



Women & HIV Trends Report

Positive Women's Network
www.pwn.bc.ca

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*A summary of notes with a women's focus on HIV, STIs, social development, treatments and more.
For more detailed information, contact Positive Women's Network.*

HIV Prevention: Female Condoms

Female Condom Maker Gets Distribution Deal in India

CHICAGO - The Female Health Company, a manufacturer of the female condom, said Wednesday it had signed a deal with an Indian company to market and distribute its product on the subcontinent.

The deal with Hindustan Latex Ltd, India's leading male condom manufacturer, paves the way for the US company to broaden distribution of its product in India — a country where approximately four million people are infected with the HIV virus.

The two companies have been collaborating since late 2001 on pilot projects involving the distribution of free condoms to women in the states of Kerala, Andhra Pradesh and Maharashtra at health clinics run by aid agencies.

Preliminary feedback from the acceptability studies was "favourable," said Mary Ann Leeper, president of the Chicago-based company.

Leeper said she expects to ship up to one million units initially, most of which will probably be distributed to state health agencies and aid agencies.

"This isn't a product you can just put on the shelf. It requires an education program," she explained.

In 2002, the company sold 12.5 million condoms, approximately 85 percent of which were shipped to countries in the developing world, including Brazil, South Africa, Namibia, Zimbabwe, Zambia and Botswana.

The condom, the only female-initiated barrier method of disease prevention, is marketed as a tool to protect women against sexually-transmitted diseases and unwanted pregnancies.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 07 Sept 2003.
gender-aids@healthdev.net*
Original Source: *AEGIS Digest, Vol. 1145, No. 3, 03 Sept 2003.
www.aegis.org/news/afp/2003/AF030907.html*

HIV Prevention: Male Condoms**Negotiation
Strategies with
Consistent
Condom Use**

ZIMBABWE - Voluntary HIV testing and counseling is currently being implemented worldwide, particularly among pregnant women, as research demonstrates that it can profoundly reduce risky sexual behavior among those who test positive or those in serodiscordant relationships.

The development of condom request strategies should be an integral part of counseling. Little is known about what strategies are used, nor the differential effectiveness of specific strategies in persuading male partners to use condoms. The authors aimed to identify condom negotiation strategies used by HIV-seronegative Zimbabwean women after a prevention intervention.

They further explored the effectiveness of specific strategies in achieving consistent condom use (CCU) with male partners.

Study participants were considered if they were women age 18 or older, sexually active with men at least 10 times during the previous three months, using contraception or otherwise not able to become pregnant, and willing to be tested for HIV and receive the result. Women were excluded if they reported condom use at more than 50 percent of all sexual episodes in the previous three months; were HIV-seropositive; or were unable to speak English or Shona. Altogether, 359 women were eligible for the study and 339 were enrolled. Of these, 260 women completed all four study visits, yielding a retention rate of 77 percent. The average age of participants was 29 years. Most participants (96 percent) were married and had at least one child (99 percent).

Each of the four study visits occurred at the clinic. At the first visit, all participants were screened for eligibility (excluding HIV status); those who were eligible received a medical examination and enhanced pre-test counseling (the first component of the intervention). Serum was drawn to test for HIV-

The participants returned two weeks later for their HIV-1 results. HIV-seronegative women were enrolled and underwent a face-to-face interview assessment of their sexual behavior and other reproductive health factors. They received the second counseling session and an ample supply of condoms in a plain cloth package.

One month after second visit, the women underwent assessment again and received a third "booster" counseling session (an abbreviated version of the earlier session) and again received condoms. At this visit, women reported which negotiation strategies they had used with their partners in an open-ended format. Two months after the "booster" session, the participants underwent their final interview assessment, which focused on sexual behavior in the previous two weeks.

The intervention achieved impressive levels of self-reported CCU, posting an increase from zero pre-HIV test to 42 percent post-test and intervention to 63 percent at booster intervention and 55 percent at the two month follow-up.

Six strategies were identified and used by at least 10 percent of women. Forty-seven percent of the participants used a strategy of remarking that condoms prevent HIV/AIDS. Twenty-five percent of the women mentioned participation in the study, e.g. "We are encouraged to use condoms by the people at the study."

Another, alluding to her own negative HIV test result, was used by 15 percent of respondents. Strategies involving efforts to exonerate their partners of blame, e.g. "Using condoms does not mean you are promiscuous," were used by 12 percent. A fifth strategy, reported by 11 percent of women, based the request on the high prevalence of HIV/AIDS in their community. Finally, 11 percent of women mentioned her partner's earlier infidelities or her own lack of trust in him.

Of the six negotiation strategies identified, only one, mentioning the prevalence of AIDS in the community, was significantly associated with CCU two months after the intervention ended. Perhaps "focusing on the virus, or the community at large, creates less resistance and greater cooperation than using strategies that focus on either or both members of the couple. In Zimbabwe, as in other cultures where group identity is more salient than individual identity, these indirect and non-threatening appeals may be more effective than appealing to individual behaviors," the researchers reported.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 07 Sept 2003.
gender-aids@healthdev.net*
Original Source: *SAATHII Focus on Science, 01 August 2003.
www.saathii.org*

Officials Target Spermicide in Condoms

CALIFORNIA - Behind-the-scenes efforts to persuade some of the largest condom manufacturers to stop using a spermicide that may increase the risk of HIV and urinary tract infection have failed, so several California legislators, AIDS activists and women's groups set out this August to shame them into it.

At a news conference in Sacramento, Assemblymember Paul Koretz and Assembly Speaker Herb Wesson expressed frustration after the presidents of three major condom producers recently refused to meet with them to discuss the spermicide nonoxynol-9.

"Since January, I've tried to negotiate quietly with representatives... to encourage them to phase out nonoxynol-9," said Koretz.

