International Labour Office

Fact sheets




On the right track
A training toolkit on HIV/AIDS for the railway sector

On the right track

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Fact sheets

This toolkit has been produced as a joint initiative of the International Union of Railways (UIC), the International Transport Workers' Federation (ITF) and the International Labour Organization (ILO).

It is intended for policy-makers, managers, and workers in the railway industry. It can be used by governments (ministries of railways), railway enterprises in the public and private sector, workers' organizations, railway medical services and their partners to help them develop HIV/AIDS policies and programmes in the railway sector.

It can be used by all those who are involved in dealing with HIV/AIDS – employers, trade unions, training institutions (formal and informal) and government agencies.

Together we can fight HIV/AIDS.

International Labour Office
On the right track: A training toolkit on HIV/AIDS for the railway sector
Fact sheets
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Why this toolkit?

There is already a huge amount of literature about HIV/AIDS. Do we need more?

Yes. As long as workers in the railway industry are at risk of being infected with the HIV virus, as long as they cannot get advice, care or treatment, as long as railway companies are at risk of losing skilled drivers and helpers, we all need to find ways of spreading the key messages about HIV and AIDS. There are no training materials dealing with the issue aimed specifically at the railway industry, so the toolkit fills an important gap.

What is in the toolkit?

The toolkit contains four booklets together with other materials:

- **Fact sheets about HIV/AIDS**

There are many myths and misconceptions about HIV/AIDS. The set of eight factsheets explains the facts.

- **HIV/AIDS: A resource book**

This booklet looks at the impact of HIV/AIDS – how it is a threat to railway enterprises and how railway workers are particularly vulnerable to the infection.

It also explains about the social partners in the railway industry, namely workers and employers who have come together to develop the toolkit with the International Labour Organization (ILO).

The booklet also provides suggestions on how railway enterprises and railway trade unions can work together on the issue of HIV/AIDS. This involves a comprehensive response at the workplace, and also a recognition of the importance of railway systems for the prevention and treatment of HIV/AIDS as well as care and support for many sections of the population.

The booklet includes a glossary with definitions and abbreviations used in the toolkit.

- **Learning materials**

This booklet contains learning activities, games and role plays for use in education and awareness-raising programmes.

- **Facilitators' guide**

This booklet provides a guide to the education methods that should be used with the toolkit. It will help you to run training programmes aimed at changing behaviour in the railway industry so that risky practices can be reduced. It explains the methods that can create successful adult learning.

- ***ILO code of practice on HIV/AIDS and the world of work***
- ***Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector***
- **A CD-ROM containing:**
  - PowerPoint presentations
  - An electronic version of *An ILO code of practice on HIV/AIDS and the world of work*
  - An electronic version of *Using the ILO code of practice on HIV/AIDS and the world of work: Guidelines for the transport sector*
- **Condoms (male and female)**

Foreword

This toolkit on HIV/AIDS for the railway sector follows on from the successful similar toolkit developed for the road transport sector. HIV/AIDS can have a serious impact on railway enterprises, since railway workers are particularly at risk because of the nature of their work. But railways can also make a significant contribution to the overall response to HIV/AIDS, and a railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

It is for this reason that the social partners in the global railway industry – the International Union of Railways (UIC), representing railway enterprises, and the International Transport Workers' Federation (ITF), representing workers – have come together with the International Labour Organization (ILO), an agency of the United Nations, to prepare this toolkit.

The ILO's focus on different economic sectors is achieved through its Sectoral Activities Department. The Department has cooperated with the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS) to create policies and networks that guide and support the actions of ILO constituents on HIV/AIDS, and also to sensitize and mobilize leaders in the transport sector. Much remains to be done in addressing the fundamental factors and risks, including trans-boundary risks, to railway workers and the communities with which they interact.

It is hoped that the toolkit will strengthen the capacity of ILO constituents to respond to and manage the impact of HIV/AIDS in the railways sector. It will assist in the implementation of the *ILO code of practice on HIV/AIDS in the world of work* and the *Guidelines for the transport sector* developed by the Sectoral Activities Department together with ILO/AIDS. It is designed to enable railway workers, operators and managers to respond to the epidemic in their workplace.

The toolkit is based on the principle of joint collaboration and action between workers and employers, and their organizations, as a basis for an effective response to HIV/AIDS by the railways sector – a sector that can have a far-reaching influence on the local and national community in general.

Elizabeth Tinoco
Director
Sectoral Activities Department

Sophia Kisting
Director
ILO/AIDS

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Introduction

Few issues are as important in the world today as HIV/AIDS, and those of us who work in the railway industry cannot afford to ignore it.

The profits of some railway enterprises have been severely affected by HIV and AIDS. Absenteeism on the part of workers who are unwell can have a severe impact on operations, yet it is costly for railway enterprises to provide comprehensive medical support. But providing HIV and AIDS training, prevention and treatment through well-planned policies and programmes is a good investment.

HIV/AIDS can have a devastating effect on individual workers, their families and railway enterprises. In some situations it would be difficult to provide services if skilled railway workers were absent through sickness. When large numbers of workers are ill, medical services and the finances of benefit schemes provided by railway enterprises will be placed under pressure. The impact on individual workers and their families is no less serious. There are now millions of "AIDS orphans" and the families of those who are unable to work can suffer considerable financial hardship.

HIV/AIDS is not something that affects only those who are ill, or their families. It can have a serious impact on a railway enterprise as well as on the national economy of a country.

One key lesson from three decades of HIV/AIDS programmes is that the response cannot be left to a Ministry of Health alone. As HIV affects different sectors, a sectoral response is called for. A railway-specific response can attract support from government, managers, trade unions, employees and the public who use the railway.

At the same time, it is important to recognize that we now know how to respond to HIV/AIDS. With proper care, support and treatment, those who are infected are able to continue in work for many years.

Railway enterprises have a special role to play in preventing the transmission of HIV. They reach millions of people who travel, and in some countries imaginative and ground-breaking education initiatives in the industry are playing a vital role in national campaigns about HIV/AIDS.

This is why the social partners in the global railway industry – the International Union of Railways (UIC) representing railway enterprises, and the International Transport Workers' Federation (ITF) representing workers – have come together with the International Labour Organization, a United Nations agency, to prepare this toolkit. Its aim is to help educate and inform all those involved in the industry about the threat from HIV/AIDS and what we can do about it.

