

# AIDS

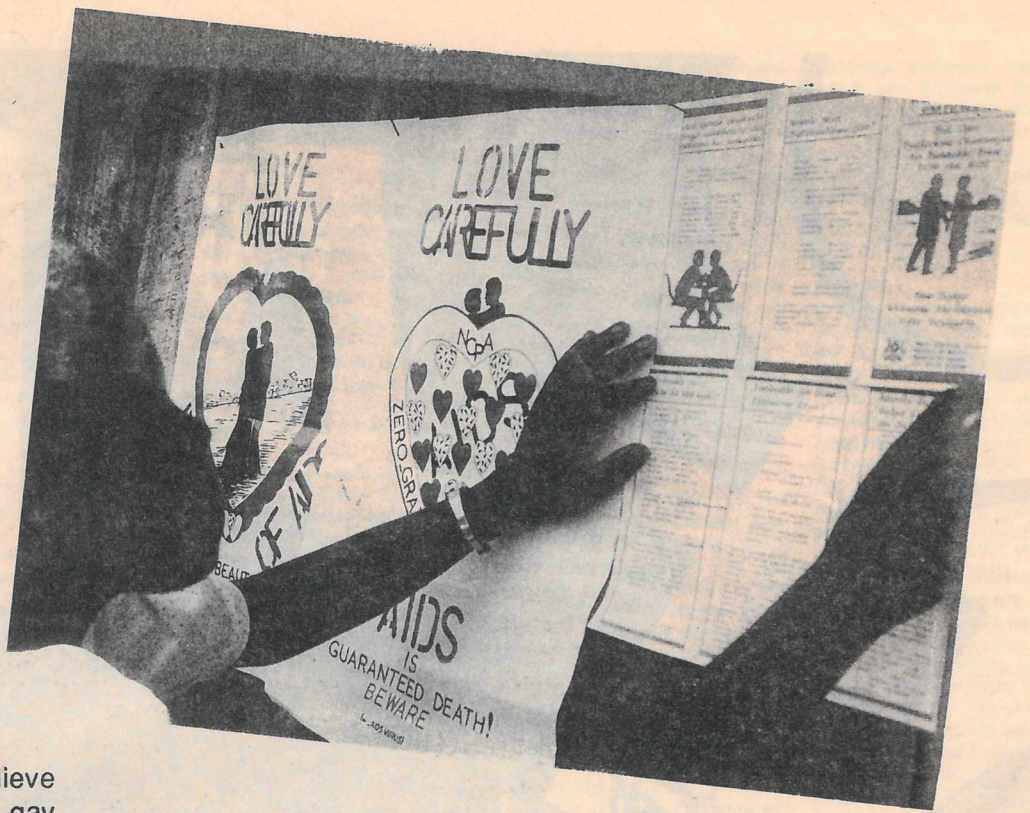
TODAY  
IS  
WORLD  
AIDS  
DAY

IT DOESN'T  
TAKE  
WORLD  
AIDS  
DAY

TO  
MAKE AIDS  
A WOMEN'S ISSUE



# W.H.O. - WOMEN THAT'S WHO!



Today (Saturday, December 1) is World Aids Day, an annual day of events designed to strengthen the global efforts against AIDS. This year, the theme of 'Women and AIDS' has been chosen by the World Health Organisation and many of today's activities, all over the world, will focus on the effects on women of the worldwide AIDS epidemic.

From the very beginning AIDS had been presented in the media and seen by the public as a "man's

disease". Many people still believe that AIDS is a problem only for gay men and drug users -who are usually spoken of as if they were all, or almost all, men. The evidence shows that this view is out of touch with reality.

