



IN THIS LIFE2LIVE

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LIFE2LIVE is an initiative to reach out to the ethnic minority society in The Netherlands, with messages on prevention of Sexually Transmitted Infections (STIs) including HIV. A newsletter from STI AIDS Netherlands (Soa Aids Nederland) www.life2live.nl

RAMADAN FESTIVAL working conference about love and relationships

'A good Muslim marries as a virgin, both man and wife'. 'HIV is not a punishment from God, but a disease just like cancer and diabetes'. 'It does not matter how someone contracted HIV'.

These are just a few examples of the posings and questions that were vividly discussed at a working meeting on September 8th during the Ramadan period.

More than sixty people (Muslims, Christians, non-believers, straight, gay and lesbian) gathered after 17h00 in community centre de Meevaart in Amsterdam East for a working meeting on love, in relation to sexuality, sexual transmitted infections (STIs) and HIV. For the second time the Ramadan Festival has organised this event in cooperation with STI AIDS Netherlands and Assadaaka, a multicultural association with Islamic roots. The event was

sponsored by E-motive (Oxfam Novib). Carin Boersma of E-motive gave a short presentation in which she explained the concept of reversed development where organisations in the Northern part of the world learn from experiences in the Southern part.

Puppy love

In his opening speech the chair of Assadaaka, Ahmed El Mesri, spoke of the Ramadan as a period of reflection, tolerance and fraternization. This ninth month of the Islamic calendar is the time in which most Muslims refrain from eating, drinking and sexual intercourse between sunrise and

sunset. It is also a time in which after a day of fasting people share a dinner (iftar) together and discuss topics and issues one comes across in life. Ahmed passionately said: 'On this evening, we want to think and talk about love and relationships. Nowadays we marry for love, but this does not mean that there is no love before marriage. No, today we want to reflect on the period in our lives that we are searching for and experimenting with love. Very rarely is our first love the same person we marry. But the fact that we do not marry our first love does not mean that this person does not have a big influence on the development in our lives. Often our first loves are the ones who shape us and they are the persons we share our first sexual experiences with. We have to look at these relationships as phases in our development towards coming of age and transforming into responsible adults. We should not close our eyes for the so called puppy loves of our children, even though it might be difficult to acknowledge this'. Ahmed continued: 'We all were young once. And by acknowledging feelings of love and sexual desire we can support our children in becoming balanced and secure persons. Therefore sexual education and information are very important. So that young people can protect themselves against STIs or unwanted pregnancies. Being informed and openness about love and relationships are the best remedy against ignorance. The more we talk openly and share information with our young people, the better they will be ready for the future. We should go past shame and break the silence and taboos. Taboos have never brought us any further and they should be broken. This is what I hope to achieve with this working conference.'

On the question from the audience whether Ahmed had married his first love, he answered 'No, I did not marry my first love, nor my second, nor my third'. The crowd broke out into laughter and the open tone for the evening was set.



Lucky one

The next presenter was Humera Alam, a young, enthusiastic Muslim woman of Pakistani background. In 2008 she followed a training organised by STI AIDS Netherlands and Positive Muslims, an NGO based in Cape Town, South Africa. These training sessions were part of a North-South Learning Project, sponsored by Oxfam Novib's Reversed Learning initiative. As a follow up five trainees with a Muslim background followed a training with Positive Muslims in South Africa. 'I was one of the lucky ones to go to Cape Town and I got a clear insight of the wonderful work of Positive Muslims', so Humera said. These trainings were based on Positive Muslims' training manual 'HIV, AIDS and Islam - Reflections Based on Compassion, Responsibility & Justice.' In partnership with STI AIDS Netherlands this workbook has been adapted for a Dutch Muslim audience and is produced to deal specifically with the needs of the Muslim community in the Netherlands.

Humera expressed how inspiring the working method of Positive Muslims was for her. She said: 'One of the founding members of Positive Muslims is Faghmeda Miller. She was the first Muslim woman in South Africa who openly spoke about her HIV status and the difficulties she had to overcome. Faghmeda once explained: 'It is not HIV that is killing us, it is the stigma attached to it. People are still being judged for the way they contracted HIV. We have to break the silence and speak out!'

