In 2011 there were an estimated 3.5 million people living with HIV in the South-East Asia Region, with an estimated 210 000 people becoming newly infected. Today, many people in the Region are not aware that they are HIV infected because they either feel well or they have not taken an HIV test. As HIV does not discriminate – everyone is at risk regardless of age, gender, race, class, income or religion – having an HIV test is important and should be encouraged. These frequently asked questions explain in basic language key issues about HIV and AIDS that cover various aspects of disease prevention, treatment, care and support.

- HIV is most commonly spread through unprotected sex – sex without a condom – with an infected partner(s).
- With advanced medications, people with HIV can be protected from developing AIDS.
- Starting antiretroviral medicines early prevents health complications.
- HIV is a chronic, manageable disease.
- With care and support people living with HIV can have healthy and productive lives.

Get an HIV test today – it is simple, quick and offers protection to you and your loved ones.
FREQUENTLY ASKED QUESTIONS ON HIV AND AIDS

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FREQUENTLY ASKED QUESTIONS ON HIV AND AIDS
Introduction

In 2011 there were an estimated 34 million people living with HIV, with 2.7 million new infections worldwide. In the South-East Asia Region\(^1\) there were an estimated 3.5 million HIV infected people with an estimated 210 000 people that became newly infected with HIV. The good news is that the number of new infections in the Region is declining and deaths from AIDS have dropped for those that are HIV infected and receiving treatment.

However, after more than 30 years since HIV was first identified there is still no cure or an effective vaccine for HIV. On a positive note, HIV is now a chronic manageable disease due to improved medicines and increased support and care.

Today many people are not aware that they are HIV infected because they either feel well or they have not taken an HIV test. When people are not aware they have HIV, they can spread the infection to others as well as not have access to medicines that can help maintain a healthy life. HIV does not discriminate between different types of people, age or gender and can affect anyone. It is for this reason alone that everyone should get tested for HIV.

General questions

Q 1: What is HIV and is it different from AIDS?

HIV stands for human immunodeficiency virus. A virus is the smallest organism [germ] that produces diseases in humans. HIV attacks and weakens the body’s immune system that is the body’s defence against infections and diseases. When this happens it is possible to become sick. Many people, but not

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\(^1\) The World Health Organization Regional Office for South-East Asia comprises 11 countries: Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.
all, may experience symptoms of HIV infection a few days after having been infected – fever, rash and a severe sore throat. These symptoms usually disappear within one or two weeks. Many symptoms of recent HIV infection are easy to overlook as they can be similar to the symptoms of other illnesses. HIV is a highly complicated infection as it can “hide” in your body, and often no symptoms can be seen for many years.

AIDS stands for acquired immunodeficiency syndrome. It is a disease caused by HIV. It is possible to have HIV but not AIDS. Having AIDS means that the immune system is so weak it can no longer fight off a range of infections and diseases. Earlier, those with HIV almost always developed AIDS. But, with advanced medications, people with HIV can be protected from getting AIDS.
Q _2:_ **How is HIV spread?**

HIV is commonly transmitted/spread during unprotected sex — sex without a condom — with an infected partner/s. Sexual acts are either oral or penetrative, such as vaginal and anal sex. Oral sex has a low rate of HIV transmission while anal sex has the maximum risk of HIV transmission. Anal sex can produce small injuries to the anus and these skin breaks can cause easy entry-points of HIV into the body. HIV can also be spread in other ways, besides sexual activity, as follows:

(a) transmitted during drug injection by the sharing of HIV-contaminated needles and syringes;
(b) transfusion of blood or blood products contaminated with HIV;
(c) from an HIV-infected woman to her baby — during pregnancy at the time of birth, or during breastfeeding.

HIV is passed from an HIV-infected person’s body to another through blood, semen, vaginal secretions and breast milk.

Q _3:_ **How is HIV not spread?**

You cannot get HIV through sharing of food, clothes, toilets, dishes, touching, hugging, shaking hands, saliva, social kissing or mosquitoes.

**HIV prevention**

Q _4:_ **What are the ways of preventing HIV?**

HIV can be prevented or avoided in the following ways:

- Not having sexual intercourse (sexual intercourse means penetrative sex such
as vaginal and anal). Another kind of sex is masturbation, which is safe. The risk of spreading HIV via oral sex is extremely low.

