



The Positive Side

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Women Around The World: Global Challenges Facing Women

by Janet Madsen and Kamal Arora

No matter which country in the world you look at, women share common challenges. We may experience them to different degrees depending on the cultures and practices of our geography, but it's safe to say there are commonalities. Universally, we face limited access to comprehensive sex education, lack of human rights, gender inequality, economic inequality, racism, and the responsibilities that go with starting and caring for family. Women with HIV face additional challenges, including (but definitely not limited to) isolation, stigma, and the demanding balance of health and illness for themselves and their families.

We are lucky in Canada that women's rights are not something to be scoffed at, and while improvements are still needed, it is better here than in many countries. Most people living with HIV in Canada will be offered antiretrovirals at some point. Many, but not all, will be able to take them. While Canada is lucky to have the funds to pay for antiretrovirals, money can't deal with some of the basic things that could stop people from taking them. Some people live in isolated in rural communities and don't dare the risk of exposure should someone in the community find out their HIV status. Some will not be able to tolerate the drugs. Others can't manage the dosing instructions and drug information because they can't read.

Having recently honoured World AIDS Day

(December 1), we are taking the world into January, looking at women in several countries across the world. There are differences yes, but lots of similarities too.

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Women Around the World...cont'd

Australia: Aboriginal Women at Risk

Australia, like Canada, was a country “settled” by European colonists, despite the already established existence of Aboriginal people. And just like in Canada, Australia’s Aboriginal women are overrepresented when it comes to HIV infections. Women in the general population of Australia represent 10% of HIV cases (National Association of People Living with AIDS, Australia, 2008: <http://napwa.org.au/papers/2008/songs-in-the-blood-stories-of-women-living-with-hivaids>). However, Indigenous Australian women don’t fare as well. Of the new infections in the Aboriginal populations, women represent 50% (Australian Indigenous Health InfoNet, 2008: http://www.healthinfonet.ecu.edu.au/html/html_states/states_wa/reviews/communicable/HIV.htm). This is similar to rates of infection for Aboriginal women in Canada, where 48% of new infections in Aboriginal people are in women. In comparison, 21% of infections are in women in the overall population. (Public Health Agency of Canada, 2007: http://www.phac-aspc.gc.ca/aids-sida/publication/epi/pdf/epi2007_e.pdf)

So what makes Aboriginal women more vulnerable to HIV? In Australia, Aboriginal women’s

risks include:

- » racism and disconnection from mainstream society
- » living in remote areas where access to health care and education can be difficult.
- » limited access to primary care and culturally appropriate health services
- » poverty
- » lack of culturally appropriate HIV prevention and sexual health information. (Australian Indigenous Health InfoNet, 2008: http://www.healthinfonet.ecu.edu.au/html/html_states/states_wa/reviews/communicable/HIV.htm).

The same could be said of the situations for Canada’s Aboriginal women. There is also the horrific history of “settler”/ Aboriginal relations which led to situations like the Residential School legacy. The affect this has had on generations of Aboriginal families is still causing family breakdowns.

Racism exists for all women outside of the cultural “norm,” no matter the country. Education, resources and decent, inclusive health care are necessities. Women need support so they may break their silence and isolation.



Niger: Outreach, one woman at a time

In Niger, a woman named Djama regularly takes a life-threatening risk: she publicly tells people she has HIV. Committed to educating women about HIV and how to protect and look after themselves, Djama works steadily to change her society's attitudes towards women with HIV, starting with women themselves. Not surprisingly, she is up against stigma and discrimination.

Niger's landscape in Northwestern Africa is dominated by the Sahara Desert. Much of its population lives in dire poverty, and many are nomadic. Political turmoil has been a way of life, with military rule a historic trend. Girls marry in their early teens and it is not uncommon for them to die or be permanently disabled in the process of childbirth (Integrated Regional Information Networks, United Nations, 2007: <http://www.irinnews.org/Report.aspx?ReportId=75970>). It's a culture that has practiced female circumcision (female genital mutilation) for many years, a practice that was only outlawed in 2003, yet is still performed today. (Integrated Regional Information Networks, United Nations, 2008: <http://www.irinnews.org/Report.aspx?ReportId=76784>) Half of the people living with HIV in Niger are women. (HIV Insite, 2007: <http://hivinsite.ucsf.edu/global?page=cr09-ng-00>).

Positive women in Niger face very restrictive gender roles which clearly define "women's work." Couple that with a literacy rate of about 10% in adult women, and Djama has her work cut out for her in spreading the word about HIV and encouraging women to look after themselves as best they can. Yet work she does, speaking about her experiences of discovering her HIV status, dealing with ostracism, and trying to lead a healthy life.