Positive Muslims

The original workbook for conducting workshops among Muslims is one of the outcomes of the work that Positive Muslims has been doing in communities since it was founded in June 2000. Its major objectives are to spread awareness about HIV and AIDS, support Muslims living with HIV and AIDS, conduct research into the prevalence of HIV and AIDS in Muslim communities and develop a progressive Islamic perspective on HIV and AIDS that recognizes the relationship between health and socio-

photography by Karina Bogaeids



economic well-being. The work of Positive Muslims is based on four principles:

- Compassion
- Justice
- Responsibility
- Non-judgemental

Although the HIV-prevalence amongst Muslims in the Netherlands is low, statistics show that Chlamydia is relatively more frequently found within the Turkish and Moroccan communities than within the Dutch population. All the more reason why this meeting on sexuality and relationships is important.

Workshops

After the inspiring presentation the audience worked in five groups with the manual discussing different subjects on:

- Love and religion/culture
- Love and upbringing
- Love and education
- Love and health
- Love and sexual morality

One group was located in the public canteen of the building and at one point seven young Muslim men who were actually there for their Dutch class joined the workgroup. They said that they found talking about

sexuality and love more interesting than learning Dutch grammar. In this particular workgroup people from Morocco, Libya, Somalia, Algeria, Cameroun and the Netherlands talked about the universal subject LOVE.

Most people agreed that giving adequate information and talking about sexuality will help breaking the taboos around sexuality. This should be done by parents, by teachers and, like in some communities, by elderly brothers and sisters. In the end this will help young people in making thought out decisions. The methods used by Positive Muslims are helpful in discussing delicate subjects in a respectful manner.

Iftar

It was almost 20h30 when the working part was finished. An imam opened the dinner with a prayer after which all people enjoyed a very nice and well deserved meal. It really showed that eating together fraternizes people. While the participants were enjoying their meal, a Turkish singer called Pinar and her band added lustre to the evening. One of the volunteers from Assadaaka handed out 'Sakeena' condoms. 'Sakeena' is Arabic for 'good health'. Good health comes with information and sharing ideas about love, respect and relationships of which this evening was a good example.

By Bertus Tempert

The 5th Ethnic Minorities Conference in The Hague

On Friday, October 8th, the Ethnic minorities program at Soa Aids Nederland, in cooperation with Pharos, held its 5th conference in The Hague, at the Museon, a popular scientific museum. The conference was attended by around 200 participants from all walks of life: people who work with asylum seekers, HIV specialist nurses, nurses from the Genitourinary Medicine Clinics (STI clinics), self organizations and institutions such as the prison services and universities.



Background of the program

The program Ethnic Minorities as it is has been in existence at Soa Aids Nederland since beginning of 2006. The first conference was held in Amsterdam South East, the Bijlmer in 2006 with about a 100 participants. This conference has since become very popular for it is a meeting place for the target group: people with an ethnic minority background here in the Netherlands and the professionals who are supposed to service this group-be it on the sexual health arena or otherwise. Anyone with an interest for promoting sexual health and especially the prevention of sexually transmitted infections (STIs) including HIV infections come to this day where expertise on the issue is shared.

In 2007 the conference was held in Feyenoord Football stadium in Rotterdam. This venue was chosen by some ethnic minorities living in Rotterdam, not only because of their love for soccer, but also for the need to prevent the spread of STIs in their life's most enjoyable necessity: sex. After the Feyenoord Stadium the conference was taken to Arnhem and the year after that, 2009, back to Amsterdam. This year The Hague had its turn to host the conference, with the City of The Hague contributing financially to the conference.

Highlights of the Conference

The morning plenary sessions were met with a lot of enthusiasm. Holding the conference in the Museon was exciting enough, with people being greeted by a large skeleton of a dinosaur in the welcome hall. After a quick cup of tea or coffee, the participants were ushered into the main hall. The plenary session was opened by a sportive start, which meant that two dance captains made the participants move to music for ten minutes. Most gentlemen took off their jackets and moved! This icebreaker (sponsored by Agis) was highly appreciated.

Vice-mayor

The first speaker was the vice-mayor of The Hague, Mr Rabin Baldewsingh. Some of the most critical issues he touched on was the great commitment that the City of The Hague has for the ethnic minorities' communities. He did not only point out to the problems that are supposed to be rampant in these communities, but stressed the added value multi-culturalism has had on the City of The Hague. He stressed that ethnic minorities are a priority group in their political agenda and that it will stay so. His presence was well appreciated, as shown in the evaluation forms that were filled in by participants. The Director of Soa Aids Nederland and Aids Fonds, Ton Coenen, then also

photography by Petra Schram-Sloep



discussed the future for the Aids field given the proposed government budget cuts. Much as he stressed that the ethnic groups should be prioritized in terms of dealing with the problematic issues in sexual health, he also expressed his concern over what the new government will decide on as far as budget cuts are concerned. After this Amanja Haasnoot from the National Institute for Public Health and the Environment (RIVM) gave an update on the epidemiology of STIs and HIV in the Netherlands.

