

## What are HIV and AIDS?

**H-Human  
I-Immuno deficiency  
V-Virus**

**HIV** is the virus that causes AIDS. It attacks the immune system-the body's defence against disease. Most people become infected with HIV through unprotected sexual intercourse. If their mothers are HIV positive, babies may get HIV during the pregnancy, childbirth or through breastfeeding. A few people get HIV through blood transfusions where blood donations are not screened. Contaminated [infected] needles shared by drug users is another way.

**AIDS** is the name given to a group of serious illnesses in HIV positive people, when they are no longer able to fight off the various infections they suffer from because of lowered immunity.

- Acquired means a disease you get during life rather than one you are born with.
- Immune Deficiency means a weakness in the body's immune system.
- Syndrome means a group of particular health problems that make up a disease.

**Acquired  
Immune  
Deficiency  
Syndrome**

## What is the difference between being HIV positive and having AIDS?

HIV can live in our bodies for years without obvious effects. Most people with HIV feel healthy and are capable of living productively for many years. They may not know that they are infected unless they are tested for HIV.

The amount of HIV in an infected person's blood is called the **viral load**. When people are first infected with HIV they develop a high level of virus in their blood. After this, their body's defence systems [their immunity] will try to stop the virus from increasing. From this point they make antibodies to HIV and will be HIV positive if tested. They may remain like this for a long time, from several months to many years. When they get repeated infections that their bodies can no longer fight off, they are said to have **AIDS**. Their immunity is unable to keep the level of HIV down, so their viral load goes up.

The immune system protects the body from infection by producing antibodies and by triggering special cells that kill viruses and bacteria. In HIV infection, this immune response is set off by special white blood cells called helper T lymphocytes also known as CD4 lymphocytes. HIV destroys these helper T lymphocytes. It is the loss of these special lymphocytes that leads to the collapse of the immune system. Laboratories can measure the number of CD4 cells in a person's blood - this is the CD4 count and gives an indication of how far HIV has progressed in that person and how strong or weak their immunity is.

**Antibody**  
special proteins produced by certain white blood cells to fight against specific disease-causing organisms such as a particular virus or bacterium.

### **Antigen**

A substance from outside a person's body that causes their immune system to produce antibodies as part of an immune response.

HIV-positive people with high levels of virus in their blood are more likely to infect their sexual partners than those with lower levels. Similarly, HIV-positive women are more likely to pass on HIV to their infants during pregnancy, childbirth or breastfeeding when their viral loads are high such as when they are first infected or when they develop AIDS. Between these two stages, the viral load is lower but it is still possible to infect others with HIV. People should practice safe sex all the time.

## What is the window period?

This is the time from infection with HIV until the body is able to make antibodies, a time of approximately six to 12 weeks. On rare occasions it can be longer. If a person gets tested during the window period they may still be negative even though they have HIV increasing in their bodies. They are very infectious during this time because of their high viral load, and it is easier to infect others during this time.



### What is seroconversion?

A person goes through seroconversion when their body starts to make antibodies to HIV.

### How do I know that I am HIV positive?

You can only be sure about your HIV status by getting a test for HIV. The test that is used in voluntary counselling and testing (VCT) sites is for antibodies not for the actual virus. A baby born to an HIV positive mother may carry her antibodies, but these usually clear by the time the child is two years old. Otherwise, an antibody test indicates the presence of HIV in the person. People usually suspect they have HIV when they begin to get infections that do not get better as quickly as before. Sometimes we only suspect HIV when a person is already developing AIDS.

### How do I know I have AIDS?

When the CD4 count in people with HIV drops to 200 or below they begin to develop specific infections. These are opportunistic infections that indicate that they now have AIDS rather than only being HIV positive. The common opportunistic infections are :

- PCP (pneumocystis carinii pneumonia) a lung infection
- CMV (Cytomegalovirus) an infection that affects the eyes
- Candida, a fungal infection that causes thrush in your mouth or infections in your throat or vagina

Another disease that arises because of reduced immunity and indicates AIDS is Kaposi's Sarcoma which is a type of skin cancer but may develop in other parts of the body such as in the stomach and bowels. There is **no cure** for AIDS. There are drugs that can slow down the HIV virus and slow down the damage to your immune system. Other drugs can prevent or treat opportunistic infections (OIs).