The World Health Organisation estimates that over eight million adults are infected with the HIV virus, a little over a third of these -three million- are women. In Ireland, at least 200 women have already tested positive for HIV. It is expected that by the end of 1992, over 600,000 women worldwide

will have developed AIDS. By the year 2000, roughly equal numbers of women and men will be developing AIDS. with HIV; women working as voluntary or professional AIDS educators -in all of these ways, and more, women have been affected by HIV,

But we don't need to look into the future for reasons to have a day about Women and AIDS. HIV has become a part of many millions of women's lives already: women with HIV; women who, as partners, family members or friends, care for someone with HIV; women who provide voluntary or professional health care or support for people AIDS is changing women's lives in other ways, too. All of us, whether we have HIV or not, need to learn about the virus and how it is transmitted in order to protect ourselves and others (by practicing safer sex and never sharing any injecting equipment)

## IT DOESN'T TAKE WORLD AIDS DAY TO MAKE AIDS A WOMEN'S ISSUE

April 1990 Johannesburg, South Africa

Community-based efforts against AIDS in South Africa were given a major boost by the decision of the African National Congress (ANC) and allied organisations to set up an AIDS task force. The decision was taken at the Fourth International Conference on Health and Welfare in Southern Africa. The statement accepted by the conference calls the South African government's HIV campaign "grossly inadequate" and claims that government media and education campaigns have "promoted fear, stigmatisation and discrimination". The statement goes on to call for government support for community organisations and the abolition of discriminatory legislation against "gays, commercial sex workers and foreign migrant workers" (Source: WorldAIDS)

1985, NEW YORK, USA.

The Leake and Watts AIDS foster home project, the first and still the largest such project in New York State, was set up by social worker Phyllis Gurdin. The project finds foster parents for children with HIV and provides financial support to cover basic needs, medical expenses and "extras" such as paid child-care to allow a break from the daily routine. The shortage of people willing to foster children with HIV has forced agencies to become more flexible. While still maintaining high standards of screening and evaluating would-be foster parents, agencies have had to abandon the notion of traditional nuclear families as the only appropriate setting for foster-parenting. "We're finding that non-traditional people do better in this job, because what we're asking is non-traditional" says Phyllis Gurdin.

"We're dealing with unknowns", she says. "We're looking for people who have had adversity in their lives and can deal with it". (Source: WorldAIDS)

March 1990, Bangkok, Thailand.

Thailand's Public Health Ministry has announced that identification cards are to be issued to 80,000 "AIDS-free service girls". The move is widely seen as an indication that the government is more interested in protecting the sex-tourism industry than in controlling the HIV epidemic. Chantanda Apisook of Empower, a group supporting HIV prevention in the sex industry, believes the government is "using this policy to say that Thailand can offer AIDS-free women". The effect will be that condoms will not be used "making the women more vulnerable to infection by the men", she says.

Testing will not prevent the spread of HIV, she argues. "Every three months a new selection of women is made for testing" she says. Women who test positive lose their jobs and are sent home to their villages.

"What are they going to do when they get to the last woman?", she asks. "Is she going to win the prize?" The cards will be available to fewer than a sixth of the estimated 500,000 or more women working in the Thai sex industry. (Source: WorldAIDS)

June 1989, CAIRO, EGYPT.

The Austria news agency reported that doctors and nurses in a Cairo hospital stayed clear of a pregnant woman patient with HIV. Her husband had to come into hospital to care for her and to bring her food. (Source: Panos Institute).

1983, BOMBAY, INDIA

A 16 year old Nepali young woman, who had been rescued from a Bombay brothel, committed suicide in police custody, following her parents' refusal to allow her to return to their home. The young woman was quoted by police as having said "It is better to die than to be humiliated in life". (Source: Panos Institute)

LONDON, November 1990

A survey published in this month's Cosmopolitan magazine proves that accurate information about HIV has still not reached many British women. 15,000 Cosmopolitan readers, mostly aged between 18 and 30 took part in the survey, which according to Cosmopolitan's editor

Marcelle D'Argy Smith shows that many women are "horrifyingly ignorant" about the risks of transmission of HIV.

Although 57 per cent reported that they now take "greater care" in picking sexual partners, 45 per cent do not use condoms to protect themselves. 25 per cent reported never using condoms. Although 97 per cent knew that HIV was carried in blood, only 60 per cent knew it could be transmitted in vaginal fluids and 15 per cent were unaware that it could be transmitted in semen.