Gender and Ethnicity

The next speaker was Gloria Wekker, Professor and Director of GEM, Center of Expertise on Gender, Ethnicity and Multiculturalism at the University of Utrecht. She gave a lecture on the need to reflect on the position of so called migrants within our Dutch society. She appealed to the model of critically examining this positioning at all levels; institutional, structural and individual. Professor Wekker also called into question the work by many an NGO which tends to overlook the importance of critically incorporating gender aspects, race, class in their work which if the balance is not addressed, the targets set for achieving change within the ethnic minorities' communities will remain minimal.

Mental health

Hanna Uhr Daal (PsyQ) was the last speaker for the morning session. She brought in a subject which is often not addressed: Mental health among immigrants from sub-Saharan Africa remains an area of serious contestation. Experts in the field do not seem to have yet caught on to the fact of using different paradigms for mental health issues for the other ethnic groups that are not native Dutch. She gave several examples of challenges they face in their work: language, poor translation, shame among ethnic minorities for seeking mental health care and different approaches to the concept of illness.



Eye-raising

Bianca van Moorst closed the afternoon session by giving an eye-raising presentation at both an intellectual and pragmatic level. She presented on her study together with Rik van Lunsen on women who have been seeking medical help to either restore their lost virginity or who wanted to be sure that they would be felt to be virgins by their husbands on their wedding night. Some reactions from the audience showed why such research is important but also made clear why discussions about 'virginity' are relevant to sexual health. Some of the women in the research who came to the hospital for this procedure expressed serious fears for repercussions if their husbands would think they were not virgins on their wedding night, even death.

Prehistoric animals

The different rooms of this popular scientific museum, in which these presentations and a total of eight workshops were held, all have their own special character. Please see www.museon.nl. Talking about 'sexual health' surrounded by prehistoric animals and ancient glaciers gave most of the participants the feeling of being part of the great universe. Some of the power point presentations that were held during the workshops can be viewed on the website www.life2live.nl

By Iris Shiripinda and Bertus Tempert

'The first thing I say to young people during an information meeting on sexuality is: *'Let's make a deal: you do not have to tell anything personal. You are welcome to, but you are free to choose. You can ask questions, but it is not compulsory. You can also just sit there and listen'*. I notice that they all absorb the information given and that many of them do ask questions'.

photography by Maarten Feenstra



**Interview with
Marlise Aarts,
Project coordinator
Project L, Municipal
Health Service IJsselland**

By Bertus Tempert

Introduction

I studied Social and Cultural Education at the Fontys University of Applied Sciences in Eindhoven and in 2007 I got my Bachelor degree. During my studies and also afterwards I have been abroad quite a lot in development cooperation in South Africa and Brazil. I have always focused on young people and I like this target group the best. Areas like project development interested me a lot. I have worked with 'street kids' and I have organised all kinds of activities with them including sexual education. I have a job at the Municipal Health Service (MHS) as prevention officer STI (Sexual Transmitted Infections) Sense*. It means that I am responsible for all the activities and interventions for projects for young people on sexual education. I do a lot of education and information training, including training of intermediaries. From the first contact to the follow-up and evaluation, especially for young people including young people from ethnic minorities.

Youth work

I am working at the Municipal Health Service (MHS) since March 2009. The centre where I work is located in Zwolle. This region is quite big and includes twelve communities from Kampen to Hardenberg, Steenwijk to Olst-Wijze. And from the first of January 2011 Deventer will be also part of this region. Zwolle is the centre of this region. The first year I focused mostly on schools and youth centres in Zwolle, but now I am aiming more to the young people in the surrounding towns. When speaking about ethnic minorities they are mostly concentrated in Zwolle. Mostly Turkish, Moroccan, Surinamese and Antilleans. In Zwolle these groups are concentrated in, for example, the AAlanden district, so we will make a different program in that area.

Schools

We aim specifically at schools and youth centres. When we go there we speak with the youth workers and teachers to find out their needs and the needs of the young people. Some youth centres choose for mixed groups with boys and girls, so that they can learn from each other, others prefer separate groups. In other words the activities are all organised in cooperation with the teachers and youth workers and are tailored. We use the materials like *Just like U* or *Salama*, aimed at specific groups developed by Rutger Nisso Group or STI AIDS Netherlands.

