

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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