3 per cent of the women who took part in the survey were however under the false impression that HIV could be transmitted by kissing..

Marcella D'Argy Smith comments: "The favourite British sexual position could be described as ostrich rather than missionary as far as AIDS goes."

## IT DOESN'T TAKE WORLD AIDS DAY TO MAKE AIDS A WOMEN'S ISSUE

Theresa was diagnosed with HIV five years ago. One day, while she was serving a 12 month sentence for theft in Mountjoy prison in Dublin, Theresa and several other women were offered a HIV test. It was referred to at that time as an "AIDS test". They received no counselling at all. Theresa asked what it would mean if she tested positive, but was only told that in the event of a positive result, her test result would be treated as confidential information. Several weeks later, Theresa and seven other women were removed from their cells without notice. They had no idea what was going on, except that they found themselves before the prison governor and doctor. They had tested positive for HIV antibodies. All eight were taken to the prison's isolation unit by prison officers wearing thick rubber gloves, boots and heavy plastic overalls.. None of the women knew why they suddenly found themselves isolated or what being tested positive meant. All they knew was that the prison authorities were treating them like lepers of old and that they "would probably die within five years from AIDS". Literally scared for their lives, their first reaction on that first night in isolation was to attempt suicide. Theresa bears countless scars on her arms where the women tried to bleed to death by slashing themselves with blades.

"it was not until the lads from Arbour Hill identified themselves as positive that we knew we weren't the only ones". Theresa says that from that night on the women were approached by prison officers who wore masks all the time and insisted on making them use disposable plates, knives, forks, spoons, cups and sheets. The women protested at being put into the male segregation unit along with the other male prisoners while the prison officers' mess was turned into a women's segregation unit. The women also protested about the abuse hurled at them by prison officers. "I was sexually made to feel like a slut even though my sentence was for robbery", Theresa recalls. "I had to shove orange peel into the spy hole of the door to stop them peering in" she adds. "Our protests went unnoticed". An American doctor showed them a video of people dying from full-blown AIDS. Theresa remembers being terrified by pictures of a dying man covered from head to toe with red lesions. Subsequently, while still in prison Theresa did receive counselling from a Dublin psychologist who advised her of the implications of her diagnosis. She was finally reassured that a positive test did not necessarily mean she would develop full-blown AIDS. Out of prison, Theresa felt stigmatised. Although her mother and father accepted her condition

## LIVING WITH HIV

with the least fuss, there was still the question of how the virus was spread. As a precaution she was given her own implements to eat with. She washed her own clothes separately. It was not until a priest told them that HIV is only transmitted through sex and blood that the family felt comfortable about sharing household things again. Theresa spent a whole year at home before going out. "On the streets I felt looked at and in myself I felt dirty. I lost my self esteem and thought I had gone to the dogs and a lot of girls felt that. Although I feel better about it now I'm still not 100 per cent". She remembers the first day since her release that she saw her niece whom she adores. "She ran up to me and said mammy told me I couldn't ever give you a kiss because you're sick". "Not a day goes by without thinking about HIV because I've nearly died three times", she adds. As a woman with HIV, Theresa feels that the plight of women like herself has been largely ignored in a country where HIV is mostly seen as affecting either gay men or male intravenous drug users. One of the areas which Theresa feels is neglected is the provision of childcare facilities for the children

of women with HIV. She has a deep distrust of statutory childcare provision. She believes that the Health Board would rather put the children of drug-using women into care than provide support for them to look after their own children. Three of Theresa's children were taken into care after a court judged her to be an unfit mother. She is convinced that the only reason why her other three children are still with her is because she lives with her parents. Theresa also feels let down by the attitude towards HIV and pregnancy in Ireland. Although she thinks she may be pregnant and would like to go full term she dislikes the attitude adopted by many doctors in Ireland which she says tends to discourage pregnancy altogether for women with HIV. This is despite the fact that various recent studies on pregnancy in women with HIV report that somewhere between 10 and 30 per cent of babies born to mothers with HIV still tested positive after 15 months. All the other babies had "lost" the antibodies. Although the long-term outlook for these other babies is still uncertain, if 70 to 90 per cent of babies born with HIV later lose the antibodies the outlook appears to be

no worse than for many other genetic disorders. In Ireland, however, there is as yet no statutory recognition of these studies and their implications have so far been ignored.

