

AIDS FOCUS

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August 2008

This Month:

National *Women's Day (9 August)* is the commemoration of the national march of women in 1956 to petition against their oppression. Although the status of women has significantly improved since then, many still experience South Africa as a country "of men, by men and for men" instead of a country "of the people, by the people and for the people".

Helpful hints for negotiating safer sex



- Think about how to approach the issue with your partner beforehand. For example, you can use humour, concern, etc.
- Bring up the issue when you feel comfortable discussing it, like when the two of you are alone and when you have time to talk
- Decide ahead of time which thoughts and emotions you want to convey to your partner. For example "I'll tell my partner that I'm completely against having any sexual contact without using protection; I don't want to come across as angry or silly".
- Identify what you and your partner agree on (what's the common ground) and then describe what needs to be compromised

Mother-to-child transmission of HIV

The human placenta is a remarkably effective barrier against the passage of HIV from an infected woman to her developing foetus. In 90% of pregnancies, the thin tissue layer that separates the mother's blood from the foetal circulation screens out virus and/or virus-infected maternal cells and prevents them from reaching the baby. However, HIV does cross the placenta often enough to infect a significant number of foetuses each year.



Although transmission of the virus can occur throughout pregnancy, it is likely that most infections happen during the final weeks, not long before delivery. A number of factors seem to influence the likelihood of HIV being carried across the unborn baby:

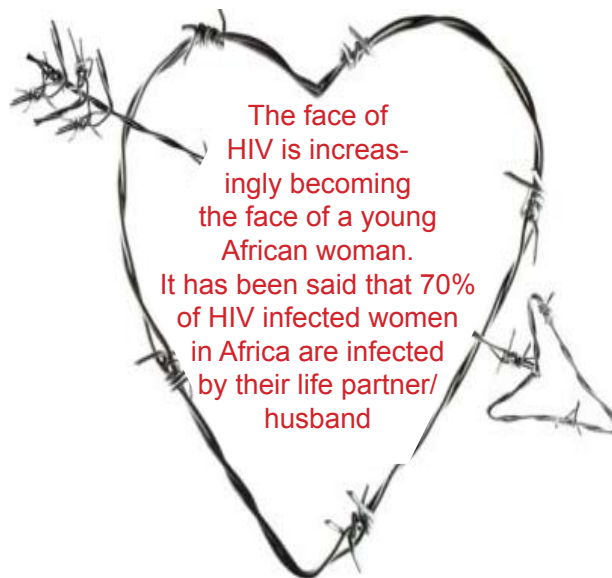
- In utero infections (during pregnancy) are more common in women with vaginal and cervical infections of various kinds and in women with chorioamnionitis (infection of the membranes surrounding the foetus). Such infections are known to permit maternal white blood cells to enter the amniotic fluid.
- Invasive procedures, such as amniocentesis, are also associated with a higher incidence of in utero HIV infection.
- The mother and baby's blood circulations lie right next to each other in the placenta. This provides ample opportunity for minor bleedings and other small defects that permit maternal blood to leak across the barrier and result in infection of the baby.
- Some studies show that transmission most likely occurs in women with more advanced HIV disease, high viral loads and/or lower CD4+ cell counts (especially below 200).
- The mother's access and use of prenatal care.
- The use of anti-HIV therapy has been shown to influence transmission rates, as has the way the pregnancy and birthing process are handled.

You've been raped, what now?

In most cases (but not always) rape is associated with violence and force. Vaginal or rectal bruising and lacerations are a common occurrence in such cases. This significantly increases the risk of contracting HIV if the perpetrator happens to be HIV-positive. If you are raped, take note of the following steps. They may just save your life:



