Women And AIDS
Those Who Felt Relatively Safe Are Finding Out They Aren’t.

ick up any women’s magazine these days, and odds are that the subject of women and AIDS will be somewhere on the cover. Go to the Lafayette Public Library and look up the subject of “Women and AIDS,” and the computer will spit out over 200 magazine articles and books on the subject, the bulk of which have been published in the last year or two.

There’s good reason for the recent explosion of media coverage on the subject. It is now known that the disease has no sexual preference. According to a special report in the May 1989 issue of Ms. magazine, some experts are even suggesting that AIDS in the United States could one day be more common in women than in men. For instance, women appear to be more susceptible to some illnesses, like respiratory infections, and less susceptible to other traditionally associated with AIDS, like Kaposi’s sarcoma.

More women may also be coming up with the virus now because of the popular notice that they were safe if they weren’t promiscuous. Those women who had inter-

January the organization has begun focusing on women and has created a women’s group for those infected with HIV. So far, says Robinson, only one of the women, who has been living in Louisiana, has been infected. That’s uncommon, she says, because more women and women who shoot drugs, two of the higher-risk groups of women, aren’t reporting their illnesses in this area. They are out there and they are sick or infected, but they are not reporting, or often not even aware they are infected.

What is happening? Why are unsuspecting women coming up HIV positive in record numbers? One of the answers is that more women were infected with HIV all along, but no one knew it. The medical community originally largely defined AIDS by symptoms first seen in gay men and male addicts, the groups the disease hit earliest and hardest. Doctors overlooked warning signals of AIDS in women because they were presumed to have only drug use, and HIV-infected women now report that they were not told about the disease’s symptoms or about the risks of infection. The problem is that women who contract the disease show different symptoms. The CDC’s definition of AIDS, for example, fails to acknowledge the gynecological diseases so common among women infected with HIV, the virus of chronic vaginitis and pelvic inflammatory disease. Researchers are beginning to think that the AIDS virus may follow a different course in women

course with only one man are now considered at far greater risk than a woman with several sexual partners, if that one man was defined as high-risk.

There is also evidence that women who have had anal intercourse are more than twice as likely to contract AIDS. Additionally, a special women’s health report in the November 9, 1989 issue of Ladies’ Home Journal warned that there are new indications that the transmission of AIDS through heterosexual intercourse is a greater threat to women than men because vaginal secretions may be less heavily laden with the AIDS virus than semen.

Another reason that women who thought they “weren’t the type” to get AIDS or be HIV positive now is that their sexual partners, often led to them about their own sexual history or were unaware they themselves were infected. Yvette Robinson says what hit her hardest when she first began working with HIV-infected women at Lafayette CARES is that she could have been one of them. The saddest cases of all for her have been women who absolutely had no idea they were infected. “Nobody is immune,” she says. “This isn’t something that if you don’t shoot drugs you don’t have to worry about. These people are your sisters, your wives and your moms.”

Robinson strongly believes that women who have sexually transmitted diseases like HIV are being unfairly stereotyped as tramps. There is such a stigma attached to a woman containing HIV that they are afraid to come out and admit or discuss their situations, even with each other, says Robinson.

As an example, Robinson recalls one of her clients who wanted to discuss HIV wit-
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her gynecologist. At the time the client did not know she was HIV positive. Her doctor’s response to her was, “We don’t deal with that kind of woman.”

Robinson continues, “It’s amazing that we can’t culturally accept that this is a disease and not an indictment against a human being.”

Robinson is even more concerned about college students and their lack of formal education about AIDS. According to a study by the federal government in 1988, almost one in 300 college students is infected with the AIDS virus. College women (and men, too) tend to be more at risk for AIDS because they are in general more sexually active and less diligent about practicing safe sex. Also, they are in a closed environment.

“In a closed system like a university campus, it’s just a breeding ground for it to continue,” says Robinson. “It’s a disaster waiting to happen.” She notes that almost every other university in Louisiana has an AIDS program except USL. As a student at USL, Robinson is working on a group project in a communications class to present the USL administration with an AIDS program that would be included in freshman orientation.

With no available educational program on campus where kids can go directly for information the USL administration is sending “a very negative message,” says Robinson. “And the message is [AIDS among college students] must not be that big a deal.”

The average lifespan of someone who has been diagnosed with AIDS—in other words, when the person has become very ill with “opportunistic diseases” such as rare cancers that a healthy immune system would normally be able to fight off—is now about 16 months. Women with AIDS, for whatever reasons, are thought to die faster from the disease than men.

A woman who is HIV positive also has the added stress of knowing that should she become pregnant there is up to a 35-percent chance that her newborn child will be HIV-infected, too.

For the vast majority of sexually active women who aren’t HIV-infected, experts say the best protection is a condom. “Until we have a vaccine, it’s the only sensible thing to do,” says Dr. Ernest Wong of Lafayette. “Insist the man wear a condom. Chances are even he wouldn’t know if he was infected.” Wong says he can name 10 women off the bat who said they thought they were dating safe men but who are all now infected.

Robinson agrees whole heartedly. “I wouldn’t take anybody’s word who they slept with. I’d be real direct and up front [about using a condom] and get it out of the way. It’s not the kind of thing you wait until you’re half undressed to talk about.”

Other precautions that will greatly reduce the treat of AIDS for women include:

- HIV antibody testing for yourself and your partner. (If either of you is infected you should come up HIV positive within three to six months after infection.)
- Having sex with only one partner.
- Avoiding sex with members of risk groups.
- Avoiding anal sex.
- Not having sex with people you don’t know.
- Using only latex condoms and ones that contain nonoxynol-9 lubricant. This
lubricant provides a chemical barrier against sexually transmitted diseases.

- Using a condom from start to finish of lovemaking.

Experts recommend using a condom with your partner until you are both absolutely sure you are infection-free and not having sexual relations with others outside your relationship.

"Using a condom is a universal protection now," says Robinson. "It’s not an indictment of someone’s sexual practices. It’s saying, ‘I value myself and I’m not putting myself on the line.’ It’s a method of protecting you from a deadly virus."

Although they are not foolproof, condoms are considered by experts to offer the best protection against the virus for sexually active people. The problem is getting people to become comfortable wearing them and, more importantly, to learn how to wear them correctly.

To accomplish this, the general public is going to have to condition itself to stop thinking of a condom as a taboo device—a rubbery macho young man keep in their wallets—and start thinking of it as a life saver that sexually active men and women carry with them. Like it or not, people are not going to stop having sex. And like it or not, people become sexually active at a younger age now.

"Parents need to come around and actually conceive of their daughters carrying condoms in their purses," says Robinson. "Unfortunately with condom use, it’ll have to be the women who have to take the initiative and say, ‘This is it,’ because [protection] has always been the woman’s responsibility and it always will.

The biggest thing I think is people are going to have to get over it and make a change," Robinson continues. "We don’t need any more finger pointing or Bible thumping. We’re talking about a virus that’s out of control. We need to take it out of the judgmental phase and put it into an action phase."

Robinson believes it must get to the point where parents tell their daughters to be sure and buckle up, don’t drink and drive and don’t forget their condoms when they send them out on a date. She is hardly promoting casual sex, she insists. She is trying to get parents to see they’ll be saving their daughters’ lives.

One of the problems with imagining that your daughter could die from a sexual encounter on a date is that AIDS is a very slow death. People who have HIV may not have symptoms for many years, and meanwhile they look and feel perfectly healthy. Robinson says when she counsels parents she asks them whether it would make a difference if they knew their daughter would die at midnight if she contracted the virus. The parents always respond by saying they never thought of that way.