



The Positive Side

Positive Women's Network

www.pwn.bc.ca  www.pwn-wave.ca

July- August- September 2005

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Women Represent Half of HIV-Positive People Worldwide; Disease Spreading Fastest Among Women

Poverty, gender disparities, domestic violence, lack of education, contribute to women's increased vulnerability to HIV.



image source:
[www.womeninlondon.org.uk/
images/globegif.gif](http://www.womeninlondon.org.uk/images/globegif.gif)

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Women represent about half of all HIV/AIDS cases worldwide, and the virus is spreading fastest among female populations, especially in developing countries, according to an article published in the June 10 issue of the magazine *Science*, the *New York Daily News* reports (Shin, *New York Daily News*, 6/10).

Approximately 60% of HIV cases in sub-Saharan Africa are among women, and 75% of the HIV-positive people between the ages of 15 and 24 in the region are female. In addition, women represent half of all HIV/AIDS cases in the Caribbean and one-third of all cases in Latin America.

Poverty, gender disparities, domestic violence, lack of education, and cultural and sexual norms contribute to women's increased vulnerability to HIV. Women also are more biologically vulnerable to HIV infection (Quinn/Overbaugh, *Science*, 6/10). In the United States, the number of AIDS cases among women increased by 15% between 1999 and 2003, compared with a 1% increase among men (King, *Seattle Times*, 6/12). In addition, women represent a growing percentage of new HIV cases in the United States.

"This is going to continue on the same trend until we get much more targeted prevention to women," Thomas Quinn, an author of the article and a professor of medicine at Johns Hopkins School of Medicine, said. Four out of five HIV-positive U.S. women are infected through heterosexual sexual activity, with the remainder contracting the virus

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HIV+ Heterosexuals Test Positive at Later Stage than Homosexual or Bisexual Men

HIV-positive heterosexual men and women present for HIV testing at a later stage of infection than homosexual and bisexual testers, according to a prospective observational study by K. Manavi and colleagues, Lothian University Hospital National Health Service Trust. The authors defined late presentation as testing HIV-positive with a baseline CD4+ T-cell count less than 200 cells/mL.

Between December 1999 and January 2003, researchers compared baseline CD4+ T-cell counts in HIV-positive heterosexual men and women, IV drug users, homosexual and bisexual men diagnosed in Genitourinary Medicine and Regional Infectious Disease Unit (GUM/RIDU) departments, and routinely screened pregnant patients in Edinburgh.

During the study, 189 patients tested in GUM/RIDU and 13 screened pregnant females were diagnosed with HIV. Of them, 34 percent of GUM/RIDU patients and 38 percent of maternal patients had CD4+ T-cells of fewer than 200 cells/mL at diagnosis. Among the heterosexuals diagnosed at GUM/RIDU sites, 45 percent were late presenters. Significantly fewer homosexual men tested

late. There was no difference in proportion of late testing between the antenatal diagnoses and all heterosexual GUM/RIDU diagnoses (5/13 and 35/78, respectively).

"A significant number of HIV-infected heterosexual patients are late presenters in the HIV testing at GUM/RIDU," researchers concluded. "HIV screening programs for heterosexual individuals in any medical encounter may reduce the number of late presenters."

The full study, "Heterosexual Men and Women with HIV Test Positive at a Later Stage of Infection Than Homo- or Bisexual Men," was published in *International Journal of STDs and AIDS* (2004;15(12):811-814).

Source: CDC HIV/STD/TB Prevention News Update, Friday, March 25, 2005

Original Source: Women's Health Weekly (03.10.05)

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Women Represent Half of HIV-Positive People Worldwide

through contaminated needles (New York *Daily News*, 6/10).

The researchers called for prevention efforts targeting women, the *Scotsman* reports.

"Societal changes will help over the long run, but immediate and faster action requires coordinated efforts to focus on women, develop effective microbicides that women can use themselves and a gender-

specific vaccine program that takes into account the different immune responses between women and men," Quinn said (von Radowitz, *Scotsman*, 6/12).