Originally it was believed that pregnancy could be risky to the health of a woman with HIV because the body's immune system is naturally suppressed during pregnancy in order to avoid miscarriage. None of the current evidence suggests that pregnancy tends to cause a progression to AIDS in an otherwise healthy woman with HIV who has no symptoms. However if a woman has symptoms of HIV infection there is a substantial risk both that the baby may be infected and that pregnancy may cause a more rapid progression of the illness. Counselling should be made available to any woman with HIV who is pregnant or considering pregnancy. in order to help her make the best decision in her own circumstances. Louise is also an ex intravenous drug user. She also believes that there is hostility towards women with HIV becoming pregnant. This has led to a situation where some women are using either I.U.D.s or the injectable contraceptive depo-provera, with possible risks to their health. Of course, neither of these contraceptive methods does anything to prevent sexual transmission of HIV to these women's partners -unlike condoms, which have no

negative effects on health and are unavailable on the medical card.

Women with HIV in Ireland face other difficulties when it comes to children. Theresa feels there is not enough counselling given to women with HIV and whose children also have HIV. She knows of one woman with HIV in this situation who has three children with HIV. This woman, Theresa says, has been given very little counselling on how best to look after her children or how to explain to the children when they ask why they are so frequently in hospital or what to do when they cut themselves in school. Theresa feels these issues are largely ignored.

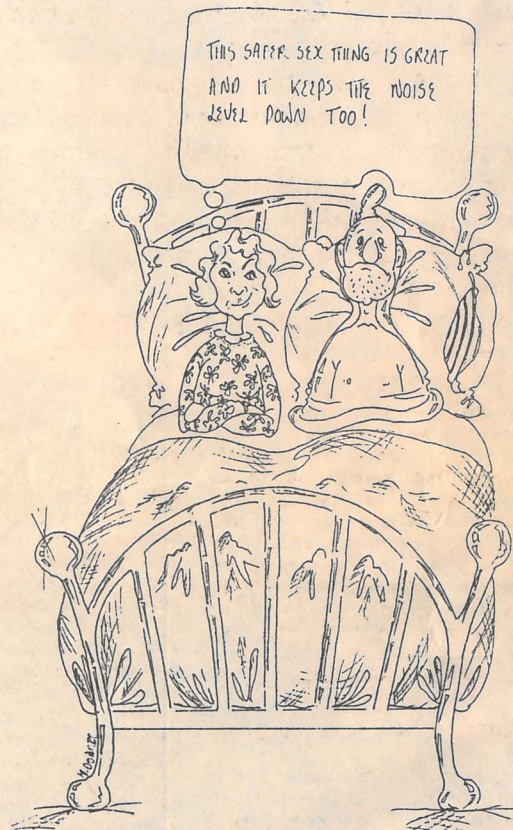
A study carried out in Dublin in May and June 1989 revealed that many women would not avail of services because of a lack of facilities for their children and because they felt that services were male orientated. It is only in the last four weeks that a creche has been established, running one morning a week, at the HIV clinic in St. James' Hospital. This welcome development is completely funded by the voluntary sector, and is staffed by one SES worker from a voluntary HIV group and one volunteer. We are told that counsellors at the clinic felt a creche was necessary because "kids were coming into contact with needles around the hospital".



# PROTECT YOURSELF WITH SAFER SEX

The most important things to know are that we CANNOT get the HIV virus by touching, hugging, kissing, coughing, or sneezing. Nor can we get the virus by sharing bathrooms, touching toilet seats, or doorknobs. Nor can we get it by sharing clothes, cutlery, cigarettes, food or glasses.