Project L

At the moment we are working with a special budget granted by the Ministry of Health to boost MHS work among ethnic minorities. Together with five other regional MHS managers, our MHS has applied for the RIVM subsidy 'improvement sexual health ethnic minorities', and I was appointed the project coordinator in February 2010. Our region East consists of six different MHS (Nijmegen, Tiel (Rivierenland), Twente, Arnhem, Zwolle (IJsselland), Gelre-IJssel (Apeldoorn-Deventer)). The first thing I did was to come up with an appropriate project name: Project L. The L stands for Love (Liefde), and Lust. Project L is specifically aimed at young people from ethnic minority background, but it is also applicable for all youth. We aim at youth workers. They promote the personal, educational and social development of young people aged between 13 and 20, either individually or in groups. In cooperation with the Youth Program of STI AIDS Netherlands and an external trainer we have organised a two days training in September for MHS-professionals with the focus on promoting sexual health and discussing sexuality and sexual education. Topics like different norms and values on sexuality within different

groups, peer pressure, boundaries, social emotions and relationships were dealt with during this training. By doing this we invest a lot in the knowledge and know-how of the MHS-professionals.

Training

In the training we focus on the cultural differences and specificities in each group. A young Muslim man has a different cultural background and most likely other norms about sexuality than, for example, an Antillean girl. The MHS-professionals are very positive about the content of the training that provides them with the necessary tools and skills to pass the information on to the youth workers. The idea is that MHS-officers will then train the youth workers so that the youth workers are equipped to discuss these topics with their visitors in the youth centres. Each MHS will train representatives of two youth centres. Per training fifteen youth workers are being trained. The second part of this project is that youth centres will organise two activities on sexual education and information. It's quite exciting and I am looking forward to these trainings. These training and the use of materials developed by STI AIDS Netherlands and Rutger Nisso Group are examples of good cooperation with national organisations.

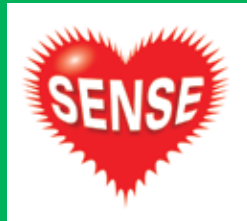
Message

Sometimes schools invite the media when we organize a meeting or event. Most of the time it is good to have some media exposure. Using the media is very important for the continuation of Project L. However some youth centres are hesitant about involving the media and they prefer to keep a low profile. The reason for this it that young people might not get permission otherwise from their parents to go to a sexual education event and in this case nobody might show up. These centres have a good relationship with the young people and by informing the parents their trust might be damaged. On the other hand some centres have very good contact with the parents and they take part in the decision making. The first thing I say during an information meeting with young people is: *'Let us make a deal that you do not have to tell anything personal. You can, but you are free to choose. You can ask questions, but it is not obligatorely. You can also just sit there and listen'*. I notice that they absorb the information and that many of them do ask questions. We evaluate all activities. What went well, what can be improved? Sometimes we use questionnaires. We get mostly positive responses from the target group.

Challenges so far! : the Bible Belt

One group that is hard to reach are the orthodox protestants. This region forms quite a big part of the so called Bible Belt, including cities and communities like Kampen, Genemuiden and Staphorst. (The Bible Belt is the name given to a strip of land in the Netherlands, which is inhabited chiefly by conservative Protestants. It stretches from Zeeland in the south-west, through the

West-Betuwe and Veluwe, to the northern parts of the province Overijssel.) Also other MHS organisations in our eastern region deal with this challenge every day. It is really difficult to reach this group. This community is so closed that you really need someone from within that community to break the barrier. You can compare this with the Muslim community, where you also need key figures from within the community to reach the target group. Sexuality is a big taboo. Since six months we have contacts with the youth workers in Staphorst, but the visitors there are not the native, orthodox Christians, but the more liberal ones. The orthodox Christians do not come, but stick within their own community and church. However, we hear quite a lot of cases of teenage pregnancies, incest and other sexual problems within this community. In this region this group forms an important minority that deserves special attention.



**SENSEMAKESENSE
INTHENETHERLANDS**

* Sense is the brand name for information, advice, consultation and treatment concerning sexual health for youth in the Netherlands. Sense combines online and offline information and advice on sexual health for young people up to 25 years. This includes information and advice on sexuality (the private parts of a girl and a boy), sexual transmitted infections (STIs), contraceptives, pregnancy, how to set your sexual boundaries, homosexuality and sex and internet.

Sense is a collaboration between the ministry of Health, the national professional organisations on sexual health and the regional/local public health services.