Koretz, Wesson, AIDS Healthcare Foundation President Michael Weinstein, Sonja Herbert of the National Women's Health Network and others signed an open letter to the Food and Drug Administration, retailers and condom and lubricant makers.

"Until recently, N-9 was believed to be an effective chemical barrier against HIV and a variety of other sexually transmitted infections," said the letter. "Recent studies published by [UNAIDS], the World Health Organization, [CDC] and numerous peer-reviewed medical journals have concluded the N-9 not only does not help prevent [STDs], in some circumstances it actually increases the risk of contracting HIV."

Wesson, who said he has lost three family members to AIDS, called on the companies to put ethics over profit. Assemblymember Sally Lieber stressed that the letter-signers did not object to the use of N-9 in over-the-counter vaginal spermicides specifically used for birth control.

Among manufacturers cited at the conference were Church & Dwight, maker of Trojans, and Ansell Limited, an Australia-based company that makes Lifestyles condoms. Other condom producers such as Johnson and Johnson and Mayer have stopped using N-9.

In a statement, Church & Dwight said consumers could become confused by the calls for market removal, resulting in reduced condom use. Rather, condom makers "are already working with the FDA on revised labeling" for condoms with N-9 "to ensure they are used appropriately."

Around 35 percent of condoms sold in the United States contain a spermicide, and N-9 is the only one used.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 03 Sept 2003.*
gender-aids@healthdev.net

Original Source: *CDC HIV/STD/TB Prevention News Update, 08 August 2003.*

HIV Prevention: New Resources

New HIV/AIDS Training Tools Available

The Centre for Development and Population Activities (CEDPA) is pleased to introduce a new set of training manuals for program managers and trainers working on HIV/AIDS.

In addition to this series, CEDPA also now offers a training manual on dual protection against STI/HIV/AIDS and unwanted pregnancy.

The new four-part series: "Integrating Reproductive Health and HIV/AIDS for Non-Governmental Organizations, Faith-Based Organizations & Community-Based Organizations," was produced under the Enabling Change for Women's Reproductive Health (ENABLE) project, funded by USAID.

* Family Planning Plus: HIV/AIDS Basics for NGOs and Family Planning Program Managers introduces NGO staff and communities to the issues and challenges faced by people living with HIV/AIDS. Topics include modes of transmission and prevention, cultural and social factors contributing to the spread of HIV/AIDS, health issues of the immune system and disease progression and strategies for coping and living with HIV/AIDS.

* Female Condom and Dual Protection: Training for Community-Based Distributors and Peer Educators helps community workers address issues and behaviors that contribute to unintended pregnancy and the spread of STIs and HIV/AIDS. The manual introduces the female condom, provides strategies to bring about behavior change to ensure dual protection and reintroduces the use of the male condom.

For copies of these training manuals and other related reports, visit :
www.cedpa.org/publications/enable/

All ENABLE publications are available in print, PDF or CD-ROM.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 26 Sept 2003.
gender-aids@healthdev.net*

HIV a Gender & Human Rights Issue

BOTSWANA - An international conference focusing on the impact of HIV/AIDS on women opened this past September in the Botswanan capital, Gabarone. Delegates are calling for policy changes to look at the disease as a social issue, not just a medical one.

Mary Robinson, the former UN High Commissioner for Human Rights, says it's time HIV/AIDS was considered a gender and human rights issue.

She says, "I think that's a dimension we don't hear enough about, given that 58 percent of those infected here in sub-Saharan Africa are women. And the experts tell me that in 20 years time overall it could be something like 70 percent. So, it is a disease that has a great bearing on women, whether they're victims or caregivers, whether they're policymakers trying to cope with this as we're trying to do here in this conference."

The former president of Ireland says it is clear what legislative action needs to be taken.

He says, "We need to change inheritance law. We need to have micro-credit facilities to empower women. We need to ensure there's no discrimination against the girl child, against minorities. We need to tackle the difficult climate at the moment of reproductive health. It's very unfortunate that we have kind of a fundamentalist attitude just when women desperately need access to family planning services to real choices that they make themselves and are empowered to make. So we have a lot to do."

She says there are many parliamentarians in Botswana and elsewhere who are enthusiastic about gender and human rights issues and about programs to fight HIV/AIDS. But she says they need encouragement - not lectures.

"We don't need to come in as Europeans or Americans, whatever, from the outside with all the wisdom. We don't have it. We need to come in in support," she says.

At the Botswana AIDS conference, Mary Robinson introduced one of the keynote speakers, former South African Member of Parliament Pregs Govender. Ms. Govender has been a critic of her government's past policies on fighting AIDS. She says the disease has had a terrible impact on poor women in her country.

She says, "What HIV/AIDS has done is deepen the problems that women have experienced because of poverty and because of gender-based violence. So you find that those women, particularly who are extremely poor, have no access to good nutrition, have no access to medication of any kind and are most vulnerable to violence because there is inadequate street lighting, transport, etc."

HIV Trends: Sexual Health Information about Women

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She says HIV/AIDS highlights the need to give women access to land, housing and employment. This, she says, would allow women to become independent and make choices.

Ms. Govender says, "Women do not have to stay in those situations of violence, for example, because they have no choice."

Despite her past criticism, Govender is optimistic about her country's future. She says South Africa now faces many of the same problems that Brazil encountered in the mid 1990's. However, she says with a concerted national effort and a strong treatment and prevention program, Brazil was able to reduce the mortality rate from HIV/AIDS by over 50 percent. She says Brazil was also able to reduce hospitalization from AIDS-related illnesses by 85 percent.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 15 Sept 2003.
gender-aids@healthdev.net*
Original Source: *IPPF NewsNewsNews, 12 Sept 2003.
News@ippf.org*

Report on Gendered Experiences of PWHAs Now Available

SOUTH AFRICA - A workshop on "Gendered Experience of people who are HIV positive" hosted by the Women's Health Research Unit (WHRU) in the School of Public Health and Family Medicine at the University of Cape Town was held in May 2003.

