

## Setting Priorities

Though women are at the center of the growing HIV epidemic, the national and international response to this major health issues is weak and inadequate. For women, mothers and children, large gaps exist between need — medical psychological and welfare — and services or support to meet those needs. Nor is sufficient effort directed towards policy development. Policies on HIV-infected pregnant women, for example, do not generally take into account reproduction rights. Screening policies are discussed without considering the capacity of the prenatal care system. Economic factors are rarely considered while discussing prostitution. Most importantly, women are rarely involved in the formulation of AIDS policies. As in most other health and social issues, policies of AIDS are “made by men - for men”.

## PEOPLE WITH HIV/AIDS HAVE RIGHTS, TOO

Source: TODAY May 11, 1995

The Manila based organization REACHOUT AIDS Education Foundation, an AIDS service organization that advocates non-discrimination against people with HIV/AIDS, recently released its new poster that focuses on the basic human rights of people living with HIV/AIDS.

The following are the rights reflected in the information, education and communication materials: the right to confidentiality, the right to disclosure, the right to counseling, and the right to social-support services.

The person with HIV/AIDS has the right to the assurance of confidentiality on all information pertinent to their health status and health behavior. It is the person's discretion to disclose their HIV status to whoever, whenever and wherever they please. The individual's wish for privacy should be respected.

Also, a person with HIV/AIDS has the right to be provided with

access to correct, accurate and unbiased information which will guide in making informed choices. The individual has the sole right to decide on the alternatives most beneficial in relation to their sexual behavior, health practices and family life. People with HIV/AIDS have the right to avail of basic health-care services. They should not be deprived of their right to social services, insurance services, spiritual guidance and legal aid.

The intent of this communications effort is to enlighten people about the social implications of the disease and at the same time replace irrational fear, existing biases and prejudices with a deeper sense of humanity, compassion and understanding. The Reach Out office in Manila can be contacted at 632- 895-1369.

## PREGNANCY RELATED HORMONE USED TO TREAT AIDS PATIENTS

Source: TODAY May 11, 1995.

Hormone produced during pregnancy could become the newest treatment for Kaposi's sarcoma, the most common cancer in AIDS patients, according to a new study.

The report offers scientists a clue as to why men develop the cancer at a much higher rate than women, the study's author's said.

The research, published in the journal *Nature*, shows that human chorionic gonadotropin (HCG), a hormone present in high levels during the first trimester of pregnancy, destroys Kaposi's sarcoma cells by binding to them.

In the study, newborn and adult mice were injected with Kaposi's sarcoma cells. All of the adult mice and the male newborns later developed tumors. But the four female newborn mice did not, and they remained tumor-free after they became pregnant.

The cancer cells also were injected into mice in early-and late stage pregnancy; those injected in the early stages of pregnancy did not develop tumors, and the late-stage

pregnant mice showed smaller tumors that did not spread.

“The hormone was not blocking, but killing Kaposi cells, and it doesn't kill normal counterpart cells. This is without apparent toxicity to the animals,” said Dr. Robert Gallo, chief of the National Cancer Institute's Tumor Cell Biology team and a coauthor of the study.

If further studies confirm the new report, the pregnancy hormone may be used to treat Kaposi's sarcoma, according to the government researcher.

Gallo speculated that the reason HIV-infected women have a low rate of Kaposi's sarcoma even if they are not pregnant is because one element of HCG is similar to a hormone released during the menstrual cycle.

Because HCG is not a feminizing hormone, it should not cause problems eventually used to treat men with Kaposi's sarcoma, Gallo said.

Kaposi's sarcoma tumors typically develop as purple blotches on the skin. Although the cancer is common among homosexual men who are infected with the AIDS virus, it rarely develops in uninfected people.

Treatment with HCG would ease the concern about the negative effects of strong cancer medications on patients with already weak immune systems, the Nevada researchers said.

## AIDS WOMEN TAKE RISK OF BEARING KIDS

Source: TODAY May 10, 1995

NEW YORK (NYT) - Sandy L. spent years in soul-searching discussions with her husband before they decided, out of love, to have a baby despite the risk. In Brooklyn, Monica Hernandez went through similar heartache, pregnant with a fifth child when so much about her future was uncertain.

