



Act locally! Identify, seize and expand your opportunities

IN THIS LIFE2LIVE

Act locally! Report on 6th Ethnic Minorities Conference

Photo collage EMC

Professor Frank de Wolf (SHM)

Column Babah Tarawally

Interview with Caroline Duygun, MHS Brabant Zuidoost

Asense: reports from the field

Information

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

This was the central theme of the 6th Ethnic Minorities Conference that was held in Amersfoort on October 14th 2011. The program promised to handle a variety of issues. The line-up of the program went from local initiatives, via good practices in HIV/STI prevention interventions to data, facts and figures. It had become a pick-and-mix with something for everyone.

Which is exactly the idea behind the conference: to assemble partners, stakeholders and interested parties involved in prevention of HIV and STIs among ethnic minorities in the Netherlands. To have them share their knowledge and experiences, to provide for mutual alliances and to discuss the tasks ahead.

During the preparations of the conference, it was well thought out what topics should pass in review. The Ministry of Health, Welfare and Sports, the RIVM-Centre of Infectious Diseases Control, Rutgers WPF, Pharos, the HIV Association Netherlands and Schorer were all involved and added to the program. Together with other (self)organisations

in the field the program was completed with concrete proposals for workshops.

Workshops

In total, there were twelve sessions in two workshop-rounds, each attending to relevant matters in prevention of HIV/STI among ethnic minorities in the Netherlands.

To give an idea of the topics and experiences presented:

- Several methods for reaching and working with vulnerable groups such as HIV positive people, sex workers, men who have sex with men (MSM), undocumented migrants and drug users;
- Interventions focussing on own strength, mobilizing and stimulating ethnic minority groups to take up own initiative and response in prevention activities;
- Ways to discuss sexual diversity within ethnic minority communities, tackling HIV-related stigma and discrimination, improving contraceptive choices, testing and treatment;
- Reflection on the role of primary health care in improving sexual health;
- Experiences in involving ethnic communities via church, mosque, self organisation, community centre and school at the local level;
- Implemented social media campaigns for culturally sensitive sexual health promotion and education;
- Evaluation of good practices, studies and models for assessment and evaluation of results.

Limberness

Kicking off the conference on schedule, rapper Bernice Banel provided for an energizer with well put lyrics relating to the day's theme. Though being a bit stunned by the audience at first, she 'rocked the house'.



Rapper Bernice Banel



Mayor of Amersfoort Lucas Bolsius

Then, the day's host, Tarik Yousif, welcomed the one hundred fifty (150) guests. They were a wide range of representatives from ethnic minority groups, professionals in the field of prevention and care, policy makers and researchers.

Being a cultural entrepreneur, radio- and television presenter and columnist, Tarik Yousif guided the guests and speakers through the morning's plenary session with flair and limberness. Three speakers reflected on facts and figures, on developments in national policy and daily practice in HIV/STI prevention among ethnic minorities.

Creative solutions

Ton Coenen, director of STI AIDS Netherlands, reflected on achieved results and insights in the prevention of HIV and STIs both in policy, in measures and in practice. He raised the challenge of moving forward in times of change and reduction of resources and appealed for co-operation and liaisons for creative solutions and wise correlations. Marianne van der Sande, head of department of Epidemiology and Infectious Diseases Control at the RIVM, updated the guests on data and developments regarding HIV/STIs among ethnic minority groups in the Netherlands.

Streetdoctor

Marcel Slockers, general practitioner and 'streetdoctor' in Rotterdam, reflected on his daily practice and role as a general practitioner in working with migrants and ethnic minorities. He illustrated different dimensions and complexities in prevention and treatment of HIV/STIs with concrete 'cases'. These cases gave an insight in social and economical problems migrants encounter. Marcel Slocker stressed that not only cultural differences but also a different approach to sexual health are factors that influence health-seeking behaviour.

Comfort food

Provided with the input of the plenary speakers and some healthy refreshments, the guests started on their first round of workshops. Followed with lunch and time to 'digest', the participants exchanged and commented eagerly on the topics presented. Alliances and ideas for next steps were already starting to blossom as was the appreciation of the dishes presented: warm, nutritious



Tarik Yousif in the audience

so called 'comfort food', adding to the value of the conference. Lunch was followed with the second round of workshops and provided an equal portrait of impressions.