Sense offers:

- Online interactive information on sexuality in Dutch
- Online advice through e-mail, telephone and chat
- On location: consultation on sexual health for people under 25 years of age

Results of the webservice www.sense.info (online since the end of March 2009):

- One million visitors until November 2010
- An average time of more than four minutes per visit
- An average of almost seven pages per visit
- The most visited page is 'Ontdek je lichaam': 'Explore your body'

CROSS CULTURAL LEARNING CONFERENCE:

Understanding how our daily life is linked to culture

By Eliezer F. Wangulu (Royal Tropical Institute (KIT, Amsterdam). Managing Editor Exchange on HIV and AIDS, Sexuality and Gender.

Sometimes people ask themselves why researchers seem so keen to understand how men and women relate to each other within the cultures they work in. For instance the other day, one researcher wanted to know from me if African women have any particular methods for maintaining their private parts (genitals). This sounds too intrusive and nosy for someone who is not from the same culture. One may feel studied, scrutinised or even exoticised. But these aspects of culture are important since sexuality and gender define how people will behave, their cultural behaviour and also because culture "...permeates all aspects of life. It contains the local perception of the meaning of life and of what for a local population simply constitutes a 'good life'. the software of social life, its 'symbolic engine'. It can be a source of positive dynamism. Conversely, it can lead to inertia..." (Eade D. Ed. 2002). We need to understand how our daily lives are linked to our different cultures. This presents the key to solving our own problems.

Here below, I will tell you of how some organisations use these cultural aspects of people's lives to improve their interventions in the areas of HIV, AIDS, gender, sexuality and education; in order to design projects and programmes that resonate with people's aspirations. For example, education as a tool for preventing HIV can be effective if practitioners study and understand cultural practices and how they either perpetuate or help prevent the spread of the virus.

Cross-cultural Learning Conference held in Johannesburg, South Africa

In April 2010, Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS), Hivos and the Royal Tropical Institute (KIT) organized a forum to share experiences on implementing interventions to address HIV and AIDS, sexuality, gender and education. The Cross-cultural Learning Conference from April 12 to 15 was held in Johannesburg, South Africa, and brought together regional, national and community groups from Africa, Asia, Europe, the Middle East and Latin America.

The participants, who included traditional leaders, researchers, community workers, programme

implementers, government representatives, development agencies, policy makers, NGO representatives, media and donors, hoped that at the end of the event, they would be equipped with knowledge, skills and tools for sharing within their organisations in order to improve their work.

What is culture?

There were several definitions of culture at the meeting and one that stood out in particular was the definition of culture as the behaviour of a group or society – the actions of You and Me. Another definition originally devised by UNESCO, was: ways of living, working and playing. Since culture is the way we live, work and play, it will either make us vulnerable to HIV infection or keep the virus at bay.

At the conference, SAfAIDS felt that despite having worked towards gender equity in Africa for years, many programme implementers and policy makers still lacked in-depth understanding and appreciation of traditional and cultural practices and their link to HIV. "As a result, they use a 'blaming' approach which propagates a negative view of African cultures and has led to communities building up walls of resistance — effectively slowing down progress towards the achievement of women's rights and HIV prevention," the SAfAIDS Executive Director, Mrs Lois Chingandu said. "We realized that there are better ways of working within the realm of cultures involving the custodians of these cultures such as capacity building of communities to support them to understand how culture is linked to gender inequality, HIV and focusing only on how to address the negative aspect of cultures while promoting the positive ones," Mrs. Chingandu added.

An example of how powerful language is

It is important to be sensitive to the meaning and stereotypes conveyed through language. People who come with their projects need to consider the use of the mother tongue of the community concerned when developing materials and implementing programmes. There is also a need to open discussions with communities on the interpretation and meaning of specific 'language' with respect to HIV and gender. According to Kernohan, language is very powerful but often unacknowledged feature of culture because it is a key cultural lens. "We need to be sensitive to the meaning and stereotypes conveyed through language. Words shape not only how we think, but our expectations and new words, even if they sometimes sound clumsy, can make invisible oppressions in a culture visible for people to see and fight against." Name calling for instance often associates the person or object involved in a manner that is demeaning to them. Others may start seeing them in that negative light too.



Key issues emerging from the conference

Participants agreed that civil society, governments and media have a shared responsibility in HIV communication and in any other communication for that matter. If media talks about certain people in a certain way, this may also become the "truth", to all those who may not be very familiar with the people or subject under discussion. Therefore, civil society and policy makers need to recognize the role that media plays in socio-cultural discourse related to HIV and gender and involve media in self critical reflections of their work.

