



African women making local connections: The Sahwanya Community Kitchen

By JANET MADSEN

For African women living with HIV, Vancouver can be an isolating place. This didn't surprise Jeanne, but it did make her think about what she might do in response. A conversation with a doctor working in infectious diseases really brought it home: he told her that African people were dying in Vancouver, not from lack of access to treatment, but due to sheer isolation. Jeanne asked him if he could somehow arrange for patients to be visited in hospital to ease the isolation but he knew from experience that this idea would not work. His feeling was that African people living with HIV do not want to be publicly identified lest they suffer from discrimination and stigma. But they both agreed that what would work was a program people could choose to attend to meet other people from African countries. And so the idea of the Sahwanya Community Kitchen was born.

Sahwanya Community Kitchen is a program for women to connect, share food they prepare together, and talk about how HIV is affecting their lives and communities. It is a place for ideas to be born, strength to be shared, and challenges to be met. Sahwanya is for African women with HIV, coordinated by African women with HIV, so it is grounded in interconnectedness right from the start.

Women going for the first time can participate as they wish, other than the confidentiality agreement they are expected to sign. Because women come from different African communities, some are less comfortable than others in identifying themselves as HIV-positive. They worry about having their HIV status revealed in their communities, where everyone may know everyone else's business. Understanding this, Jeanne stresses the importance of the confidentiality agreement. "We tell women that it is the law to guard confidentiality."

Easing into the group happens through cooking together, and eating the meal that's prepared, sharing it with everyone. After lunch, the women have some confidential time to talk about what's happening while the children play down the hall.

"We won't live by hiding ourselves," says Jeanne, emphasizing that this is a place where women can connect with other African women and realize they are not alone. "We encourage people to bring family issues—that's the point! But we don't force anyone to talk."

Children are welcome at the event, but are separated from the discussion that follows lunch. At each

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The Sahwanya Community Kitchen . . .

community kitchen, an appointed member teaches the children proper manners, how to behave within their community and in general and African cultural values. The kids are then looked after by volunteers in a separate room, out of earshot, so their mothers can speak freely.

Disclosure is an important issue of discussion, particularly with children. Since the community kitchen began in June, most of the children who have attended have been 8 or younger, so it hasn't been an issue yet. But the possibility of kids discussing their mother's HIV status is a challenge for the women, who want to make their own decisions about how and when they disclose to their children. The group knows it will need to address this.

Community partners in the Sahwanya community kitchen are Bridge Clinic, which provides the three rooms the project takes place in: a room for cooking, a room for the kids and a room for the women to meet. Positive Women's Network provides advertising and bus tickets for women to get to and from the event. Oak Tree Clinic also provides advertising. AIDS Vancouver provides support to buy supplies that can't come from the foodbank and volunteers to look after the children. They are also assisting with developing funding proposals.

One of the goals of the Sahwanya Community Kitchen Project is to empower the members to support each other (peer support) when necessary. This can include accompanying those who can't express themselves in English to their medical appointments and whenever the need arises. Home visits to Sahwanya families in need (i.e. those who just gave birth or are ill) are organized

by Sahwanya members in order to support their community.

Sahwanya Community Kitchen members have also appointed one member to be in charge of public relations (i.e. advertising Sahwanya Community Kitchen and contacting members). The same person is also responsible for the food bank (i.e. pick-ups, organizing grocery bags for members and shopping for all the necessary groceries for the community kitchen). Whenever needed, the members are ready to arrange the structure and content of Sahwanya Community Kitchen events.

Sahwanya is one way to ease the isolation that African women living with HIV face. As it says on the poster: "Let's break the chain of isolation and pull together for our common good."