We hope you will find the toolkit useful – and spread the message that HIV/AIDS is a serious problem, but it is also a problem we can do something about.

HIV/AIDS is a threat to our industry. We can beat it – working together.

UIC
Ms. Meryem Belhaj
Senior Advisor
International Training & Human Factors
Safety Unit
Union Internationale des Chemins de Fer (UIC)

ITF
Mr. Mac Urata
Section Secretary
Inland Transport Sections
International Transport Workers' Federation (ITF)

ILO SECTOR
Mr. Marios Meletiou
Transport Sector Specialist
Sectoral Activities Department
International Labour Organization (ILO)

FACT SHEET 1
HIV/AIDS: The scientific facts

HIV **stands for Human Immunodeficiency Virus.**

The virus weakens the body's immune system.

AIDS **stands for Acquired Immune Deficiency Syndrome.**

A syndrome, in medical terms, is a group of symptoms that are consistently found together. Because the immune system is weakened by the virus over time, a person then becomes vulnerable to a range of opportunistic infections which normally the body could resist.

You do not "catch" AIDS or "die of" AIDS. It is one or more of these opportunistic infections which can eventually cause death – but with proper treatment with the right drugs, and care and support, many people can and do live well for many years. So becoming infected with HIV is not the end of life.

HIV attacks the body's immune system by targeting a type of white blood cells called CD4 cells. These are the cells responsible for counter-attacking when the body is threatened – for example by bacteria that cause disease. CD4 cells organize the body's response to infections.

HIV particles enter the body and "hijack" these cells. The virus is safe from the immune system because it copies the CD4 cells' own DNA. The virus can remain in these cells for a long time before it begins to reproduce. The new virus particles then burst out, destroying the cell and going on to infect other cells. The CD4 cells die.

It is these virus particles that are referred to when we speak of a person's "viral load"; the more virus particles a person has in the body, the higher the viral load.

When someone becomes infected by the HIV virus there is what is called a "window period" when the body fights back against it. During this period a

FACT SHEET 1
HIV/AIDS: The scientific facts

person's HIV status cannot be detected using a standard test, but she or he can be highly infectious.

The window period is the time it takes for a person who has been infected with HIV to react to the virus by creating HIV antibodies. During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test, even though they may already have high levels of HIV in their blood, sexual fluids or breast milk.

According to the Centers for Disease Control and Prevention (CDC) in the United States: "Antibodies generally appear within three months after infection with HIV, but may take up to six months in some persons."

This time window means that is possible for someone to have a negative HIV test result when they are in fact infected. This is why it is particularly important to take precautions with a new sexual partner, even if the person is sure that he or she is not HIV-positive.

In its early stages, HIV infection has no symptoms, or causes only a flu-like illness. Although 50 to 90 per cent of people experience symptoms within two to four weeks after infection, most people and doctors dismiss the illness as a routine cold or flu.

Within six to 12 weeks of HIV infection, the body starts producing a specific type of antibody, or disease-fighting protein. This is an attempt by the immune system to resist the attack by the virus. The antibodies are a reliable indicator of whether someone is infected. If a person is tested for HIV, and HIV antibodies are found to be present, that person is referred to as *HIV-positive* or simply *HIV+*.

There now follows a long incubation stage. The body fights back; CD4 cells are destroyed and in turn destroy virus particles every day. In the end the virus gains the upper hand.

The onset of AIDS

In every microlitre (a microlitre is one millionth of a litre) of blood in the body, there are between 1,000 to 1,200 CD4 cells. When the CD4 cell count is very low (around or below 200), a person will begin to suffer from opportunistic infections, because the immune system is no longer strong enough to fight off disease. At this stage, a person is considered to have AIDS; remember that AIDS is a "syndrome" – a group of symptoms that occur consistently together.

In the absence of antiretroviral therapy, most people will progress from HIV infection to developing opportunistic infections, or what is known as "AIDS" at some point of time.

On average it takes seven to ten years after infection for an HIV-positive person to develop AIDS. For some, it may take an even longer time. For others it can take less time.

In the last ten years a range of medicines has become available that can treat the opportunistic infections easily and effectively. The development of antiretroviral therapy (ART) means that the body's own CD4 cells can be helped and the viral load can be reduced. At first these medicines were only available in richer countries, but they are now much more widely available. Millions of people are now able to go to work, stay with their families and lead a normal life.

Although there is no "cure" for AIDS, the treatment and support now available means that HIV and AIDS can be managed.

FACT SHEET 1
HIV/AIDS: The scientific facts

FACT SHEET 2
How HIV/AIDS is transmitted

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – blood, semen, vaginal secretions and breast milk. People catch the virus through these routes:

- Unprotected sexual intercourse with an infected partner (the most common transmission route); this can be heterosexual or homosexual sex.
- Blood and blood products through, for example:
  - infected blood transfusions and organ or tissue transplants;
  - the use of contaminated injection or other skin-piercing equipment; this can be through shared drug use or "needle stick" injuries.
- Mother to child transmission (MTCT) from an infected mother to child in the womb, or at birth, or by breastfeeding. Without treatment, around 15 to 30 per cent of babies born to HIV-positive women will become infected with HIV during pregnancy and delivery. A further 5 to 20 per cent will become infected through breastfeeding.

Percentage of HIV infections by transmission route	
Sexual intercourse	70-80
Blood transfusion	3-5
Injecting drug use	5-10
Health care (needle stick injuries)	<0.01
Mother to child transmission	5-10

Source: Department for International Development (DFID): *Prevention of mother to child transmission of HIV, a guidance note* (London, 2001).

The risk of sexual transmission of the HIV virus is increased by the presence of other sexually transmitted infections (STIs), especially those such as gonorrhoea, syphilis and chancroid that give rise to ulcers. Although HIV is not curable, these other STIs *are usually curable* and in most cases by a single-dose drug. Anybody who has an STI should get it treated immediately to reduce the risk of catching HIV.

FACT SHEET 2
How HIV/AIDS is transmitted

HIV weakens the human body's immune system, making it difficult to fight infection. A person may live for many years after infection, much of that time without symptoms or sickness, although they can still transmit the infection to others. Of course, if someone is unaware of being infected, they may take fewer precautions and unknowingly pass the virus on to others.

