caring for children limit mobility. Overall, gender barriers cause women to experience limited decision-making power, and less access to HIV prevention treatment and care.² As a consequence, feminization of HIV in some regions has been occurring and continues to happen, especially among young women. For instance, in Sub-Saharan Africa, 76 percent of YPLHIV (aged 15 to 24) are female.³

For Policymakers: HIV and South Africa's Policy

The 2008 UNAIDS country situation report on South Africa states that 'an estimated 5.7 million people living with HIV live in South Africa, and approximately 3.2 million are women and 280,000 are children (ages 0-14).' The report describes further that for South Africa, the roots of the HIV epidemic lie in poverty, stigmatization of the disease, and lack of government action. In 2007, however, South Africa developed a National Strategic Plan 2007-2011 that set out national priorities for scaling up treatment, prevention, care and support. This national framework is a hopeful sign that the government's response is improving.⁴



Discussion Questions

In what ways can young people, like Tender and her sisters, hold their government accountable for promises made in response to HIV and AIDS?

Should policymakers involve young people in South Africa's National Strategic Plan 2007-2011, why (not) and how?

2 World Health Organization. Gender inequalities and HIV. Accessed: August 1, 2009. <http://www.who.int/gender/hiv_aids/en/>

3 Germaine, Adrienne. "Unfair and Unbalanced: Women, Health and U.S. Foreign Policy." Voices of Women, San Deigo, CA. 4 Oct. 2005. Speech.

4 This section is based on information from: UNAIDS. "Country Situation Report- South Africa." July 2008. Accessed: 1 Aug. 2009. <http://data.unaids.org/pub/FactSheet/2008/sao8_soa_en.pdf>

* Agree/Disagree Statements

Inviting young people to meetings about South Africa's National Strategic Plan to provide advice is meaningful involvement of young people.

Young people should not be involved as we see in the documentary that young people, like Tender's sister, do not take HIV seriously enough.

Background Information for the Facilitator

The participation of young people in planning, implementation and evaluation of development activities and issues that affect their daily life is an internationally recognized right. This was first recognized at the 1994 International Conference on Population and Development (ICPD). At this conference in Cairo, Egypt, 179 countries adopted the Programme of Action, a plan that recommends new population and development objectives to be achieved by 2015. In the section Factsheets on Young People and HIV at the end of the guide, there is an ICPD handout that gives additional information. Below are two important excerpts:

“Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases.” (ICPD Para. 6.15)

In the ICPD review in 1999 the following was added:

“Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth.” (ICPD +5 Para. 73(c))

There are different forms of youth involvement. It is important that young people are not only invited to participate in program and policy planning, but have a meaningful role in the proceedings and ideally decide themselves how they participate. This will help to guarantee that tokenistic involvement of young people is prevented and ownership is increased.

EPISODE 2: From Russia with Love

Section Keywords:

Harm Reduction
Mother to Child-
Transmission (MTCT)

See page 17/18 for definitions

From Russia with Love goes to St Petersburg to explore love and relationships among a group of young friends, some of whom are living with HIV. Two of the men, Dennis and Volodya, do not have HIV, but both of their wives do. In this episode we see that both men are willing to take a risk in an attempt to have a baby.

Injecting Drug Use and Harm Reduction

Dennis, Volodya and their wives struggle with the consequences of their previous drug use, and HIV infection. Drug users, whether injecting or not, are often among the most vulnerable and socially excluded people in any society and are therefore exposed to many other risk factors for HIV such as poverty, homelessness and imprisonment.



Discussion Questions

In what ways did drug use contribute to the vulnerability and social exclusion of Dennis and Volodya and their group of friends?

Research shows that needle and syringe exchange programs and safe injection programs decrease drug use in communities. Why do you think that starting and sustaining these kind of programs has been (and continues to be) so difficult?



Agree/Disagree Statement

We should aim for a 'drug free world' instead of using resources to deal with the spread of HIV as a consequence of injected drug use.

Background Information for the Facilitator

For more information please see the factsheet Injection Drug Use-HIV and AIDS-Young People: Recognising the Linkages at <http://www.un.org/arabic/events/aids/2008/youth/harm%2oreduction%2oEnglish.pdf>

Partner to Partner Transmission and Mother to Child Transmission

In the documentary, the young couples are trying to get pregnant even though the men have a chance (though slim) of getting infected by their partners.



Discussion Questions

What do you think of Dennis's statement that he cannot be held responsible as he has no choice since the government does not provide the necessary services for safe pregnancy?

