

WOMEN AND AIDS

PLATFORM FOR ACTION

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WOMEN AND AIDS: Platform for Action:

WOMEN, SEX, DRUGS AND AIDS

Women and Sexual Behaviour

In the Western culture, the sexual revolution occurred in the 1960's. The post second world war baby boomers were just in their sexually active age and were prepared to try out new things.

In Malaysia, in the 1960's, the society was debating whether people should use contraception as a means of family planning.

Oral contraceptives were the trend, although not widely accepted. Traditionally, Malaysian women tend to be conservative and preserving their virginity was a virtue. Male superiority and their dominating attitude made women subdued. In society as well as at home, women perform their duties with quiet confidence and without defiance.

In this background of cultural norms and traditions, the sexual behaviour of Malaysian women was perhaps confined to within the marital institution. On the other hand, male sexual prowess has been accepted, although not talked about. In this culture, sex was not talked about very much. Therefore, little is known about the prevalence of promiscuity or extra-marital sexual activities of women.

With the need for economic independence, there has been an exodus of rural women migrating to the cities, seeking for jobs. Some have been lured with the promise of lucrative jobs. To some, this could be empty promises and they will be caught with not having a place to stay and penniless; thus being forced into prostitution (commercial sex workers). Prostitution or commonly known as commercial sex workers (CSW), by virtue of having multiple sex partners, poses a higher risk of acquiring STDs and HIV infection.

There is a recent trend practiced by some young men and women, whereby they stay in a monogamous relationship for short periods of time, then for various reasons, they change partners. This serial monogamy can also put a person at risk of STDs and HIV infection, if one of the partners have been infected by previous partners.

Recently, indirect evidence, in the form of increasing unwanted pregnancies in single mothers, abandoned babies, perhaps reflect the changing attitude towards sexual behaviour in this society.

With increasing numbers of women working and earning an income to supplement the family income, women have to learn to be more assertive. In the past, women being financially dependent on their husbands, had little say in decision making and were sexually submissive. Therefore, it was easy for exploitation of women by men to occur. In the 1990's, we hope women, being more financially independent, will be able to be more assertive and have more say in their sexual life; this includes being open about their needs and desires, their fears, and the freedom to say no to sexual advances, harrassment, inuendos, etc.

Sex, STDs and AIDS

The spectrum of sexual practises in males and females varies, depending on the culture, traditions and upbringing. With urban migration and loss of parental inhibitions, young people tend to indulge in sexual activities.

In most females, heterosexuality is the norm, however, lesbianism, and bisexuality do occur. Bisexuality in women may not be as common because the homosexual behavior of women may be masked by the social and cultural pressures of marriage and the need to have a family.

Culturally, sexual liaisons in Malaysian women has not been as common as in the men. Women tend not to be assertive especially in sexual advances; in particular women are not able to negotiate for safer sex practises from an adulterous or philandering husband. Through sexual contact with the husband, she may be exposed to infections picked up elsewhere by the husband. Sexually transmitted diseases, in males are easily recognised because of the early presentation with symptoms. However, in females 70-80% of STDs are not recognised because of the absence of symptoms. This, therefore, makes it more difficult for women to know if she has been infected with any of the STDs, if her male sex partner does not inform her of his infection. This makes women more vulnerable to a variety of STDs and may not get treated until late. Biologically too, the female sex organs are more prone to infections during sexual intercourse, especially in the very young and the very old because of the physiological changes in the organs.

Role of STDs in the Spread of HIV Infection:

Sexually transmitted diseases (STDs) or previously known as venereal diseases (VD) has been on the rise worldwide. STDs can be easily spread through having casual unprotected sexual relations and by having multiple sexual partners. There are more than 14 types of diseases that are classified as being sexually transmitted, eg. syphilis, gonorrhoea, herpes, hepatitis B and HIV infection, to name a few. The HIV virus can be easily transmitted if a man or woman has ulcers or cuts in his/her genital organs. The breaks in the skin will allow easy entry of the HIV from an infected sexual partner to the other during unprotected sexual intercourse. People may argue that using condoms can protect them from STDs and HIV infection. The proper use of condoms can provide some protection against transmission of HIV and STDs, but abstinence is the only way to prevent HIV transmission through sexual intercourse. In the past, most STDs can be successfully treated with modern medical treatment; however in the era of HIV and AIDS, people who have indulged in sexual activities with multiple partners have to worry about acquiring the HIV virus.

