

infected with the Human Immuno Deficiency virus. These blood tests are available free of charge to any suspected person at the Central V.D. clinic (Room 33 General Hospital, Colombo) De Sarum Place, Colombo 10 or at any V.D. clinic of the provincial (general) hospitals. If you are reluctant to divulge your real name and address, you can still get the AIDS test done under a pseudo name or number. Anti STD/AIDS authorities will assure total confidentiality of all details regarding those seeking blood tests and HIV positive or AIDS cases.

Blood tests for HIV antibodies could also be obtained from the Sri Lanka Family Planning Association Bullers Lane, Colombo 7.

To date there is no known cure for AIDS or vaccine to prevent the spread of the infection.



Four-year-old Marian is one of 300 Romanian children in the Municipal hospital suffering from AIDS. Doctors fear that the spread of AIDS in the country's main port-city might turn into a catastrophe. Of 1240 children in Constantia tested positive to the HIV virus, 750 developed AIDS. Some 290 children have died so far, a doctor at the hospital said.

WOMEN

Women's organizations are specially concerned about women in communities both in the rural and urban sector. They can therefore be obvious and ideal activists in the movement to increase awareness of fellow women on the problem of AIDS. They can catalyse community participation of women in this objective.

It is because of the crucial role that women can play in a strategy directed towards women that the Director-General of WHO devoted December 1st 1990 World AIDS Day for a focus on women.

Women are often the innocent victims of sexually transmitted diseases. They are unaware of the sexual behaviour of their partners. Through them, perinatal transmission of their progeny can be 30% affection or less. The majority of such children would die before age five.

The affected women themselves could die leaving behind families of orphans.

Too often women prostitutes (sex workers) are not aware of the hazards they are exposed to. There is a sizeable number of them in this country - perhaps over 20,000 "sex workers" in

Colombo, who could not only be vulnerable but also could be the source of infection to their sexual partners.

It is shown that HIV infections leading to a compromised situation called AIDS is now mostly transmitted heterosexually. Of the millions in the world who are now HIV infected, approximately one third are women.

WHO estimates that over 200,000 infants are infected.

WHO also forecasts that 200,000 new infections each year will be women. This is to say that at the beginning less

women were affected. Hence more women will be ill with AIDS in the coming years.

Women are at risk: specially for the following reasons -

1. The frequency with which women are given blood during delivery.
2. Vaginal intercourse accounts for about 60% of total transmission : women are more vulnerable to this type of infection than men. If they have disease of the cervix, they are even more vulnerable.
3. Self injecting drug users - (regardless of gender)
4. Perinatal transmission - half of them will be girls.
5. Female prostitutes in Thailand and India are showing levels of infection 30 - 40% and 15 - 20%.

Children are at risk:

1. a) Through infection from the mother when pregnant viz. about 30% or less. The mother's health during pregnancy seems to govern the risk of infection - if the mother is already ill with AIDS, baby is more likely to have it than if the mothers were clinically well.
b) The majority die by about 5 years if they become HIV positive.
2. Breast milk transmission is a new risk in a handful of cases if mother receives infected blood immediately after birth. (They could be already infected during mother's pregnancy).
3. Adolescent children and street children.
4. Those children who have regular blood transfusions for various diseases e.g. haemophiliacs, some

and not just target groups like women in tourism or even sex workers alone. Women must know that any injection of blood or blood products can be hazardous. They are more likely to such transfusions for anaemia or obstetrical procedure.

They have the right to question the safety of such procedures and their need for protection against HIV infection during any hospitalisation or health seeking behaviour, particularly in maternity. This type of awareness of the need for self care must be universally known.

The need to develop a supportive environment must receive attention. The burden of the disease must be shared equally in the family.

In general, there is a need to improve the status of women in the community. Non-governmental organizations (NGOs) have a major role in this way

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AND AIDS

6. Among drug users in Bangladesh, prevalence rates have gone up from 1% to 50% infected.

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anaemias and leukaemias.

5. In immunization if there is inadequate sterility of needles. (Disposable syringes are recommended).

The economic and social consequences of AIDS must be highlighted. Because of their poverty and lack of status, women are more vulnerable to this infection. We have the example of the Sri Lankan woman who was discriminated against both in maternity and subjected to social rejection in her village.