What do you think of Dennis's attitude when he says that AIDS is not a big deal since he argues that first, he has another 10 years without medication and could live another 35 years with medication, and in the end, as he says, we all die?

Why do you think the rights of people living with HIV, including the right to have children, continue to be denied in many parts of the world?

Agree/Disagree Statement

The term MTCT stigmatizes women, and should be called parent-to-child transmission instead.

Background Information for the Facilitator

The World Health Organization website defines mother-to-child transmission (MTCT) as 'infection of HIV from an HIV-positive mother to her child during pregnancy, labor, delivery, or breastfeeding.' The website explains further that when services to mothers are accessible, prevention of MTCT is fully possible, but that the services are not always available, especially in many resource-limited countries. The UN General Assembly Special Session (UNGASS) is trying to change this by making MTCT a key concern for the review on HIV/AIDS in 2010. Members States committed themselves to the 'the goal of reducing the proportion of infants infected with HIV by 20% by the year 2005 and by 50% by the year 2010.'⁵

It is important that people living with HIV are provided with full, accurate information on MTCT in order to make informed choices about reproduction.

For Policymakers: Access to Treatment

In the documentary we learn that the Russian government does not provide medical assistance to HIV positive women who want to conceive. Additionally, Russian doctors in general do not assist HIV positive women who wish to become mothers.



Discussion Question

What could policymakers on an international and national level do to ensure that HIV positive women (and their partners) who want to conceive are able to receive medical assistance?

Background Information for the Facilitator

Although there is increased attention given to access to antiretroviral treatment by civil society and politicians, prevention of mother to child transmission (PMTCT) has been largely ignored. Evidence shows that using existing public health systems is a successful formula to provide PMTCT, and examples of these successes can be seen in Brazil, Botswana, and Thailand. It is now important to create and campaign for political will that leads to better PMTCT services.

⁵ This section is based on information from: World Health Organization. Mother-to-child transmission of HIV. Accessed: 1. Aug. 2009. <<http://www.who.int/hiv/topics/mtct/en/index.html>>

For Policymakers: Young People and Access to Harm Reduction

Young people face particular barriers in accessing needle and syringe exchange programs, HIV prevention, and sexual health programs due to age restrictions or the inaccessibility of adult services. In practice, many young injecting drug users are blocked from accessing these services, leaving them at a high risk of contracting HIV.

Discussion Questions

How can policymakers recognize and remove barriers to accessing initiatives such as needle and syringe exchange programs, HIV prevention, and sexual health programs for young people?

How can policymakers partner with existing youth organizations and initiatives to remove barriers to such programs?

Agree/Disagree Statement

Harm reduction services are key to addressing HIV amongst young people who use injected drugs.

EPISODE 3: I Love New York

In I Love New York, Christina talks openly about how she copes with her treatment and about her love for her mother. This is a moving, sensitive and personal account of the bond between a mother and daughter and how both are dealing with being HIV positive.

Section Keywords:

Adherence

YPLHIV

Stigma and Discrimination

Disclosure

See page 17/18 for definitions

Adherence and HIV

Christina becomes non-adherent to her medication during high school for a number of different reasons. First, being a young person made it more difficult for her to cope with being HIV positive. Stigma and discrimination by her peers was psychologically damaging. Also, the side effects of the medication were making Christina sick. As a result, Christina became depressed about her situation as a young person living with HIV.

In the documentary Christina discusses her depression caused by being HIV positive and the effects it had on her life at the time. During her junior year in high school, she didn't want to go to school, isolated herself from her friends and family, and she did not adhere to her medication regimen. As a result, her grades in school suffered, and her friends and family worried about her well-being.

Discussion Questions

What are different factors that affect medication adherence of young people living with HIV?

What different issues does being HIV positive bring up for young people than for adults?

Agree/Disagree Statement

Healthcare providers should also provide support services or referrals for support services for young people living with HIV.

Background Information for the Facilitator

New York City continues to be the city with the highest percentage of people living with HIV in the United States. According to the New York City Department of Health and Mental Hygiene, HIV is the 3rd leading cause of death below age 65 in the city, and HIV remains the health problem with the largest racial disparity, with African Americans and Hispanics experiencing 80% of new AIDS diagnoses and deaths.⁶

Young People Living with HIV (YPLHIV)

YPLHIV are taking action in their communities and countries as peer educators and advocates. For example, Christina and her friends hit the streets to distribute condoms, advocate for more comprehensive sex education in schools, and work to spread the message of tolerance. Groups such as SMART Youth in New York City are dedicated to working with YPLHIV and provide a supportive social environment where young people can discuss issues they face in their lives.