The following topics warrant further discussion because of the direct implications to women in general.

a. Prostitution

Women in prostitution

Prostitution, as a profession has rarely been a woman's choice. Women have been wooed into this business by exploitation. Once in it, a woman is trapped, physically, economically and emotionally. Therefore, women should be given choices as early as the growing up years. Children should be taught self respect and the need for privacy. Children should be taught to be independent, be assertive, responsible and caring.

Child abuse and sexual abuse of children should be looked upon with grave concern by the society. Children should be protected from the claws of unscrupulous adults so that they will grow up to become responsible adults.

b. Teenage problems, STDs and AIDS

Puberty and hormonal changes contribute to some of the teenage problems that most parents lament. As Malaysia becomes more affluent, the search for wealth and the need to climb the social ladder, may cause parents to spend less time with their growing children. These children are often placed in the care of the baby-sitters or live-in maids. The presence of the mother in the daily living of a child may be limited by the need to make an extra income. Children from broken homes sometimes lack the presence of an authoritarian figure in the form of the father. Parents are important role

models for their children. Teens throughout the world have problems with growing up, self image and identity. These problems, together with hormonal changes and perhaps a single parent, may aggravate the situation. This can lead to truancy, delinquent behaviour, use of drugs and runaways which may lead to prostitution.

Children from an early age should be taught self respect and self love, build up their self-esteem, maintain privacy of the individual and family. During the process they should be taught to make responsible decisions with regards to their actions and reactions. This should be done with proper guidance from the parents and teachers. Informed decision making is very important especially in relation to sexual behaviour and its consequences - STDs, unwanted pregnancies and HIV infection.

c. Child prostitution

In certain communities, because of poverty, children have been exploited for financial gains by parents and guardians. Although there are laws protecting children from being exploited, this, in some countries has not been implemented. Therefore, women should be educated to be assertive and try to protect their family.

In this era of HIV and AIDS, men have the misconception that if they have sex with younger girls, they will not get infected or they will be cured of the HIV infection.

Women and Drugs

Although drug use amongst women in this country is not so rampant, this is not uncommon. Women on drugs can lead to acquiring HIV infection, either by sharing of contaminated needles, or by prostituting themselves to support the drug habit.

Implications of HIV Infection and AIDS

The social, ethical, legal and economic implications of HIV infection are extensive. It not only affects the infected individuals and their families, but it also affects society, and the country as a whole. Therefore, every effort must be made to try to prevent an avoidable catastrophe from happening.

The amount and length of suffering of an HIV infected person is enormous, from the time she knows that she is HIV positive to her death bed. In the early stages of infection the patient will have to deal with the psychological trauma of knowing that her lifespan is limited; at the same time she will be pressured (internally as well as morally) to change her behaviour so that she will not infect others. Then, she has to deal with a long-drawn period of silence and inability to discuss her ailment for fear of discrimination. Later on in the progression of her infection, she will have to fight the

numerous opportunistic infections, and unusual cancers that can befall her. Therefore, it is imperative that preventive measures are taken early to prevent our youngsters from getting infected with this virus.

Since the first case of AIDS was recognised in Malaysia in December 1986, the number of people with AIDS and those infected with HIV has grown at a rapid pace. There is no evidence that the rate of increase will diminish in the near future, thus we can expect the number of people affected to become much larger than it is presently.

b. HIV can be transmitted by:

1. Sexual intercourse with an infected person where there is unprotected exposure to semen, vaginal or cervical secretions.

Note: When the skin is intact it acts as a barrier against the virus. However, breaks in the skin or mucous membrane due to abrasions, ulcer, minor cuts or tears will allow infected blood, semen, vaginal or cervical fluids to pass through the skin into the blood stream of another person and cause infection.

2. Receiving contaminated blood or blood products from an infected person into the blood stream or mucosa of someone else.

Note: This is a very common route of HIV spread especially, among the drug addicts through the use of HIV blood-contaminated needles or syringes. However, spread of HIV can also take place by receiving infected blood transfusion or blood products. HIV contaminated skin piercing equipment such as those used for ear piercing, acupuncture, tattooing and hair removing can spread HIV if it is not sterilised correctly. Contamination of mucous membranes and cuts when exposed to HIV infected material can occur especially during surgery and occasionally when providing care to HIV infected persons without taking proper precautions.

Transfusion of infected whole blood, blood components and blood products has accounted for HIV infection in transfusion recipients and haemophiliacs.