- Long-term mutual faithfulness to the sexual relationship (both of you are not HIV-infected and neither person has sex with anybody else).
- Consistent and correct use of a latex male or female condom during vaginal and anal sex.
- Use of a water-based lubricant is the best with both kinds of condom (oil-based lubricants can weaken the latex and lead to condom failure or breakage).
- Use of a latex sheet, known as dental dam for oral sex.
- Not sharing needles and syringes or any other injecting equipment with anyone.
- Only giving blood that has been screened for HIV to a patient who needs blood.
- Checking the HIV status of pregnant women. If found to be infected, giving necessary treatment to the mother to prevent transmission of HIV from the mother to the child.

**Q 5: How effective are condoms in preventing HIV?**

Male latex condoms act as a barrier to sexually transmitted germs (a germ is an organism that can carry disease) including HIV, and physically prevents their entry into the body. When used correctly during every penetrative sex or oral sex, condoms are the primary means of preventing transmission of HIV in women and men. However, no protective method is 100% effective. For example condoms have been known to break during sexual activity.

The female condom is a strong, soft, transparent sheath inserted into the vagina before sex. It lines the vagina entirely and provides protection against both pregnancy and sexually transmitted infections, including HIV, when used correctly during sex.

**Q 6: What are the symptoms of sexually transmitted infections?**

Sexually transmitted infections (STIs) should be suspected if a woman experiences the following symptoms: itching around the vagina and/or discharge from the vagina; pain in the lower belly and/or during a sexual act. For men it can be a discharge from the penis, one or multiple sores on the penis with or without pain, soft flesh-coloured warts around the penis, or pain and swelling in the groin. It is important to note that among women, more so than men, STIs do not always show any symptoms most of the time.
Q 7: **How do sexually transmitted infections increase the HIV risk?**

Most of the time sexually transmitted infections (STIs) do not produce visible signs and symptoms. Having another infection damages the natural barrier in the form of “intact” skin of genital organs and inner linings/membranes of the genital tract. This helps the entry of HIV virus into the body. In the presence of another infection there is competition within the same immune system to fight the germs away, which makes the body more vulnerable to be infected. Using condoms consistently and correctly provides an important barrier to prevent both HIV infection and STIs.

The chances of HIV transmission increase by 5–10 times in the presence of STIs.
Q 8: **WHY DO PEOPLE WHO INJECT DRUGS HAVE A HIGHER RISK OF BECOMING HIV-INFECTED?**

People who inject drugs commonly share various pieces of injection equipment such as needles and syringes. If an HIV-infected drug injector shares any contaminated piece of injecting equipment with other drug injectors, the risk of spreading HIV is much greater.

For people who inject drugs the key message is to stop sharing contaminated injecting equipment, and ideally to use only sterile injecting equipment during each injecting episode. Additionally it is important to highlight that people who use drugs should also use condoms correctly and consistently in every sexual act with their partners to prevent HIV transmission through the sexual route.

Q 9: **WHAT IS MEANT BY TREATMENT AS PREVENTION?**

Treatment as prevention is a term used to describe HIV prevention methods that use antiretroviral treatment (medicines that fight HIV by blocking multiplication and spread of the virus in the body) to reduce the chance of HIV transmission from an infected person to an uninfected person.

Antiretroviral therapy medicines decrease the viral load (the amount of HIV circulating in the body) in the body fluids of an HIV-infected person. Taking antiretroviral therapy has the benefit of significantly reducing the risk of HIV transmission. The idea of treatment as prevention is to use antiretroviral therapy as a prevention strategy that HIV-infected individuals could use to protect their uninfected sexual partner/s.
Q 10: **If I am HIV-infected, can I donate blood?**

If you have HIV, your blood has a large number of the virus. If you donate blood, the person receiving your blood is also likely to get HIV. You are therefore advised never to donate blood if you have HIV. The same is applicable for those who are HIV-infected and are taking antiretroviral therapy. Antiretroviral therapy decreases the number of HIV (viral load) in the blood, though small traces of HIV still remain in the blood and can be infectious to others.

**HIV testing**

Q 11: **Can you test for HIV and AIDS?**

There is a specific test for HIV. However, there is no test for AIDS as it is a term that refers to a specific list of illnesses that can develop when HIV goes undiagnosed and untreated.
Q.12: Why should I get tested for HIV?