Discussion Questions

How can we support and expand groups like SMART Youth?

What are other ways to make it easier for young people in our communities to deal with being HIV positive and feel supported?

Agree/Disagree Statement

YPLHIV are better peer educators and advocates for issues like condom promotion, HIV awareness, and comprehensive sex education than HIV negative youth.

Background Information for the Facilitator

For more information on YPLHIV, please see Episode 1: Background Information for Facilitator. Additionally, you can use the section on 'Stigma and Discrimination upon Disclosure' on page 6.

For Policymakers: Young People Living with HIV (YPLHIV)

SMART Youth is an organization for HIV positive young people. The goal of SMART Youth is to support young people in becoming leaders in their communities, while also learning how to take care of themselves in an understanding environment. You can find more information about SMART Youth at: <http://smartyouthnyc.blogspot.com/>

⁶ NYCDOH. HIV/AIDS Information. Accessed: 1 Aug. 2009: <http://www.nyc.gov/html/doh/html/ah/ah.shtml>



Discussion Questions

What difficulties do youth organizations face in accessing funding?

Why is it important to provide core funding for youth organizations instead of only funding projects?



Agree/Disagree Statement

Young people should only receive funding for projects, as they are not capable and experienced enough to manage money for core funding or be able to effectively run an organization.

Background Information for the Facilitator

For more information, please see the factsheet Youth Leadership: Recommendations for Sustainability at: <http://www.worldaidscampaign.org/en/Youth-Leadership-Recommendations-for-Sustainability2>

EPISODE 4: A Positive Match

A Positive Match follows two women in Mumbai as they prepare for the future. Chaya is a single parent with a ten-year-old son, and Shaksi became a widow after just eight months of marriage. Both speak with great openness about their hopes and fears and their chances of finding love again.

Section Keywords:

**Discordant
Re-infection**

See page 17/18 for definitions

HIV and Relationships

The documentary shows that in some parts of India, many people are reluctant to tell their families about their HIV status and turn to a dating agency for help in arranging marriage. The agency featured in the documentary helps people living with HIV find an HIV positive spouse. The agency also provides help for positive people seeking to have children.

For Shaksi and Chaya, the concept of remarrying is a struggle for the women and their families as it is considered taboo for widows to remarry. A long-term illness such as HIV though can change the face of these long-held beliefs. In thinking about finding a new husband, Shaksi and Chaya have to think about their own health and the health of their potential husband.



Discussion Questions

What is your opinion about the services the agency offers?

How has HIV changed society's views on relationships and related values?



Agree/Disagree Statement

The agency helps to break down existing prejudices towards PLHIV.

Background Information for the Facilitator

The UNAIDS country progress report on India in 2008 demonstrates that of the more than 1 billion people, 2 to 3.1 million people are living with HIV, which works out to be about 0.36% of the adult population (aged 15-49). The report illustrates that the spread of HIV is mostly through sexual transmission in India.⁷

Additionally, the report describes how in India, gender inequality and harmful gender norms contribute to women's vulnerability to HIV. Contributing factors to women being more vulnerable to HIV are described in the report as 'lack of power to negotiate or assert their rights because of societal norms, access to proper information, access to health care, and poverty [...] Currently, 38% of those infected in the country are women.'

Discordant and Concordant Couples

In the episode, Shaksi and Chaya fear that their HIV status reduces their chances of finding a husband. The prospect of a discordant relationship is not one they consider, and they make the decision to use an agency to pair them with an HIV positive partner.



Discussion Questions

What are some ways young people could help reduce the stigma around HIV positive sexuality?

Why do you think the idea of re-infection is never discussed in this documentary?

How could policymakers promote communication about HIV status in the general population?

Background Information for the Facilitator

Discordance is a term used to describe people of different HIV antibody status. Discordant relationships are relationships in which one partner is known to be HIV positive and the other partner is known to be HIV negative. Discordant couples face many of the same challenges as concordant couples.

Things that both discordant and concordant couples worry about include practicing safer sex and fear of infecting or being infected by their partner, the stress of care giving, and fears of illness and loss. These worries make it important for couples to have conversations about what precautions and risks they are willing to take in their sexual relationships.