3. Receiving infected body organs, semen or other body tissues.

Note: All tissue donors should be screened. If we are going to be the recipient, we should ensure that the tissues are HIV negative.

4. An infected mother to child during pregnancy, at birth or shortly after birth. There is also a small risk by breast feeding.

HIV ANTIBODY TESTING

There are two types of test that can help in diagnosing HIV infection. They are:

The HIV antibody test

The ELISA (Enzyme-linked immunosorbent assay) blood test checks for HIV antibodies. If it is positive, it indicates that the immune system has come into contact with HIV and produced antibodies. As a person who is antibody positive can spread the virus to others through sexual contact or blood transaction, all bloods donated to the blood banks in this country are now routinely screened for HIV antibodies. The ELISA test may rarely produce false positive results on some blood which is not actually infected by HIV.

Supplementary Test

This test is done when the ELISA test above is positive. It confirms with certainty that the patient is infected with the HIV virus. At present this test is only done by the National AIDS Reference Laboratory located in the Virus Division, Institute for Medical Research, Kuala Lumpur.

At present, the ELISA test is available in all general hospitals, some district hospitals and private clinics and hospitals. Blood found to be positive is referred to the National AIDS Reference Laboratory.

A negative result may not necessarily mean that a person is not infected with HIV; for it can take anything up to six months and possibly even longer to produce antibodies following infection.

COUNSELLING

To date there is no vaccine to prevent HIV infection and so far there is no cure for AIDS. Therefore, knowing that a person is infected with HIV has serious implications, both to the person and his family. Adequate information and preparation should be given to the person before he/she is tested for HIV.

Pre-test and post-test counselling is important when a person is presenting for HIV testing. Being told to be infected by the virus is likened to a slow death sentence and insensitive handling of the situation may lead to depression and suicide.

Confidentiality between the doctor and the patient is of great importance since being positive can lead to social stigma and discrimination. Statistics of all confirmed positives for HIV antibody tests are kept in the Ministry of Health.

Women, AIDS and Pregnancy:

Implications of Vertical transmission - Testing and Medical treatment

Issue: Antenatal testing for HIV antibodies:

Prevention of Mother-to-child transmission:

An HIV infected woman can transmit the virus to her unborn baby at all stages of the pregnancy, at delivery and after birth during breast feeding. However the passage of the virus from the infected mother to her baby may not be 100 percent; in some studies, the chance of the baby getting infected with the HIV virus from an infected mother can range from 20-40 percent.

Should an HIV infected woman get pregnant?

When an HIV infected mother becomes pregnant, she can pass the virus on to her unborn baby. The chances of spread of HIV from the infected mother to her unborn baby varies (20-40%), depending on the stage of the infection of the mother. An HIV infected woman can infect her unborn baby very early on during the pregnancy, and can cause a miscarriage. However, in 50 percent of cases, an HIV infected woman can produce a healthy non-infected baby; this depends on the stage of the infection in the mother. The longer the infection is in the mother, the higher the chance of her producing an infected baby. A woman can become infected with HIV after she has delivered her baby. If she breast feeds the baby, there is a chance that the baby may become infected through the infected breast milk.

In general, an HIV infected woman is advised and counselled against pregnancy. However, if she insists on getting pregnant, she is informed about the chances of producing an infected baby. If a woman is already pregnant when she is found to be HIV positive, counselling should be given. Whether or not to keep the pregnancy will be discussed with her doctor.

Children of HIV-infected parents are very likely to become orphans, whether they themselves are infected or not. Therefore it is important to counsel HIV positive women about the infection and the progression to AIDS and subsequent death; the consequences of pregnancies and the effects on the baby.

Recent studies have shown that an HIV infected pregnant woman, if given the drug AZT during her pregnancy, can prevent the baby from getting the infection. However, in some countries, because of economic reasons, access to the drug is

difficult. The drug is expensive, there are toxic side effects that require the woman to be closely monitored by her doctor.

The optimism in managing the HIV epidemic is clearly seen in the use of combination antiretroviral therapy and the use of Zidovudine (AZT) in HIV infected pregnant mothers. Maternal-fetal transmission of HIV can be reduced by two-thirds when AZT is used in HIV-infected pregnant women. Thus the issue of screening of HIV infected pregnant women has been raised and debated for a couple of years now. Certainly, there are definite benefits to the mother and fetus, by knowing the HIV status of the pregnant mother. But, together with the benefits, are tagged some issues that need to be clearly discussed and guidelines provided.