All stakeholders should **Aim to 'SAVE'**. There is a need to promote SAVE as a strategy for HIV prevention - more holistic and responsive to the socio-cultural context in which people live to 'close the tap' on new infections. SAVE stands for:

S: Safer practices (Abstinence+Be Faithful+Condom Use+Prevention of Mother To Child Transmission+ safe

blood +safe injections, safe circumcision etc).

A: Access to treatment (including sexually transmitted infections, opportunistic infections, antiretroviral therapy and to nutrition).

V: Voluntary, routine and stigma-free HIV counseling and testing.

E: Empowerment of children, youth, women, men, families, communities and nations living with or vulnerable to HIV and AIDS. SAVE was coined by the International Network of Religious Leaders Living and Personally Affected by HIV and AIDS (INERELA+).

Also, education must be offered by various stakeholders and through various approaches such as schools, medical services, family, media and peers to reinforce the message of gender, education and HIV. Young people should be involved in imparting this education but they must be empowered to be able to impart accurate information in an effective way.

While working on gender, involvement of boys is critical. It is important to emphasise benefits of equality for boys and girls because the goal is not to change/reverse gender norms, but to promote critical awareness about power dynamics often embedded in gender norms.

1. Reference:

Eade, D. Editor. 2002. *Development and culture: A development in practice reader*. Oxfam in association with Word Faiths Development Dialogue.

Vienna World Aids Conference Brief HIV and Tuberculosis

By Elias Phiri

AIDS 2010: The 1st European TB/HIV regional meeting was held in Vienna, Austria from 16-17 July prior to the XVIII International AIDS conference. The meeting was organized by the WHO in collaboration with the TB/HIV Working Group of the Stop TB Partnership. A total of 186 people from 37 countries participated to the meeting with representation from all of the 18 high TB burden countries from the Region.

Halving HIV/Tuberculosis (TB) Co-infection Deaths: UNAIDS and the Stop TB Partnership discussed at the World Aids Conference the need to prevent 200,000 deaths annually from HIV and tuberculosis co-infection. TB is the number one killer of people living with HIV/AIDS. Tuberculosis (TB) is an airborne infectious disease that is preventable and curable. The World Health

Organization (WHO) is working to dramatically reduce the burden of TB, and halve TB deaths and spread by 2015, through its Stop TB Strategy and supporting the Global Plan to Stop TB. The organizations agreed to step up joint efforts to halve by 2015 the number of people living with HIV who die from TB. The agreement also aims to provide life-saving antiretroviral treatment for all TB patients living with HIV. The two organizations will press government health programs to reach all people in need of care for TB/HIV by integrating the services that provide diagnosis and treatment for both conditions; and also seek to increase the resources needed to accomplish this goal. Another overarching objective is to mobilize civil society organizations, communities affected by TB and HIV and the private sector to form strong partnerships aimed at jointly addressing TB/HIV.

HIV and tuberculosis – rapid Anti-Retroviral Therapy saves lives: It is advisable that people who have both HIV and TB infections at the same time, that they first start with the TB drugs and within two weeks also start their anti-HIV drugs, ARTs (anti-retroviral therapies). That way their chances of survival is better than that of those who wait two months before starting the anti-HIV treatment. The first option reduces the chance of death by 39%, according to a study that was done in Cambodia, the CAMELIA study which was presented at the Vienna conference. In Africa, most people who are HIV infected also often present with Tuberculosis. Having Tuberculosis does not always mean that one is HIV infected, but it is advisable to get an HIV test to rule out an HIV infection. At the conference was the UN High Representative for Alliance of Civilizations, Dr. Jorge Sampaio, who called for greater political commitment to the ending of human rights abuses of people living with HIV and TB, including

stigma, discrimination and isolation of particularly vulnerable groups.

The reference for all the articles above is: www.aidsmap.com and <http://pag.aids2010.org>

Elias Phiri works for **TB Alert** (Brighton, UK) as the Head of Awareness Programme, writing this WAC feedback article in his personal capacity. Elias is also grateful for restricted financial support from **TB Alert, Tibotec and ViiV (UK)**, who made it possible for him to attend the conference.

Where to test for Tuberculosis in the Netherlands? At any GGD clinic. The test is for free. If the test is positive, one gets medication for free irrespective of your legal status in the Netherlands.

information

Safety Rules

You can protect yourself against HIV and reduce the risk of sexually transmitted infections (STIs) by using a condom!!! If you perform oral sex do not let someone come into your mouth and do not go down (lick) on vagina during menstruation. Avoid getting sperm or blood into your mouth.