Source: Kaiser Daily AIDS Summaries June 13, 2005

Beyond the Headlines: What's Your Story?

Behind the articles on the first two pages of this newsletter are people who have come to face living with HIV. These people are counted in statistics, but each one has her or his own unique story that represents who they are. They undoubtedly have what all of us have: pieces of pain, sadness, anger. Hopefully they also have moments of peace, happiness and awe. No matter how young or old, they are all living with the effects of their past and the questions of their future.

It's important to get a sense of what the statistics are. The numbers support the obvious need for funding, education, support, treatment and care. These are the numbers that will (hopefully) provoke governments to make changes necessary to provide people the resources that they need.

But in looking at statistics we cannot lose sight of the story. Each number is a person. Each person has a story. Each story has an impact. Every person's story can affect how they lead their lives.

Do you know all of your own story? Are there pieces you would like to tell over and over? Are there pieces of it you want to forget? Where does HIV fit in your story?

The darkest pieces of our stories may cause us shame, regret, terrible sadness. They can push us to such pain we want to blot it out with anything- drugs or alcohol, sex, food, television, denial, lies.

But no story is better than another. Everyone struggles. Just being with your story is what's important. What is the healthiest way to live with your story?

A healthy decision may be sharing your stories and seeing where it takes you. A

What is the healthiest way to live your story?

healthy decision may be retreating inside, being quiet with yourself. Neither is better, only different. And what works on one day can change in the next.

We're all numbers in some collection of statistics: Girl. Woman. Sister. Mother. HIV+. Abuse survivor. Auntie. Drug user. Teacher. Statistics tell the numbers. People live the events. However you hold your story, it matters. And you are more than the past, too: you are present now. Although you can't change what's happened, there are lots of ways to live now.

PWN support workers are here for your stories. You can access support on the phone, in the drop-in, or on-line (www.pwn-wave.ca). Talking to other members can make a huge difference (see the retreat report on page 8). If you'd like to share your story in the newsletter, contact Janet (604.692.3009)

It is our choices...that show what we truly are, far more than our abilities.

J. K. Rowling, Harry Potter and The Chamber of Secrets, 1999

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Canadian Conference on HIV/AIDS Research Vancouver, May 12-15, 2005

I recently attended the 14th Annual Canadian Conference on HIV/AIDS research, held this year in Vancouver. I chose sessions based on questions members often ask in the drop-in, over the phone or at feedback sessions like the evaluations of SpringBoard (PWN's April mini-conference). As a result, I went to sessions presenting research on pregnancy and childbearing, HIV and the safe injection site, vaccine development, lipodystrophy, and treatment choices. I can't cover everything here, but I will highlight a few things.

But before starting on specifics, I'd like to share a thought from one of the presenters. John Damonti spoke about a program in Africa called Secure the Future: Care and Support for women and children with HIV/AIDS. The aim of Secure the Future, which is a multi-year project, is to extend and enhance human lives through health services and community development. Damonti pointed out that a person may only spend half an hour with a doctor learning about HIV disease and possible treatment choices, but what happens in the other 23 1/2 hours in a person's day to support or negate what happened in the half hour with the doctor?

Not only is medical care essential, but so is community development to support people for all the steps they need to take outside their doctors' offices. It made me think about what happens here in Canada, and whether we too are applying this principle. What happens when you leave the doctor? Is your community supportive? Are you able to help yourself? If not, what kind of changes need to be made?

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Brief notes

Vaccine development

continues to be a challenge. HIV is difficult to target because despite its infectious nature, it is a fragile molecule. HIV has "poor fidelity and high replication" meaning that its structure is slightly altered in many of the cases of reproduction, making it difficult to attack with a vaccine aimed at one molecular structure.

