

# Fair treatment for YOUTH with HIV and herpes!

## Study Shows Need for Condoms in Schools

Zackie Achmat

19 year old Linda told TAC I am a high school student. Some know that I am HIV positive. But I was not open about my status. The only person I shared my feelings and knowledge with is a friend who once asked me where I got this information. She was very interested because I am not only talking about prevention; I am talking about the treatment issues as well. The other person who played a crucial role in giving me hope and fair treatment was my class teacher. When times were tougher she was always by my side.



Linda's story puts a face on one of the most difficult stories to write — the impact of HIV on youth. Our high schools and colleges have young people with HIV/AIDS. They are full of young people thinking about, talking of and also having sex. Youth urgently need condoms, treatment for STDs and treatment for HIV.

They also need information and sexual education. These are facts that thinking and moral persons will acknowledge.

But now there is further local scientific evidence backing up the urgent need for such a programme. One of the best community based studies from a Carltonville township has just been published. The report clearly shows that HIV infection among youth in a South African mining town is associated with herpes simplex virus-2 and sexual behaviour. The Youth and HIV Study was published in the worlds leading HIV journal, AIDS in June 2001.

The Carltonville Youth and HIV Study looked at 723 males and 784 females between 14-24 years old, giving a reliable picture of the situation in Carltonville. The township of 150 000 people, has 70 000 male migrant workers living in 12 single sex hostels near the gold mines. Just about

three-fifths of the youth were scholars or studying. Those participating in the study completed a questionnaire on their sexual and medical history, sexual behaviour and other risk factors. The youth were also tested for STDs such as syphilis, chlamydia and herpes. Anonymous unlinked HIV tests were also performed.

### Zackie Achmat: TAC National Chairperson said:

Because my immune system is declining I had a serious attack of herpes earlier this year. I had lesions on my body, genitals and mouth. At the cost of a few hundred rands I recovered completely. I find the suggestion that herpes should not be treated on a mass scale as not only personally shocking but immoral. I would have expected the researchers to say: public health authorities must make every effort to detect active cases of HSV-2 (herpes) and to treat people with the disease. In addition, voluntary counselling and testing for HIV should be offered to every person with HSV-2 (herpes).

## 22% Positive

In the Youth and HIV Study, 22% of all the sexually active youth tested positive for HIV. This confirmed the antenatal survey results. Moreover, 35% of youth tested positive for herpes. Because this study is the only one of its kind, the HIV prevalence

rate among youth requires further investigation. The table below provides an age and gender breakdown of the youth in Carltonville who tested positive.

### HIV POSITIVE YOUTH

Age	Male	Female
14-16	2%	11.6%
17-18	2.8%	25.2%
19-21	7.9%	42.9%
22-24	32.9%	62.9%
Studying	3%	29%
Unemployed	21%	49%
Overall	9.4%	35.4%

Source: Jover et al 2001

Schoolgirls of fourteen years old are six times more likely to have HIV than boys of the same age. They are also more likely to have herpes. The study found that: Condoms were never or rarely used in 68% of the relationships reported by men and in 73% of relationships reported by women. Condom use has however increased in newer relationships from around 20% to nearly 30%. This is an encouraging finding. It shows that every school should have condoms.

The majority of young women between 16 and 18 years old reported having only one partner. The Youth and HIV Study argues: The high rates of infection among these young women are suggestive of high male-to-female transmissibility.

This also confirms what AIDS workers have long known and said. But it underlines the importance of men taking responsibility for their sexual practices, and for all of us challenging the role of sexual power and practices in our society. Special programmes must be targeted at young girls and women to decrease their vulnerability to HIV, herpes and other sexually transmitted diseases.

The Youth and HIV Study shows that the majority of young people with HIV also were simultaneously infected with herpes. 65% of men who had HIV were co-infected with herpes. 90% of women with HIV also had herpes.

The study concluded that there is a strong association between HIV and herpes. The genital ulcers caused by herpes could play a major role in the spread of HIV in the population of this study.