Definition:

1. Screening:

This usually refers to doing the tests for epidemiological data collection without any link with the patient. There is no provision for followup intervention. The information collected is unlinked and anonymous. There is no benefit or adverse effects to the patient, therefore no counselling is necessary.

2. Testing:

This involves taking samples from individual patients for investigations that might be used to further aid in the management of the patient. Therefore, informed consent should be obtained from the patient. In the case of HIV antibody test, because there is no cure, and the result of the test might be detrimental to the patient, counselling is absolutely essential, and consent is crucial.

Issues related to HIV screening in HIV infected pregnant women:

1. Medical issues:

Our data from the University Hospital cohort of HIV infected women shows that 86.7% of those tested positive acquire the infection from their husband/ or partner. It also shows that these women had only one sex partner.

This implies that women in a single relationship is just as vulnerable to HIV infection. Therefore, by doing antenatal HIV testing and finding that these women are infected can be translated to the infection being acquired from their husbands.

a. Counselling:

This brings us to the issue of pre-test counselling. Because of the implication that the infection is likely to have been acquired from the husband, testing the pregnant women alone, without simultaneously testing the husband will have far-reaching implications, both to the woman, her husband and perhaps the extended family. Therefore, face to face counselling to the couple is essential and testing is offered to both partners.

b. Training and Service:

Another issue that needs to be solved immediately is the provision of trained health care providers in managing women and children with HIV infection. The provision of adequately trained obstetricians, pediatricians and physicians are crucial before embarking on the massive nationwide testing of pregnant mothers. These trained doctors will have to be available at the peripheral hospitals to provide adequate care. Also the health care setup should make provisions that doctors should not refuse to treat a patient who is HIV infected.

In order to have an effective implementation of this policy, the provision of trained midwives and nurses in the peripheral health care centres need to be looked into.

This also includes the provision of adequate and sufficient equipment for the practise of universal precautions to protect our health care staff .

c. Laboratory Services:

Laboratory facilities will have to be upgraded to provide proper monitoring of the response to and adverse effects of therapy.

d. Costing of Drugs:

Planning for the training programmes require the knowledge of the estimates of the number of pregnant women per year and the prevalence of HIV infection among women of child-bearing age in Malaysia. Besides the planning for the health care providers, budgeting of the cost of drugs and laboratory facilities have to be looked into. The use of AZT in HIV infected pregnant mothers can be as long as 6 months and a further 6 weeks for the infant. Following the birth of the child, the HIV infected woman and her child needs to be followedup regularly with frequent monitoring of CD4 and viral load assays, and the provision of AZT and other antiretroviral agents to the HIV positive woman.

2. Social Issues:

In this country, a great majority of women do not have access to educational materials or in some situations, are illiterate. They may have very little knowledge on HIV/AIDS and its implications both in terms of legal and ethical issues. They may not know that if they are tested HIV positive, under the Islamic law, there are grounds for the spouse to divorce them. This will be a real disadvantage and a tragedy to the pregnant woman. She may not realise that she might have picked up the infection from her husband. Therefore, if we want to offer HIV antibody testing to the pregnant mothers, we should provide counselling to both partners and offer the test to both **simultaneously** to prevent marital disharmony.

In summary, voluntary, confidential, testing for HIV infection in pregnant mothers, as well as in the general population **is encouraged**, because of the benefits of intervention and medical care that can be provided. However, unless adequate trained staff in care and counselling is available and followup procedures are strictly adhered to, knowing that a person is HIV infected can be detrimental to the person and the family.

Therefore, before implementing this testing, these are my recommendations:

1. Estimate the number of pregnancies/year in Malaysia
2. Provide adequate trained AIDS counsellors (ratio of 1: 50)
3. Provide adequately trained medical staff (obstetricians, pediatricians, physicians) to provide optimal care to those infected. In the peripheral health centres, provide adequate training to midwives, nurses, etc.
4. Make available adequate and appropriate equipment for the practice of universal precautions.
5. Provide adequate laboratory facilities for monitoring of the side effects of the antiretroviral agents being used for these pregnant mothers
6. Provide an ongoing budget for the procurement of the antiretroviral agents for the pregnant mothers (throughout the pregnancies), the newborn babies, and further treatment of the infected mothers.