Lipodystrophy is a common side effect of ongoing HAART for many people. Sixty percent of those taking a protease inhibitor as part of their regimen experience lipodystrophy. In the first six months of therapy, fat increases in the abdomen, while there is a loss of fat in the arms and legs of 14% per year. Non ARV related risk factors include being older and/or female. While there are some suggestions on how to deal with lipodystrophy, research stresses it is better to try and avoid it from the outset. The possibility of cardiovascular disease should influence the type of therapy your doctor designs.

For more information on the conference, check out the Canadian Association for HIV/AIDS website: <http://cahr-acrv.ca/english/home/>.

Canadian Conference on HIV/AIDS Research (continued)

Pregnancy and Childbearing

Researchers from Oak Tree Clinic, BC Centre for Disease Control, St. Justine Hospital (Montreal), and the Canadian AIDS Pediatric Group, among others, presented information on mother-to-child infections rates, treatment profiles, childbearing intentions and outcomes.

Heterosexual sex still remains the highest risk category for HIV infection in mothers. Twenty six percent of women with HIV between the ages of 18 and 44 who were surveyed reported that they expect to give birth in the future. Women in BC choosing to be tested for HIV during pregnancy has risen to 83% since HIV was put together with other prenatal tests.

With more women wishing to become pregnant, care providers are keen to support low-risk conception. In a study from Montreal, women who wished to become pregnant often tried to conceive through unprotected intercourse after studying their fertility patterns of ovulation. However, the women in this study were not instructed or supported to use at home self-insemination techniques. *Please note:* If you are interested in becoming pregnant, Oak Tree clinic can instruct you in at home self-insemination techniques that can reduce unnecessary risks to you and your partner. Contact them: 604.875.2212.

Antiretroviral treatment (ART) during pregnancy is now taken in 96% of women in Canada. Infants exposed to highly active antiretroviral therapy (HAART) have less than one percent infection rate. Since 1990, there has been a decrease in infection in Caucasian babies, but an increase in aboriginal babies. In a ten year study of women treated with antiretroviral therapy during pregnancy, researchers found that a third of women with HIV were more likely to give birth to babies

who were premature (less than 37 weeks from the woman's last menstrual period).

A study compared uninfected children in two groups to assess developmental issues. The first group was uninfected children who were exposed to antiretroviral treatment (ARV) during pregnancy and uninfected children who were not exposed to ARV therapy. The study found that while uninfected kids of HIV+ moms did show some differences in development between 18- 30 months of age, it was kids who were exposed to heroin or cocaine in both groups that were more delayed, independent of the mom's HIV status.

Vancouver's Safe Injection Site

Vancouver's safe injection site is a storefront operation in the Downtown Eastside that provides clean needles, a place to inject, care for injection related injuries, and referrals to other services. Researchers from Vancouver's safe injection site presented findings based on information given to them by people using the service.

There are over 600 visits a day, although this doesn't represent the number of people using the site every day (some people will use the site several times). About 200 new users visit the site per month. The average age of women using the site is 36 (40 for men), and the drugs most often used are heroin (40%) and cocaine (25-30%).

A third of the injection drug users living in the Downtown Eastside are living with HIV and 90% are also Hep C+. Risk factors for infection include sharing needles or related equipment, injecting cocaine, aboriginal ancestry, and previous time spent in jail.

People working at the safe injection site report that the majority of users are at the site less than 5 times in a month. There is always space for new users, so if you are using and interested in the site, don't hesitate to try it out.

Looking after yourself

Cervical Cancer Virus Reactivates Sometimes: Study

Human papillomavirus (HPV) - the main cause of cervical cancer - can be reactivated after lying latent in the body for years, providing a clue as to why HIV-positive women are vulnerable to the cancer, according to a new study.

Dr. Howard Strickler of New York's Albert Einstein College of Medicine and colleagues at eight other institutions studied 2,500 women who were examined every six months for an average of seven years. Most of the women became infected with HPV at some point, though it eventually became undetectable due to the immune system's ability to control it. But in 29 HIV-infected women, HPV infection cleared and then reactivated - despite the women being

celibate for 18 months or longer.