We CANNOT get the HIV virus from a person who is HIV positive unless their blood, vaginal fluids or semen get out of their bodies and directly into our bodies. This is the basic rule to remember.



The HIV virus is only transmitted in the following ways:

- \* through the exchange of sexual fluids - semen ( pre cum, cum, spunk etc. ) vaginal fluids, (juices, cum, melt) and menstrual (period) blood.
- \* through the sharing of needles and or syringes (works) or other injecting equipment
- \* from a woman to a foetus in the womb or perhaps during birth or through breastmilk
- \* through the transfusion of blood or blood products.

In Ireland the Blood Transfusion Board has been screening all blood donations for HIV antibody since 1985. Blood which tests positive is not used, so transfusions are relatively safe now. This is also the practice with other blood products. So there is NO risk in donating blood.

## HOW ARE WOMEN AT RISK ?

Any involvement in a risky activity ie. unprotected sexual intercourse or the sharing of unsterile injecting equipment could put us at risk of contracting the HIV virus. The majority of us unless totally sexually inactive and not sharing needles or syringes, could be at risk of infection.

The problem for us is that many women do not now when they are at risk. For example, we may not be aware of our partners sexual or drug use histories or their current sexual or drug using practices. Our partners themselves, may not know they have been at risk. The focus

but because they believe that 'proper sex' is spontaneous and not something you even think about, let alone talk about before it happens.

## THE SAFEST GUIDELINE IS TO AVOID THE EXCHANGE OF BODY FLUIDS.

You can make sex safer by:

- \* looking for new ways of having sexual contact which do not involve penetration. Most people think that this is not 'full' sex or 'proper' sex but it can be very good and much safer than penetrative sex.

- \* avoiding any activities during which semen, vaginal fluids, menstrual blood, urine or faeces (shit) enter your vagina, anus or mouth.

- \* insisting on the use of condoms. This will reduce the risk of infection considerably. Although condoms are not 100% effective because they can leak, tear or burst, they do provide some protection if we are having "full" sex, that is penetrative sex, which could involve the exchange of body fluids.

- \* sometimes using alcohol or drugs can affect our ability to insist on or even remember about safer sex. It is a good idea to know your limits and keep within them.

- \* Always remember that you have a right to say no to sex. You certainly have a right to say no to unsafe sex.

An important thing to remember is that while the condom is often used as a contraceptive, when we talk about safety and protection here we mean in relation to the HIV virus. For those of us who use contraception, we may be using things like the pill, the combined pill, the IUD, the Cap or diaphragm, spermicidal creams, jellies or pessaries, or Depo- Provera (an injection).

None of these contraceptive methods prevent semen or other fluids from getting out of one person's body and into another person's body during sex. So they do not protect against the transmission of HIV. Therefore if you are using these methods of contraception, it is necessary to use a condom to get some protection from HIV.

The above information is taken from a leaflet produced by the Women and Aids Group.

on 'high risk' groups can make us feel safe and as a result we do not think or worry about something which we think only affects certain groups of people.

However it has become quite clear that it is **RISKY ACTIVITIES** rather than the group you belong to which may lead to acquiring HIV. It is what you do, not who you are that matters. As women we are not immune to the HIV virus. This is why we need to learn about the virus and how to protect ourselves.

## SO WHAT IS SAFER SEX?

Sex is often a difficult subject. Sometimes it is even difficult to talk about it openly with a sexual partner as it is not something we usually discuss in detail. However the risk of HIV means that we have to start talking more openly about these matters. Most people may find talking about sex difficult not because they are embarrassed

people looking after children with or without HIV. The Women and AIDS group is producing a leaflet entitled "Children, HIV and AIDS" to provide information for parents, teachers or anybody who has contact with children.