Based upon the immediate feedback of participants and the corridor conversations, the workshops provided insights, ideas, issues and concrete notions for next steps in the prevention of HIV/STIs among ethnic minorities. For example: the need for evaluation and disclosure of activities executed, combining activities and interventions of different parties towards specific groups on a local level and increasing involvement of ethnic minority groups themselves. Follow up meetings were already being scheduled and new connections were made; cards and numbers were vividly exchanged.

Intermezzo

To give minds a rest, a theatre act of Sense Noord Nederland and Hindu community 'Sub Sandesh Foundation' provided an intermezzo. The play is an example of activities from the Asense-intervention aiming at prevention of HIV/STIs among asylum seekers and migrants. The intervention was certified this year by the Centre for Healthy Living (Centrum Gezond Leven). It is an enchanting example of involvement of communities in addressing sexual health, discussing HIV/STIs and breaking taboos within ethnic minority groups.

Professor Frank de Wolf, director of Stichting HIV Monitoring, continued the afternoon program with a view on and behind the statistics and data collected from research. More on this part can be found on page 5.

City where minds meet

Last but not least, the Mayor of Amersfoort Mr. Lucas Bolsius, closed the conference's day by underlining the importance of assemblies like this conference, to enable the sharing of knowledge and experiences, to connect and progress in the steps ahead and to unite profound minds. He hinted on the city of Amersfoort as venue of the 6th Ethnic Minorities Conference, as being 'the city where minds meet'.

While ending the day's conference with some last refreshments, participants commented and complimented the day's program. 'Follow up with working sessions to concrete plans and ideas and to start the co-operation intended' was one of the suggestions. 'Besides this conference we have to think of ways to link parties and stay connected in every day practice', was another remark. The gathering of such a wide range of representatives involved, discussing topics from various perspectives and connecting was one the most heard comments on this conference.

Altogether it seemed that the promise of the day's lineup was fulfilled. You can find most presentations and some pictures on: www.life2live.nl

Marcia Albrecht

Interim program manager Ethnic Minorities



Ethnic Minorities in the Netherlands and HIV - the state of affairs.



Frank Wolf founder and director of Stichting HIV Monitoring

Ethnic Minorities in the Netherlands are especially vulnerable to HIV. The infection rate is much higher than in the general population. Members of ethnic communities also have less access to available prevention and care services. At the 6th annual Ethnic Minorities Conference professor Frank de Wolf was invited to deliver the closing plenary session in which he discussed the current state of affairs.

The 6th Ethnic Minorities Conference was held on 14 October 2011 in Amersfoort. In his presentation '*HIV among ethnic minorities in the Netherlands; the people behind the data*' professor Frank de Wolf, founder and director of Stichting HIV Monitoring (SHM), showed how immigrants with HIV are a substantial group within the HIV population in the Netherlands. The majority of them originate from sub-Saharan Africa and within that subgroup, many are infected in the region of origin. He went on to discuss the stage of infection at the time of diagnosis, the start of combination therapy with HIV inhibitors (cART), virological failure, AIDS and death rates due to HIV in migrant populations.

Successes in HIV treatment

Since the mid-nineties of the twentieth century combination therapy for HIV has shown dramatically successful effects: fewer people ended up having AIDS and fewer people died from AIDS. Still there is reason for concern. Not all individuals and communities find their way to test and care facilities. Still an estimated 8.000 to 10.000 people in the Netherlands are unaware that they are infected with HIV. Unless these infections are identified, it is likely that the persons involved will not get the care they need in time and also will continue to infect others with HIV.

Ethnic minorities at a disadvantage

Ethnic minorities with HIV form a substantial group within the HIV positive population in the Netherlands of approximately 23.000 people. Over 40 percent of HIV positive heterosexuals are ethnic minorities. The majority of them come from sub-Saharan African countries and within that subgroup, most were infected in the region of origin. HIV prevention targeting these groups is challenging because of the taboos on (homo)sexuality and HIV and the stigma of AIDS. As a result of this, ethnic minorities are

generally diagnosed with HIV in a late stage of the infection, when they already present symptoms of AIDS. Fortunately this reality is gradually improving over time.