According to the researchers, this fits "a stringently defined pattern highly consistent with HPV reactivation." "That is, an initially detected HPV type was subsequently not detected for at least two sequential visits and then was detected a second time, in a subject who had remained sexually inactive from the time the HPV type became undetectable and then detectable again (minimizing the possibility of new sexual transmission)."

"Our data suggest that undetectable HPV infections become active much more frequently in HIV-positive women, which helps explain the extremely high rates of HPV infection in these women," said Strickler. The findings appear to support regular Pap exams in women with HIV and those with suppressed immune systems, like cancer or transplant patients, the researchers said.

The study also noted that women are much more likely to become infected with HPV after a recent sexual encounter. "Even one male sexual partner among married women (presumably a monogamous relationship with the subject's husband) was associated with risk of incident HPV detection," wrote the authors.

The full study, "Natural History and Possible Reactivation of Human Papillomavirus in Human Immunodeficiency Virus-Positive Women," was published in the *Journal of the National Cancer Institute* (2005;97(8):577-586).

Source: CDC HIV/STD/TB Prevention News Update 05/03/2005

Original source: Reuters (04.20.05)

Cervical Facts

The cervix is the lower part of the uterus. It is sometimes called the neck of the uterus.

The cervix is usually a barrier to infection, but is least effective during menstruation and ovulation.

During a pelvic exam, a few cervical cells are removed during a Pap test to check for infection.

If a Pap smear indicates abnormalities, your doctor will follow up with a colposcopy (a special exam of the cervix).

Late Developers' Sex Risk Warning

Results from a study of 127 young women from three sexual health clinics indicate that the risk of STD infection seems to be more closely linked to late sexual development than to early sexual debut. The researchers believe that girls who mature early may derive some protection from their hormones.

The subjects were age 17 or younger and had begun menstruation in the previous five years. Screening for genital infections - including chlamydia, human papillomavirus (HPV), and bacterial vaginosis found that almost two-thirds were infected with HPV; one in four had chlamydia; and more than half those with HPV had at least one other infection.

Certain behaviors affected particular infections, the researchers found. A recent new partner or condom use was associated with a lower risk for chlamydia. The use of emergency contraception was associated with a doubled risk of chlamydia. Smoking conferred protection against HPV, while sex during menstruation raised the risk of bacterial vaginosis. All three infections, however, were significantly affected by sexual maturity: The more sexually mature females were less likely to have any of the infections, even after adjusting for factors like the number of partners.

The key, the researchers believe, may be that females who reach sexual maturity earlier have high levels of estrogen, which might help reduce the risk of infection by speeding physical development and protective changes in the reproductive tract.

The risk of STD infection seems to be more closely linked to late sexual development than to early sexual debut.

Lead author Dr. Loretta Brabin said, "Our findings dispel the myth that vulnerability to sexual infection is all about the age of onset of sexual activity and high risk behavior." Still, she warned that no young woman should engage in risky sexual activity, especially since the research shows they are more likely to contract multiple STDs.

The full report, "Biological and Hormonal Markers of Chlamydia, Human Papillomavirus, and Bacterial Vaginosis Among Adolescents Attending Genitourinary Medicine Clinics," was published in *Sexually Transmitted Infections* (2005;81:128-132).

Source: CDC HIV/STD/TB Prevention News Update, Tuesday, April 12, 2005

Original Source: BBC News (03.31.05)

May Retreat Tales

The Power of the Kayak



Sangam takes to water

Bowen Island was once again the site of a PWN retreat (May 13-15). Positive women came from different points in BC to learn, relax and connect. Confidential discussions covered all aspects of HIV. Workshops were varied. Self care included massage and crafts. But the big theme of the evaluations turned out to be... water.