For more information, please see the article Re-infection: Is it a concern for people living with HIV? at: <http://www.projectinform.org/info/reinfection/reinfection.pdf>

⁷ The section is based on information from: National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India: "UNGASS Country Progress Report 2008: India." Accessed: 1 Aug. 2009. (http://data.unaids.org/pub/Report/2008/india_2008_country_progress_report_en.pdf)

EPISODE 5: Labour of Love

Section Keywords:

Transmission through–
blood exposure
Reproductive Rights

See page 18 for definitions

Andrew contracted HIV when he was a child. He is a hemophiliac who was injected with contaminated blood. In this revealing documentary, Andrew and Michelle speak openly about the ways in which HIV is affecting their chances of having a child and the challenges facing them as they try to become parents.

HIV and Transmission through Blood Exposure

Andrew's story highlights the result of blood borne exposure to HIV. Direct exposure of blood to HIV is the most efficient means of transmission. Important safety precautions have been taken by hospitals over the last twenty years, greatly reducing the number of HIV infections from blood transfusions.



Discussion Questions

Why do you think that recommended strategies for blood transfusions have already been implemented whereas recommendations for sexual transmission, such as comprehensive sexuality education, have not? How can we learn from the best practices of these strategies and implement them with respect to sexual transmission?

What situations could people be faced with where they must choose between being completely cautious and helping someone who is hurt. How can people be best informed about how to minimize risk and make healthy decisions in these instances?



Agree /Disagree Statement

Even though the occurrence of transmission through blood transfusions in England is very rare now, the government should still offer national free blood testing on HIV.

Background Information for the Facilitator

National blood policy in England requires the blood supply to be screened and blood be tested prior to transfusions. By adhering to these universally recommended precautions, the risk of HIV infection is significantly lowered. These precautions also include routine use of gloves and other protective equipment, and the safe disposal of needles and other sharp instruments.⁸

HIV and Reproductive Rights

Andrew and Michelle have a right to decide whether or not, and when, to bear a child. They must think about the health of themselves as well as the health of the baby. As indicated in the episode, Andrew and Michelle have had conversations with their health care provider before making any choices about childbearing.



Discussion Questions

It is a right for people living with HIV to bear children. What steps (individually and by the government) should be taken to make this decision as low risk as possible?

What are some examples of violations of the sexual and reproductive rights of women living with HIV?

 **Agree/Disagree Statement**

HIV infection in and of itself is a reason to prevent someone from adopting.

Background Information for the Facilitator

In the case of discordant couples who are trying to conceive through sex, careful counseling of the risks involved and advice on how to time intercourse accurately are necessary.

Another option for discordant couples to consider is artificial insemination. Artificial insemination eliminates the need for intercourse and subsequent risk of HIV transmission. If the father is HIV positive and the mother is HIV negative, like Andrew and Michelle, couples can use sperm washing to fertilize the woman. Sperm washing uses a special technique to separate the sperm from the seminal fluid. The sperm are then placed directly into the uterus after assessing the time of ovulation. Inseminating HIV-negative women with sperm washed free of HIV eliminates the virus from the semen and significantly reduces the risk of transmitting the virus. Andrew and Michelle undergo this process several times and they are ultimately unsuccessful. In this case, a specific number of their attempts were funded by the government. After their last attempt they are forced to give up trying this method because they cannot afford another attempt, at least for the time being.

Adoption is another option for couples. Adoption policies are variable across local areas and countries as well as by adoption agency. HIV infection in one or both partners may make adoption more difficult and in some countries, there are laws prohibiting adoption by HIV positive couples.

Women living with HIV frequently suffer violations of their reproductive rights in addition to facing obstacles adopting or conceiving children. These abuses have been largely absent from the HIV and AIDS agenda.

For more information on MTCT see Episode 2: Background Information for the Facilitator on page 10.

For Policymakers: HIV and Policy in the UK

According to the Health Protection Agency, at the end of 2007, an estimated 77,400 persons were living with HIV in the United Kingdom, which is equivalent to 0.2% of the population. This may seem like a low percentage, but the number of infections has increased over past decade, with London seeing more than half of the new infections. In the UK transmission through heterosexual sex is the main form of HIV transmission.⁸

 **Discussion Questions**

How does the relatively low percentage of HIV infections in the UK affect the public's perception of AIDS and the subsequent shaping of policy and programs?

Why do you think HIV infection rates have increased over the past few years in wealthy countries like the UK and US? How can countries that previously showed success in preventing new HIV infections now re-double their efforts to address climbing infection rates?

8 This section is based on information from: UNAIDS. Universal precautions and blood safety. Accessed: 1 Aug. 2009. <<http://www.unaids.org/en/PolicyAndPractice/Prevention/UnivPrecaution/default.asp>>

9 This section is based on information from: HIV in the United Kingdom: 2008 Report. London: Health Protection Agency, 2008.