Early symptoms of AIDS include chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections, and swelling of the lymph nodes. Opportunistic diseases such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. These diseases can interact. Thus, an HIV+ person who is also infected with tuberculosis is 800 times more likely to develop active tuberculosis than a person who is not infected with HIV.[1]

Periods of illness may alternate with periods of "remission" when there are no symptoms, and a person can feel well.

What is your risk?

Different forms of sexual activity with a person infected with HIV will have different likelihoods of infection as a result. And other incidents, such as blood transfusion or injury with a needle also carry different risks.[2]

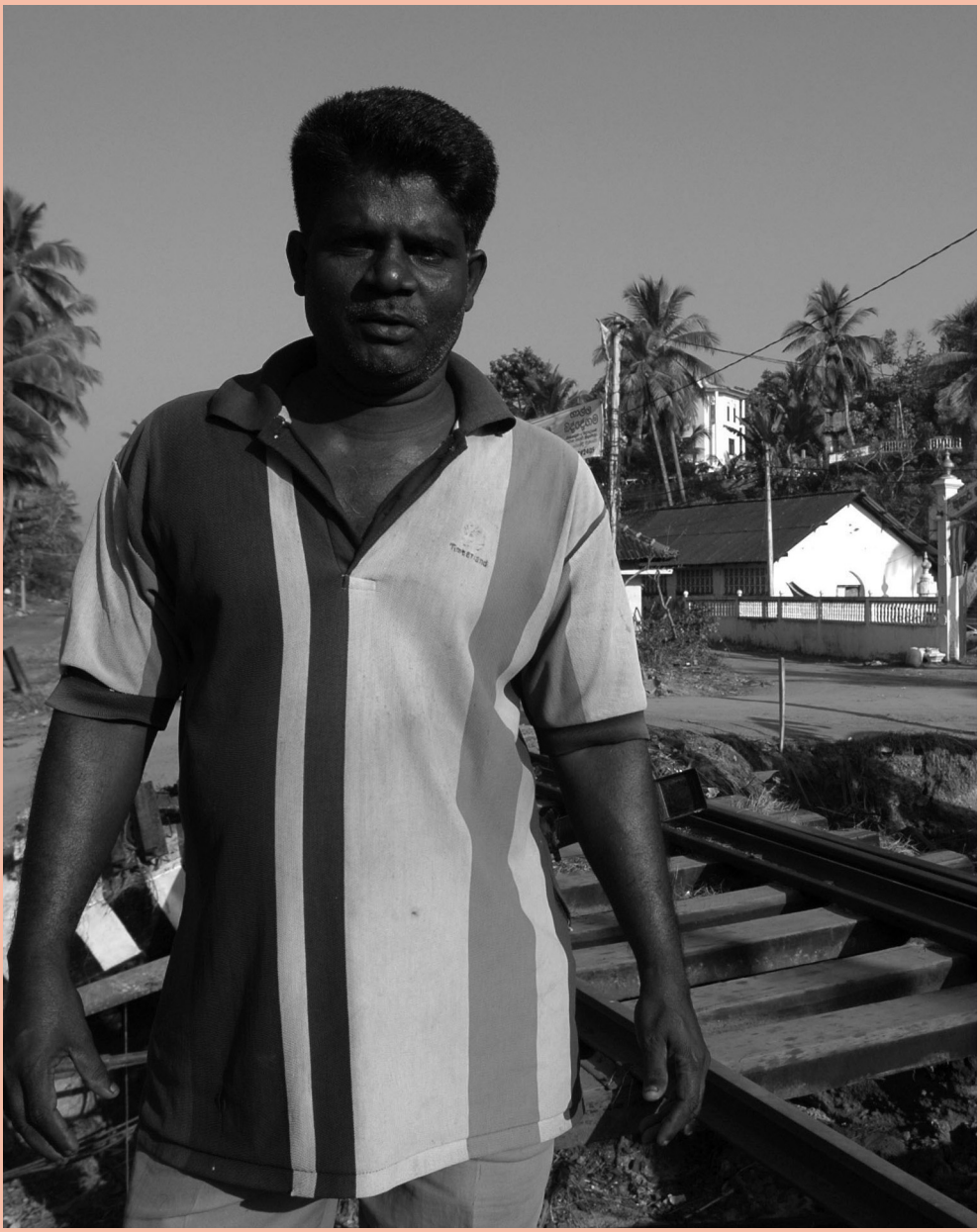
Risks are increased four times in the presence of a STI, and *decreased for a male only*, if he is circumcized. Male circumcision does not decrease the risk for the female partner of an infected male, even if he is circumcized.

1 Centers for Disease Control: *TB elimination: Now is the time*, Fact sheet (New York, March, 2002).

2 ILO/WHO: *Post-exposure prophylaxis to prevent HIV infection: Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection* (Geneva, 2008).

Percentage of risk from different activities or incidents	
Type of activity	**Estimated risk of transmission**
Anal receptive sex	1-3
Intravenous drug use	0.8
Injury with a “sharp stick” such as a needle	less than 0.3
Heterosexual penetrative sex (when the man is HIV+): risk to the woman	0.1. Circumcision does NOT reduce the woman’s risk
Heterosexual penetrative sex (when the woman is HIV+): risk to the man	0.07 in the absence of circumcision. When circumcision is present, the risk to the man is reduced by 60 per cent
Oral sex	Negligible
Blood transfusion with infected blood	92.5
Mother to child transmission during pregnancy and during delivery	15-30
Mother to child transmission through breastfeeding	5-20

FACT SHEET 2
How HIV/AIDS is transmitted



FACT SHEET 3
Prevention and treatment

HIV is a fragile virus which can survive only in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Simple measures can protect against infection:

- Avoid unprotected sex with a person whose HIV status you do not know; if you do not know for certain a person's HIV status, you should regard them as HIV-positive.
- Ensure that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks where appropriate. If used properly and consistently, latex condoms are considered highly effective in reducing the risk of transmission – although no protective method other than abstinence is 100 per cent safe.
- Do not share needles or other skin-piercing equipment; for this reason, tattooing may be a risk. If you are having tattoos, make sure that the person carrying it out has properly sterilized all equipment.
- Make sure that blood is tested for HIV and other viruses, including hepatitis, before any transfusion.
- HIV-positive people should seek advice from medical personnel and counsellors before deciding to have a child.