### You cannot get HIV from:

- everyday contact in the workplace or in a school setting
- kissing, touching, hugging or handshakes
- sharing food utensils
- toilet seats
- using the same telephone
- public baths or swimming pools
- mosquito bites or other insects

### What is safer sex?

The following are ways that can protect yourself and others from HIV through safer sex:

- Abstinence [by not having sex at all.] It is especially important for young people to delay sexual intercourse until they are sure they can negotiate for safer sex.
- Be faithful. Having sex in a monogamous relationship (faithful relationship) is safe when both partners are uninfected and are not exposed to HIV through drugs or other activities.
- Non penetrative sex
- Correct and consistent use of condoms



Men have much to contribute in all areas of influence, whether as political leaders, decision makers, fathers, husbands, brothers and friends. Volunteers can encourage clients to prepare for the future. Clients should be taught ways of preparing Wills, Memory Books and other procedural documents like death certificates.

## This fact sheet will tell you about:

1. preparing a will
2. preparing for death
3. registering for births
4. laws on inheritance

## I. Why should families prepare a will?

- It helps prevent arguments among family members about who should get what.
- It prevents people from taking goods and belongings that don't belong to them.
- It assures that the surviving spouse and children will benefit from whatever property you own.

## Writing a Will

- Any person over sixteen can make a will  
If you make a will when single, the law will NOT recognise it when you marry. You will need to make another one when you marry.
- Both oral wills and written wills are allowed under Zimbabwean Law.

## What should a will contain?

- It should tell your relations what should be done with your property and possessions when you die.
- If you want certain people to get certain items then you need to state each one specifically and separately.
- You have to appoint an "executor" for your will. An executor is a person who puts into effect the intentions of the person who made the will. You can legally name anyone who is 18 years old or over to be executor for your will. It can be a relative or friend. It is important that the executor be someone who is able to understand what the court asks him/her to do. It should be someone you trust to carry out your wishes.
- The person who executes the will can get assistance from the Master's Office of the High Court.
- You can leave your property and possessions to anyone you wish. You do not have to leave them to your relations only. **BUT** remember, your surviving spouse and any children who are underage can claim maintenance from your estate, even if you do not mention them in your will, or leave them too little for their up-keep.
- Your will must be signed by two people who are witnesses. Any normal person over the age of 18 years who is able to sign her/his name and can physically see you signing your will can be a witness. However, people receiving something (inheriting) from the will should not be witnesses nor should any of their close relatives.

A 'valid' will is one, which has been recognised by a court of law in the country it is written. It must:

- tell your family or relations what should be done with your property and possessions when you die
- show the date on which you wrote it
- have your signature or mark on each and every page
- have the signature of two witnesses at the end of each page under the place where you put your signature or mark.



## 2. Laws on inheritance

Inheritance is the process of taking over the ownership or use of someone's property when they die.

There are two types:

- The first is when the dead person had already written a will saying in it what she or he wanted to happen to their property.
- The other is when the dead person has not left a will - then the inheritance will follow customary or general law.
  - ⇒ Customary law is the law administered by chiefs and traditional courts. It varies from ethnic group to group.
  - ⇒ General law is the law used by the legal courts.

### When does general law apply for inheritance?

- When there is a valid will
- If the person was married under civil law at the time of death

### When does customary law apply for inheritance?

- If the person dies without leaving a will
- The person was married under customary law

### General law inheritance

If spouse and children are alive, the following inheritance laws apply:

- house and household goods go to spouse
- if remainder of property is worth less than Z\$200 000, it all goes to spouse
- if remainder of property is worth more than Z\$200 000, the rest is shared equally among spouse and children
- age of the child does not matter they are all equal in this type of inheritance.

If spouse is dead but the children are alive:

- ⇒ Children get equal share of all property.

## 3. Preparing for Death

Registration of a death is important for family and relatives of the deceased. Without this a burial cannot be legally accepted or carried out. The death certificate is a legal document assuring that the person is dead. Then the Will can be sought and matters of inheritance and custody issues can be dealt with. Pensions, including National Social Security Funds (NASSA), left behind by the deceased, cannot be accessed without registering the death.