Political turmoil has been a way of life, with military rule a historic trend.

India: Commercial Sex Workers Banding Together

In the red-light districts of India, women stand high up in multi-story buildings overlooking the streets below, waving their hands and scarves, to attract the attentions of clients below. Due to rampant police corruption, abuse and harassment, they often find it difficult to leave the brothel they are in. There is one well-known group, however, that is working to overcome the discrimination, stigma, and poverty that surround these sex workers.

Sonagachi, which means 'Golden Tree' in English, is the largest red-light district in Kolkata, a city on the east coast of India. In Sonagachi, about ten thousand sex workers live in multi-story brothels. Commercial sex workers have worked in the area since the 1700's.

The Sonagachi Project was a cooperative effort that began with sex workers operating in the area. Originally founded by Smarajit Jana in 1992, the cooperative is now run by the sex workers themselves. The Sonagachi Project encourages condom use with clients and works to end physical and sexual violence. The group that runs the Project, the Durbar Mahila Samanwaya Committee (DMSC) runs other similar projects throughout Bengal, organizing

about 65 thousand sex workers and their children and families. DMSC works towards realizing sex workers' human rights, legalization of their profession, and runs micro-credit loans, vocational and literacy programs. Through their hard efforts, the HIV infection rate among sex workers in the Sonagachi area is about 5%, an amazing achievement considering that in some red light district areas in India, HIV infection is more than 60%. Due to its achievements, the project has been hailed as a best practices model by UNAIDS.

The Sonagachi Project has been very successful but there is still more to be done in the red-light districts of India. Legalization of sex work is a long way off, and millions of sex workers work in areas where there is little or no support, especially along India's many highways.

This is just a very small snapshot of what women face globally in terms of health and HIV risk. Although in some countries the risk is less than others, and women have access to treatment in some places, it can be said that women unequivocally face challenges whether in Canada or Kenya, Argentina or Afghanistan. With continued prevention and treatment efforts at the local, regional, national and international levels, and recognition of the factors that impinge on women's rights, we can turn the tide back - we can realize the right for women to live healthy lives free of discrimination and abuse.

Sources:

National Association of People Living with AIDS, Australia, 2008. Available at: <http://napwa.org.au/papers/2008/songs-in-the-blood-stories-of-women-living-with-hiv-aids>

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HIV Insite, 2007. Available at: <http://hivinsite.ucsf.edu/global?page=cr09-ng-00>



Women's Unique Stories Shared at Body Mapping Workshop

by Kath Webster

Six enthusiastic PWN members recently gathered in Victoria, BC for a weekend workshop to creatively explore their journeys living with HIV.

Body mapping is an art and narrative workshop which involves tracing an outline of the body and using guided exercises to paint images, symbols and words to express people's experiences with HIV and their lives as a whole. It requires no previous art experience whatsoever.

The Victoria group was very courageous and committed to the workshop. They showed up and tried something new. They openly shared their stories and learned more about themselves through art. Women painted symbols and words to represent their power. They created images of HIV, their treatments and symptoms. There was an opportunity for discussion about treatment and information on side effects was provided. Many women took risks by painting their outer and inner scars. Other exercises looked at self care, support networks and dealing with stigma. Women created powerful messages to the world about what it's like to live with HIV. Through honest sharing of their paintings and stories, women were supported by one another. Pain and grief were shouldered with strength, resilience and inspiration.

Health journals (tracing books) were created to encourage women to trace an outline of their bodies and record observations of their health regularly. The goal is to develop increased self awareness and better communication with health care providers.

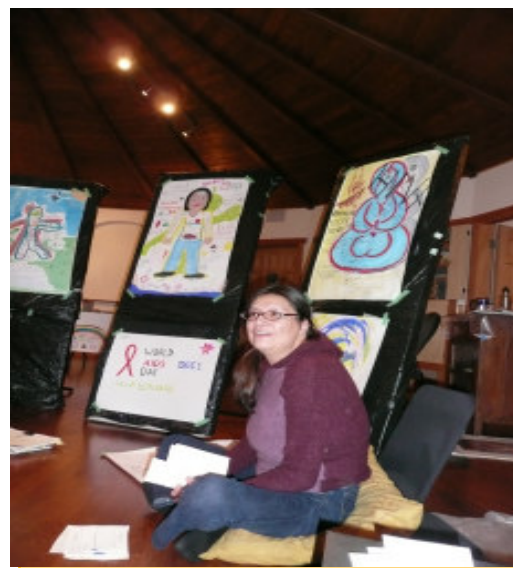
Between painting sessions the participants were nurtured by body movement exercises and healthy

lunches. Women connected with each other and learned more about PWN programs. Some women became further inspired to support and advocate for others affected by HIV.