HIV transmission

HIV/AIDS is **not** transmitted through normal contact in railway work.

HIV is **not** transmitted by

- kissing (although deep kissing between two people where both of them have bleeding points in mouth may cause transmission)
- mosquito or insect bites
- visiting the dentist, so long as the dentist practises good infection prevention measures
- casual physical contact
- shaking hands
- coughing

FACT SHEET 3
Prevention and treatment

- sneezing
- sharing a toilet
- sharing a towel
- sharing washing facilities
- sharing a toothbrush
- using a common swimming pool
- using eating utensils or consuming food and beverages handled by someone who has HIV

How does antiretroviral therapy work?

HIV is a particular kind of virus – a retrovirus. While simpler than ordinary viruses, retroviruses tend to be harder to defeat.

Antiretroviral therapy does not cure HIV, but it can lower the amount of the virus in the blood to such low levels that it cannot be detected using tests (this is normally called an undetectable viral load). Lowering the amount of HIV in the body allows the immune system to work better, so that the body can fight the infections.

For HIV treatment to work properly it needs to be taken properly – *adherence* is the term that is often used for taking the correct dose of medication, at the right time and in the right way. Once started, treatment has to continue for life.

To make adherence to treatment easier, some advanced but more expensive antiretroviral treatments have been developed that only need to be taken once a day, and can be taken with or without food. There are over 20 approved anti-HIV drugs, and many more are in development.

Improvements in treatment, care and support are being made all the time and the life expectancy of people who are HIV-positive is increasing. If somebody who is HIV+ gets the right treatment, is well cared for, can eat properly and rest, there is no reason why they cannot live a normal life.

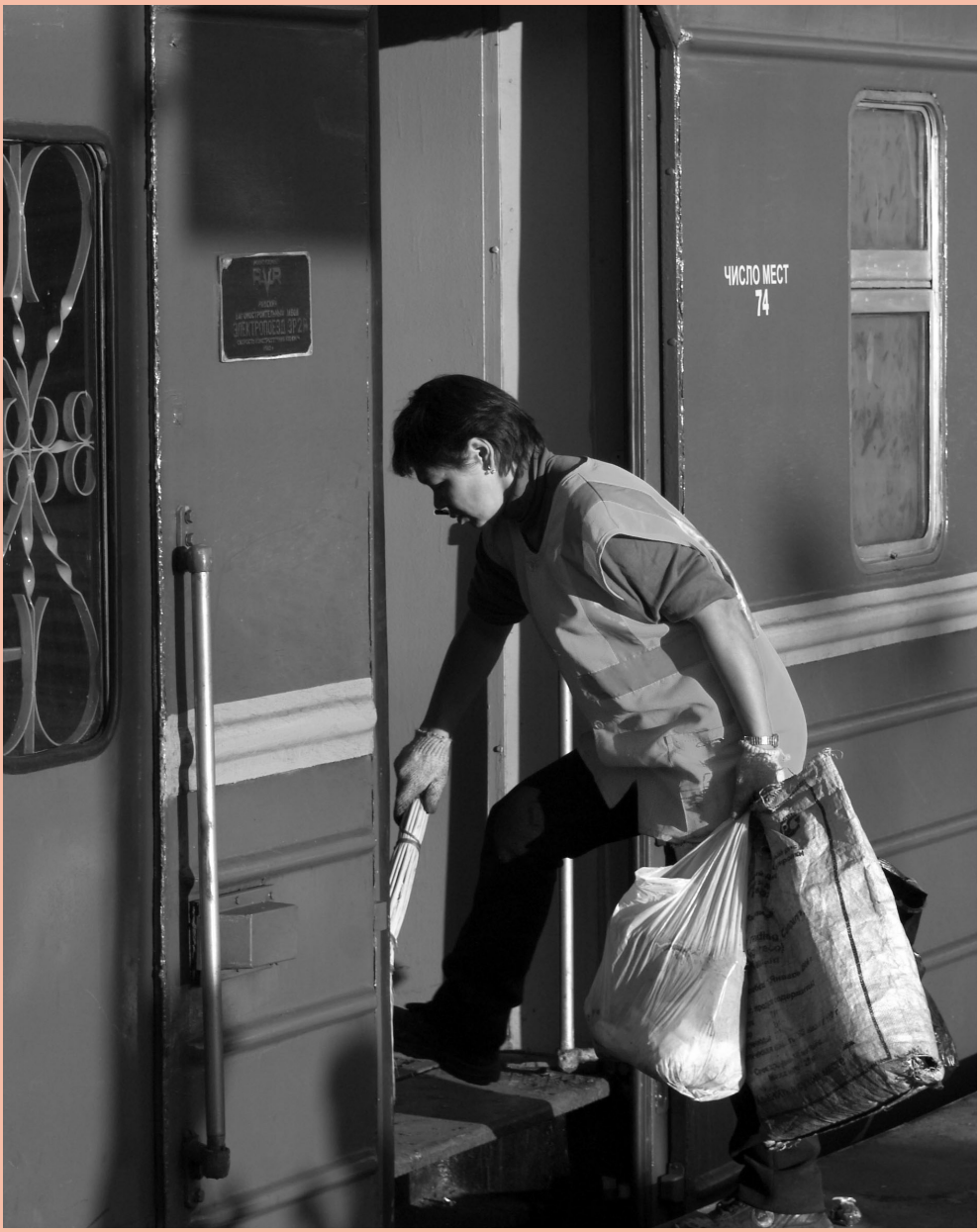
The search for a vaccine

On average, people require life-saving antiretroviral treatment (ARVs) seven to ten years after becoming infected. While there has been recent progress in fighting HIV, requirements continue to outpace the global response, with at least 80 per cent of those in need of ARVs worldwide not receiving them.

A vaccine for AIDS would be a tremendous weapon in the fight against the disease. There is currently a huge global effort to develop an HIV vaccine, with more than 30 clinical trials with HIV vaccine candidates worldwide. But it is unlikely that a vaccine will be widely available for many years. Research is also under way to develop a microbicide (spermicide) that can be used in the vagina to prevent infection during intercourse, but the research results so far are not encouraging.