A consequence of late testing and late diagnosis is that ethnic minorities start antiretroviral therapy late in their infection. Although immune response to therapy is almost similar to those who start earlier, professor de Wolf showed it is hard to make up for lost ground, if possible at all. Another problematic issue is the so called adherence to therapy. Once started, HIV medication needs to be taken daily and for the rest of a person's life. HIV positive ethnic minorities seem to interrupt therapy when they do not feel well, for instance due to the side-effects of the medication or other reasons. This then leads to so called virological failure: the virus becomes resistant to treatment and starts multiplying again, making the patient sick. Hence AIDS is diagnosed after starting

treatment with higher frequencies amongst immigrant HIV positive populations than in the overall HIV positive population. Probably more people die as a consequence of this. That however can not be documented because quite often people from the migrant communities disappear off SHM's radar before they die. This has been explained to be a result of HIV positive people going back to their countries of origin.

Frank de Wolf's presentation shows us that there is still a lot to be improved in the prevention of HIV and the care for HIV positive people in migrant communities. That improvement starts with information and compassion.

Antony Oomen
Program officer Communications, STI AIDS Netherlands

Region of Origin					
	Men N=11,614 (80%)		Women N=2996 (20%)		Total N=14,610
	N	%	N	%	N %
Netherlands	7763	67	860	29	8623 59
Sub-Saharan Africa	938	8	1300	43	2238 15
Western Europe	723	6	122	4	845 6
Latin America	773	7	258	9	1031 7
Caribbean	394	3	162	5	556 4

Registered region of origin outside Europe and North America:
3825 persons, 2105 (55%) men and 1702 (45%) women.

The Dutch HIV Monitoring Foundation (SHM) has been monitoring the HIV epidemic in the Netherlands since 1996. The SHM collects anonymous data from HIV-patients throughout the country. By making these data available, their work contributes significantly to the knowledge of the Dutch HIV epidemic and also enables treating physicians to improve patient care. Every year on December 1st, World AIDS Day, SHM publishes its HIV monitoring report, which provides valuable input for the further development of HIV care and prevention policies within the Netherlands and the European Union.

THREESOME

Drunk driving without a license is a criminal offence, but having sex without a condom while drunk is a human error. Though both may lead to fatal accidents.

Perhaps it is easier for me to say this as someone who never drinks alcohol. However, in the past, the first and last time I drank and got drunk, made me do things I would probably never do in a sober condition. I had sex without using a condom.

I went out with Eve, a female friend who was desperately searching

for Adam, her better half. Though I thought I could not be the Adam she was looking for, Eve and I kept on talking about men as if I am not part of that species. She described her type of man to me and I had the feeling that I did not fit any of those descriptions. I am a sober type who does not drink or smoke, a man of rational thinking who thinks of

every cause and its effect. At least, most of the time.

Eve had on many occasions cajoled me to drink alcohol but to no avail. She tried to convince me with an American scientific research praising two glasses of red wine a day as a remedy against heart and artery diseases. In other words,

two glasses of red wine keeps the doctor away. 'But I dislike the taste of alcohol', I said to her. I also went on to say that I have a traumatic experience with the bitter taste of alcohol as it reminds me of a herb my mother forced me to drink against malaria back in Africa. Eve thought that I made a strong point.

One night Eve and I went out clubbing. Normally I am the type of guy who walks to the bar and orders drinks for a girl, but Eve could not let me do that. I wondered whether she wanted to let me know she was not made from a man's rib to pick from his pocket. Indeed she was not the type who depends on a guy to take care of her. Eve already knew my favorite drink, so she went straight to the bar and ordered for herself a glass of red wine and instead of Coca Cola, she ordered for me a Bacardi Cola. 'Try this one, it's alcohol but it tastes really good', she said. Indeed it tasted like candy and I was on it the whole evening. I became a crazy dancer, spinning in circles and slurring out words and giggling like a maniac. So much for my praised characteristics. It seemed I was just human after all.

The next morning I woke up finding myself lying in bed with Eve, her arms and legs tied around me like a spider devouring a happy meal. I never thought I was a huge fan of spiders. I thought I was in heaven and that all my goals in life had been fulfilled. While I slowly came back to my senses, I saw Eve gazing at me and singing praise-songs in my ears for my performance in bed. She was very impressed. 'A drunk man is an angel in bed', she whispered in my ears. 'I don't deserve her praises', I thought to myself. 'You were more than good', she kept on. 'You mean, did we do it?' I asked in amazement. 'Of course, we did'.