These two women, the first a doctoral candidate with a good job, the second a homemaker who relies on welfare, share a

moral dilemma: They both have AIDS. After learning they had the virus they both decided to risk the odds that the children would someday have it, too.

Yeah, it is selfish," said Sandy L.. "Having a child is always selfish. I don't think my reasons are any different from any other woman. I think I can be a good mother."

Some couples are deciding that the risks of infecting the baby are no worse than other dangers in their lives or that the medical advances allow them to manage the risks in an acceptable way. The odds of an HIV-infected mother passing the virus to her child are 15 percent to 30 percent. New studies suggest that by taking the drug AZT during pregnancy and labor, women can reduce the risk to 8 percent.

Hernandez, 30, four months into an unplanned pregnancy, said she could not bring herself to have an abortion.

More women who have HIV or AIDS are knowingly taking the same risk, according to doctors and social workers. Their choice springs from the intersection of new science and new attitudes among people with AIDS, who are living longer and more comfortably than ever and are choosing not to see the virus as a death sentence.

## NOTES

### **BANGLADESH: MORE WOMEN THAN MEN DIE AS A CONSEQUENCE OF CYCLONES/FLOODS**

Source: Development and Gender in Brief trial issue, BRIDGE, Institute of Development Studies, University of Sussex, Brighton, BN1 9RE, U.K.; Tel. no. 01273 678491.

Environmental disasters are not gender neutral in impact. Studies in Bangladesh show that women suffered most after the 1991 cyclone and flood. Among women aged 20-44, the death rate was 71 per 1000, compared to 15 per 1000 for men. Since emergency warnings were given mainly by loudspeaker and word of

mouth, women's lower literacy does not explain these findings.

Other factors lay behind women's higher mortality. Women were left at home by their husbands to care for children and protect property. Women's saris restricted their mobility. Women were malnourished compared to men and physically weaker. During the cyclone, the lack of purdah in public shelters may also have deterred women from seeking refuge.

Following the cyclone, the lack of female personnel in emergency medical teams inhibited women from seeking medical care. Equipment taken into disaster areas was inadequate to meet the needs of women. Many women lose breastfeeding infants during environmental disasters. Pumps to express breastmilk are essential to avoid serious infection and debilitating pain. Equipment and medication are also needed to handle the increase in miscarriages which always follows disasters.

### **HIDDEN DANGERS IN NAIL POLISH**

Source: Utusan Konsumer mid-March 1995 No. 324.

Ladies, think twice before you paint your nails. That harmless-looking nail polish which you use to color your nails can cause you serious harm. Surveys shows that some popular brands sold (eg: Revlon and Cutex) contain toluene.

Toluene, also known as methyl benzene, is a toxic solvent. Low-level exposure to this chemical can affect one's mental functions, behaviour, menstruation and hormonal levels, and fetuses in pregnant women.

Exposure to toluene can also have long-term effects on the liver, heart and nervous system. Mild side-effects include irritation of the mucous membrane, headache, vertigo (giddiness), nausea and loss of appetite. Toluene is easily absorbed through the skin but it is eliminated slowly from the body, especially in obese people.

### **NORPLANT REMOVALS DELAYED**

Source: International Dateline, A Population and Development News and Information Service, March 1995.

Women are often forced to endure delays and censure from over-zealous service-providers when requesting removal of Norplant, the five-year sub-dermal contraceptive implant. This conclusion is from a study of 1,151 women in Bangladesh. Reasons for delays can include over-worked physicians, understaffed clinics, or not enough personnel trained in Norplant insertion and removal. But the study also shows that women are often forced to negotiate with doctors who cite the cost of the implant and refuse to comply with the removal request. The authors say that "providers walk a fine line between encouraging clients to continue using the implant in the face of non-threatening side-effects and refusing outright to remove the implants." In a related study, researchers found that clients in Bangladesh and other countries learn which reasons are deemed acceptable to Norplant removers and use those reasons when requesting removal. The Bangladesh study authors say that, "placing barriers to removal and allowing providers, rather than clients, to decide the legitimacy of reasons for removal will undermine the credibility of both the method and the family planning program."

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