The workshop summary, together with abstracts of all presentations and copies of most of the presentations, may be downloaded from the WHRU website: www.whru.uct.ac.za.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 22 Sept 2003.
gender-aids@healthdev.net*

Behavioural Trends: Age**Older People
Forgotten in
HIV/AIDS Battle**

NAIROBI - "I cannot go to funerals or weddings, not even to church because I have to be with him all the time - most of the time I can't even go to the fields to plough." So sighed an exhausted elderly Botswanan woman who cares for her dying adult son.

HIV/AIDS discourse tends to centre around the effects of the pandemic on sexually active age groups, usually considered to be the young and middle-aged. The general misconception is that people over 60 are past their sexual lives. As a result, very little has been done to address the disease's effects on this group. Data on the older population is scarce.

Throughout Africa, the situation of older people in the face of HIV/AIDS is the same. In a vast majority of African communities, the disease remains a taboo subject and is poorly understood. Knowledge of a family member's infection is concealed.

Caregivers - mostly women - may not be knowledgeable of the nature of their children's illness because public education campaigns do not target older people. Training is seldom provided in basic care and infection control practices, thus exposing them to possible HIV infection. Consequently they may spend scarce resources in the futile search for a cure, thus sinking deeper into poverty.

AIDS service organisations and policy makers also tend to overlook the important role played by older persons as contributors to community coping mechanisms, as breadwinners and carers of the infected and their orphaned grandchildren.

Studies by the organisation Help Age in Kenya revealed that more than 90% of the older carers are women. They therefore feel the impoverishing effects of the pandemic more than men. Many of them sell their meagre belongings to secure treatment for ailing adult children. Since most of their time is taken up caring for the sick, these women cannot engage in income-generating activities. With dwindling money and other resources, acquiring food therefore becomes a problem. They deny themselves whatever little they get to feed the family and can become malnourished. Poverty eradication programmes need to address the need for financial support for older generations to enable them to carry out their new role effectively.

During the week preceding ICASA, HelpAge International, a global network of NGOs working with disadvantaged older people, facilitated a two-day workshop on HIV/AIDS and Older People. Speakers presenting workshop sessions appealed to the international community to fulfill socio-economic commitments made at the 2001 United Nations Declarations on HIV/AIDS. All workshop participants called on African governments to establish legal and policy frameworks to protect the rights of Older People and ensure the

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economic security of older care-givers.

Mark Gorman, deputy CEO of HelpAge International described older people as "the forgotten and invisible army in the war against AIDS. If we don't want to have more orphanages and children on the streets, we have to help older people care for and love their grandchildren." He called for an intergenerational approach in tackling the orphan crisis in Africa.

Maisoon Bukhari, a health officer at the HelpAge Sudan based in Juba reported on activities that involved older people in facilitating social gatherings on conflict resolution and child care. From the workshop, she said she had learned the importance of decentralising services provided to older people.

Workshop case studies from Africa and Asia demonstrated innovative approaches and showed that with will, even minimal resources can have enormous impact on the lives of caregivers and children.

At the conclusion of the workshop, participants recommended that older people and orphans should have a central role in designing and implementing community-based programmes and declared their firm resolve to strengthen communities and families to support older people caring for orphans and older children. They also called on NGOs, CBOS and FBOs to include older people in all programmes addressing vulnerable children.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 25 Sept 2003.
gender-aids@healthdev.net*

Behavioural Trends: Pregnancy**Reproductive
Behaviour
Similar among
HIV+ and HIV-
Women**

NEW YORK - Contrary to findings reported before antiretroviral therapy became widely available, HIV-positive women differ little from HIV-negative women in their reproductive beliefs, attitudes, and behaviors, according to a report in the August 15th issue of the *Journal of Acquired Immune Deficiency Syndromes*.

Earlier findings suggested that women with HIV were less likely than HIV-negative women were to report pregnancy intentions and actual pregnancies and were more likely to report elective abortion, the authors explain.

Dr. Tracey E. Wilson from State University of New York, Downstate Medical Center, Brooklyn, New York and colleagues in the Perinatal Guidelines Evaluation Project examined attitudes, behaviors, and pregnancy rates of postpartum women with or at risk for HIV infection, and assessed behavioral and cognitive factors that may influence condom use.

By the 6-month postpartum interview, 2.7% of HIV-positive women and 2.0% of HIV-negative women were pregnant again, the authors report. Most women in both groups reported having engaged in vaginal sex since the baby's birth.

About two-thirds of the sexually active women reported condom use, the results indicate, and consistent condom use was more common among HIV-positive women (72% consistency) than among HIV-negative women (53% consistency). HIV-positive women were less likely than HIV-negative women, however, to report oral contraceptive use.

In multivariate analyses, inconsistent condom use was associated with postpartum alcohol use, with the intention to terminate a pregnancy if it were to occur within the next 6 months, with respondents stating that a pregnancy within the next 6 months would not be emotionally upsetting, and with HIV-positive women who had at least 1 child infected with HIV.

Apart from having a child infected with HIV, none of the other factors influencing the likelihood of inconsistent condom use were moderated by maternal HIV status, the report indicates.

These findings suggest the need for assessment of alcohol use and interventions aimed at promoting safer sexual behaviors that include discussions of both disease transmission and reproductive factors in the immediate postpartum period, the investigators write.

"Sexual behaviors resume shortly after birth for a majority of both HIV-infected and uninfected women," the authors conclude. "Consequently, pregnancy and the immediate postpartum period present an important opportunity for delivering risk reduction, family planning, and HIV-related messages."

Source: *HIVandHepatitis.com*, 29 Sept 2003.

Original Source: *Journal of Acquired Immune Deficiency Syndrome*, 33, 15 Aug 2003.