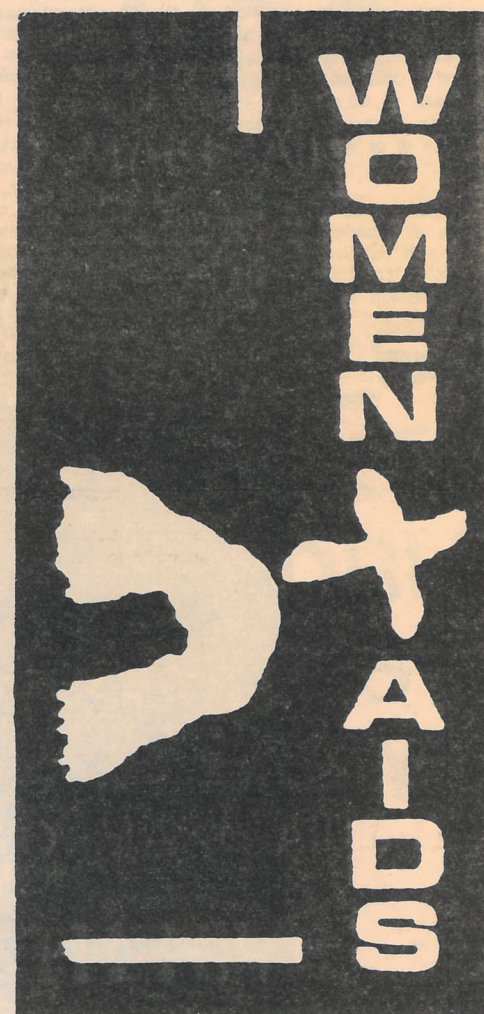
Copies of the leaflet will be available by the end of the year from Women and AIDS, Dublin AIDS Alliance, Avoca House, 189-193 Parnell Street, Dublin 1.

This newsheet is published on the occasion of World AIDS Day 1990 by Women and AIDS, c/o Dublin AIDS Alliance, Avoca House, 189-193 Parnell Street, Dublin 1.

The views expressed here are the views of the individual contributors and do not necessarily reflect the views of Women and AIDS or any of its members.

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The Women and AIDS group is a women's information and resource group which was established in 1986. The group was set up in response to the lack of information on and discussion of the special experiences and the problems posed for women by the Acquired Immune Deficiency Syndrome.

Women and AIDS is a member group of the Dublin AIDS Alliance and an affiliate of the Council for the Status of Women. For more information, contact Women and AIDS at the above address.

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# CHILDREN, HIV AND AIDS

Since HIV testing began in Ireland in late 1985, 72 children have been born antibody positive (Dept. of Health, September 1990.) There is also a substantial number of haemophiliac children with HIV. HIV poses a number of problems for



# POSITIVELY HEALTHY ALTERNATIVES

There's a saying 'a little knowledge goes a long way', and certainly as women we should make it our business to be aware of the various roads we can take towards improving our general health. Adopting a healthy lifestyle is a small measure of control over our own lives when compared with the social, political and economic pressures imposed upon us by big businesses who derive huge profits from convenience foods, by governments which take in considerable revenue through taxation from the tobacco industry, from the pharmaceutical lobby and medical profession who have for so long advocated pill-popping as the basic cure for all ills and even from our peers whose attitudes to alternative medicines have perpetuated the myths that the medical profession knows best and will take care of us. Taking care of our health has always been left up to someone else - supposedly those who know best. If we are to be honest with ourselves we must admit that what was good enough for our mothers is not necessarily good enough for us and that our health is our responsibility. Four ways of establishing control in the area of healthy living in our lives is to adopt a positive attitude, a well balanced diet, take regular exercise and in doing so try to alleviate the stress of 90's living - the latter being particularly important for those of us who are women with HIV.

## STRESS AND RELAXATION

We all experience stress at some time in our lives and it is a well known fact that worry, stress and depression suppress the immune system and have general negative

effects on both the mind and body. Stress is an unavoidable symptom of modern day living and therefore it is necessary to learn ways of dealing with it. This is very important for those of us who have HIV because positive support and stress reduction could avoid the suppression of the immune system.