I started thinking of the cause and effect of this romance. This was precisely what Eve disliked about me: 'Why not just enjoy the moment', I thought to myself. But

I couldn't. Well, actually I just had. Nevertheless, I wanted to know whether she was on contraceptives and secondly whether we used a condom. If both answers were negative then there was a greater chance that a damaging accident had occurred. The idea that Eve might get pregnant with my child made me hate myself. 'I am just 18 years of age and probably will become a father?'. Her being pregnant became more of a concern than contracting a Sexually Transmitted Infection (STI). My praised wisdom and ratio had left me this instant but was recovered a week later. I did an STI test and the test came out positive for Chlamydia. I was asked by the doctor to inform Eve immediately, because if untreated, this infection can cause serious reproductive and other health problems with both short-term and long-term consequences.

The next question that came to my mind was how to tell Eve that I had contracted a venereal infection from her and that she should get treatment as soon as possible. After all, I was a sensible man with just that one weak moment without rational thinking. When I called Eve to inform her I got a reaction I was not expecting. Eve accused me of being a promiscuous type of guy and of infecting her with Chlamydia. I tried to convince her that I have never had sex without condom, but she refused to believe me. Who was I to ensure her that this was just a one time occasion? She had a point: I could not reassure myself that my ratio would not abandon me again. I even started doubting 'Had it really not happen before?'

I told her I would be doing a HIV test after three months and she told me I should never call her again. She hung up. Luckily for me the HIV tests came out negative. The first time ever I was happy with a negative result. The next milestone was to see what would happen after nine months. I had sleepless nights whenever the idea came to me that



Babah Tarawally

Eve might be carrying my child. Nine months passed by without a telephone call from Eve.

One evening I bumped into her in the same nightclub dancing with her hands high in the air. She was wearing tight blue jeans with a T-shirt showing her flat muscled belly button. It was precisely nine months ago and I was happy to see her in good form. I decided to join her for a dance. The song that was playing was 'Put your hands up in the air'. I walked up to her with my hands in the air and we danced together. After dancing I walked to the bar to get her a glass of red wine and myself a Coca Cola. When Eve saw me sipping my drink, she shook her head and asked 'Are you still drinking sugar water?'. I nodded in dismay and thought to myself that I was lucky and vowed never again to get drunk and have sex.

Me, condoms and alcohol are not friends when sex is involved. So I better not have a threesome with alcohol. Neither driving, nor having sex.

Babah Tarawally

Projects to improve the sexual health of ethnic minorities in the Dutch provinces of Zeeland and Brabant



Caroline Duygun

An interview with Caroline Duygun, Municipal Health Service Brabant-Zuidoost Helmond

By Bertus Tempert
Translation: Petra Hollak

This is the fifth in our series of interviews on activities and interventions for ethnic minorities in the Netherlands. Caroline Duygun is the coordinator of allochthonous projects in the Dutch region of Zeeland-Brabant (ZeeBra).

Caroline: 'I am a medical biologist and already during my studies I specialised in intercultural communication in health care. After my graduation I worked for the NIGZ (Netherlands Institute for Health Promotion) and for Stop Aids Now!. In West Papua (Indonesia) I helped set up an HIV/STI prevention programme for the Dutch organisation *Dokters van de Wereld*. Since two years I am working in Helmond as risk prevention officer with a special focus on sexual health.'

Zeeland-Brabant (ZeeBra)

The ZeeBra region is quite large: the province of Brabant is the second largest province in the southern part of the Netherlands with nearly 2.5 million inhabitants and some big cities: Eindhoven (5th largest city), Breda (9th largest city), Tilburg (6th largest city) and Den Bosch. Zeeland, the southwesternmost province of the country, has more than 380,000 inhabitants, spread out over a number of peninsulas. There are four large Municipal Health Services (MHS) in this region:

- the MHS Zeeland (Goes/Middelburg/Terneuzen),
- the MHS West Brabant (Breda),
- the MHS Hart voor Brabant (Den Bosch/Tilburg) and
- the MHS Brabant Zuidoost (Eindhoven/Helmond).