Funeral costs are also very high and should be planned for in advance, as this often entails funeral feasts-which is the burden of feeding relatives and friends- and other incurred burial costs, such as transport.

Male volunteers can discuss this process with their clients' family or if it is too difficult to discuss with clients, at least discuss with family members so that they will be prepared, making the process easier upon the actual death.



## A Sample Will that volunteers, families and family members can follow

The Sample Will shown here is only one example of how volunteers and their clients can put together a last will and testament to cover money, property and family care issues. Volunteers are encouraged to make their own Wills. Understanding what's involved in writing a Will themselves will make them better able to support and encourage clients to do the same. Remember, volunteers need to replace George Mutendas' details (*in italics*) with their own details and advise clients to do the same! When volunteers write their will and support clients in doing so it is very important that spouses (husband or wife) do not deprive one another in a Will. This can lead to conflict and undermine care in the family setting.

### LAST WILL AND TESTAMENT OF *George Mutenda*

I *George Mutenda* born on the *04, March 1959* ID No: *13-162351-1-13*  
Currently residing at *1624 Budiro 1, Harare, Zimbabwe.*

\*

Wish the following to be done upon my death with my money and property

1. *Juliet Mutenda (nee Kuziva) gets the Mazda 323*
2. *Jonathon Mutenda gets the house in Budiro*
3. *Joy Mutenda gets the house in Kuwadzana*

Whatever is not included in this Will should also be given to *my other son Trymore Mutenda.*  
I also want *Juliet Mutenda* to be the guardian of my minor children.

I want *William Mhanga of 34 Mhungu Way, Kuwadzana 1* or *Petros Mabasa of Dotio Store, Murambinda* to be the executor of my Estate.

He/She shall be responsible for seeing that my directions in terms of the Will are carried out. The Executor shall not pay any money as security to the Master of the High courts for so acting.

Signed at *1624 Budiro* on *10 May 1992.*

As witness

Witness 1: *Tonderai Muderedzi* ID No *63-132531* Address *P Bag 7208 Dotito, Shamva*

Signature.....

Witness 2: *Margaret (nee Mutenda) Kapura* ID No *65-156666* Address *322 Section 3 Mbizo, Kwekwe*

Signature.....

#### Other important notes to inform the writing of a will:

Where other Wills have been written or documents to that effect the will should clearly include the statement  
\*Cancel all previous Wills that I made immediately after the residential details of the owner of the Will(\*).



**There are three important steps to take when a person dies:**

- register the death
- protect the estate
- register the estate

**How to deal with Death and Burial**

The following documents are required to report a death and an estate:

- medical certificate of cause of death
- dead persons national identity number
- death certificate of the dead person
- the Will, if any
- marriage certificate, if any
- birth certificates of children
- revenue stamp
- if there is no marriage certificate, then the deceased husband's relatives have to swear to an affidavit that the surviving spouse was married to the dead person according to customary law

**When a person dies of natural causes, the following should be done;**

- obtain a medical certificate from a Doctor and take it to the nearest Registry to register the death
- a relative living near where the dead person lived needs to give notice of the death at the Registry
- notice is given at the Registry by filling out a death notice that requires information on the dead person
- the notice should be made within 30 days of death
- after the death is registered, the Registry will issue a death certificate. This document should be kept by the spouse with other important papers.
- obtain burial orders from the District Registry where the death was registered

**Obtaining birth certificates**

A birth certificate is a very important document showing all names of the person, where they were born, when they were born, and who their parents were. This document is essential for use throughout a person's life. It is required to register a child in school or when a child sits for major academic exams, such as Grade 7, ZJC and O'levels. It is also necessary when applying for a National Registration card. Without a National Registration card, without a birth certificate, children will not be able to inherit any benefits they are entitled to upon the death of their parents.

As a volunteer, you can discuss with clients the importance of making sure that all children in the household have a birth certificate.