Upcoming Community Kitchens

Sats, Oct 6, Oct 27, Nov 17

from 10 am to 4 pm

Location

**2450 Ontario Street, Vancouver
(Bridge Clinic, downstairs)**

For more information

**call 778 998 2692 for Sahwanya
or e-mail**

Sahwanya_ck@yahoo.com





Miss HIV Stigma Free: Power through Empowerment

BY KESEGO BASHA-MUPELI

The Miss HIV Stigma Free Pageant has been an annual event in Botswana since 2002. It was started with the aim of tackling stigma and discrimination against HIV positive women and is open to any women living openly with HIV who is also an active part of their community. The event starts with pre-pageant empowerment workshops where the contestants are educated about how to be strong role models. Pageant day is an exciting show of music, dancing, catwalks and speeches where the participants show their knowledge of HIV/AIDS, and empower the audience with motivational messages. Each year the pageant carries a different theme, and the 2007 theme was “kick out stigma, promote tourism,” aimed at increasing HIV/AIDS awareness in the tourism industry.

Miss HIV Stigma Free is presented by The Centre for Youth of Hope (CEYOHO), a non-governmental organization (NGO) that addresses stigma reduction among young peoples (especially those living with HIV/AIDS), the problem of behavior change among young people and the mobilization

of young people. CEYOHO and Miss HIV Stigma Free pageant project was initiated in 2002 by Mrs. Kesego Basha-Mupeli, a young woman living with HIV/AIDS. Mrs. Mupeli worked in the government but came face to face with discrimination in her job and community because of her HIV status, and resigned to form the “Centre for Youth of Hope”. She discovered that people living with HIV were not living positively because of stigma and discrimination attached to HIV. She tested HIV positive in 1997 and publicly disclosed her HIV status in 2001. Before then, she was already actively involved in HIV/AIDS work. Ms Mupeli went public with her HIV status because she believed that fighting the epidemic in the closest was not changing anything in the fight against HIV/AIDS and to effectively fight and win the war against HIV/AIDS, visibility of people living with HIV/AIDS was crucial.

Although it may look like a beauty competition, with the catwalk, glamorous dresses and a prestigious panel of judges, the winner of Miss Stigma Free is chosen not just on their beauty, but on their

Miss HIV Stigma Free . . .

knowledge of HIV/AIDS and protecting the community. The aim is to choose a role model to demonstrate that women with HIV can lead positive lives and can mobilize the community to reduce stigma and discrimination. The event also motivates all people with HIV to become actively involved with community projects, and become part of the solution to stigma and discrimination.

The winner becomes a national public figure for one year, a voice for positive women, and a face to show that people with HIV can do anything they choose, so there is no reason to discriminate against them. For the winner, it is a commitment to a year of making speeches at public events, being active in the community, educating and empowering society, and being a strong diplomat for Positive Living. A key aim of the event is to encourage people to get tested and give them the confidence to be open with their status because Miss HIV Stigma Free shows there is nothing they cannot do. However, it also brings great rewards for the Miss HIV Stigma Free, who can really feel she is making a difference to the lives of thousands of people with HIV, with the support of CEYHO every step of the way. All the contestants are encouraged to be positive ambassadors. When the crown passes to the new Miss HIV Stigma Free, it is with the responsibility to be not just a model, but a role model for the young people of Botswana.

Ontario to provide HIV Tests that give results in 60 seconds

As part of efforts to expand anonymous testing and reach more remote and rural communities, Ontario will offer North America's first HIV test providing results in 60 seconds. Together with pre- and post-test counseling, the entire process, in which a drop of the patient's blood is tested, takes about 20 minutes.

The \$350,000 Canadian annual testing initiative is a small price to pay to eliminate the three-week wait currently endured by people testing for HIV, said Health Minister George Smitherman. "I'm a gay man, and I'm one of those that has experienced that gut-wrenching three-week wait. You can't put a price on it," he said.

With 24 more anonymous HIV testing sites scheduled to open by fall, doubling the number of sites, the quick tests are part of an overall effort to link more patients to counseling and treatment. An estimated 30 percent of HIV-positive Canadians do not know they are infected, and Smitherman said the easier screening might convince a few more people to find out their serostatus.

"If we look at the profile of HIV and AIDS, we really appropriately have to tailor our initiatives to reducing barriers for those at-risk communities," said Smitherman.

The new tests will also be available through STD clinics and community health centers across Ontario. Among the communities set to host new anonymous testing sites are Kenora, Keewatin, Timmins, Leamington, and Chatham.