All women must learn about AIDS

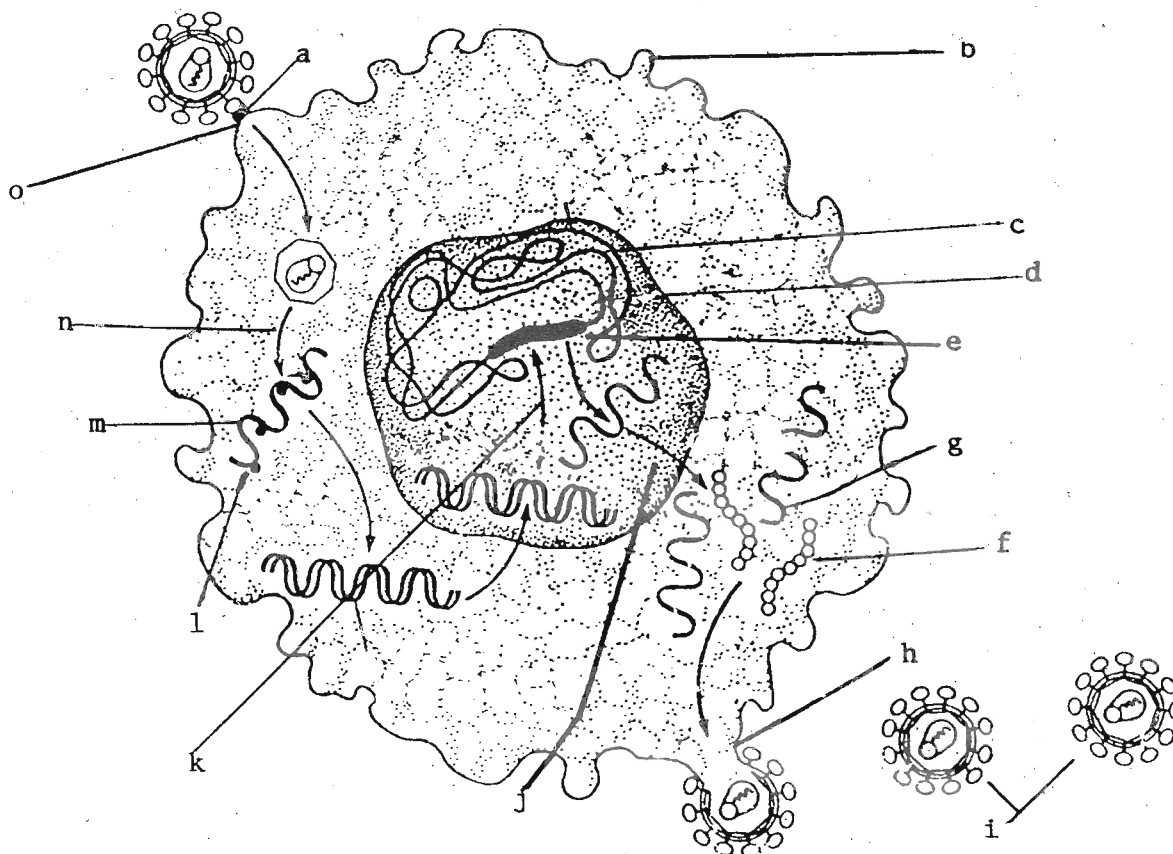
of not ostracising them as bad persons. Of course, there is a cultural aspect towards the discussion of sexuality and AIDS activities. NGOs can bring out the nature of these difficulties in their work and from their experience in the past in family planning activities.

In the future, there could be women who have to bear the economic burden of caring for their partners and in bringing up their families.

Women on the whole must have a firm economic base to assert themselves. The legal rights of different groups of women in this country have been ex-

Production of New Generation of HIV Viruses

HIV Virus



HIV

- a. Receptor
- b. Human cell
- c. DNA of host cell
- d. Host cell nucleus
- e. Viral DNA inserts itself into chromosome of cell
- f. Viral proteins
- g. Viral RNA
- h. New viruses assemble at membrane of cell
- i. New generation of viruses
- j. The viral DNA starts to instruct the human cell to produce viral components such as viral proteins and RNA-the two main components of HIV. These migrate to the surface of the infected cell, where they stick out through its outer membrane. Then by a process known as budding, multitudes of new viruses detach themselves from the infected host cell, and are taken away in the blood stream to attach to other cells with CD 4 receptor.
- k. inserts itself into human cell. Because HIV becomes part of the human cell's genetic material, infection of the cell is irreversible.
- l. Viral RNA
- m. Reverse transcriptase
- n. The single stranded RNA then makes a copy of itself using reverse transcriptase. Results in double stranded DNA which ...
- o. On contact with receptor, the virus sheds its lipid coat and injects RNA into human cell.

amined but what correctives have been adopted?

The problems of adolescent pregnancies, the numbers of street children who are abused sexually must be sorted out. One cannot ignore the numbers of adolescents who are starting to explore sex at school age. Older children are in need of AIDS education.

Problems relating to different religious view points must be considered and overcome in extending AIDS education to older school children and school leavers.

Older women as grandmothers might be called upon to support families and orphans.

Access to resources in health institutions must be considered. This could have different angles such as the terminal care of individuals affected with

AIDS and also those who are HIV positive. NGOs can be in the fore front of organizing such terminal care.

NGOs must be the advocates for many of these issues, including equality and discrimination.

Information must be available. The role of the media in increasing awareness, but shunning unkind publicity must be mentioned. Women journalists have a positive role to play.

Women's organizations are leaders in training programmes for women: they are sponsors of family life education. They must be aware of traditional, cultural, ethical and spiritual values and yet use this experience to overcome lethargy in extending information to the community they work in and to the public in general.

In spite of efforts to improve women's health, economic and social status, the 1989 world survey on the role of women in development reports that poverty among women has increased even in the richest countries leading to what has become known as the feminisation of poverty.

Women therefore have to take a more positive approach to their own health, improving services for themselves. To this end, it is necessary to arm them with more technical support and training in this area of Maternal and Child Health and Family Planning.

Women's organizations at rural level will have to coordinate with women workers in health and together improve the utilization of health resources.

Through regular workshops women can be sensitised to the problems that AIDS could post for women.

They could design ways of disseminating information on the prevalence and prevention of the disease.

Mass media could disseminate information on AIDS with counselling

programmes on maternal and child health and family planning.

The safety and quality of the health services must be promoted in the safe use of needles and blood transfusions.

Women's organizations can support solidarity on women's issues; can promote community action and conduct a situation analysis of AIDS; can promote fund raising activities for public education, specially addressed to women and for counselling activities.

AIDS is a new health problem. However, in some continents it has reached a situation where it is the highest cause of mortality among women.

It is not yet a priority health problem in Sri Lanka. But with the possible spread of HIV infection throughout the world, we in Sri Lanka must take the advantage and precaution of preventing its spread here by information and education.

This information and education is in creating awareness among all women that they should be protected. Women's organizations therefore must start early in developing a sociological approach.

The education is firstly for themselves, then for all women they work with, finally for those at special risk.