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HIV/AIDS Rising in Pregnant Women, Papua New Guinea

PAPUA NEW GUINEA - HIV/AIDS cases among pregnant women in Port Moresby, Papua New Guinea, have increased tenfold since 1994, rising from 0.08 percent to 0.8 percent in 2002.

This was the grim message from Professor Glen Mola of the University of PNG at a weeklong medical symposium in Mt. Hagen. Citing the epidemic's spread in sub-Saharan Africa, Mola said it is urgent to identify risk behaviors and institute measures to modify them.

In his paper titled "Awareness and Attitudes Toward HIV Among Pregnant Women at the Antenatal Clinic, Port Moresby General Hospital," Mola said evaluating current awareness and attitudes toward HIV is critical. Results from interviewing 122 women at the antenatal clinic at PMGH showed that four out of 122 women did not know about HIV; 97 percent knew HIV was spread through sexual contact; 96 percent knew about mother-to-child transmission; and 69 percent knew about infection through breast feeding.

However, Mola said there were also many misconceptions about HIV, including beliefs that the virus could be spread by mosquitoes and by caring for an AIDS patient. Just 51 percent of women with little or no education knew that HIV was not spread by caring for an AIDS patient.

A majority of women received information about HIV through the media, and Mola said AIDS campaigns have succeeded in making women aware of HIV as an STD.

"However, the high frequency of misconceptions makes it probable that patients are stigmatized," Mola said. "This is particularly true for the low educated women," he added.

Improving the general level of education of both men and women, encouraging women to have more control over their sexuality, and increasing women's status in society are some of the tools to help more effectively fight HIV, said Mola.

*Source: Prevention News Digest, Vol. 1, No. 463t, 08 Sept 2003.
gender-aids@healthdev.net*

Original Source: Papua New Guinea Post-Courier, 04 Sept 2003.

Behavioural Trends: Canada**Canadians
Ignorant about
HIV/AIDS,
Poll Reveals**

CANADA - One in four Canadians believe they can contract HIV/AIDS through kissing and mosquito bites, and nearly 20 percent believe AIDS can be cured if treated early, according to a new national survey commissioned by Health Canada. The poll indicated complacency setting in among Canadians toward the global epidemic.

"HIV/AIDS - An Attitudinal Survey" is a baseline study for Canada's public awareness and information campaigns. It involved 2,004 telephone interviews with Canadians over age 15 in March 2003, and has a 2.2 percent margin of error.

The report said there is a "knowledge gap" in society about the government's approach to AIDS, though support is apparently high for the efforts. It recommended more education on prevention and research by the federal government.

"Given that the fatal nature of HIV/AIDS is not well understood, messages regarding safer sex may have their strongest impact when coupled with the message of fatality," no matter how long after contracting HIV that death occurs, the report concluded.

"Incidence and prevalence remain high despite numerous education and health promotion initiatives and raise questions as to why. Among the hypotheses offered are: complacency or optimism related to the perceived success of drug therapies..." said the report. "With respect to behavior, safer sex is practiced by a minority of the sexually active and almost always as a result of casual or multiple partners."

On how HIV is transmitted, most people (84 percent) identified unsafe sex and almost half cited sharing drug needles. More than one-third named blood transfusions. When prompted, responses for kissing and mosquito bites jumped to 25 percent, while for sneezing and coughing it went up to 11 percent, and up to 8 percent for simple contact with objects. Only 3 percent said "casual contact" is enough for transmission.

"The most current estimates indicate that, in 1999, 49,800 Canadians were living with HIV infection (including those living with AIDS), representing an increase of 24 percent since 1996," according to the report.

Source: *Prevention News Digest, Vol. 1, No. 463t, 08 Sept 2003.*
gender-aids@healthdev.net

Original Source: *Ottawa Citizen, 01 Sept 2003.*

Chlamydia Prevalent among Female Army Recruits

USA - Nearly 10 percent of female US Army recruits tested positive for the bacterium that causes the STD chlamydia, according to a new study.

Researchers from the Department of Defense, the Army and Johns Hopkins University also discovered that the number of recruits testing positive for the STD increased over duration of the study (1996-1999).

"These rates are of great concern, and the Army should implement routine screening of its female recruits at entry into the military to protect their health," said lead author Dr. Charlotte Gaydos, associate professor of medicine at the Johns Hopkins University School of Medicine.

"While chlamydia infection usually shows no symptoms in women, it is a major underlying cause of pelvic inflammatory disease, ectopic pregnancy, and infertility," said Gaydos.

The study results are clear evidence of the need for initial and continued screening programs for young women entering the Army, Gaydos said. Such programs have proven to be cost effective - particularly when compared to the health problems associated with untreated infections - and considering that a highly sensitive test requiring only a urine sample is now available, she continued.

The researchers conducted urine-based testing for chlamydia on 23,010 non-healthcare-seeking female Army recruits between January 1996 and June 1999. They found that 9.51 percent of women tested positive for chlamydia for all years the study was conducted, and that the rates increased from 8.51 percent to 9.92 percent during the course of the study.

Several risk factors were associated with infection, including black race, youth (under age 25), Southern hometowns, more than one sex partner, and a history of other STDs.

According to CDC, chlamydia is the most frequently reported bacterial STD in the United States. In 1999, more than 650,000 cases were reported, and three of every four cases occurred in people under age 25. Under-reporting is substantial because most people with chlamydia are unaware of their infection and therefore do not seek testing.

The study, "Sustained High Prevalence of Chlamydia trachomatis Infections in Female Army Recruits," was published in the July issue of the journal *Sexually Transmitted Diseases* (2003;30(7):539-544).

Source: *Prevention News Digest*, Vol. 1, No. 463t, 08 Sept 2003.
gender-aids@healthdev.net

Original Source: *Women's Health Weekly*, 04 Sept 2003.