One of the activities was kayaking, and it was a huge hit. A question on the evaluation was "What was the best thing about the retreat?" The answer from many of the women was "Kayaking!" One woman said kayaking was the best because, "It felt like I was powerful, free and very happy!" Another loved it because she was "doing something I feared." Yet another comment was, "We've kayaked- that's big."

For future retreats, the watermania continued. Summer retreats were requested so that everyone could go fishing and swimming. Campfire roasts are wanted at night, and horseback riding and hikes are also on the list of requests.

The one thing that almost every woman would change would be the length of the retreat- everyone wants more time. As one woman said, "We need two full days of excitement!"

The connections that are made between people are precious and held precious by all. Some comments:

"It was so amazing to be with so many positive, strong women and to be able to laugh until it hurt."

"Being from a community where we don't have retreats, it's a great opportunity to meet women and have some time for me!"

"I find great peace in connecting with other women. Being able to gather strength from those around me."

"I learned a lot about my HIV symptoms. I'm really not alone."

"With our differences, with our different backgrounds, origins, at the end we were there for the same goal."

There were some things that people say need improvement: "The weather," being on time for opening and closing rounds and snacks (make more available and buy more chocolate). People rated the retreat "good" to "excellent," but no one said they had a lousy time.

If you were there, you know. If you've never attended, consider it. It can be scary to meet so many new people and talk about HIV, but as everyone will tell you, it's worth it. You don't have to kayak... but you could!

PWN Annual General Meeting

PWN's Annual General Meeting was held on June 27. Women were celebrated and mourned, and new Board members were elected to take PWN forward in the next year. The candlelight ceremony that started the meeting was a quiet representation of what brings us all together: to address the needs of women with HIV and educate communities in supporting women.

The Board has four new faces: Tina Bedard, Teresa Jakubiak, Karen Stone and Yasmin Windsor. Tina has worked on staff at PWN as a support worker. Teresa Jakubiak has a background in the arts and brings a Vancouver Island perspective from Malahat. Karen Stone has worked in HIV and human rights, and is the Executive Director of the BC/Yukon Society of Transition Houses. Yasmin Windsor is a street nurse in the Downtown Eastside who brings firsthand experience in supporting women living with HIV- if you've been to a retreat, you know Yasmin!

Members returning for a second term include Lisa Gifford, Kurstin Leith, and Roberta Vezina. A grateful thank you to Janet Durante, who is leaving the Board after a five year relationship with PWN. Janet, you will be missed greatly!

The next year will be an exciting one at PWN as we look towards next summer's International AIDS Conference to be held in Canada (Toronto) in August 2006. Executive Director Marcie Summers represents PWN in the national advocacy group working to bring women's issues to the front at the International Conference (National Blueprint for Action Committee). Look for more in upcoming newsletters.

Board meetings are open to all members and usually held on Mondays. Call for dates and times.

make PWN the top Community partner at the AIDS Walk for Life

September 25, 2005

In the past few years, PWN has been the top community partner of BCPWA at the AIDS Walk, raising the most money amongst all community partners. Will you help us do it again?

This year's Walk for Life is scheduled for September 25, 2005. This will be the 20th annual walk to raise money and awareness for HIV/AIDS and its effect on many communities.

This year, BC Persons with AIDS Society has decided to join a movement to renew peoples' commitment to the AIDS Walk. A new national campaign is called the AIDS Walk for Life. Organizers hope that this national movement will help increase awareness of issues for people living with HIV/AIDS through increased involvement in the annual AIDS Walk.

Join PWN as a member of our Walk team. Help raise awareness in your community! Call 604.692.3000 for information about being part of the PWN team.