## Acyclovir

A well-established, safe and effective treatment for herpes exists. It is called *Acyclovir* — an antiviral drug. Unfortunately, after giving all the evidence quoted above, the researchers in the Carltonville study conclude that there is insufficient evidence to recommend mass treatment of genital herpes, to prevent HIV transmission. This is a puzzling conclusion. How can they come to it? They say: genital herpes, a viral STI (sexually transmitted infection), can only be treated symptomatically or suppressed using specific antiviral drugs at considerable cost, and no HSV-2 (herpes) vaccine is currently commercially available. We are sure that the researchers do not intend to say that herpes should not be treated. However their choice of words is confusing and provides excuses to public health bureaucrats who do not want to treat people with HIV/AIDS.

## Cheap Generic Acyclovir

Although it is an antiviral drug, Acyclovir is not the same type of drug as anti-retrovirals used to treat HIV. Acyclovir is expensive but people with herpes will not require lifelong treatment except in very rare cases. In the pharmacies, Glaxo SmithKline sells their pill at R14.77 a unit. The daily dosage costs more than R30.00 per day and it is needed for 5-10 days. Hence treatment at current retail prices is undeniably expensive. But the generic companies sell the same product at a lower price Ranbaxy (R5.48) and Aspen Pharmacare (R4.34). Bulk buying by the state will dramatically lower the price even further. HIV and herpes transmission can be prevented if those who are infected are treated early.

Despite the wrong position the researchers take on the treatment of herpes and HIV, the Youth and HIV Study is one of the most important studies that have been undertaken in our country. Not only are the facts linking HIV transmission and HSV-2 (herpes) critical to a plan for treatment of STDs and HIV/AIDS, it contains a mine of information on sexual behaviour among our youth. If one in five young people already have HIV/AIDS and one in five have herpes, this government must develop a treatment plan now! Linda, 19 years old and HIV positive needs hope and fair treatment. Good science and good policy can provide that to all our youth — if only we as a people have the will and determination to insist on it.

## Charter on HIV/AIDS in the education system

**THIS CHARTER ON HIV/AIDS IN THE EDUCATION SYSTEM IS BASED ON THE NATIONAL POLICY ADOPTED BY THE GOVERNMENT AND THE NATIONAL MINISTER OF EDUCATION.**

### EQUAL RIGHTS AND RESPONSIBILITIES

There shall be no unfair discrimination against any learner, student or educator with HIV or AIDS. All learners, students and educators should be educated about fundamental human rights in the Constitution.

All learners, students, educators and parents have a duty and responsibility to promote safety and to prevent HIV transmission.

### RIGHT TO EDUCATION AND WORK

All learners and students with HIV or AIDS have a right to education. All educators with HIV or AIDS have a right to work.

### HIV/AIDS EDUCATION

Every school, institution and hostel must have an ongoing life-skills, first aid and education programme to prevent HIV transmission. All learners, students, educators and staff must participate in education programmes.

HIV/AIDS education should emphasise that people with HIV or AIDS can live normal, productive and healthy lives with proper information, care, counselling, and treatment.

### PRIVACY AND CONFIDENTIALITY

All learners, students or educators with HIV or AIDS have a right to privacy and confidentiality. A non-discriminatory environment will encourage openness in schools and institutions.

### SAFE ENVIRONMENT

HIV or AIDS cannot be transmitted in day to day activities in schools and institutions. All schools and institutions must provide training and resources to deal safely with accidents and blood spills.

All learners, students and educators with HIV or AIDS have a duty to promote safety and the responsibility to protect themselves and others from harm.

### SPORT AND PLAY

HIV cannot be transmitted in sport or play. HIV transmission in sporting accidents can be prevented by removing injured players who bleed from the field and applying universal precautions.

### IMPLEMENT THE POLICY

Every governing body or council in a school or institution is encouraged to adopt the national policy and to develop an implementation plan on HIV/AIDS.

All MEC's and principals have a duty to ensure that schools and institutions have the resources to implement this policy.

### TAC DEMANDS

Every school should have condoms available at convenient places for youth.

Every school should promote HIV/AIDS Treatment Literacy.