HIV & STI Correlation, South Africa

SOUTH AFRICA - The correlation between sexually transmitted diseases (STIs) and HIV came out clearly in the six presentations made at the session on STIs this past September. In all the studied countries - Mathare in Nairobi, Jos in Nigeria, Ghana, Kwazulu-Natal in South Africa, and Uganda - prevalence rates among women were higher than in men.

Marjory Kabura, an investigator from a joint study between the University of Nairobi and University of Washington, on syphilis testing in antenatal settings with HIV-1 seroprevalence in Mathare Nairobi, revealed the impact of a diagnosis of syphilis. It followed that women were more likely to accept condoms, to bring their sexual partners for voluntary counselling and testing (VCT), and report any physical abuse. There were thus repercussions on relationships if women are syphilis positive.

A study on preparedness of facilities to deliver STI services revealed that non-trained staff were providing services which compromised the quality of service. Male condoms were readily available in all the clinics but looking at the STI trends, it was crucial to refocus condom campaigns from distribution/accessibility to proper use.

Another study among HIV-positive pregnant women in Jos, Nigeria, brought up the controversial issue that Christian women had a higher HIV positivity than Muslim women. This left room for speculation and it would be important for social scientists to take on this research.

A few traditional self-medication methods of treating STIs were revealed by a study in Kwazulu-Natal. An increased intake of a Vitamin B, strong alcohol and orange juice solution to clean up genital ulcers and to clear off vaginal discharge or even the use of palm wine. It was however clear from all the studies that it is very important to seek rapid plasma reagin (RPR) or a venereal disease laboratory (VDRL) test and to reconfirm diagnosis by taking a treponemal test before commencing on treatment.

Emerging issues from the discussion raised various concerns. A youth delegate feared that older people might become complacent because most of the studies indicated upward STI trends among the youth. A young man working with the African Medical Research Foundation (AMREF) was disappointed that the studies were all focused on syphilis, an STI studied extensively before. Another reflection from the audience was that the studies were all done on poor, low-income status communities, leaving a wrong impression that the rich or advantaged groups were not affected by STI and therefore probably did not suffer from HIV. It would be very informative if more studies were done on the higher income groups.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 26 Sept 2003.*
gender-aids@healthdev.net

Original Source: *AF-AIDS, 24 Sept 2003.*
af-aids@healthdev.net

Safety of Longer Intervals between Pap Tests Debated

USA - Some medical groups caution that annual Pap tests using liquid preparations approved by FDA in the 1990s are unnecessary for many women. The increased sensitivity of the new tests, they maintain, results in the detection of more abnormalities that ultimately prove to be harmless.

Less-frequent testing could mean fewer unnecessary follow-up exams and savings in both money and anxiety, according to Debbie Saslow, PhD, director for Breast and Gynecologic Cancer at the American Cancer Society. "If you use the liquid Pap, don't do it every year because you are going to get a lot of false-positives," she said.

For more than 15 years, the cancer society has recommended against annual Pap tests, Saslow said. But evidence of the sensitivity of the new tests might persuade doctors and patients to lengthen the amount of time between tests, she speculated. However, the American College of Obstetricians and Gynecologists issued a practice bulletin July 31 that recommends that most women, including all under age 30, have an annual Pap test regardless of the testing method used. The US Preventive Services Task Force and CDC both endorse screening every three years for many sexually active women.

A federally funded trial, the ASCUS/LSIS Triage Study, resolved the question of what to do about the mild abnormalities that often show up on Pap tests. Although most abnormalities were known to go away, physicians remained confused about which irregularities were more dangerous and needed more monitoring.

The study found that testing for HPV identified virtually all the common abnormalities - known as atypical squamous cells of undetermined significance - that needed treatment. Findings of the multicenter, 5,000-woman trial showed that HPV tests "do a beautiful job of clarifying ASCUS," according to Mark Schiffman, MD, co-director of the National Cancer Institute trial. "In medicine, it's rare to have an answer that is so clear."

FDA recently approved the HPV test as a screening tool that could be used in combination with the Pap test in women over 30. A recent study reported that the ThinPrep Pap test, a liquid based instrument, produced an unacceptably high rate of false positives among women taking oral contraceptives, a contention the manufacturer, Cytoc Corp., denies.

For the study, "Oral Contraceptive Pills Are Associated with Artifacts in ThinPrep Pap Smears that Mimic Low-Grade Squamous Intraepithelial Lesions" in *Cancer Cytopathology* (2003;99;(2):75-82),

Ohio State University pathologists rechecked the Pap tests of 84 women on birth control pills whose initial results with ThinPrep were diagnosed as abnormal. On reexamination, two-thirds of the women had no abnormalities, the study said.

"So we are telling these poor ladies that they have a venereal disease when they don't," said Gerard J. Nuovo, MD, professor of pathology and the study's lead author.

A spokesperson for Cytex Corp. maintained the fault was not with the test but with the laboratory that conducted the test. The effect of birth control pills on the appearance of cells is well known, and is an important part of the company's four-day training course on using the system, said the spokesperson. Nuovo said physicians should be alert to the possibility that Pap results with ThinPrep that show low-grade abnormalities could actually be perfectly normal changes.

Source: *Prevention News Digest, Vol. 1, No. 463t, 08 Sept 2003.*
gender-aids@healthdev.net

Original Source: *American Medical News, Vol. 46, No. 31, 18 Aug 2003.*

HIV & Pregnancy

Discontinuing HAART during First Trimester Affects HIV Viral Load & CD4

ITALY - HIV positive women who are already receiving antiretroviral medications when they become pregnant have the option to continue or discontinue therapy during the first trimester. In the current study, these two strategies are compared in terms of plasma human immunodeficiency virus viral load and CD4 cell count.

Seventy women who attended the clinic of the Department of Obstetrics and Gynecology at the University of Milan, Italy were enrolled. Four different periods for laboratory evaluations were conducted: pre-suspension, suspension, second trimester, and third trimester.