It is also known that male circumcision helps prevent the transmission of the virus – FOR MEN ONLY, NOT FOR WOMEN. Men who have been circumcized should still practise safe sex.

FACT SHEET 3
Prevention and treatment



FACT SHEET 4
Myths and misconceptions about HIV/AIDS

"Sexual intercourse with a virgin will cure AIDS"

Virgin cleansing is a myth that has existed since at least the sixteenth century, when Europeans believed that they could rid themselves of a sexually transmitted disease by transferring it to a virgin through sexual intercourse. Although the origins of this belief are unclear, it seems to occur worldwide. Sex with an uninfected virgin does not cure an HIV-infected person, and such contact will expose the uninfected individual to HIV, potentially further spreading the disease. This myth has gained considerable notoriety as the perceived reason for certain sexual abuse and child molestation occurrences, especially in Africa.

"HIV cannot be transmitted through oral sex"

HIV is not transmitted through saliva. There are binding agents in saliva that stick to the HIV virus and deactivate it, and also make it too large to pass through the membranes in the mouth. But HIV can be transmitted through blood. If two people having sex *both* have an open, actively bleeding cut or open sore in the mouth or genitals there is a theoretical risk, but it is so low as to be negligible. The Centers for Disease Control (CDC) in the United States has investigated *only one case of HIV infection that might be attributed to contact with blood* during open-mouth kissing.

"Drug companies invented AIDS to get a market for their medicines"

There is absolutely no evidence for this at all. Researchers have been going back through medical journals and finding descriptions of cases with symptoms that would today indicate AIDS but that at the time puzzled doctors. It appears that HIV and AIDS have been around for longer than was originally thought. The virus may have existed previously and evolved in a way that made it stronger, or social factors may have made transmission easier. If the drug companies had "invented AIDS" in the early 1980s, why did it take them so long to produce their medicines and start making money? Surely they would have had the cure ready before they "invented" the disease, to start selling their medicines right away.

"HIV is spread through vaccinations"

One scientist has put forward the theory that experimental polio vaccination campaigns in the 1950s used vaccine cultivated on chimpanzees, and that the

FACT SHEET 4
Myths and misconceptions about HIV/AIDS

virus crossed from animals to humans in this way. This is simply a theory and cannot be proved one way or another. Unfortunately, in some countries this theory has given rise to opposition to all vaccination campaigns involving such diseases as polio. This has resulted in reduced protection for vulnerable groups.

"The CIA invented AIDS to destabilize Africa"

Again, there is no evidence for this conspiracy theory. The unfortunate fact is that Africa in the 1980s did not need to be destabilized by anybody from the outside.

"HIV+ people put syringes with infected blood in them on seats in buses and trains, and you can get infected that way, if you accidentally sit on the seat and get punctured by the needle"

There are no reported cases of the virus being passed on in this way. The virus would not survive long enough to infect a person.

"AIDS is caused by witchcraft"

Witchcraft is usually associated with misfortune. When people are dying of a mysterious disease whose causes are not understood, some claim it can be explained by witchcraft. This belief is harmful as it prevents victims from seeking proper treatment and, of course, they will not take any precautions to prevent the spread of the virus.

"Drugs to treat AIDS are very toxic and have severe side effects"

Nearly all medicines have side effects. There are now over 20 antiretroviral drugs available for the treatment of HIV infection. HIV/AIDS treatment is a complex area of medicine. The correct dose or combination of drugs must be prescribed, or there is a risk that the treatment will not work properly or will cause side effects.

This is why it is important that proper investments be made in the care and treatment of HIV victims, and that good support be available to them. If people undergoing treatment do not have adequate food, the drugs used *may* have some side effects. This is the case with many medicines.

"Using two condoms can help in not getting HIV"

If the condom is used correctly, one condom is enough to prevent the virus being transmitted. In fact, friction between two condoms can break them and may increase the risk of transmission.

5

FACT SHEET 5
HIV/AIDS and gender

Women and girls are at greater risk than men

The gender dimensions of HIV/AIDS are complex, but a clear picture is emerging. Worldwide, half of all persons living with HIV/AIDS are women. In sub-Saharan Africa, in the 15-to-24 age group in particular, 76 per cent of people living with HIV are women, with figures as high as 85 per cent in some countries.[1]

Women typically become infected at a younger age than men – because males usually seek relationships with females younger than themselves. Sex is particularly risky for young girls who are not yet completely physically developed. They are more likely to suffer internal injuries that will allow the virus to pass from an infected male.

Too often, women are unable to negotiate safer sex and condom use with men, even if they think their partner is HIV-positive. Poverty and unemployment make women, boys and girls highly vulnerable to being forced into engaging in risky sex, and people infected or affected by HIV/AIDS increasingly end up in a poverty trap.

Women are usually the ones who care for those suffering from AIDS when the opportunistic infections take hold and drugs are unavailable. It is women in increasing numbers who end up caring for the growing numbers of AIDS orphans – often older women caring for grandchildren.

In some countries, elements of traditional culture are directly responsible for the spread of HIV/AIDS, such as wife inheritance (when widowers remarry without taking a test on their HIV status), polygamy, widow cleansing, female genital mutilation (FGM), "dry sex", property grabbing, and child marriage.

Women, boys and girls are highly vulnerable to HIV/AIDS in situations of conflict and emergency. An increase, often through rape, is associated with war and civil conflict, for example during the Rwanda genocide in the mid-1990s.

Women workers and railway enterprises

Railway workplaces are dominated by men. Women railway workers make up only a small proportion of all railway workers. There is also occupational sex segregation on the railways: traditionally, women have been mainly employed in clerical and administrative jobs or in services such as cleaning. Employers also like to use women's interpersonal skills to handle contact with passengers, so they employ them in jobs such as ticketing and travel information.