**Who can register a birth?**

- Either parent can register a birth, as long as the necessary documents are produced.
- If parents do not have a registered marriage, and they want the father's name to be recorded, both parents must be present for the registration of the birth.
- If both parents are dead, relatives can register the birth, as long as they can produce all relevant documents including death certificates of the parents.
- If person being registered is over 16 years, they must be present for the process.
- If mother has disappeared, the father can register the child with a witness from the mothers family.



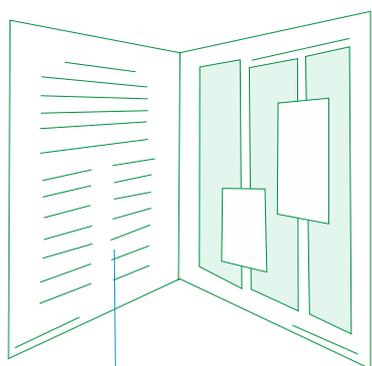
Whole families have been broken up by AIDS in southern Africa with thousands of children left orphaned. These children are deprived of guidance from their parents on how to lead their own lives and how to cope with AIDS in their families. HIV thrives on secrecy and stigma. Children find it very hard to have self-esteem or self worth in themselves if they feel shame about their parents if they died of AIDS. They may also lose knowledge of their family history and values if their parents die when they are young. By being open about HIV and AIDS in the family parents help to normalise this illness. They are also better able to plan for their children's future. By understanding how HIV comes into families, children grow up understanding better how to protect themselves from infection because they have better "self efficacy" in other words a better sense of being in control of what happens to them.

One approach that helps families to come to terms with an HIV+ diagnosis is to use memory books or memory boxes to communicate with their families and prepare for the future. This method also assists children to feel pride and respect for their parents or other close relatives who have died of AIDS, rather than seeing it as something shameful that should not be talked about.

The memory book was first developed in London by the children's charity Barnado's in 1992 with the help from a group of parents from different parts of Africa in the UK. Because they were facing premature death, the parents wanted to ensure that their children would remember them, and express their beliefs, values and aspirations for their children's future lives.

## What is a Memory Book or Box?

A memory book or box is like a treasure chest of family photographs, letters, stories or documents that help describe the history of the family. It is also a place where parents can write to their children advising them on how to live their lives. If a box is used, parents can put in special souvenirs of their lives [like a brooch the mother liked to wear, or a dried flower], things they want their children to remember them by. In telling the stories while the parents are still alive, they are able to communicate better with the children so that they have strong positive memories of the family later. The process of creating a memory book starts and maintains dialogue between parents and their children, and between the children themselves. The memory book thus makes it easy for the disclosure and acceptance of one's HIV status to their families. The memory book also prepares the children for the future. Sections such as "People who are special to you" in a Memory book reminds children on whom they can turn to in future in times of need. These people might help on issues of inheritance, financial and emotional support.



A poem my mother's friend wrote for her

- certificates
- letters
- photographs

This is a photo of my mother and father when I had my 2nd birthday



**Excerpt from Jacinta Namwalira's Memory Book -My Hopes For Your Future-**

*“As you grow up you will face many temptations, especially as you are a girl. Your fellow girls will tell you how to live your life ... They'll say things like you have got to have sex, otherwise you become narrow or rigid, or loveless, or no man will want a virgin. That is all idle talk. If you are in doubt ask a doctor or a nurse. A man who wants you to prove your love to him by having sex with him is just passing time. He will leave you anyway. I say these things through experience... And if you ever decide to get married, marry a man because of love and not for any other reason...*

*remember to introduce him to the family whichever uncle you decide to go to. Don't just run off with a man. You have a family and if he really loves you he will meet your family. Just remember that “True love waits.”*

*“Lastly remember ... AIDS... has no cure, but if you will follow what I have told you will be safe because I know you and you partner will go for testing before you marry. But if you block your ears, you will follow in my footsteps. Your father died of AIDS and I will some day, unless there is a miracle. Please be careful.”*

**Adapted from the book Open Secret: People facing up to HIV and AIDS in Uganda**

**Barriers to disclosure and memory books**

- cultural beliefs-sex and death are a taboo in most African societies. Parents do not discuss about death with their children - because of this it might be difficult to start a memory book
- fear of stigma and discrimination is one of the major reasons that most people do not disclose their status to both family members and the community at large
- lack of information on how to compile a memory book and its benefits
- illiteracy in most adults who are infected and affected by HIV and AIDS