The faster HIV test has been very popular with clients at Toronto's Hassle Free Clinic, which has administered it to about 5,000 people. Over 90 percent of clients chose the rapid HIV test over the older HIV test and were highly satisfied with it, said Jane Greer, clinic coordinator.

Source: CDC HIV/Hepatitis/STD/TB Prevention News
Update 06/26/2007
Original Source: The Record (Kitchener-Waterloo
06.23.07): Canadian Press



Women's HIV/AIDS Conference delegates develop action plan to foster women's, girls' leadership in fight against disease

Delegates on Saturday at the close of the first International Women's Summit on Women's Leadership and HIV and AIDS in Nairobi, Kenya, released a 10-point action plan that aims to foster leadership roles of women and girls in the fight against HIV/AIDS, the Nation/AllAfrica.com reports (Wafula, Nation/AllAfrica.com, 7/9).

The conference, organized by the World YWCA, was attended by more than 1,500 AIDS advocates, celebrities, community health workers, global leaders and policymakers. The summit aimed to address the impact of HIV/AIDS on women and girls and examined issues such as violence against women, poverty and children's rights, and access to resources. The summit is co-convened by the International Community of Women Living With HIV/AIDS and had support from UNAIDS' Global Coalition on Women and AIDS and the United Nations Population Fund (Kaiser Daily HIV/AIDS Report, 7/6).

The plan, called Nairobi 2007 Call to Action, identifies strategies for change that can be implemented by communities, religious groups, families and individuals, the Nation/AllAfrica.com reports. The plan of action includes securing significant involvement of women in decision making processes; promoting equality and the human rights of girls and women; ensuring their sexual, physical and psychological safety and security; promoting their reproductive and sexual rights and health; and increasing their access to education, economic security and other resources, such as the right to own and inherit property (Nation/AllAfrica.com, 7/9).

According to South Africa Deputy President Phumzile Mlambo-Ngcuka, men also must become involved to effectively combat the disease. "There aren't enough men who are taking enough responsibility to go for tests and live responsibly, and that kind of (behavior) compromises the fight" against HIV/AIDS, Mlambo-Ngcuka said, adding that the "response to HIV will not be won if men do not come on board since they are equally affected or infected." In addition, empowering women is an

effective HIV prevention method, Mlambo-Ngcuka said. "Addressing the economic status of women" will provide women with resources and choices so "they can get out [of] abusive relationships" and "acquire the support that they need," she said, adding, "The most important thing is [to] remove women from the bottom of the pyramid" (AFP/China Daily, 7/7).

Musimbi Kanyoro, World YWCA general secretary, said the call to action is a "pledge each of us at this summit is making in our hearts and with our hands. Women are committing themselves to do something to win the war on AIDS." She added, "Where one woman acts, more will be inspired and be committed. More will take action until there is no power that can stop us." Conference delegates also pledged to work toward increasing access to services among women living with and affected by HIV, including safe testing, treatment and support services and promoting the rights of young women and children (Nation/AllAfrica.com, 7/9).

Opinion Piece

"To successfully defeat AIDS, we must do more to help women to protect themselves," United Nations Special Envoy for HIV/AIDS in Africa Elizabeth Mataka and Zeda Rosenberg, CEO of the International Partnership for Microbicides, write in a Nation opinion piece. According to Mataka and Rosenberg, an HIV vaccine and microbicides are "promising" tools that "women could use to prevent infection." They add, "We must prioritize research on these promising preventive technologies," and at the "same time, we must do more with the tools that already exist," such as female condoms and services to prevent mother-to-child HIV transmission (Mataka/Rosenberg, Nation, 7/7).

Source: Kaiser Daily AIDS Summaries July 11, 2007

Making partners use condoms: a struggle for HIV-positive women

By DEREK THACZUK

A small, qualitative study of HIV-positive women in the United States has found that most were sexually abstinent or practiced safe sex exclusively, while nearly all of the women who regularly had unprotected sex did so within monogamous relationships in which the women's ongoing struggles to use condoms were overridden by their male partners. As a consequence, the women lived with constant fear of infecting their partners, and guilt and distress at their inability to control the sexual choices. The study was published in the June edition of the American Journal of Public Health.