Thirty-two women (46%) discontinued antiretroviral therapy; 38 women (54%) did not. Whereas plasma HIV virus viral load and CD4 cell count did not significantly vary during pregnancy in patients who did not interrupt the therapy, these two variables were influenced significantly by the discontinuation of treatment ($P < .001$ for both).

HIV viral load increased during the suspension period and regressed promptly to baseline levels as soon as the therapy was reintroduced. A transitory decrease in CD4 cell count was also documented, but the recovery tended to be slower.

The authors conclude, "The suspension of combination antiretroviral therapy during the first trimester of pregnancy transiently corresponds to an increase in human immunodeficiency virus viral load and a decline of CD4 cell count."

Source: *HIVandHepatitis.com, 06 Oct 2003.*

Original Source: *Journal of Obstetrics and Gynecology, Vol. 189, No. 2, Aug 2003.*

Relationship of Pregnancy to HIV Disease Progression

NEW YORK - Researchers at Maimonides Medical Center and SUNY Downstate, Brooklyn, New York compared the immunologic, clinical and virologic courses of 953 women who had no additional pregnancy after their index pregnancy, with the courses of 329 women who had a second pregnancy subsequent to their index pregnancy.

Baseline variables included use of antiretroviral therapy, and CD4 and HIV RNA values. A linear spline growth curve model was used to describe trajectories of variables. The Cox proportional hazards model was used to assess selected covariates on the time to development of clinical class C events or death.

Women with repeat pregnancies were less likely to be on antiretroviral therapy at baseline and had a higher CD4% count immediately after their first delivery. The average trajectory of CD4 values in the one-pregnancy group was almost identical to the average trajectory in the repeat pregnancy group. RNA levels in the single-pregnancy group started higher but ended lower than in the second-pregnancy group, although slope differences were modest.

There were no significant differences in time to class C events, although women in the repeat-pregnancy group tended to survive longer.

The investigators concluded "Repeat pregnancies do not have significant effects on the course of HIV disease."

Source: *HIVandHepatitis.com, 06 Oct 2003.*

Original Source: *Journal of Obstetrics and Gynecology, Vol. 189, No. 2, Aug 2003.*

Perinatal Retrovir Use May Impair Hematopoiesis

PARIS - Infants exposed to [Retrovir](#) (zidovudine; AZT) in the perinatal period, and not infected with HIV, exhibit a slight reduction in hematopoiesis [formation of blood cells] that lasts until at least 18 months of age, according to a report published in the September 26th issue of AIDS.

Numerous reports have shown zidovudine to be useful in preventing vertical transmission of HIV, lead author Dr. Stephane Blanche, from Hopital Necker Enfants Malades in Paris, and colleagues note.

Although two early reports found no evidence of decreased hematopoiesis in infants exposed to zidovudine, findings from a more recent study suggested that it may be toxic to stem cells. However, this latter study was unable to reach a definitive conclusion because it did not include a control group of infants born to HIV-infected mothers, but not treated with antiretroviral agents.

The current study involved more than 4000 HIV-uninfected infants who were born to HIV-positive mothers in France since 1986. About a third of the infants were exposed to no antiretroviral agents in the perinatal period and two-thirds were exposed to zidovudine either alone or in combination with other drugs.

Ninety-two percent of the exposed infants were treated prenatally via maternal use and postnatally, and the median duration of treatment was 171 days, the authors state.

In all infants, hemoglobin, platelet, neutrophil and lymphocyte levels were measured at birth and at 1 and 3 months of age and then every 3 months until 18 months of age.

Zidovudine exposure was tied to a transient drop in hemoglobin levels. In contrast, a slight but persistent reduction in levels of the other three lineages was seen with exposure to the drug ($p < 0.0001$). Less pronounced reductions in CD4+ and CD8+ lymphocyte levels were also observed.

The duration of zidovudine treatment was directly related to the reduction in each hematologic variable. Combination therapy seemed to impair hematopoiesis more than when zidovudine was given alone.

"Although not addressed in this study, the clinical consequences of (the current) findings are probably minor or non-existent at these ages," the researchers note. "A more detailed analysis of CD4/CD8 lymphocyte subpopulations...could be of value, as would a more long-term evaluation," they add.

Source: *HIVandHepatitis.com*, 01 Oct 2003.
Original Source: *AIDS* 2003, 17.

Post-operative Complications After Caesarean Section in HIV+ Women

ITALY - This retrospective Italian study evaluated complications associated with caesarean section in HIV positive women.

For each HIV positive patient (n=45) a control group of ten seronegative women (n=450) was matched for age, number of fetuses, gestational age, indication for caesarean section, status of the membranes and kind of anesthesia. All women delivered in the same hospital using a uniform protocol. Researchers evaluated the duration of stay in the hospital after operation, the need for antibiotics after caesarean section, the incidence of minor postoperative complications (mild anemia, mild temperature or fever 24 hours after surgery, wound hematoma or infection, urinary tract infection, endometritis) and major postoperative complications (severe anemia, pneumonia, pleural effusion, peritonitis, sepsis, disseminated intravascular coagulation, thromboembolism).

Most HIV positive women (64.5%) had a complicated recovery after surgery. A higher incidence of major and minor postoperative complications were observed in the HIV positive group than in the control group. There was a statistically significant greater incidence of mild anemia, mild temperature or fever, urinary tract infection and pneumonia in the HIV-positive group.

HIV positive women with less than 500×10^6 CD4(+) lymphocytes/ml had higher post-caesarean section morbidity than HIV positive women with more than 500×10^6 CD4(+) lymphocytes/ml.

The median duration of hospital stay was significantly higher in the HIV positive group (median 7 days) than in the HIV negative group (median 4 days). The rate of HIV vertical transmission was 8.8%. Higher post-caesarean section morbidity was found in HIV-positive women than in controls.