It is easier to deal with stress when the body is in good physical shape. This means taking regular exercise, eating a balanced diet, having a sense of humour (as laughter gets rid of stress and boosts the immune system) and practising a relaxation technique on a regular basis.

The first step in relaxation is to allow ourselves some time on our own, away from the hustle and bustle of life. We should allow ourselves fifteen or twenty minutes each day on our own. We need to find a quiet space and just sit and relax for that period of time.

Relaxation techniques include:

### 1 Breathing:

Under stress our breathing can become shallow and irregular. To relax we must consciously regulate and quieten our breathing. To do this we must be aware of each breath and allow the out-breath to be slow and smooth. While breathing be aware of the abdomen rising and the expansion of the rib cage during inhalation.

### 2. Meditation.

Meditation can help the body to relax and heal itself. Many people imagine meditation as some peculiar practice to be regarded with scepticism. However, it basically means the stopping of the endless chatter we hear in our heads. Find a comfortable environment where you can be alone for 20 or 30 minutes. Settle into a comfortable position. Concentrate on your breathing. When you are relaxed and comfortable close your eyes and continue to concentrate on the

rhythm of your breathing. Allow yourself to exclude all other thoughts from your mind. If thoughts do enter allow them to float away. After such a meditation, it is possible to feel strong and relaxed and capable of continuing to face the stress of life.

### 3 Visualisation.

Visualisation can be used to counteract negative thinking, fear, anxiety and nervousness. It basically means imagining yourself in very peaceful and relaxing surroundings, for example in the countryside or beside the sea. What we think in our minds does have an effect on our body. Likewise, if we imagine ourselves in a peaceful environment we can feel relaxed and calm.

Other methods that can be used to reduce stress include yoga, physical exercise and massage. It is basically a question of finding one which is most suitable, depending on our needs and lifestyle. The important thing to remember is that we do have a certain amount of control over how we feel emotionally.

## EATING WELL

The three basic nutrients which our bodies need to run efficiently are Proteins, Fats and Carbohydrates, all of which are to be found in fresh foods along with varying amounts of minerals and vitamins. A balanced diet is one which contains the right combination of these nutrients so that they can work together effectively.

### 1 PROTEIN:

Protein is a maintenance food responsible for growth, tissue repairs and ensuring that the chemicals which fight diseases and aid digestion reach their destinations. We find proteins in milk derivatives, wheat derivatives, soya derivatives, eggs and poultry, meat and fish. However, meat is not recommended as the antibiotics that farmers give animals can make you resistant to those drugs in the event that they are ever prescribed for you should you fall ill. Gonorrhea is just one of the organisms which can become immune to antibiotics and last year we saw a huge outbreak of salmonella in chickens and eggs. It is preferable to buy eggs from your local health shop - wherever you buy them make sure that they are

well cooked before consumption. Beans mixed with brown rice or whole wheat bread with cheese is a good and economical source of complete protein.

### 2 FATS:

Fats are a form of reserve energy stored by the body until needed. They come in two forms: Saturated and Unsaturated. Most animal forms are saturated as are vegetable shortenings like lard and are high in cholesterol, a waxy substance which can build up on the artery walls and can lead to heart attacks. Therefore, in order to keep our cholesterol levels low we should eat more unsaturated/polyunsaturated fats; e.g., we could substitute sunflower oil instead of lard when cooking or polyunsaturated margarine instead of butter.

### 3 CARBOHYDRATES

Carbohydrates are necessary for the digestion of fats and proteins. They are found in all vegetables, fruits and grains. One important carbohydrate group is fibre. It helps to prevent constipation and may protect against bowel problems. Fibre rich foods contain vitamins and varying amounts of the other nutrients, and fibre is not lost in cooking. Also, as fibre is found in foods that grow from the ground it tends to be very economical.

Good fibre sources include: wholemeal bread, brown bread, weetabix, unsugared muesli, red

kidney beans, potatoes, bananas and pasta - which is an excellent source of fibre as it provides protein, has no added sugar or salt and contains some minerals and vitamins.