Recent studies have reported that between 17% and 35% of HIV-positive women have unprotected sex. This study qualitatively investigated the sexual behaviour of 55 HIV-positive women from urban and rural Wisconsin during ten interviews between 2000 and 2003, with the goal of "develop[ing] an in-depth understanding of women's experiences living with HIV", including risky sexual behaviour. The women were recruited through community-based purposive sampling and were diverse in terms of race, education, disease stage and risk group. The mean age was 41 and the mean household income was \$14,000.

By self-report, 32 (58%) of the women were completely sexually abstinent, and 13 (24%) used condoms every time they had sex. Ten of the women (18%) had sex on a regular basis without using condoms; this unprotected sex occurred entirely within monogamous relationships. Nearly all of these relationships were serodiscordant; i.e., the primary male partners were HIV-negative. The published report focused on these ten women to explore their situations and reasons for ongoing unprotected sex.

The researchers found that these women had unprotected sex "reluctantly, always fearful of passing the virus to their male partners." The women in this study were "deeply troubled by sexual risk" and "actively resist[ed] posing risk to anybody else." The dynamics of their relationships caused them to "give

in to more dominant male partners.... Unsuccessful in their efforts to reduce sexual risk in their relationships, they live with a sense of doom about their actions."

Quotes from the women illustrate their situations: **"I've talked to him until I'm blue in the face... I get nowhere."** **"I know I have to take charge and use condoms. But it is a hard problem... He gets to hollering and screaming... What can I do?"**

"We argue about condoms all the time. It is an issue almost weekly."

"I showed him all my meds and I said, 'Do you want to take all these?' ... But you can't make him do anything."

Significantly, "[h]ealth care providers were almost absent from these narrations about sexual risk, except as occasional bit players called on to coerce condom use."

Although this was a very small study, other US studies have found that a large number of heterosexual, HIV-serodiscordant couples regularly have unprotected intercourse. The authors of the current report note that, in their study, half of the women who were partnered to HIV-negative men either practiced safe sex exclusively or declined sexual activity altogether.

When unsafe sex occurred in serodiscordant relationships, the authors suggest that "experiences and needs might differ according to who ... is HIV infected ... gender power relations may differentiate these relationships". The researchers concluded that, "[if] these data are any indication of the struggles at least some HIV-infected women may experience in serodiscordant relationships, then there are a great many unmet needs to which ... health care providers ... could respond."

References

- Stevens P, Galvao L. "He won't use condoms": HIV-infected women's struggles in primary relationships with serodiscordant partners. *American Journal of Public Health* 97: 1015-1022, 2007.
- Buchacz K et al. Sociodemographic, behavioral, and clinical correlates of inconsistent condom use in HIV-serodiscordant heterosexual couples. *JAIDS* 28: 289-297, 2001.
- Source: aidsmap.com, July 2, 2007



Self-Testing Encouraged for Women at Risk of HPV

Women with poor access to health care living in Vancouver's Downtown Eastside were amenable to self-testing for human papillomavirus (HPV), the major cause of cervical cancer, a new study found.

Dr. Gina Ogilvie, associate director of the STD division at the British Columbia Center for Disease Control, and colleagues studied 151 women who either never had a Pap smear to screen for cervical cancer or had not had one in the previous three years - far below the screening average for the province's general population. "Certain groups of women don't attend for Pap smears even in a country like Canada, where there's universal health care," explained Ogilvie.

According to the researchers, these groups may include homeless women and those with stable housing but low socioeconomic status, the poorly educated, and recent immigrants. In addition, some women living in Downtown Eastside are involved in the sex trade and illicit drug use.

Ogilvie said these marginalized women often have difficulty accessing health care. "One of the results of that is you tend to see higher rates of cervical cancer in some specific groups," she said.

In the study, 43 of the 151 participants were found to have an active infection with a high-risk HPV strain.

However, providing self-collection specimen kits to test for HPV to women in the community would allow health care professionals to identify those at increased risk of cervical cancer. The study results suggest such a program would be acceptable and feasible, Ogilvie said.