Resistance

A disadvantage of HIV medication is that resistance to anti-HIV medication can develop quite easily. Resistance means that the virus has adapted itself to the medication so that it is no longer effective. This can occur if there is an insufficient amount of medication in the blood to prevent the virus from multiplying. This can be caused by among other reasons, **Forgetting** to take or skipping a dose, using a lower dose than recommended and by not taking medications at the correct times.

Therapy compliance/ adherence

Someone is considered therapy complaint or adherent if he/she succeeds in always taking the medication on time. This minimizes the risk of the virus becoming resistant and the medication not working anymore.

Medication during pregnancy

Taking medication during pregnancy reduces the chance of the baby getting HIV to less than 1%. Of the 200 babies born by HIV positive mothers at the AMC hospital, of whom all the mothers took medications, all of them are HIV negative.

Which body fluids contain enough HIV to infect?

Blood, semen/sperm, pre-cum, vaginal juices, mother's milk (of an HIV infected mother)

Which body fluids do not infect?

Sweat, tears, faeces, saliva, urine

Hiv is transmitted through:

Unprotected sexual intercourse, both vaginal and anal. Blood or sperm in the mouth through oral sex, unsafe blood transfusions.

Mother to child transmission during pregnancy if mother is not put on medication during pregnancy. Breastfeeding not advised.

'Buddycare Positivo'

Support for Spanish and Portugese speaking migrants living with HIV. Trained volunteers offer a listening ear and support, also practically like translation, hospital visits or contact with police, IND or advocacy. On a psycho-social level 'Buddycare Positivo' offers counseling on issues like family and relationships, conflicts, depression and dealing with HIV.

Office hours: Tuesday, 13h00 - 17h00 - Eerste Helmersstraat 17, Amsterdam
 Consultation by phone: Monday & Tuesday, 13h00 - 17h00: 020 - 6160160
 Outside these hours: 06 - 21 93 47 13
 E-mail: buddyzorgpositivo@hivnet.org

Explanation of terms

HIV is the Human Immunodeficiency virus. This is the virus that can cause AIDS. HIV weakens someone's health (immune system) which makes the body vulnerable/weak to attacks by all kinds of infections (called opportunistic infections such as TB, pneumonia). HIV positive: This means that someone has HIV in his/her blood.

AIDS, known in full as the Acquired Immune Deficiency Syndrome, a combination of infections that can occur due to a weakened immune system.

CD4 cells, are white blood cells that protect the body against infections. These are also the cells used by HIV to multiply itself. The quantity of these cells are the ones that determine the extent to which the body can defend itself against infections. These cells form the natural defense system of the body, the immune system. The higher the number of CD4 cells, the better one's immune system works. A healthy person has between the 600 and 1500 CD4 cells.

Combination therapy, HAART, ART/ARV's Combination therapy or HAART (Highly Active Anti-Retroviral Therapy): Two terms for a combination of 3 or more different medicines (pills) for treating HIV. These medicines inhibit the replication of HIV.

Opportunistic Infections

These are infections that are not prevalent among people with a healthy immune system, but that could very well develop in people who have a weakened immune system because of HIV.

STI

Sexually Transmitted Infection

Viral load test

This test measures the amount of virus in the blood. The quantity is expressed by the number of virus particles per milliliter. The more virus there is in the blood, the more the chance someone has of becoming sick. With medication, the amount of the virus is reduced in the blood, warding off opportunistic infections.

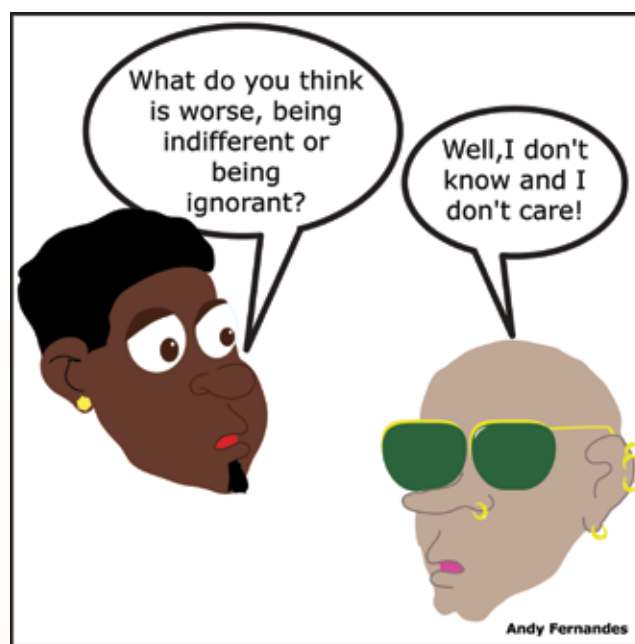
Undetectable virus

If medication works well, the viral load can be reduced to less than 50 copies per milliliter. This is called undetectable, which means that there is hardly any virus in the blood. Note however that one remains HIV positive and needs to continue HIV medication to suppress the HIV virus from becoming active again.