Body Mapping was developed in Southern Africa by Regional Psychosocial Support Initiative (REPSSI) and was introduced in Canada by the Canadian AIDS Treatment Information Exchange (CATIE). PWN and CATIE collaborated to put on the two and a half day Victoria workshop.

CATIE has trained people across Canada, including three from PWN, to facilitate Body Mapping workshops. There is interest and momentum building within PWN and other AIDS organizations in BC to find a way continue this meaningful work.

For more information on body mapping go to the CATIE website: or contact <http://www.catie.ca/bodymaps/index.shtml> . You can also call Bronwyn at PWN at 604-692-3008.



Safer Sex for Positive Women

by Janet Madsen (*also available on our website*)

You deserve to have sex and feel good about it! Testing positive might mean making changes to how you have sex, but practicing disclosure and how to protect yourself and your partners from HIV and other sexually transmitted infections can make things easier.

HIV can be transmitted when...

- 1. body fluid with high concentration of HIV (semen, blood, vaginal fluid, breast milk)**
- 2. enters another person's body through an activity (often sexual intercourse or sharing needles)**
- 3. that provides access to the bloodstream (through cells in the vagina, anus and the urethra, or through open cuts and wounds).**

Sexually, HIV is most often transmitted through unprotected vaginal and anal intercourse.

Protected or safer sex means using a condom (male or female) during vaginal and anal intercourse. Using condoms can stop HIV from being transmitted from one person to another and protect you from other sexually transmitted infections (although some can be passed via skin to skin contact).

Unprotected sex puts you at risk of exposure to sexually transmitted infections (including a theoretical risk of re-exposure to HIV), which can put more stress on your immune system.

Lubricant (lube) can make using condoms feel better. Use water-based lube, and check the pharmacy: there are all kinds of lubes out there. Don't use anything that's oil-based (like hand cream

or Vaseline) because condoms can break down with oil.

For oral sex, the risk of HIV transmission is a lot lower, but it's theoretically possible, so you can use condoms for oral sex too. For oral sex on a female partner, cut a condom up the side to make it flat or use dental dams.

Talking with your sex partners about HIV might not be easy, but it's the law in Canada. If you avoid disclosing your status and have unsafe sex, you could be in legal trouble. If you want support to talk about safer sex, relationships, disclosure or your sexuality in general, contact us.



Taking Care...Down there! HIV and Gynecological Care

by Janet Madsen (*also available on our website*)

HIV can affect menstruation and gynecological health, making you more vulnerable to certain bacterial, viral and fungal infections that take advantage of a weakened immune system. Seeing a doctor regularly for a pelvic exam, Pap test, and testing for sexually transmitted infections (STIs) is a vital part of your healthcare. During your visits be sure to tell your care provider about any menstrual changes, irregular discharge, itching, or pain you have during sex or while going to the bathroom.

Pelvic exams

A pelvic exam is an external and internal inspection of your labia, vagina, anus and reproductive organs for signs of infection or disease. Because HIV weakens your immunity, you can get infections or diseases that might be difficult to get rid of. Regular exams can keep track of your health and treat problems as soon as they're found.

The external exam

During an external exam, the outer genital area is looked at for any abnormalities. Sores, moles, lesions, cuts, swelling, inflammation, and/or warts are recorded. The doctor might also apply pressure to the abdomen in order to see if any areas are tender.

An external pelvic exam can show signs of:

- » yeast infections
- » HPV, or human papillomavirus
- » syphilis
- » gonorrhea
- » herpes

The internal exam

An internal exam includes looking for any signs of infection (unusual discharge, a strong smell, sores or blisters), looking at the cervix, feeling the placement and size of the uterus and ovaries, and collecting a small sample of cervical cells during a Pap test. If you are showing any signs of infection, a swab may be taken to send to the lab for diagnosis.

Pap tests or smears

Pap test (or smear) helps to diagnose the health of the cells in your cervix, including checking for signs of cervical cancer. During a Pap test (or Pap smear), a speculum is inserted into the vagina to hold the vaginal walls open. Next, a cotton swab is inserted and rubbed over the cervix, collecting cells and fluid samples. This sample is sent to a lab and you'll hear about the results in a couple of weeks if anything is abnormal.

If a Pap test result shows any abnormalities, you may be advised to have a repeat Pap or go on to further testing like a colposcopy. An abnormal result

Taking Care...Down there cont'd...

is common, so don't panic: it may be as simple as a yeast infection. Follow up!