Events and Program Information

Quick Calendar: go to www.pwn.bc.ca for for updates

Monday	Tuesday	Wednesday	Thursday	Friday
Drop-in Closed	Drop-in open 11:30-3:30 Lunch 12-2 Foodbank 12-2	Drop-in open 11:30-3:30 (Closed on Cheque Issue Wednesdays)	Drop-in open 11:30-3:30 Lunch : 12-2 Women's Wellness, 12 Mind/ Body Connection Group, 5:30PM. See details below.	Drop-in open 11:30- 3:30

Mind/ Body Connection

If you've been attending the Mind/ Body connection group, July dates are 7, 14, and 21.

There will be a new support group starting in August. Please **contact Sangam for dates and details** (604.692.3006).

Join us for the annual picnic!

Join us Tuesday August 23rd at 12 noon for the annual summer picnic. What's for lunch? Kentucky Fried Chicken and hopefully, a sunny day to enjoy it. Meet at PWN at 11:30 and walk down with the group or meet us on the grassy area at the bottom of Thurlow Street (near Sunset Beach) around noon. Look for familiar faces on blankets in the shade.

Grocery Vouchers for Members

It's a holiday time in July! Just this once, PWN will be distributing grocery vouchers to all PWN members. We are happy to be able to provide this kind of extra practical assistance in addition to our Winter Holiday voucher program.

If you are a PWN member, come down on Tuesday, July 19th, between 12 - 2 to pick-up your grocery voucher. If you do not pick it up that day, it will be mailed out to you. All PWN members living outside of the Lower Mainland will receive a grocery voucher by mail. Please call Bronwyn at PWN (604.692.3008) to update your address or if you have any questions.

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Events and Program Information

Thursdays are warming up...

Thursday lunches are getting hot! Not the food- the company. Join the growing number of women who come to hang out on Thursdays. Like Tuesdays, the food is good, the conversation is great and the company can't be beat. Come on down between noon and two for a "chat and a chew." (thanks, Slickety Jim's...). If you have ideas for special discussions or activities on Thursdays, talk to Allison (604.692.3005).

Congratulations to Jeannie Lowe on her 5th anniversary at PWN!

Jeannie Lowe has been in the position of Resource Coordinator at PWN for five years. You may not know Jeannie, as she is the hub in the background that keeps things functional. Jeannie can change priorities at a moment's notice, keep multiple systems in mind, look at the big and the small picture, be responsive to program and staff needs, and ensure that multiple resources are available and accessible.

Jeannie is the perfect person for this job. She brings her amazing organizational and analytical skills, a fresh perspective, an unerring eye for detail, and a commitment to excellence. All of us in the PWN community rely on her broad range of skills, her smarts, and her genuine commitment to our members and to our mandate. Thank you Jeannie for all you do to keep PWN healthy and effective!

Member support on-line

If you can't get in to PWN to meet other members but you do have access to a computer, go to the Woman-to-woman bulletin board on Women & AIDS Virtual Education (WAVE). There you can talk about issues that matter to you with other women. You'll find how to protect your confidentiality while still getting access to support and information. Visit www.pwn-wave.ca to check it out.

While you're there, see the new information on making treatment decisions and HIV and Microbicides. What else would YOU like to see? Let us know: pwn@pwn.bc.ca or 1.866.692.3001.

Foodbank

The Foodbank is open Tuesdays, and there is no pick up on any other day. The foodbank is closed the day before cheque issue (July 26, August 23, September 27).

Do you have something to share with other members? Deadline for submissions to the next newsletter is August 17. Send submissions to janetm@pwn.bc.ca or by mail (see last page).

Connect with Us!

in person

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(between Burrard and Thurlow)

by mail

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1.866.692.3001 (toll-free in BC)

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meet us: www.pwn.bc.ca
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**Positive Women's
Network**

Positive Women's Network supports women living with HIV/AIDS to make informed choices about their health. We provide safe access to HIV/AIDS-related support, advocacy and education/prevention to women and their communities throughout British Columbia, Canada.

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Unless otherwise noted, all materials in this newsletter are written by Janet Madsen, Communications Coordinator (janetm@pwn.bc.ca)

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