“Unfortunately,” concluded the authors, “the HIV positive women (with low CD4 lymphocyte counts), whose infants theoretically will benefit most from caesarean delivery, are also the women who are most likely to experience post-operative complications.”

Source: *HIVandHepatitis.com*, 01 Oct 2003.

Original Source: *Archives of Gynecology and Obstetrics*, Vol. 268, No. 4, Oct 2003.

Second HIV Test during Late Pregnancy is a Cost-effective Intervention

USA - Retesting pregnant women for HIV during their third trimester is a cost-saving strategy in high-risk populations of women and may be a cost-effective intervention if implemented throughout the United States, investigators report.

The US Public Health Service recommends universal HIV testing early in pregnancy. Because primary infections or seroconversion may subsequently occur before birth, the USPHS also advises retesting in the third trimester in high-risk communities.

To examine the cost-effectiveness of retesting for HIV during a woman's third trimester, Dr. Stephanie L. Sansom and colleagues used a decision tree to model outcomes among women whose initial test in the first trimester is negative. Their findings are published in the October issue of *Obstetrics and Gynecology*.

If HIV incidence were 1.2 per 1000 person-years among women of child-bearing age, the costs of a national voluntary second test would be offset by savings from detecting 38.2 infections per 100,000 women and saving 158.4 infant-life years, the authors estimate. They suggest that incidence rates approach this level in populations served at inner-city health care facilities. This strategy would be cost-effective to implement nationwide, they add, if national HIV incidence was 0.17 per 1000 person-years, where each year of infant life saved would cost less than \$46,000.

Dr. Sansom and associates "strongly recommend that health care providers serving high-risk women consider offering a universal voluntary second HIV test during the third trimester of pregnancy." They also advise that second-test programs be studied in areas of lower risk "to assess community-specific costs."

Source: *HIVandHepatitis.com*, 08 Oct 2003.

Original Source: *Obstetrics and Gynecology*, Oct 2003.

HIV Treatments: Side Effects**Lipodystrophy
More Common &
Polymorphic in
Women**

ITALY - HIV-infected women are more likely than men to develop antiretroviral drug-related adipose tissue alterations (ATA), Italian researchers report. In addition, the lipodystrophy that occurs is more polymorphic in women.

The new findings are based on a cross-sectional study of 2258 HIV-infected patients who visited infectious disease departments in four Italian cities during a 30-day period. The subjects included 1585 men and 673 women. The median duration of antiretroviral therapy in men and women were 2.8 and 2.9 years, respectively.

The ATA rate in women was 41.9%, significantly lower than the rate in men-29.5%, lead author Dr. Massimo Galli, from the University of Milan, and colleagues note.

After accounting for potential confounders, such as disease stage, CD4+ cell count, and treatment duration, men were 53% less likely to present with an ATA than women, according to the report published in the September 1st issue of the *Journal of Acquired Immune Deficiency Syndromes*.

With the exception of circumscribed lipomas and pure lipoatrophy, which showed no gender bias, all ATAs were significantly more common in women than in men, the researchers point out.

A number of reports have suggested that an "android" body habitus is the predominant ATA seen in women treated with antiretroviral therapy. The current findings, however, indicate that the initial ATA presentation is much more variable, the authors state.

"Studies of the role of hormonal mechanisms will probably provide further information concerning gender-related differences in the development of lipodystrophy," they add.

Source: *HIVandHepatitis.com*, 10 Oct 2003.

Original Source: *Journal of Acquired Immune Deficiency Syndrom*, 34, 01 Sept 2003.

HIV & Activism

More Rights for Women New Focus of HIV/AIDS Battle

A new initiative strives to battle the HIV/AIDS pandemic by buttressing women's rights in the areas of education, employment and gender violence.

Women are quickly becoming the new face of HIV/AIDS in the regions hardest hit by the disease and may herald the future of AIDS worldwide.

In 2000, women comprised 50 percent of adults living with HIV worldwide for the first time since the pandemic began more than 20 years ago.

"If current trends continue we'll see a larger percentage of women infected and affected," said Sandra Thurman, president of the International AIDS trust, based in Washington, D.C. "Women have moved from the periphery of this epidemic to the heart of it in less than a decade," she said.

U.N. Secretary General Kofi Annan underscored that point last week, when he told a high-level meeting of the General Assembly on the disease that "one third of all countries still have no policies to ensure that women have access to prevention and care, even though women now account for 50 percent of those infected worldwide."

To attack the problem, the International AIDS Trust's Women's Leadership Initiative, a powerful coalition of female world leaders—including Mary Robinson, former president of Ireland and U.N. high commissioner for human rights, and Kathleen Cravero, deputy director of the United Nations Joint Programme on HIV/AIDS—announced its formation last week in New York. Women's rights, according to founders, will be the centerpiece of the initiative's plan to curb HIV infections among women.

"Unless we address these fundamental gender issues, we won't be able to do anything about the AIDS epidemic," said Thurman. "One of the principles of this global coalition is that women are not victims," said Cravero. "We don't just want to talk about the vulnerability of women. We also want to talk about their resilience."

The coalition seeks to educate female leaders, activists, health care providers and the general public about how gender inequities raise women's risk of HIV infection. The group will help coordinate and support the work of governments, nongovernmental organizations, media, activists, researchers and others so that the links between HIV infection rates and women's rights will be adequately addressed.

Inequities Breed HIV Risks The new coalition says women have a higher risk of contracting HIV due to inequities that women's rights advocates have been battling for decades. These include limited education for girls, women's inability to say no to sex or insist their partners wear a condom, the scarcity and cost of condoms and sexual health care for men and women, lack of sexual education for women, inequality of power within marriage and women's limited economic opportunity.