HEALTH CARE AND MEDICAL TREATMENT AND SUPPORT SERVICES:

1. Health education Programmes, Health care and Prevention:

PREVENTION OF HIV INFECTION IN WOMEN

Women by virtue of their status in society especially in Asia, often do not have the negotiating powers especially in the area of sex. The economic dependence on their husbands poses a difficult situation for the women to negotiate safer sex practises of their husband.

Safer sex practises

In a monogamous relationship, if for some reason, a woman suspects that her partner has been unfaithful to her and believes that he might be infected with STD or HIV, she could negotiate with him to use condoms during sexual activities. Men, in general, tend to not want to use condoms as a means of protection. There are a lot of myths around the use of condoms: not being man enough, decreases sensation, etc. Correct and adequate information has to be provided with regards to the use of condoms in the prevention of spread of sexually transmitted diseases: STDs and AIDS.

People who indulge in sex with multiple partners should use condoms to protect themselves as well as their partners from getting infections.

Commercial sex workers (CSW), by virtue of their profession, have difficulty in persuading their clients to use condoms. However, it is of utmost importance that female CSWs, if they still want to continue their profession, will have to stay free from infections. Therefore, it is mandatory that they insist on their clients to use condoms. The message "No condoms, no sex" should be the motto for all sex workers who choose to remain in their profession.

Use of clean needles:

Drugs (dadah) use can lead to HIV infection. Smoking marijuana or other inhaled dadah by itself is not as harmful; however, smoking drugs can lead to using hard drugs like heroin, morphine, etc. These drugs can either be smoked or injected. Injecting drug users (Intravenous Drug users, IVDU), often have difficulty in getting clean needles, therefore, there is a tendency for them to share needles. This is where the danger of getting HIV infection is. If the needle and syringe has been previously used by an HIV-infected drug user and this equipment is subsequently used by another drug user, it is highly likely that this person will be infected. Similarly if this needle is used by 5-10 persons in the course of a day, then the spread of HIV will be rampant indeed. Sometimes, IVDUs, to support their expensive habit, will steal, or prostitute

themselves to obtain money to buy drugs. If this IVDU is HIV infected, by having unprotected sex with a non HIV-infected partner, can infect this partner.

IVDUs are counselled to stop using drugs. However, this is not always possible, therefore, they should be counselled to change to oral drugs and subsequently rehabilitated. If, this too is not possible, then they are advised to use clean needles or not to share needles. Basically, counselling and support, both within the family and community, is important to protect our young from the scourge of Drugs and HIV infection.

Prevention of spread through caring for AIDS patients

Since AIDS has become a societal problem, rather than just a medical problem, the community will have to play a more important role in caring for the HIV infected persons in the community.

GRASS ROOTS PARTICIPATION:

This involves the community groups to organise workshops and support groups to discuss women and health issues and tag HIV prevention to the programme. This group discussions will have to include topics to educate and empower women in their own environment.

EMPOWERMENT OF WOMEN

Culturally and socially, women have never been given a chance to voice their opinion, especially in matters of importance. However, in the era of HIV/AIDS, women should be empowered to speak up for their rights to protect themselves and their family. To be able to do this, they should be given access to accurate information; and be considered equal partners in any endeavour.

2. Medical Treatment for HIV/AIDS and STDs

Provision of adequate care for STDs and AIDS is essential in ensuring a better quality of life for those infected as well as those affected. Therefore, it is essential to ensure that access to care is easy and affordable, preferably clinics be set up close within the community and this may be linked with other health services for women and children; services that they may not have access to in the usual circumstances, eg pap smears, breast checks, health talks etc. Women health groups can be set up in the community to provide support and openness of discussion related to matters of health.

3. Support Services:

The provision of support services for women with HIV is essential to provide a better access to health care and other services that will help improve their quality of life.

These services can be classified as:

- a. Medical
- b. Social
- c. Legal
- d. Counselling
- e. Welfare
- f. Home visits & care
- g. Care of their dependents

In order to be in a healthy state, physically, mentally and emotionally, the rights of women should be upheld at all costs. Women, particularly, those in the rural areas, should have easy access to health care and health education. The basic right of individuals should also be maintained, like the right to have clean and safe water supply, proper sanitation, housing, safe environment, health and safe food and education. Thus when these factors are taken into consideration, then women can be empowered to take care of themselves.

Support can be in many forms: emotional, physical and financial. In the context of HIV infection, the most pressing need is the social support in the form of counselling services in the early stages of the HIV infection, then financial and emotional support system will have to be developed, subsequently home visits and home care nursing and support to dependents will have to be organised.