Caroline: 'These MHS collaborate in various areas, such as SENSE, a project to promote sexual health for young people. In 2009 we submitted a joint application to the National Institute for Public Health and the Environment (RIVM) for additional funding to improve the sexual health of ethnic minorities in the Netherlands. Each MHS region has its own target group(s), resulting in a wide range of activities. I will give an example of an activity for each of the four MHS regions.'

Zeeland

'There are relatively many asylum seekers among the ethnic minorities in this region. The MHS Zeeland focuses on this group, but also on the ethnic minorities in general in this region. One particular activity is the so-called Safe Sex Team. This team consists of students following the higher vocational education (HBO) training for nurses who do a lot of outreach. They go to (multicultural) festivals, schools and places that are frequented by many young allochthonous people. The promotional activities are advertised through social media such as Facebook, Hyves and Twitter.

One thing we find in particular is that these young people often feel parental pressure regarding sex. When these youngsters want to adopt the modern Dutch way of thinking about sexual issues, as their parents see it, they are reprimanded, even though it is not the intention of professionals, nor the Safe Sex Team to change these youngsters' culture or their religion. If parents would be better informed about sexual health, it might be easier for both the young people and their parents to deal with their own cultural and religious rules on sexuality. It is important therefore to also reach these parents.'

West Brabant

'In 2010 this region focused primarily on (primary) schools that are mainly attended by Moroccan children and children with a low socio-economic status (SES). We developed a teaching method called 'Discussing sexuality' for children with a low SES. This method is an adaptation of a programme called 'Lentekriebels' (Spring Fever), developed by Rutgers WPF, which meets the needs of these (Moroccan) children and is also acceptable to their parents. This year the activities also focus on reaching youngsters through migrant self organisations, surplus welfare (youth work) and special forms of education and youth welfare work.'



Training in Brabant- Zuidoost

Hart voor Brabant

'This region has a large Antillean community. In order to reach this community the MHS entered into a collaboration with Immorales (IMMO). This Antillean rap group is very popular, both on the Dutch Antilles and in the Netherlands. The group is known for their controversial messages and at times women-unfriendly lyrics. Just when the RIVM subsidy was granted, IMMO was in the process of creating a different, more mature image. Together with the MHS, IMMO released the video clip 'All out', which contains a message about safe sex, condom use, STI-testing and consultations at MHS Sense. In an ambitious show IMMO played the video clip and did a rap, among other things about teenage pregnancies and respect for women, using examples from their own experiences. The MHS handed out condoms and tickets for the Sense consulting hour. The clip can be found on IMMO's latest album '*Je laatste condoom*' (Your last condom), also released on an MP3-card. This card shows the MHS logo and a link to the website www.ggdhvb.nl/sense. This collaboration has brought a lot of publicity to the MHS.'

Brabant Zuidoost

'By the time the RIVM subsidy was granted, good contacts had already been established in this region between the peer educators '*Eigen Taal en Cultuur*' ('Your own language and culture') and the more than 20 Turkish and Moroccan self organisations. As it became clear in 2010 that the communication campaign would this time be about sexuality, this seemed to raise some barriers. Building trust is even more important in dealing with this subject than with other subjects. The taboo on talking about sexuality was a delaying factor and required a lot of creativity from the peer educators. At times the peer educators themselves also felt inhibited to discuss sexuality. We introduced this subject step by step; we started with general knowledge of the body, followed by contraceptives and then sexual health. Discussing sexuality with the youngsters turned out to be quite difficult. And as it turned out, they did not frequent the self organisations. It proved easier to discuss sexuality and sexual health together with mothers and daughters

(and sometimes sons). And using sexual upbringing as an approach also turned out to be quite successful. The role of the mothers is very important; fathers, unfortunately, are largely out of the picture.'

Lessons learned

'I have given you examples of four autonomous projects within the ZeeBra region. We regularly meet to synchronise our plans. All of us have gained experiences that we share and pass on to each other. And we can also use one another's materials. Now that we will no longer receive any subsidy it will be more difficult to continue some of our activities. But we do try to go on with as many of our projects as possible, albeit with less money. In Brabant-Zuidoost we focus more on the key figures in the Turkish and Moroccan community, for example, and we want to give them a more prominent role.'