Many people fear taking an HIV test because they are worried that they will test positive. Others believe it is not possible for them to become HIV-infected as they feel well and healthy. Some people do not consider themselves at risk because they think they have not behaved in a way that could place them at risk of becoming infected. However, as people are still becoming infected, and anyone has the potential to become HIV, a quick, simple test is all that is required to know your status and be able to protect yourself, and others, from this serious virus.

The following are the results of testing HIV-negative:

- You will have peace of mind, as will your partner, and other loved ones.
- It is a time to stop worrying and get on with your healthy life. Keep in mind to adopt safer sex – use of condoms – and safe drug-using practices – do not share injecting equipment with others — to remain HIV-negative. However, follow-up testing is encouraged to make sure that you remain negative. You should get tested at least once a year if you are involved in activities that can spread HIV.

The following are the results of the testing HIV-positive:

- You can be provided with emotional support and counselled on what can be done to plan your life and on living with HIV-positive status (positive living).
- You can receive a health assessment and your health-service provider can determine when it may be best to begin treatment, if necessary.
You should take steps to ensure that you avoid passing on the virus to others, including your loved ones.

- If you are pregnant, treatment can be started that may minimize the chance of your baby becoming infected.
- You can receive information on other support networks.

**Q 13: When should I take an HIV test and how often?**

If you think you might have been exposed to HIV as a result of unprotected sex — no condom, especially with different partner/s — or sharing needles and syringes with another person/s, then you should take an HIV test. Getting tested before three months have elapsed — after potential exposure to infection —
may result in an unclear test result. It is best to speak to an HIV counsellor in your neighbourhood after potential exposure, to assess the risk of acquiring HIV, and to receive counselling on further protection and testing for HIV. Generally you will be asked to take the test after three months of exposure when definitive test results can be expected.

For those having unprotected sex or sharing needles and syringes, it is recommended to get tested at least every 6 to 12 months. As sexually transmitted infections (STIs) can increase your risk of acquiring and spreading HIV, you should also be tested for STI.

**Q 14: Where should I go to get myself tested for HIV?**

You can get tested for HIV at a health-care centre (such as a hospital, health clinic, or primary health care centre) or by an HIV-care provider.

**Q 15: How is the HIV test performed?**

When an HIV test is conducted a person will see a doctor, trained counsellor, nurse or health-care worker in private. An explanation will be provided as to what the test involves and what the result means if it is negative or positive. HIV testing is confidential, and is conducted only if you agree. A small amount of blood will be taken. The test will be conducted there and then, or sent to a laboratory and tested. In some countries, oral HIV tests are conducted (use of saliva sample only) where no sample of blood is required.

Depending on the test used and where it is done you will receive your test result *generally* from a few minutes to a few weeks.
Q_16: **What is an HIV antibody test?**

This is the most common type of test used to diagnose HIV in a person. This test shows whether a person has been infected with HIV by looking for HIV antibodies in a person’s blood, rather than the virus itself. When HIV enters a person’s body, special proteins are produced, known as antibodies. Antibodies are the body’s response to an infection. Although antibodies may take a while to appear (up to three months and in rare cases six months), as soon as a person becomes infected with HIV, he/she can transmit the virus to others.

HIV testing can be done by testing the blood or saliva sample collected from inside the mouth. HIV antibody tests using a blood sample are the most appropriate and widespread test for routine diagnosis of HIV among adults. Antibody tests are inexpensive and generally very accurate. The majority of HIV tests
are carried out in a health-care setting but more recently some Western countries offer home sampling and home-testing kits, in which the blood (finger prick and placing the drops of blood on a specially treated card) or the saliva sample is collected by the individual. This method can offer convenience, privacy and anonymity. However, if such an HIV test is conducted and shown to be positive, a second test will need to be performed by a health service centre to confirm the result.

**HIV treatment**

**Q 17: WHAT SHOULD I DO IF I HAVE TESTED POSITIVE FOR HIV?**

If you test positive, this does not mean you have AIDS or that you will develop AIDS. It means you are carrying the virus that can cause AIDS and you can infect others. In consultation with a doctor and other health service providers you should start an HIV management and care plan and take precautions to avoid spreading the virus.

   Early diagnosis and consistent care are essential for your health. Counsellors or doctors are available at most testing sites and will work with you to develop a care plan or refer you to a health-care professional who can provide care. Your counsellor or doctor also can refer you to support networks and resources in your community. Seeking the support of others can help you deal with your HIV-positive status.