* Agree/Disagree Statement

Regardless of a country's HIV prevalence, all countries are accountable to the global HIV response.

Background Information for the Facilitator

Around \$13.7 billion USD was spent on HIV programs globally in 2008 (to low and middle-income countries mostly from international donors), and UNAIDS estimates even more is required in 2009 and 2010.¹⁰ A significant proportion of AIDS funds come from donor governments such as the US, UK, Dutch, French, German, Norwegian and Swedish governments.¹¹

Keywords

Adherence

According to Stedman's Medical Dictionary adherence is "the extent to which the patient continues the agreed-upon mode of treatment under limited supervision." The consequences of missed doses or non-adherence include an increasing viral load and the development of mutant viral strains.¹²

AIDS

Acquired Immune Deficiency Syndrome.

Disclosure

The act of releasing or sharing previously unknown information.

Discordant

A term to describe people with different HIV antibody status.

Gender inequality

This refers to any disparities whether obvious or hidden that occur as a result of a person's gender. There is gender inequality any time that people of different genders (whether young or old) are treated differently based on their gender.

Harm reduction strategies

The International Harm Reduction Association defines harm reduction as "policies and programmes which attempt primarily to reduce the adverse health, social and economic consequences of all psychoactive substances to individual drug users, their families and their communities."¹³

10 What countries need: Investments needed for 2010 targets. Rep. UNAIDS, Feb. 2009. Accessed: 1 Aug. 2009. <http://data.unaids.org/pub/Report/2009/JC1681_what_countries_need_en.pdf>.

11 AVERT. Funding for the HIV and AIDS Epidemic. Accessed: 1 Aug. 2009. <<http://www.avert.org/aids-funding.htm>>

12 Williams & Wilkins. (1995) Stedman's Medical Dictionary, 26th Edition.

13 International Harm Reduction Association. What is harm reduction?. Accessed: 1 Aug. 2009. <<http://www.ihra.net/Whatisharmreduction>>

HIV

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS).

Mother to Child Transmission (MTCT)

MTCT is when an HIV positive woman passes the virus to her baby during her pregnancy, labor and delivery, or while breastfeeding.

Re-infection

Re-infection can occur when a person who is living with HIV is exposed to another HIV strain and becomes infected with the second strain as well.

Reproductive rights

According to the ICPD Programme of Action (para 7.3), reproductive rights “rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions regarding reproductive free of discrimination, coercion and violence.”

Stigma and Discrimination

AVERT defines AIDS-related stigma as “the prejudice and discrimination directed at people living with HIV and AIDS [...] and the groups and communities that they are associated with. It can result in people living with HIV and AIDS being rejected from their community, shunned, discriminated against or even physically hurt.”¹⁴

Transmission through blood exposure

Transmission of HIV can occur through exposure to infected blood such as during an injection or transfusion of contaminated blood or blood products, donations of semen (artificial insemination), skin grafts or organ transplants taken from someone who is infected.

YPLHIV

Young People Living with HIV.

Youth

The United Nations defines youth as persons between the ages of 15 and 24 years. All UN statistics on youth are based on this definition.

Youth friendly health services

This refers to services that are respectful, accessible, affordable, and comfortable for young people while providing needed health services. More specifically, this means that they are open at times that are convenient to youth, are located in an area that youth are able to visit, ensure confidentiality and privacy of patients, are low-cost or no-cost, and employ providers who do not judge youth patients.

¹⁴ AVERT. HIV and AIDS discrimination and stigma. Accessed: 1 Aug. 2009 <<http://www.avert.org/aidsstigma.htm>>

Factsheets about HIV and Young People

For more information about the various themes in the documentary, please see the following factsheets and articles:

Young People and HIV Fact Sheet

<http://www.youthaidscoalition.org/page/ypdata>

ICPD - HIV - Youth: Why it all matters

<http://www.worldaidscampaign.org/en/Constituencies/Youth/Resources/ICPD-HIV-Youth-Why-it-all-matters>

Injection Drug Use-HIV and AIDS-Young People: Recognising the Linkages

<http://www.un.org/arabic/events/aids/2008/youth/harm%2oreduction%2oEnglish.pdf>

Youth Leadership: Recommendations for Sustainability

<http://www.worldaidscampaign.org/en/Youth-Leadership-Recommendations-for-Sustainability2>

Re-infection: Is it a concern for people living with HIV?

<http://www.projectinform.org/info/reinfection/reinfection.pdf>



The documentary Love in a Time of HIV can also be viewed online at:

<http://www.aids2031.org>



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