JOKE OF THE DAY



TWO JOKE



Andy Fernandes, a.c.a.fernandes@hotmail.com

Extra information on HIV/Aids

Support

Agenda

14 February
Valentine's Day



Where to speak with someone in case I need to know if I have a sexually transmitted infection or HIV?

Also for advice, counselling and testing referrals on HIV/STIs contraception, (unwanted) pregnancies and sexual health, Please call:

AIDS STI HELPLINE
0900 204 2040
(10 cents per minute)

Dutch and English spoken
Personal consultation hours:
Monday - Wednesday 10:00hrs - 20:00 hrs
Thursday - Friday 14:00hrs - 20:00hrs

MSN Chat:

Monday - Friday 16:00hrs - 18:00hrs
Email to: infolijn@soaids.nl

Servicepoint HIV Association

HIV positive. Need advice on medication, meeting others with HIV, etc. Call Servicepoint on

Tel.: 020 6892577

Monday/Tuesday Thursday/Friday
14:00hrs - 22:00hrs *Closed on Wednesday*

STI Clinic (examination, treatment)

GGD clinics all over the country.
In Amsterdam at Weesperplein 1
Open Monday to Friday 08:30hrs till
10:30hrs and 13:30hrs till 15:00hrs.

Other STI testing places: see www.soaids.nl/soacentra.html

Other useful websites

www.soaids.nl www.avert.org
www.aidsfonds.nl www.africaneyetrust.org.uk
www.hivnet.org www.nahip.org.uk
www.thebody.com www.ahpn.org
In search of a partner also living with HIV:
www.positivesingles.com

Organisations for people living with HIV. Need to speak with others with HIV

HIV Vereniging Nederland

1e Helmerstraat 17b-3 1054 CX Amsterdam
Tel.: 020 6160160
www.hivnet.org

NAMIO (National Association of Migrant Organisations against HIV/AIDS and other STIs)
Moerdonksvoort 25 5706 HL Helmond
Mob.: 06 50960019
email: info@namio.nl www.namio.nl

PAMA (Association of Positive Africans Mutual Aid).
To help assist people living with HIV/AIDS.
Tel.: 020 6160160
email: pama@hivnet.org or pamaafrica@yahoo.com
www.pamaa.nl/pama

PASAA (Surinamese, Antillians and Arubans)
Tel.: 020 675 6266

Positive Women of the World (PWW)
Postbus 14533 1001 LA Amsterdam
Tel.: 06 22332478
email: pww4u@hotmail.com www.pww4u.com

NOPPAL (Noordelijk-Platform voor Positieve Alloctonen)
Akerkhof z.z. 22 9711 JB Groningen
Tel.: 050 3120633 or Mob.: 06 15264825
info@noppal.nl www.noppal.nl

Schorer (For lesbian and gay related health issues)
Sarphatistraat 35 1018 EV Amsterdam
Tel.: 020 6236565
www.schorer.nl

Sidávida Nederland
(For Spanish and Portuguese Speakers)
E-mail: info@sidavida.nl

Stichting LOS (Landelijk Ongedocumenteerden Steunpunt: National Support Point for Undocumented Migrants)
Kanaalstraat 243 3531 CJ Utrecht
tel.: + 31 (30) 299 02 22 fax.: + 31 (30) 299 02 23
e-mail: info@stichtinglos.nl <http://www.stichtinglos.nl>
Stichting LOS works on issues regarding the living conditions of undocumented migrants. It is a support point for people providing assistance to undocumented migrants.

Het Wereldhuis
(For Undocumented/Uninsured)
Cor Ofman & Joke Mevius
Nieuwe Herengracht 20, 1018 DP, Amsterdam
Tel.: 06 22821442 (to make an appointment)
Email: info@wereldhuis.org
www.wereldhuis.org
Consultation hours: wednesday 10:00 - 16:00 hrs.

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