   Medications also help prevent and treat complications and infections. Your health-care provider would be the best person to tell you when you should start antiretroviral therapy.
Q. 18: IS THERE A CURE FOR HIV?

While presently there is no cure for HIV and AIDS, antiretroviral therapy (ART) has been highly effective in delaying the onset of AIDS. Antiretroviral therapy comprises medicines that fight HIV by blocking the multiplication and spread of the virus in the body. If a person living with HIV takes ART, the damage to the body’s immunity system is lessened and the person remains healthy. However, these medicines cannot kill the HIV totally and so cannot cure the person from HIV. Facilities providing ART are commonly available at ART centres of the state and/provincial public hospitals, or from nongovernmental organizations, free of cost. They can advise you on when you should start antiretroviral therapy.
**Q 19: How do I know if antiretroviral medicines are working effectively to keep me healthy?**

There are three ways to know if the antiretroviral therapy is working effectively or not.

(a) **Physical improvement:** An HIV-infected person who was previously sick and was experiencing weight loss and other physical discomforts such as loss of appetite, and overall weakness, feels better after starting antiretroviral therapy. There are fewer moments of sickness, improved appetite and gain in body weight. After receiving treatment for some time the person is able to resume his/her normal work as well.

(b) **Improvement in the CD4 count:** CD4 are those cells in the body that protect a person from disease-producing germs such as bacteria and viruses. The CD4 count is the measurement of how many CD4 cells are circulating in the blood. HIV, after its entry into the body slowly destroys the CD4 cells. As a result, the CD4 count drops. As the CD4 cells are destroyed by HIV and the CD4 count falls, the immune system of the body starts losing the power to fight against the disease-producing germs. The lower the CD4 count, the weaker is the immune system. When the same person starts taking antiretroviral medicines, these medicines prevent the multiplication and spread of HIV in the body. HIV cannot destroy CD4 cells like before and the CD4 count gradually rises. A rising CD4 count is an important indicator of the effectiveness of antiretroviral therapy. The CD4 count should be checked every three to six months after the initiation of antiretroviral treatment.
(c) Decrease in the viral load: HIV, after its entry into the body, multiplies and produces millions more of the virus that spreads throughout the body. The viral load indicates the number of copies of HIV per millimetre of blood in a person living with HIV. By testing the viral load in the blood we can understand how much of HIV is active in the body.

When a person living with HIV starts taking antiretroviral therapy, the multiplication of HIV in the body stops. As a result, the viral load decreases.

A low or undetectable viral load after antiretroviral treatment indicates that the antiretroviral treatment is working well in the body, and is giving the desired results. Like the CD4 count test, the viral load test should also be repeated every three to six months.
Q 20: **How long do I need to continue with antiretroviral therapy?**

Once started the person needs to take antiretroviral medicines throughout his/her lifetime. Antiretroviral medications need to be taken at regular intervals and continuously as advised by the doctor. This is important because if antiretroviral medicines are discontinued, the HIV virus will multiply and spread in the body again, and damage the immune system. Regular antiretroviral therapy is essential to halt the progression of HIV to AIDS and to ensure a healthy and productive life for those living with HIV.

Q 21: **What happens if I miss one or more doses of my medicines?**

It is important to take your medications regularly and according to the time plan. Taking medicines irregularly will result in the virus multiplying again. If this happens often, the HIV virus will develop a strong resistance to the medicines, thereby making them ineffective.

You should take the missed dose as soon as possible.

You should talk with your doctor if you are regularly forgetting the doses or are not taking them all, for whatever reason.

In order to prevent the development of resistance to antiretroviral therapy you should take the following steps:

(a) You should take the full dose of each medicine that has been prescribed.

(b) You should take all your medicines regularly.

(c) When missing a dose, do not take the missed dose with your next dose.
(d) If you experience side-effects from the medicines, immediately consult your doctor who will help you to select the right combination of medicines for you. It is better to change the treatment than to continue with a combination of medicines that does not suit you.

Q 22: **Does antiretroviral treatment have any side-effects? If yes, what should I do to overcome those?**

Like most medicines antiretroviral medicines can also cause side-effects. These unwanted effects are often mild, but sometimes they are more serious and can have a major impact on health. On rare occasions, side-effects can be life-threatening. They vary from medicine to medicine. This should be considered when deciding which combination of medicines to take.
The side-effects also vary from person to person. Some people take antiretroviral therapy for years with few problems while others find the same medicines difficult to tolerate. Certain pre-existing health problems like high blood pressure and liver problems are known to increase the risk of certain side-effects. Your doctor will assess all these factors before advising you on which medicines to choose.