The suggested frequency of your Pap tests will depend on your current health and your ongoing Pap test results. Your doctor might want to see you again in three months to repeat the test, or might say that every six months to a year is okay. Following your advised Pap test schedule is one of the most important things you can do to stay healthy.

Sexually Transmitted Infections

Everyone who has been sexually active (even if it's been a while) can be affected by sexually transmitted infections (STIs), some that are curable and some that aren't. There's a whole bunch of them, including:

- » Chlamydia
- » Herpes
- » Gonorrhea
- » Vaginosis
- » Syphilis
- » HPV

HIV can make these infections hard to treat. Some sexually transmitted infections can become life threatening (such as pelvic inflammatory disease) if they go untreated, so have regular pelvic exams

and seeing a doctor if you experience any of the following, including during sex or urination:

- » Pain
- » Itching
- » burning
- » discharge (with or without a smell)
- » sores, blisters, irritation

Some STIs don't cause symptoms you'd really notice, which makes regular pelvic exams and STI testing very important.

You're worth it. Get tested.

For more information: The Canadian AIDS Treatment Information Exchange (CATIE) offers good information and follow up help on all treatment issues related to HIV. Go to: www.catie.ca



World Aids Day at Vancouver Public Library

our 2008 World AIDS Day Event on December 1st in the concourse of the Vancouver Public Library downtown was a great success!

Along with YouthCO, ASIA, and the Go Grannies group, we spoke to hundreds of people, played games, answered questions, and increased awareness. Many thanks to our volunteers who helped out!



World Aids Day...cont'd

by Pauline Barrett

World Aids Day was a dull and rainy day in downtown Vancouver but a bright and stimulating venue in the foyer of the Vancouver Public Library. With the help of Gogos from White Rock (Jessie), Coquitlam (Hedy), East Van, (Judith), North Van (Ginger), and co-ordinator Pauline (Van Gogos) – we stood around our Advocacy Table, answering some very insightful questions; explaining the concept of the Grandmothers Campaign and the Stephen Lewis Foundation. Many people of all ages from university students to senior citizens showed great interest in the projects and the information about the HIV/AIDS pandemic in sub-Saharan Africa. Many offered support though signing our petitions.

We shared this great space and day with Youthco Aids Society and the Asian Aids Society and the Positive Women's Network to whom we are very grateful for inviting us to join them.

The 7 hours I was involved in this great experience was tiring but humbly satisfying. My thanks who came to help during the day and again a huge thanks to PWN.



SpringBoard 2009

health. vision. connections.



Friday, March 6, 2009
Century Plaza Hotel
1015 Burrard Street, Vancouver

1-8 PM

Set the date aside for the annual SpringBoard conference.
Details on sessions to follow.

Sponsored by:



Events and Program Information

	MON	TUE	WED	THU	FRI
drop-in	11:30-3:30	11:30-3:30	11:30-3:30	11:30-3:30	-----
lunch	-----	12:00-2:00	-----	-----	-----
office hours	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00

SUPPORT GROUP IS BACK!



Thursdays 5:30 PM - 7:30 PM

- Jan 15 & 29**
- Feb 5 & 19**
- Mar 5 & 19**
- Apr 2 & 16**
- May 7 & 21**

Call Sangam for Info!
604.692.3006



THANK YOU'S!



Thanks to ASIA, Go Grannies, YouthCo and member and Board volunteers for helping out on World AIDS Day! Your help made it a great success !

Happy Holidays
from all of us
at PWNI

Events and Program Information

**YOU ARE INVITED TO A LUNCH
FOR PWN MEMBERS AND VOLUNTEERS!**

**NEW YEAR'S – POST HOLIDAY- "BEAT THE JANUARY BLAHS"
CELEBRATION LUNCH AND VOLUNTEER APPRECIATION!**

WHERE? The Alibi Room

157 Alexander Street, Gastown, Vancouver

WHEN? TUESDAY, January 20th, 2009 at 12:00 PM noon

WHAT? Fabulous hot lunch, fun company, door prizes

**PLEASE RSVP TO PWN BY
FRIDAY, JANUARY 16th
604-692-3000
Hope to see you there!**



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with
us**

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.

Thanks to our Supporters!

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BC Hydrex for keeping our drop-in well-furnished.



Pregnancy pamphlet made possible by an unrestricted grant from **Boehringer Ingelheim (Canada) Ltd.**



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SISU for sponsoring our Holiday Voucher program.



Our portable housing subsidies and food program made possible by support from **Shooting Stars Foundation.**

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