HIV Trends: Sexual Health Information about Women

Positive Women's Network: 614-1033 Davie Street, Vancouver, BC V6E 1M7

Phone: 604.692.3000

Toll-free in BC: 1.866.692.3001

Fax: 604.692.3126

Email: pwn@pwn.bc.ca

Web: www.pwn.bc.ca **WAVE:** www.pwn-wave.ca

Distribution is encouraged, provided Positive Women's Network is cited.

Violence against women also plays a large role in increasing women's vulnerability to infection, said Cravero, "Women who have experienced violence are 10 times as likely to be infected as women who have not."

Taboos surrounding women's purity and sexuality discourage open discussions of sexually transmitted diseases and the ways to prevent them. Uneducated women have little idea how HIV is transmitted or how transmission can be prevented.

"When I look at the trends in this epidemic, as horrible as it is, it is going to force us to look at these issues that we haven't come so far on," said Thurman.

Women infected with HIV/AIDS are often ostracized within their communities. Unmarried women are not supposed to be sexually active, preventing single women from seeking out information and condoms at clinics.

Married women are blamed for infecting their husband and children. Men who suspect that they have been exposed often conceal their infidelity from their wives until the wives are infected, said Hilary Fyfe, chair of the Family Life Movement of Zambia.

"Men deliberately allow their wives to be exposed, and then she gets infected," Fyfe said. "They want the wife to be the one to blame."

The stigma attached to women with HIV makes it difficult for women to openly go to clinics for testing and treatment. Many women may not know that they are infected making it less likely that they will seek care for themselves or pre-natal care that might reduce the risk of transmitting the infection to their children.

According to U.N. statistics, women are 55 percent of the adults infected with HIV in Northern Africa and the Middle East. In the Caribbean, women suffer 50 percent of all HIV infections.

In sub-Saharan Africa, 58 percent of those infected with HIV are women, a fact lamented by Annan in December 2002, when the statistics were announced. "As AIDS is eroding the health of Africa's women," said Annan, "it is eroding the skills, experience and networks that keep their families and communities going."

AIDS Rising Outside Africa While the focus has been on Africa's AIDS epidemic, infections in women are rising in other regions.

On Sept. 16, the U.N. Development Fund for Women initiated a program on gender and HIV/AIDS in Kyrgyzstan, where it is believed that women comprise 55 percent of new infections and 27 percent of HIV infections overall in 2002.

The program—the first of its kind in central Asia—targets women's inequity within marriage, the prevalence of domestic violence and rape and

the traditional view that men have the “right” to have unprotected sex with their wives whenever they wish.

”Before, the problem of HIV/AIDS was addressed through the medical angle without counting the gender issues,” Nurgul Jamankulova, a consultant on gender issues for the United Nations Development Fund for Women, told the Integrated Regional Information Network, the U.N. humanitarian news agency. “However it is hardly possible to win an HIV/AIDS combat without reference to gender problems.”

In India, 4 million adults are infected with HIV and nearly 40 percent are women. India’s prevention campaigns, largely active in the cities and among sex workers, may not be enough to keep India’s epidemic from spreading to the rural population.

Already an epidemic once largely confined to sex workers and intravenous drug users has begun to affect India’s general population, with heterosexual sex becoming the most frequent means of transmission. Health policy workers note that rural men often look for work in cities, living away from their families for months and frequenting sex workers. When they return home, they bring the disease with them.

Aligning Similar Efforts The Women’s Leadership Initiative will combine and coordinate the efforts of different organizations involved in women’s rights and the fight against AIDS, including the Ethical Globalization Initiative based in New York and directed by Mary Robinson; the Association of European Parliamentarians for Africa based in Amsterdam; the Center for Women’s Global Leadership in New Jersey; the International Committee of Women Living with HIV/AIDS in London; the Center for AIDS at the University of Pretoria and many others.

The initiative’s effort to coordinate a gender-based response to the AIDS epidemic mirrors a similar effort at the U.N., where the Global Coalition on Women and AIDS unites U.N. programs on AIDS and women’s rights. The Global Coalition’s seven-point plan of action includes preventing HIV infection among girls and young women, promoting “zero tolerance” of violence against women, protecting women’s inheritance rights, ensuring equal access to treatment, supporting community-based care, promoting access to new prevention options for women and supporting ongoing efforts toward universal education for girls.

The new initiative includes that coalition and will also help coordinate the efforts of legislators, nongovernmental organizations that work in women’s rights and reproductive health services, health care providers, female leaders and philanthropists.

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 28 Sept 2003.*
gender-aids@healthdev.net
Original Source: *Women’s eNews, 28 Sept 2003.*
www.womensnews.org/article.cfm?aid=1542

Attitudes Targeted in UNIFEM Fight against HIV/ AIDS

The U.N. Development Fund for Women (UNIFEM) is taking on rising HIV/AIDS rates among women in Kyrgyzstan by focusing on their sexual empowerment, Integrated Regional Information Networks reported recently.

Women are thought to account for about 55 percent of HIV/AIDS cases in Kyrgyzstan, with an estimated 80 percent of those cases contracted from husbands. According to Nurgul Jamankulova, a U.N. Development Program gender issues consultant, traditional mores are contributing indirectly to the problem both by condoning male promiscuity and condemning female assertiveness.

"Various gender and sexual-behavioral stereotypes are still prevailing, when a woman cannot reject having sexual contact with her husband and resist his spontaneous (sexual) desires," said Jamankulova, adding that there had been some reported cases of men attacking social workers who suggested equal partnership in family-planning methods.

The UNIFEM project has so far succeeded in sparking lively debate between participating couples, Jamankulova said.

"Before, the problem of HIV/AIDS was addressed through the medical angle without counting gender issues," she said. "However, in practice it is hardly possible to win an HIV/AIDS combat without reference to gender problems".

Source: *GENDER-AIDS eForum: gender-aids@healthdev.net, 18 Sept 2003.*
gender-aids@healthdev.net

Original Source: *UNWire, 17 Sept 2003.*
www.unwire.org/UNWire/20030917/449_8512.asp