There are several ways to lessen the side-effects either by treating them or by switching to other combination antiretroviral medicines that are better tolerated by the person taking antiretroviral therapy.

Because side-effects are unpredictable, may occur at any time, and can be very serious, it is essential that you should know all the possible side-effects of the medicines you will be taking. Your doctor should be informed about what is happening to you and how you feel during follow-up visits. Severe reactions to medicines should be reported immediately as an emergency. Keeping a “side-effect diary” is a good way to keep track of when symptoms occur, how often and how severely. If the side-effects are affecting your everyday life or if you are unable to regularly take your medicines because of them, this too should be reported to your doctor.

**HIV care and support**

**Q 23: WHERE SHOULD I GO TO GET SUPPORT FOR HIV?**

At country level there are HIV support groups, and governmental and nongovernmental organizations (NGOs) that help and guide those living with HIV to live healthy and productive lives. They ensure strict confidentiality (privacy) of your “positive” status. These groups implement various awareness and
sensitization activities in the community to lessen the stigma and discrimination. They may also be able to provide information on where and how to get legal assistance against any violation of human rights. Most of the time, such support groups are run by people living with HIV themselves. The contact details of support groups are generally available with your health-care providers and accessible through the Internet.

Q 24: ARE THERE FOODS THAT I CAN AND CANNOT EAT?

HIV prevents absorption of major nutrients in the body leading to nutritional deficiencies. One side-effect of antiretroviral medicines can be an interference to absorption of nutrients in your food. You should be careful about your food intake and nutrition if you are living with HIV. You can take the food that is available in your home but in the form of
a balanced diet (a balanced diet is a diet which has all the major components of food like carbohydrates, proteins, fat, vitamins and minerals in quantities as per the need of the body). Also, you should not compromise the nutritious values of the food by adopting faulty cooking techniques. At the same time, you should strictly follow personal hygiene, washing your hands properly every time before eating food and by ensuring cleanliness of the water you drink. Staying away from smoking and drinking of alcohol is strongly advised.

**Q 25: What are opportunistic infections?**

These are disease-producing germs (organisms) that remain within our environment and also inside our body. In normal conditions they cannot produce any diseases because our healthy immune system easily fights them off. These germs produce diseases when the immune system is damaged and weakened by HIV. We call these diseases “opportunistic infections” as they attack a weakened immune system.

**Q 26: Why is the risk of tuberculosis higher among people with HIV?**

Tuberculosis (TB) germs are released in air when a TB patient coughs or sneezes. When we inhale air, TB germs enter our body through air. In all likelihood, many of us may be carrying the TB germs inside our body. However, because our immune system is strong it protects us from diseases by keeping the TB germs inactive and preventing tuberculosis. When you have HIV your immune system is weakened and cannot keep the TB germs inactive any longer. The TB germs become active, thereby causing TB.

The chance of getting TB during the lifetime is around 10% in a person not infected by HIV. The chance of getting TB increases by up to 50%–60% on becoming HIV-infected.
Q_27: **WHAT SHOULD I DO IF I AM HIV-INFECTED AND MY SEXUAL PARTNER IS PREGNANT?**

HIV is transmitted from the mother to the child in the womb during pregnancy, during delivery or through breastfeeding. To prevent the transmission of HIV from the mother to the child, it is essential to know the HIV status of the pregnant woman. If the male partner of a pregnant woman is HIV-infected, there is a chance that the woman is also infected and the unborn child needs to be protected from HIV transmission from the mother.

If you are HIV-infected and your sexual partner is pregnant, it is important to disclose your “positive” status to your partner if she is not aware of your HIV infection. A doctor, nurse or a trusted and skilled counsellor can help you to inform (disclose) your HIV status to your partner. This can be done in a way
that is agreeable to you and your partner and also by strictly maintaining the confidentiality (privacy) of the information.

Informing your sexual partner will help in the following ways:

(a) Your sexual partner can go for HIV testing promptly.

(b) If your sexual partner is found to be infected by HIV, she will be psychologically better prepared to accept her “positive” status. Necessary antiretroviral therapy and guidance will be provided on time to protect and minimize the risk of the child getting HIV infected.

(c) If your sexual partner is not infected by HIV, she can continue to remain uninfected through consistent and safe sex practices — use of condoms — till her delivery and thereafter.