1 Ministry of Foreign Affairs, Netherlands: *Choices and opportunities* (The Hague, 2009). Available at www.minbuza.nl

FACT SHEET 5
HIV/AIDS and gender

Driving and engineering jobs have largely been seen as "heavy" and therefore "men's work"; the number of women drivers is still relatively low. But sex segregation on the railways is beginning to change, with increasing numbers of women getting "men's" jobs. In some European countries women are employed in skilled manual work; in Britain and France a small percentage of women are train drivers. In 1999 a woman was employed as a train driver for the first time in South Africa, and the numbers of female train drivers have increased since then. In other countries, however, there are still many stumbling blocks to women gaining entry into skilled railway jobs. In Zambia, for example, maths and/or physics are needed to train as a driver, and these subjects are not open to many girls at school in that country.[2]

What is gender?

There is an important distinction between "sex" and "gender".

Sex refers to the biological differences between men and women, which are universal and do not change.

Gender refers to socially constructed differences and relations between males and females. These vary widely among societies and cultures and change over time. What is seen as "normal" behaviour for men and women is learned or acquired. It is not universal or "natural".

Gender roles are defined by social groups and cultural traditions. They greatly affect the world of work and influence which activities, tasks and responsibilities are perceived as appropriate to men and women. These divisions of labour are formed by age, race and ethnicity, religion and culture and are also influenced by class and the political environment. They change over time.[3]

Power and gender

In many if not most cultures, in the sex act male pleasure has priority over female pleasure, and men have greater control than women over when and how sex takes place.

Women in many different cultures are systematically assigned inferior or unequal roles. This inferior position leaves them less powerful in relationships with men. They are therefore often unable to resist men's expectations about sex. They cannot negotiate safe sex or refuse unsafe sex – even if their partner engages in high-risk behaviour. Some men may not want to use a condom, or they may want to engage in "dry sex". According to UNAIDS, up to 80 per cent of HIV-positive women in long-term relationships acquired the virus from their partners.

2 International Transport Workers' Federation (ITF): *Women transporting the world* (London, 2002).

3 ILO: *ABC of women workers' rights and gender equality*, 2nd ed. (Geneva, 2007), pp. 89ff.

In its most extreme form, this inequality results in violence against women – beatings, sexual assault, rape. This is most often perpetrated by the woman's partner – husband or boyfriend. Studies show that up to 50 per cent of all women worldwide report being physically abused by an intimate partner.[4]

Violence against women in the workplace

But violence can also happen at work. Research in Kenya, for example, found that women in export-oriented industries such as coffee, tea, and light manufacturing, experienced violence and harassment as a normal part of their working lives.[5]

- Over 90 per cent of women interviewed had either experienced or observed sexual abuse within their workplace.
- 95 per cent of all women who had suffered workplace sexual abuse were afraid to report the problem, for fear of losing their jobs.
- 70 per cent of men interviewed viewed sexual harassment of women workers as normal and natural behaviour.
- 60 per cent of women interviewed believed that workplace sexual abuse is a strong contributing factor to the spread of HIV/AIDS.

The International Transport Workers' Federation (ITF) has been running campaigns on violence against transport workers for several years (see www.itfglobal.org). In 2006–07 the ITF encouraged women transport workers around the world to take part in a survey about their health and safety at work.

Nearly three-quarters of those who took part said they were concerned about health and safety issues, with as many as 43 per cent saying they were "very worried", the highest level of concern. The major problems were their employers' failure to deal with stress and violent attacks, and bad sanitation.

Of all the issues facing women transport workers, safety, security and freedom from violence and harassment are of utmost concern: 57 per cent of those who took part in the ITF survey were worried about violence.

What do we mean by equal opportunity?

Discrimination against women is not arbitrary or incidental; it is part and parcel of the institutions of society. To deal only with individual acts of discrimination is therefore not sufficient. The wider processes and structures which entrench discrimination against women must also be addressed. Removing these institutionalized barriers is referred to as creating equality of opportunity between men and women workers.

4 UNAIDS: *Gender and AIDS almanac* (New York, 2001).

5 International Labour Rights Fund: *Violence against women in the workplace in Kenya* (Washington, DC, 2002).

FACT SHEET 5
HIV/AIDS and gender

In the workplace, equality of opportunity applies to all employment conditions affecting men and women workers. It implies ensuring that:

- men and women workers have equal opportunities to apply for all jobs;
- men and women workers have the same right to employment, training and professional advancement;
- working methods and conditions suit both men and women;
- employment and parental responsibilities can be combined; and
- men and women workers have the opportunity to qualify for jobs of equal value.

Inequality and women transport workers

In 2002 the ITF undertook a survey on equality and transport workers with results that showed cause for concern. Many women workers recognized that they had rights in theory but not in practice. In particular, many women transport workers perceived that:

- an unacceptable level of discrimination existed at the level of job entry;
- many transport companies failed to apply the principle of equal pay for work of equal value;
- there was a disproportionate prevalence of casual staff, temporary contracts and part-time workers among the female workforce;
- women were not given the same access to promotion as men; and
- the use of "attractive" female workers to sell transport services was a persistent problem, and was harmful to the workers' status and effectiveness.

It was also clear from the survey responses that:

- the vast majority of workers did not know whether equal opportunities policies or anti-harassment policies existed in their workplace;
- women were paid less than men for equivalent work and had comparatively fewer job opportunities;
- many women were discriminated against if they were married or had children; and
- a high proportion of women in the transport industry could not exercise full maternity rights.[6]

6 ITF: *Equality testing in transport*, Results of a survey carried out by the ITF Women's Department, February 2002.

Gender minorities

Rigid ideas about gender do not apply only to women. More than 80 countries around the world still have "sodomy laws" criminalizing consensual, adult same-sex sexual relations, and transsexual identities. These laws divide people and mark some as unequal. In consequence, in many countries groups such as men who have sex with men (MSM) will not come forward for testing or for other services which would help them avoid becoming infected, or would enable them to have access to treatment, for fear of being arrested or harassed by the police. There is widespread prejudice against such groups in many countries, leading to severe stigmatization, discrimination and violence.[7]

7 Human Rights Watch: *Together, apart: Organizing around sexual orientation and gender identity worldwide* (New York, 2009).