The study, "Feasibility of Self-Collection of Specimens for Human Papillomavirus Testing in Hard-to-Reach Women," was published in the *Canadian Medical Association Journal* (2007;177(5):480-483).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 09/05/2007

Original Source: Daily Herald-Tribune (Grand Prairie) (08.29.07): Canadian Press

Events + Program Information

	MON	TUE	WED	THU	FRI
drop-in	1130-330	1130-330	1130-330	1130-330	----
lunch	----	12-2	----	12-2	----
office hours	9-4	9-4	9-4	9-4	9-4

Calendar of events: go to www.pwn.bc.ca for updates

Food bank changes

Our foodbank is no longer open every Tuesday. It will be closed the day before cheque day and the following week as well. See our calendar online (www.pwn.bc.ca) or call for the schedule.

Day Retreat: Spa Day

Sat Nov 3 will be a "spa day" at PWN.
Call 604.692.3000 for more info.

Support Group?

Are you interested in a support group? What would you like to focus on? What works better for you: day or evening? Sangam is gathering ideas in preparation for an upcoming group. Please contact her: 604.692.3006 or sangamg@pwn.bc.ca.

AIDS Walk Thank You

Thank you to everyone who was part of the PWN AIDS Walk for Life team. Every step, every cent, adds to our portable housing subsidy fund so that positive women have access to safe, affordable housing.

FORUM: Reaching "hard to reach" women

PWN and YouthCo are pleased to welcome Dr. Gina Ogilvie as she presents research on "hard to reach" women doing self-collection of HPV swabs and her thoughts on improved care and outreach. Join us for this pre World AIDS Day lunch and forum. Positive women and community members welcome.

THURSDAY NOVEMBER 29, 12- 2PM

The Alibi Room: 157 Alexander St, Vancouver

Please RSVP to PWN: 604.692.3000 or pwn@pwn.bc.ca

Sawhanya Community Kitchen

For African HIV+ women, by African HIV+ women, the community kitchen takes place October 6, October 27 and November 17. 2450 Ontario Street. Please call 778.998.2692 or e-mail sahwanya_ck@yahoo.com for more info.



Events + Program Information

African Grandmothers visit Canada: join us

The Stephen Lewis Foundation is bringing eight African Grandmothers to Canada for the launch of a new film on women and HIV/AIDS in Africa. Two of those grandmothers will meet with the Vancouver area Go Go Grannies, a local group of Canadian Grandmothers who support the African Grandmothers. PWN has been invited to host a lunch for the African Grandmothers to get together with PWN members and local service providers to share information and discover commonalities. This event is for PWN members, staff, Board and community partners.

When: Saturday, October 20

Time: 1:00 p.m.-3:30 p.m. for hot lunch and discussion.

Where: PWN, #103-1033 Davie St.

Space is limited, so RSVP as soon as possible: (pwn@pwn.bc.ca or call 604.692.3000) to reserve a space in this first come first served event and learn about women helping women & children around the world.

Women's Treatment Information Nights

PWN and BCPWA team up to present women's information nights. Treatment and access to treatment issues will be discussed. Join us for a light dinner and information on treatment issues for women. Upcoming dates/ issues:

Wednesday October 17, 6-8 PM: Disclosure and Criminalization of HIV

at Positive Women's Network, 1033 Davie Street

Wednesday November 7, 6-8 PM: Doctor and Patient Relationships

at BCPWA, 1107 Seymour Street

Wednesday December 5, 6-8 PM: HIV and Sexually Transmitted Co-infections

at Positive Women's Network, 1033 Davie Street

Check out the PWN website for more detailed information on each program:
www.pwn.bc.ca Call 604.692.3009 to RSVP. Topics may have to be changed without notice.

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Positive Women's Network, a partnership of women living with and affected by HIV/AIDS, supports women in making informed choices about HIV/AIDS and health. We provide safe access to support and education/prevention for women in communities throughout British Columbia. The Positive Women's Network provides leadership and advocacy around women's HIV/AIDS health and social issues in the national and local health care communities.

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