**Information sources**

- BBC News: “Women embrace memory box” <http://www.bbc.co.uk/worldservice/africa>
- Noerine Kaleeba, Daniel Kalinaki and Glen Williams (2002) *Open Secret: People facing up to HIV and AIDS in Uganda*, ACTIONAID, London



## What is Parent to Child Transmission [PTCT]?

When HIV infection is passed from an HIV positive mother to her baby during pregnancy, childbirth or while breastfeeding, we call it parent to child transmission or PTCT. Some people call this mother to child transmission or MTCT. However, the HIV has come to the baby from the mother, the mother would have got her infection from her partner. We recognise that both men and women contribute to HIV infection in their children, so we want to encourage men and women to take responsibility for protecting themselves and their families.

## How does the baby get infected?

If the mother is HIV positive, babies may get infected through:

- The mother's womb during the pregnancy
- Direct contact with blood and fluids during childbirth. Babies born through the vagina have greater contact with fluids that carry HIV such as blood or fluids from the birth canal [vagina]. During birth they may swallow these fluids or be exposed through cuts and bruises in their skin.
- Breast-feeding. There is more risk of the baby getting infected if the mother has a high level of virus in her blood while she is breast-feeding such as if she has recently become infected with HIV or if she is developing AIDS [please see fact sheet on HIV and AIDS]. If the mother has cracked nipples or if the baby has thrush in its mouth, it is easier for HIV to enter the baby through breastfeeding. If the mother has painful swollen breasts through infection there may be more HIV in the breast milk.

## Does it mean that every baby born to HIV positive parents is also HIV positive?

Not all HIV positive parents pass the virus to their babies. In many countries of southern Africa, on average one in three babies born to HIV mothers will be infected. This means that most babies born to positive mothers are not infected with HIV.

But most babies will test HIV positive up to the age of 12 to 15 months because they carry their mother's antibodies. Antibodies are passed from the mother to the baby during pregnancy and breast-feeding to protect the baby until its own immune system has developed.

## Why do some babies born to HIV positive mothers get infected and others do not?

The higher the level of HIV present in the mother's blood her breast milk (formula) and other body fluids [viral load], the higher the chance of passing on HIV. The amount of HIV present varies depending on the stage of illness, and is highest when the woman has just become infected with HIV [seroconversion] or when she is developing AIDS. So if she gets infected while she is pregnant, or if she gets pregnant when she is beginning to develop AIDS, she has a high chance of passing on the infection to her baby. In between these stages, she can still pass on the infection, but the chances are not as high.

## What can be done to reduce parent to child transmission?

There are three ways to reduce PTCT.

1. Most importantly, prevent HIV infection in the first place in men and women. This way they will not pass on the infection to their children.
2. Prevent unintended pregnancies in HIV positive women.
3. There are certain activities that can be carried out to prevent transmission once an HIV positive woman is pregnant.



Here are more details on each of the above steps:

**1. Sexual Health:** The best way to prevent parent to child HIV transmission is to prevent HIV infection in men and women in the first place. Ideally partners and parents should be tested for HIV before planning for pregnancy. In addition, it is very important to prevent new HIV infections in women during pregnancy and later when she is breast-feeding since we know that new infections are a high-risk time for passing the infection on to babies.

Traditionally men and women are not permitted to have sex with each other towards the end of pregnancy until the baby is six weeks old. Men may seek casual relationships during the time and they may become infected with HIV. When they resume having sexual relations with their wife, they pass HIV on to her during the time she is breast-feeding. This is a dangerous time for the baby since the amount of virus present in breast milk is high because the woman is newly infected. Men should be encouraged to support their wives especially during pregnancy, childbirth and breast-feeding. A general way of doing this is for all men to use condoms during pregnancy and breastfeeding as a way of protecting their wife and baby, regardless of whether they know their HIV status or not. Another way is to avoid having sex with anyone else so that they do not get newly infected during this time. If they do have casual sex, they must use condoms every single time. Men need to support each other to stay HIV free especially during times of pregnancy and breastfeeding.