FACT SHEET 5
HIV/AIDS and gender

FACT SHEET 6
A global problem

HIV/AIDS is a global disaster that cannot be ignored. Just consider the statistics:[1]

- In the last 25 years, 65 million people have been infected.
- Since the early 1980s when HIV/AIDS was identified, 25 million people have died of AIDS-related illnesses.
- In 2008 there were 2 million AIDS-related deaths.
- In 2007, 2.7 million people were newly infected with HIV.
- Every day, over 6,800 persons become infected with HIV.
- Every day, over 5,700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services.
- By creating orphans who in many cases have to work to support their younger brothers and sisters, HIV increases child labour. The number of children under the age of 18 orphaned as a result of HIV is expected to reach more than 14 million by 2015 if the current pace of scaling up the availability of antiretroviral drugs continues. Achieving universal access to treatment by the end of 2010, however, would reduce the number of orphans in 2015 to around 9 million.
- HIV/AIDS is the fourth largest cause of death in the world today. In sub-Saharan Africa it is the leading cause of death.

But the global response in recent years has begun to show a real impact:

- The annual number of new HIV infections has declined from 3 million in 2001 to 2.7 million in 2008, according to UNAIDS.
- In 14 of 17 African countries with adequate survey data, the percentage of young pregnant women (aged 15–24) who are living with HIV has declined since 2000–2001. In seven countries, the drop in infections has equalled or exceeded 25 per cent.
- The annual number of AIDS-related deaths has fallen over the last ten years as access to treatment has increased.

1 The statistics in this fact sheet are from the annual updates produced by UNAIDS (www.unaids.org).

FACT SHEET 6
A global problem

- The number of people with access to antiretroviral therapy has risen. As of December 2008, approximately 4 million people in low- and middle-income countries were receiving antiretroviral therapy – a ten-fold increase over five years resulting in a reduction of HIV-associated deaths.
- In 2007 the price of life-saving front-line drugs fell below US$100 per person per year for the first time (a reduction by half since 2003).
- Globally, coverage for services to prevent mother-to-child HIV transmission rose from 10 per cent in 2004 to 45 per cent in 2008.
- New infections among women have stabilized. Globally, among people living with HIV the percentage of women has now remained stable, at 50 per cent, for several years.
- There has been encouraging progress in the implementation of integrated HIV and tuberculosis (TB) interventions in Africa.

AIDS is an international problem

It is true that the majority of those who are HIV-positive live in sub-Saharan Africa. But HIV/AIDS is not just an African problem.

Eastern Europe and Central Asia are the only regions in the world where HIV infections clearly remain on the rise. An estimated 110,000 (100,000–130,000) people were newly infected with HIV in 2008, bringing the number of people living with HIV in Eastern Europe and Central Asia to 1.5 million.

The UNAIDS global report for 2008 with its 2009 update pinpoints in particular Ukraine, where according to the report the annual number of new HIV diagnoses keeps rising, and the Russian Federation, which has the biggest AIDS epidemic in Europe.

The patterns of the epidemic in the region are changing, with sexually transmitted HIV cases comprising a growing share of new diagnoses. In 2004, 30 per cent or more of all new reported HIV infections in Kazakhstan and Ukraine, and 45 per cent or more in Belarus and the Republic of Moldova, were due to unprotected sex. Increasing numbers of women are being affected, many of them acquiring HIV from male partners who became infected when injecting drugs.

The data also show that the rate of new HIV infections is not decreasing in many of the industrialized countries as fast as it should. In today's globalized world, nowhere is safe.

FACT SHEET 7
A human rights issue

The ILO approach to HIV/AIDS is a rights-based approach. What does this mean?

HIV/AIDS can be treated as a medical issue, a public health concern, or a socio-economic problem, among other approaches. For many years the focus was on the medical implications of the epidemic, especially the search for a cure and a vaccine. As these proved hard to find, the emphasis shifted to prevention.

All these approaches are necessary, but they should be pursued in parallel with the protection of the human rights of all involved in or affected by the epidemic. A rights-based approach means applying human rights principles to the problem of HIV and AIDS. It means respect for the human rights of those affected by the virus.

Rights are not just a matter of abstract principle; they have very practical effects. Take the right to non-discrimination. This is a fundamental human right, and it underpins and reinforces prevention in very practical ways. If people who are HIV+ (or think they are HIV+) are frightened of the possibility of discrimination, they will probably conceal the fact. They will not be able to get any treatment. It is more possible that they may pass on the infection to others. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness and trust and a firm stand against discrimination.

Where the human rights of HIV-positive people are not protected, such individuals are at greater risk of stigma and discrimination and they become ill, unable to support themselves and their families.

We cannot choose to support only those human rights that we approve. The real test of our support for human rights comes when we defend the human rights of those individuals and groups that are unpopular.

This means challenging the deep-seated beliefs and cultural norms that still exist in many countries. It means defending the status of women and young people. It means defending the rights of sex workers, people who inject drugs (IDUs), men who have sex with men (MSM) and people who define themselves as bisexual, transgender, and other sexual minorities.

FACT SHEET 7
A human rights issue

So long as these groups suffer discrimination and in many cases criminalization of their activities, it is much easier to deny them services. And they are much less likely to come forward for testing, treatment, care and support. Fear of stigma, of violence from partners, or from the police, or from vigilante groups which claim to "protect morals", leads to HIV infection going undetected, putting everybody at risk.

Changing the law itself is often not enough. South Africa was the first country in the world to explicitly prohibit discrimination on the basis of sexual orientation in its constitution, in 1994. However, there are ten cases of "corrective rape" reported every week in South Africa. This is a rape of a lesbian by a man, or more often a group of men, to "cure" or punish her sexual orientation. In 2008 Eudy Simelane, the captain of South Africa's women's football team, was gang-raped, beaten and murdered in a case of "corrective rape".

What are human rights?

Human rights are entitlements which belong to every person because they are human. They are the birthright of all people. The purpose of conventions and laws is to protect these rights for individuals or groups. Among the most important characteristics of rights are the following:

- They are founded on respect for the dignity and worth of each person.
- They are universal and apply equally to all people without any discrimination whatsoever.
- They are inalienable – no person can have his or her rights taken away, except in very specific situations: the right to liberty, for example, could be restricted if a person is convicted of a crime, in a proper court.
- They are indivisible, interrelated and interdependent – if one right is violated, that may well affect respect for other rights.