Support

'For many of our activities we make use of materials provided by STI AIDS Netherlands and Rutgers WPF. We could also use further support and input at the initiation phase of new ideas, activities or materials. I also have many questions, for instance: What is the best way to reach allochthonous youngsters? How can different ages best be approached? Are social media effective or not? And are they used by the allochthonous youngsters? Is it really important to go and find (allochthonous) young people? How effective is 'outreach'? Are there other means? I would like to discuss all of these issues, not just within our region, but also with national organisations so that we can reach our target groups even better.'



Immorales



Discussion after performance Immorales

Asense

Reports from the field: discussing homosexuality and a football field corner worker.

North

On November 16th, my birthday, I was involved in a special activity. In co-operation with PGA/GGD and Sense North Netherlands I participated in a training on the issue of homosexuality. A new group of asylum seekers was trained as peer educators not only on HIV/AIDS prevention, but also on sexual and reproductive health issues. During this three days training various topics were dealt with like: the human body, contraceptives, STIs/HIV, the Dutch healthcare system, peer education, sexual health and love and relationships. The group of trainees consisted of 18 women and men from various countries like Georgia, Armenia, Iraq, Iran, Nigeria, Eritrea, Somalia and Afghanistan. I was invited by Renny Polstra to participate in this training on the theme 'homosexuality'. Being gay is a delicate issue, not only for many Dutch people, but it is especially taboo amongst ethnic minorities. The ideas and beliefs of the trainees about homosexuality were very diverse and different and are often based on the (cultural) norms and values of their home country. Some trainees looked upon homosexuality as something normal and they thought that someone is born this way. Others saw homosexuality as acquired or as something unnatural. The aim of this training was to open up the discussion about homosexuality. I performed a monologue about Timo, a homosexual young man struggling with his coming out. After this we debated in depth about homosexuality and the difficulties many gays and lesbians face.

For me this was a special experience. It was my debut in this training and for me a wonderful way to spend my 23rd birthday. Surrounded by a group of wonderful, very motivated peer educators gave me much satisfaction. I really hope to be involved in future trainings. For more information about my monologue see: www.kevin-brouwer.com/page/ (see 'Eigen werk').

By: Kevin Brouwer, actor



Ahmed Huseen Aden and Addy Smits, MHS Fryslan

Utrecht

In asylum seekers centre Crailo Asense peer-educators worked in collaboration with peer-educators from No Game and GGD Gooi (Utrecht) in three meetings about female genital mutilation. Different African groups were invited and professional interpreters were available for the smaller language groups. Information about this cultural issue was given and there were lively discussions on the pro's and con's. Asense peer educators were very active in inviting the target group and in acting as a host or hostess.

Also two special meetings were organised for Somali women about female health issues. The Somali peer-educators assisted in the invitations, the presentation and in translation.

One peer-educator has become very active in street corner work: he has started conversations with people in the centre about health issues, especially at the sports field. He also distributes condoms and information brochures. So we can speak about a football field corner worker!

By: Judith van der Ree, Health promoter asylum seekers/contactperson Asense GGD Midden Nederland

Contact persons in the different regions:

Oost/East

Hilde Menkveld: h.menkveld@ggdgelre-ijssel.nl

Limburg

Bashir Omar: bashir.omar@ggdz.nl

Zeeland

Mirjanne Kessels: mirjanne.kessels@ggdzeeland.nl

Noord-Holland/Flevoland

Esther Marx: emarx@ggdhollandsnoorden.nl

Utrecht

Judith van der Ree: jvanderree@ggdmn.nl

Brabant

Anneke van Opstal: a.van.esch@ggdhvb.nl

Noord/North

Trynke Hoekstra: trynke.hoekstra@hvd.groningen.nl

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 Portuguese 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

Extra information on HIV/Aids

Support

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.

Agenda

23 January – 9 February 2012
Aids in the 21st century: A Medical Anthropological Perspective
Venue: University of Amsterdam
Info: www.fmg.uva.nl/amna

Tuesday 31 January 2012
Adoption of an HIV+ child
Venue: The Hague
Info: www.wereldkinderen.nl

16 – 19 February 2012
Retreat for people living with HIV/AIDS
Info: shivamarjo@xs4all.nl or 020 - 6160460

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)
Riouwstraat 16 2022 ZK Haarlem
Mob.: 06 50950018
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 Allochtonen)
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 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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AIDS STI Helpline

for advice, counseling and testing referrals on HIV/STIs