- Go to the hospital or clinic as soon as possible after the incident. If you present later than 72 hours after the rape, antiretroviral prophylactic treatment (using drugs which act against the HI virus and prevent it from spreading such as AZT and 3TC) is no longer effective
- The attending health worker should counsel you and advise you to have an HIV test done. It is important that you get tested. If you are already HIV-positive and you take the prophylactic antiretroviral treatment, you may become resistant to these drugs. This will severely limit your treatment options in the later stages of the HIV infection when you will really need them. If you are HIV negative, it is safe to take the treatment
- It is also important that you undergo a pregnancy test before starting the therapy. If you are less than 12 weeks pregnant, you need to know. Although antiretroviral drugs (AZT and 3TC) seem to be safe, the baby's safety cannot be guaranteed during this period
- If you qualify for prophylactic treatment – you are HIV negative and presented within 72 hours after the rape – and you decide to take the prophylactic treatment, it is important that you take the drugs exactly as prescribed. The correct dose for AZT is 200mg 8-hourly for 28 days. 150mg of 3TC should be taken 8-hourly, also for 28 days. Common side effects of the drugs include tiredness, nausea and flu-like symptoms
- Before you start the prophylactic treatment, the health worker will take more blood for additional baseline tests. It is important that these tests are repeated at 6 weeks, 3 months and again at 6 months from the start of the therapy. This is necessary to monitor the effects of the drugs on your bone marrow, kidneys and liver. During these visits, your HIV test will also be repeated.
- You will be given one week's supply of AZT and 3TC. You will then be asked to come back after one week for a reassessment.



Having the "talk" with your child

HIV/AIDS is one of those important things. It has been around probably longer than your child has, and will be around – sadly – for some time to come. That's why "the talk" needs to be soon – and honest. Here are some tips to pave the way:

Start young: Children these days cope with tough issues at early ages, often before they are ready to understand complicated issues. Research also tells us that when young children want information, advice and guidance, they turn to their parents first. However, once they become teenagers, they depend more on friends, the media and other outsiders for their information. Take advantage of this "window of opportunity" with young children and talk with them earlier and more often, particularly about tough issues like sex, HIV/AIDS, violence, alcohol and drugs.

Start simply: Use words your child can understand. Trying to explain AIDS to a 6-year-old with words like "transmission" and "prevention" may not be as helpful as using simpler language. The best technique: use simple, short words and straightforward explanations. Call things by their proper names. If your child hears the term "condom" or "vagina", he will know what it means without having to ask a dubious source.

Power affects condoms

Several studies have found that women's status or household power has effects on general contraceptive use. One exploratory study in Botswana found that negotiating power explained 47 per cent of the variance in condom use.

In a random study involving 15 to 24 year olds in South Africa, almost 27 per cent reported low relationship control, and nearly 4 per cent reported that they had been physically forced to have sex by their most recent partner.

Lack of power in sexual relationships has been thought to increase women's risk of HIV infection, but little research has shed light on this question. Power definitely influences the use of condoms, and condoms influences HIV status. Women who had been forced into sexual relations are very unlikely to use condoms.

Women who are exchanging sex for money, power or goods are far less likely than consenting females to use a condom.

The strongest risk factor for not always using condoms with the most recent sexual partner is not having talked to that partner about condom use. Communication between partners about contraceptive use, including condoms, has been shown to be associated with consistent use of condoms. A women who feels empowered to discuss condoms is more likely to use them.



Absenteeism as a result of HIV/AIDS

The time taken off to attend to sick family and friends has escalated in recent years and is beginning to affect the productivity of the workplace.

An important factor here is cultural. Many South Africans have large extended families. In these groups, men may have multiple partners and may have several children with these partners. Employees may be expected to care for those within their extended family who are sick.

What about compassionate leave?

Introducing policies to reduce such compassionate leave would be problematic and unethical. All employees have rights to such leave as defined in the Basic Conditions of Employment Act.

What can employers do?

Employers should closely monitor the amount of and, more importantly, the reasons for absenteeism. Any intervention that will lead to a reduction in absenteeism will have direct benefits on the bottom line. Transparent and fair HIV/AIDS workplace policies, in-house counselling services and treatment programmes will all contribute to a more committed, more productive workforce.

Gender Purity Test



1. We would have a happier society if the words "masculine" and "feminine" were never used. Emotions and human character traits are human, not the sole province of one gender.

True or False

2. The insensitivities of women are often in the areas of sexuality, competitiveness and anger.

True or False

3. Most women have yet to fully resolve the housework traumas inflicted upon them by their mothers. Until they do, most will continue to judge their spouses harshly. **True or False**

4. The average women prefers left-brained activities (like talking), the average man right-brain activities (like sports). **True or False**

5. The average woman speaks twice as many words as the average man and has done so from the time she was a two-year-old. **True or False**

Answers: True for all