All humans possess all these rights, regardless of race, colour, sex, language, religion, political or other beliefs, national or social origin, disability, property, birth, age, or other status – including real or perceived HIV status. No convention, treaty or law can *create* any human right – after all, human rights are a birthright. They cannot be taken away or created by governments. The purpose of laws and conventions is to *protect* rights.

The ILO, HIV/AIDS and human rights

The *ILO code of practice on HIV/AIDS and the world of work* rests on ten fundamental principles that protect the rights of workers. These are:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for the purposes of exclusion from employment.
- Confidentiality of information on HIV status
- Continuation of employment relationship
- Prevention
- Care and support

The code is discussed further in the *Resource book* of this toolkit.

FACT SHEET 7
A human rights issue

FACT SHEET 8
HIV/AIDS and occupational safety and health

The HIV virus is not spread through normal workplace contact. It cannot survive outside the human body. It cannot survive on machinery. Nevertheless, the railway working environment does carry risks.

It must be stressed that the risk of infection in the following situations is almost negligible, but they are mentioned here because rail workers have expressed concern.

- Some workers may come into contact with body fluids as part of their work – the most obvious groups are cleaners, whether on railway premises or rolling stock. In some countries, railway stations and yards are used by injecting drug users, who may leave equipment behind. Protective equipment should be issued, including puncture-proof containers for needles.
- Workers may come into contact with body fluids as a result of an accident at work (for example, first-aiders) – whether or not the accident was caused by work.
- In the case of persons who commit suicide by jumping under a train (persons under train), blood may be left on the engine or another part of the train.
- Rail workers are vulnerable to violent attacks, particularly from passengers who are frustrated by delays or other aspects of poor service. Security staff may also be attacked. It is possible that an attacker could be HIV-positive.

It should be stressed again that the virus is extremely fragile and that the possibility of infection in these situations is close to zero. Nevertheless, in order to reassure workers, railway enterprises can take steps, particularly under the occupational safety and health arrangements already in place, to further minimize risks.

Health and safety committees

Many railway workplaces already have well-established arrangements for occupational safety and health (OSH). OSH is generally defined as "the science of anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers".

A preventative culture for OSH requires risk assessment, and a management system that includes workers' representatives. It has been shown that a unionized workplace has, on average, 50 per cent fewer accidents than a similar non-unionized workplace.

FACT SHEET 8
HIV/AIDS and occupational safety and health

Dealing with HIV/AIDS through existing OSH structures and workplace committees is a sensible use of ready-made structures for promoting safer workplaces.

Joint OSH committees in the workplace are a good forum for discussing HIV/AIDS and developing workplace programmes. They should already be the forums where occupational health (OH) services are discussed.

One of the principles of the *ILO code of practice on HIV/AIDS and the world of work* is that:

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155).

As more countries adopt legislation dealing with HIV/AIDS and the world of work, and more labour inspectors are given the additional responsibility of enforcing this legislation, workplace inspections may well include HIV/AIDS along with traditional OSH issues.

Protecting workers at risk

In workplace situations where there is a risk of occupational exposure to HIV, good practice will include following the Universal Precautions.

Universal Precautions

Universal blood and body fluid precautions were originally devised by the United States Centers for Disease Control and Prevention (CDC). They are simple standards of infection control practice to minimize the risk of blood-borne pathogens. They consist of:

- care in handling and disposal of sharps (needles or other sharp objects);
- hand washing before and after procedures;
- the use of protective barriers to avoid direct contact with blood and other body fluids;
- the safe disposal of waste that has been contaminated with body fluids and blood;
- the proper disinfection of instruments and other contaminated equipment; and
- the proper handling of soiled linen.

Special considerations for first-aiders

For first-aiders in the workplace, the risk of being infected with the HIV virus while carrying out their duties is small. There has been no recorded case of HIV being passed on during mouth-to-mouth resuscitation. HIV does not survive in saliva. First-aiders should not withhold treatment for fear of being infected with HIV/AIDS.

The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on the skin with a waterproof dressing.
- Wear suitable disposable gloves when dealing with blood or any other body fluids.
- Wash hands after each procedure.

Training about occupational exposure

All workers who may come into contact with blood and other body fluids should receive training about infection control procedures in the context of workplace accidents and first aid. The training should cover:

- the provision of first aid
- the Universal Precautions
- the use of protective equipment
- the correct procedures to be followed in the event of exposure to blood or body fluids
- rights to compensation in the event of an occupational incident

It is important to stress that these precautions *should always be followed*. There are other infections apart from HIV which can be transmitted through blood and body fluids. These precautions should not be related to the perceived or actual HIV status of workers.

Post-exposure prophylaxis

A worker may be concerned that he or she may have been exposed to the HIV virus as a result of an incident.

It could be a first aid incident, or a worker may have been attacked and injured and fear that the attacker might have the virus. Some railway workers are at risk, although the risk is low.

In such cases the risk of being infected by HIV from a person known to be HIV-positive has been estimated to be about three in 1,000 (0.3 per cent) for an injury with a sharp object, and lower if blood is splashed onto the worker.

FACT SHEET 8
HIV/AIDS and occupational safety and health

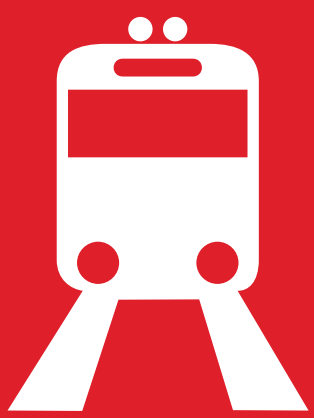
In these situations it may be appropriate to offer post-exposure prophylaxis (PEP), which lowers the chances of HIV infection even further. PEP means taking medication as soon as possible after exposure to HIV and in any case within 72 hours. PEP has been a standard procedure for some years for health-care workers exposed to HIV. The medications used in PEP depend on the degree of exposure.

While health-care workers may have swift access to the necessary medicines, other workers may not. It may be useful for trade unions to ask how such treatment can be obtained.

The ILO and WHO have issued an updated and comprehensive guide to PEP:

Joint WHO/ILO guidelines on post exposure prophylaxis (PEP) to prevent HIV infection

(http://whqlibdoc.who.int/publications/2007/9789241596374_eng.pdf).



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