**2. Family planning:** Men and women need access to good family planning services so that they can prevent pregnancies if women are already HIV positive. In order to make these decisions they need to have access to good voluntary counselling and testing services [VCT] so that they know their HIV status. In many countries there is provision for pregnant women to have their pregnancies aborted if they are HIV positive and the pregnancy was unintended, on the basis that there is possible damage to the baby and the mother's health.

**3. Methods of preventing HIV transmission to babies in pregnant women:** Most HIV transmission occurs at the end of pregnancy and during delivery. The following are ways of preventing the baby becoming infected with HIV during these times. These methods depend on the mother knowing before childbirth that she is HIV positive.

- Instead of the baby being born through the birth canal, the mother may have a caesarean section operation to remove the baby through her abdomen. Unfortunately this may lead to infections in the mother if she is not given good care during this operation.
- Mothers are given a medicine called Nevirapine during childbirth, and the baby is given the same medicine.
- This medicine lowers the amount of virus in her blood and fluids during childbirth, and reduces the risk of passing on the infection by half [50%].
- Mothers are encouraged to practice safer breastfeeding for their babies.

### What is safer breastfeeding?

The safest form of feeding the baby is to give only artificial milk (formula) with no breastfeeding at all since the virus is in the breast milk. Most women cannot do this because they cannot afford to buy artificial milk. Also they feel ashamed that people will guess that they are HIV positive if they see the baby being fed from a bottle or cup. So they give both. Research has shown that the highest risk of passing on HIV to a baby during feeding is if the mother mixes breastfeeding and giving additional feeds with other substances such as water, cow's milk, porridge, fruit and so on.

This is called mixed feeding. Other foods cause damage to the lining of the baby's intestines making it easier for the HIV to enter the baby's blood from the breast milk. To avoid passing on HIV the mother has to give only breast milk with nothing else, not even water [exclusive breast-feeding], or give only formula, with no breast milk [exclusive artificial feeding]. For babies who are not infected, born to mothers who are HIV negative, breast milk is the best start in life, protecting the baby from infections such as diarrhoea and chest infections, while the mother is protected from getting pregnant again too quickly after this birth.



Safer breast-feeding consists of:

1. Exclusive breastfeeding until the baby is 4 to 6 months old.
2. When breastfeeding stops, it must be stopped completely at one time rather than over several days. The baby is then changed to foods such as porridge or mashed bananas with no further breastfeeding at all. This is called abrupt weaning.
3. Getting help from health workers straightaway if the mother develops breast problems during breastfeeding such as cracked nipples or painful swollen breasts.
4. Use of condoms during breastfeeding to prevent new infections with HIV.

### **The role of men as advisors in parent to child transmission**

Many of these topics are strange to men since traditionally women advise each other how to manage pregnancy and breastfeeding. However, women need more support from their men in protecting themselves and their children from HIV infection. Men can support women by using condoms, by going for counselling and testing, by using family planning, by helping their partners go early for antenatal care if they are pregnant. If they know their wives are HIV positive, they can support them in either exclusive breastfeeding or exclusive artificial feeding of their babies till they are 4-6 months old. Men can also talk to each other about the need to do these things in support of women and act as role models as good husbands and partners.

### **Information Source:**

- Sunanda Ray, Laura Jenkins - Woelk and Helen Jackson [2002] Parent to Child Transmission of HIV



## Resource List

1. **Counselling Guidelines on Disclosure of HIV status**, Southern African Training Programme (SAT) and Southern Africa HIV/AIDS programme, June 2000
2. **Counselling Guidelines on Palliative Care and Bereavement**, Southern African Training Programme (SAT), Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) and Island Hospice, May 2001
3. **Counselling Guidelines on Domestic Violence**, Southern African Training Programme (SAT), Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) and Musasa project, May, 2001
4. **How to use the Female Condom**, a leaflet produced JSI UK and the Zimbabwe National Family Planning Council
5. **What do results mean for your future**, a leaflet by New Start Counselling and Testing Centres
6. A leaflet on steps on **How to use a Male Condom**
7. **Positive Living and Sex**, a leaflet produced by SAfAIDS