**Q. 28: IF I AM HIV-INFECTED, CAN I STILL HAVE CHILDREN?**

If you are a woman living with HIV and wish to have children, it is still possible to become pregnant and give birth. However, it is important that the pregnancy be well planned in consultation with your doctor. HIV can be transmitted from the mother to the child during pregnancy and so it is very important to reduce the amount of HIV circulating in the body is highly important. The smaller the viral load (amount of HIV circulating in the body) the less the risk of HIV transmission to the child. To achieve a small viral load the mother takes antiretroviral medicines throughout her pregnancy, and during and after delivery. The child is also given antiretroviral medicines for four weeks after delivery.
Additionally, the mother should have good access to health-care services for her routine pregnancy check-ups, delivery and after-delivery care.

For the delivery of the child you should follow the advice of your nurse/midwife/doctor. Take medicines as prescribed. It is in your and your baby’s best interest to deliver in a health facility under professional care.

If you are a man living with HIV and wish to father children, you need the support and advice of a doctor experienced with HIV issues. If your sexual partner is HIV-negative, and you decide to have unprotected sex so your partner can become pregnant, some key points to consider to reduce the risk of spreading HIV during sex are:

- **Low viral load of the semen**: You need to take antiretroviral medicine to keep the viral load
of your semen very low so that there is less chance of spreading HIV to your uninfected partner during unprotected sex.

- **Treat sexually transmitted infections:** If you or your sexual partner has a sexually transmitted infection (STI), the chances of spreading HIV increase. Any STI if found should be promptly treated before unprotected sex.

- **Use sufficient water-based lubricants to minimize injuries to the vagina:** Sexual activity can cause small injuries to the vagina. During unprotected sex, HIV can spread through these small injuries. Using water-based lubricants during sex lessens the risk of injuring the vaginal wall lining and therefore decreases the chances of spreading HIV during unprotected sex.

- **Reduce the frequency of unprotected sex:** Reduce the number of times you have unprotected sex with your uninfected partner. Time the sex to coincide with the woman’s ovulation (release of a mature egg from the ovary at the time when the woman is more fertile) when the chance of pregnancy is maximum.

Other options to consider for a man living with HIV and wish to father children are:

- **Donor insemination** (using someone else’s sperm): Semen from a male not HIV-infected is used.

- **Adoption:** In many countries it is possible to adopt children; this is an option to consider.
**Q. 29: CAN I CONTINUE TO WORK IF I AM HIV-INFECTED?**

If you are healthy there is no need to stop working just because you are HIV-infected. You should continue your work if you are HIV-infected and healthy. Any worker, living with HIV should be treated in the same way as any other worker free of stigma and discrimination. Those who are HIV-infected and experience illness should be treated in the same way as any other worker who is ill. Living with HIV is not a reason in itself to stop working or for termination of employment.

**Key messages to remember after reading this information**

- HIV is now a chronic, manageable disease due to improved medicines and increased support and care.
- Most common routes of transmission of HIV are through unprotected sex – sex without a condom – with an infected partner/s and sharing of contaminated needles.
- HIV does not discriminate between different types of people, age or gender and can affect anyone. Anyone has the potential to become HIV-infected.
- A quick, simple HIV test will let you know if you are infected or uninfected. Getting tested will protect you and your loved ones.
- Starting antiretroviral medicines early prevents complications and also reduces deaths due to HIV/AIDS.
- Being HIV-infected is no reason to stop working or to prevent employees from continuing to work.
In 2011 there were an estimated 3.5 million people living with HIV in the South-East Asia Region, with an estimated 210,000 people becoming newly infected. Today, many people in the Region are not aware that they are HIV infected because they either feel well or they have not taken an HIV test. As HIV does not discriminate – everyone is at risk regardless of age, gender, race, class, income or religion – having an HIV test is important and should be encouraged. These frequently asked questions explain in basic language key issues about HIV and AIDS that cover various aspects of disease prevention, treatment, care and support.

- HIV is most commonly spread through unprotected sex – sex without a condom – with an infected partner(s).
- With advanced medications, people with HIV can be protected from developing AIDS.
- Starting antiretroviral medicines early prevents health complications.
- HIV is a chronic, manageable disease.
- With care and support people living with HIV can have healthy and productive lives.

Get an HIV test today – it is simple, quick and offers protection to you and your loved ones.