Sugar is a substance to be found in all food but it is one of the little nasties we should avoid at all times. When it enters our mouth it feeds the bacteria on our teeth which in turn produce acid which cuts away at our teeth. Moreover, it has no vitamins, minerals, fibre or protein but simply gives "empty calories". Our taste buds have been trained to crave for sugar so most people tend to add sugar to food before they eat it but we should all try to cut down.

If you are a woman with HIV and have problems maintaining your weight you could incorporate some of the above suggestions into your regular eating routine. For example, use wholemeal bread instead of white bread when you are having beans on toast. Salad sandwiches with eggs or tuna and baked potatoes with grated cheese and tomato or coleslaw provide nutritious lunches.

If you are suffering from loss of appetite, build-up drinks like Complan or Ovaltine are convenient fill-ins and simple dishes like soups can be made more interesting by adding grated cheese, extra pearl barley or pasta or beans or cream or a combination of them all.

Finally on the subject of diet, if you are a woman with HIV you should try to avoid tap water as it

contains elements like fluoride which can suppress the immune system. The alternatives to tap water are to buy a water filter or drink bottled water instead. One point that you should remember is that however you decide to vary your diet, a little imagination goes a long way.

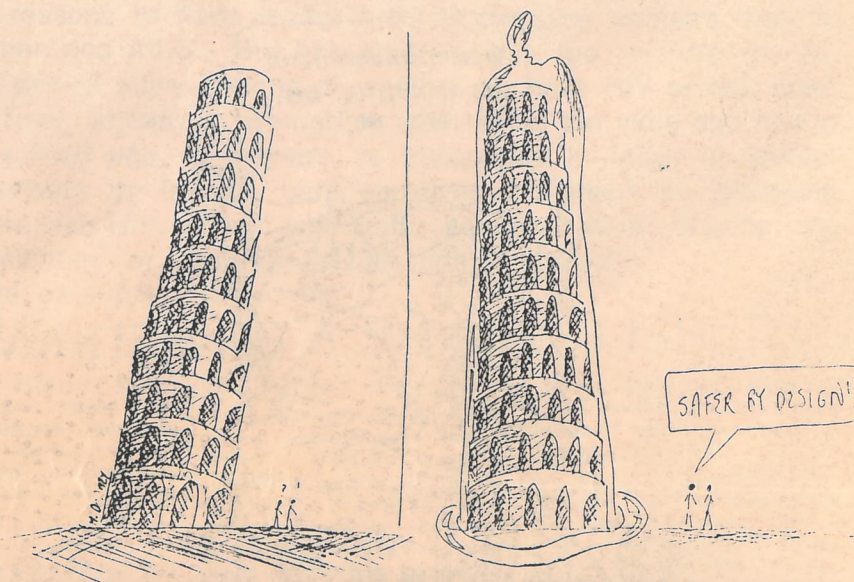
## EXERCISE

Exercise keeps our bodies in good physical shape, helps reduce stress and can be an all round enjoyable activity. Jogging is a good form of exercise as it allows us to pace ourselves. No expensive gear is required and we can jog anywhere. Swimming is another excellent conditioner as it helps us to exercise most of our body muscles and the water environment is relaxing.

Other forms of exercise include: bicycling, yoga, karate and judo, group sports such as badminton or hockey. Dance is another good form of exercise for toning up muscles and aerobics keep our hearts and lungs in shape.

Whichever form of exercise you decide to take up remember to build up slowly. You may feel a little discouraged at first but the feelings of satisfaction that you get when you finally make that extra kilometre and the feelings of confidence and greater independence you get from achieving something on your own are worth the wait.

Do it for you because you're worth it!



# \*SAFER SEX

# \*HIV / AIDS

# \*RISK FACTORS

# 724277

## AIDS HELPLINE DUBLIN

MONDAY TO FRIDAY: 7pm TO 9pm

SATURDAY: 3pm TO 6pm

SPECIAL EXTENDED SERVICE FOR WORLD AIDS DAY

12noon — 9pm, Saturday December 1st Only