



As a black homosexual living with HIV, I try to set an example and be a source of inspiration and information for others in the migrant community

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

My name is Jerry Haimé, I am a 44-year-old homosexual of Surinam descent living in Amsterdam and I am HIV-positive. I was first told about my positive HIV status in 1996. I immediately shared this bad news with my mother, my brothers, a few members of my family and a group of close friends who were actively involved in Strange Fruit, an Amsterdam self organisation for black homosexual men and women, homosexual migrants and transgenders. I felt I had to tell it to these people, who are very dear to me, because at that time a positive HIV diagnosis was sure to lead to complications and eventually to an early death. I heard the internist say: 'You are HIV-positive', but what I thought was 'I'm going to die' and I started saying goodbye to my life. Fortunately for me, new medications became available shortly after and

I thank God every day that I am still alive. Except for the people I mentioned before I haven't told anyone.

Proud of my mother

My family, my mother in particular, really stood by me. My mother was terrified of losing me and knew nothing about HIV or AIDS at that time. But she took care of me no matter what, defended me whenever someone spoke badly of me, and obtained information for herself about HIV and AIDS. She even stood on a stage with me in Rotterdam, more than twelve years ago, to talk about HIV and AIDS and she actively participated in organisations like 'Together We Live!'. In this way my mother has helped herself as well as others in learning how to deal with HIV/AIDS. She always says: 'Homosexual or AIDS – bent or



photography by Bertus Tempert

crooked – you are and always will be my child!’ I am very proud of my mother and I love her dearly.

Fear

In my family it is not possible to talk about (homo)sexuality, let alone about HIV and AIDS. In relationships I openly and honestly disclosed my HIV status a few times. Some of my partners disappeared completely, and in those cases where the relationship continued, the situation would deteriorate and often came to grief due to fear and negativity. In the Surinam and homosexual communities I have already died and been buried numerous times due to AIDS, as it were. As some of my ex-partners did actually die because of HIV, it was easily assumed (already a long time before my HIV infection in 1996) that I too was infected and would die an untimely death. Rather than support I found gossip, lust of sensation, fear and prejudice in the Surinam community, but also, unfortunately, in the gay community. As a result I became isolated and was depressed for a long time.

Freed from isolation

Fortunately things are much better now. I am open about my HIV status and no longer hide it, particularly within the migrant community. It is my theory that the social acceptance of HIV/AIDS leaves much to be desired. People need to come to terms with the fact that there simply are people living with HIV/AIDS (PLWHA) in our society. PLWHA also work or study or participate in society in some way and they will cross your path, whether you know it or not. For this reason I myself am actively involved in providing information through my own website, *Jerry-haime.nl*, and I have set up the black migrant HIV/AIDS platform Positive Tribe.

Example function

Approximately 18,000 PLWHA are currently registered in the Netherlands (HIV Monitoring Foundation, 2010). Unfortunately this number is still growing. This is a fact that we have to face and something that we need to learn how to deal with. It is still important to give advice about HIV and AIDS, about infection prevention, safe sex, etc., and in addition it is increasingly important to provide information about ‘living with HIV/AIDS’. For example: You have become infected with HIV. How will this affect your life?

I also want to emphasize that PLWHA have the right to be themselves and be open about their HIV status. And they have the right and may have the need for a relationship and for love, affection, social contacts and activities. All fears and prejudices about HIV/AIDS in the migrant societies must be discussed and discerned. I no longer allow myself to be held back or isolated because of this and as a black HIV-infected homosexual I try to be an example and a source of information and inspiration for others.

Unfortunately, the reality is that a lot of work still needs to be done before the taboo and the stigma can be broken once and for all, particularly within some migrant communities. Additional examples and stories of migrants living with HIV/AIDS can only advance this process, in my opinion. I also worry who will take care of the migrants in the Netherlands living with HIV/AIDS and those who are newly infected. Who will give them information and take their interests to heart? Additional initiatives from self organisations for black individuals and migrants may play an important role in this and regular institutions and larger organisations will have to acknowledge and appreciate the self organisations and their network’s expertise.

Positive Tribe

At the initiative of the autonomous website *Jerry-Haime.nl* I am setting up the HIV/AIDS Platform ‘Positive Tribe’, together with a small group of volunteers. Sponsoring for Positive Tribe is partly provided by the Social Development Service (DMO) of Amsterdam, executed by the COC Amsterdam (Gay, Lesbian, Bisexual and Transgender Organisation). Positive Tribe is a mixed group of PLWHA and people who have otherwise become involved with HIV/AIDS and focuses on black lesbian, homosexual, bisexual and transgender (LHBT) migrants. Last year, Positive Tribe published a brochure with stories by migrants living with

HIV/AIDS. Right now we are in the process of building the website *www.positivetribe.nl*.

Positive Tribe is active in providing refuge and information and giving advice and referrals to professional rescue services. We also facilitate peer support. At the moment we have a monthly discussion group for black and migrant LHBT living with HIV/AIDS. The discussion group is only accessible for and is organised by PLWHA. The Dutch language is spoken in this group, but English may be spoken as well. All other activities and the consulting-hours, held every Tuesday from 11 a.m. until 3 p.m. or by phone (+31-(0)20-626 30 87) in the COC office building in Amsterdam, are organised by our volunteers.

Volunteers

This year Positive Tribe will be involved in recruiting volunteers, setting up the organisation and establishing collaborations. We are investigating the need for and the possibility of a social evening. The website, *Jerry-Haime.nl*, is our backbone and source of expertise and inspiration and plays an active role in the background.

Positive Tribe also aims to collaborate with self organisations, regular institutions and larger organisations working in the field of homosexuality, HIV/AIDS, migration and ethnicity.

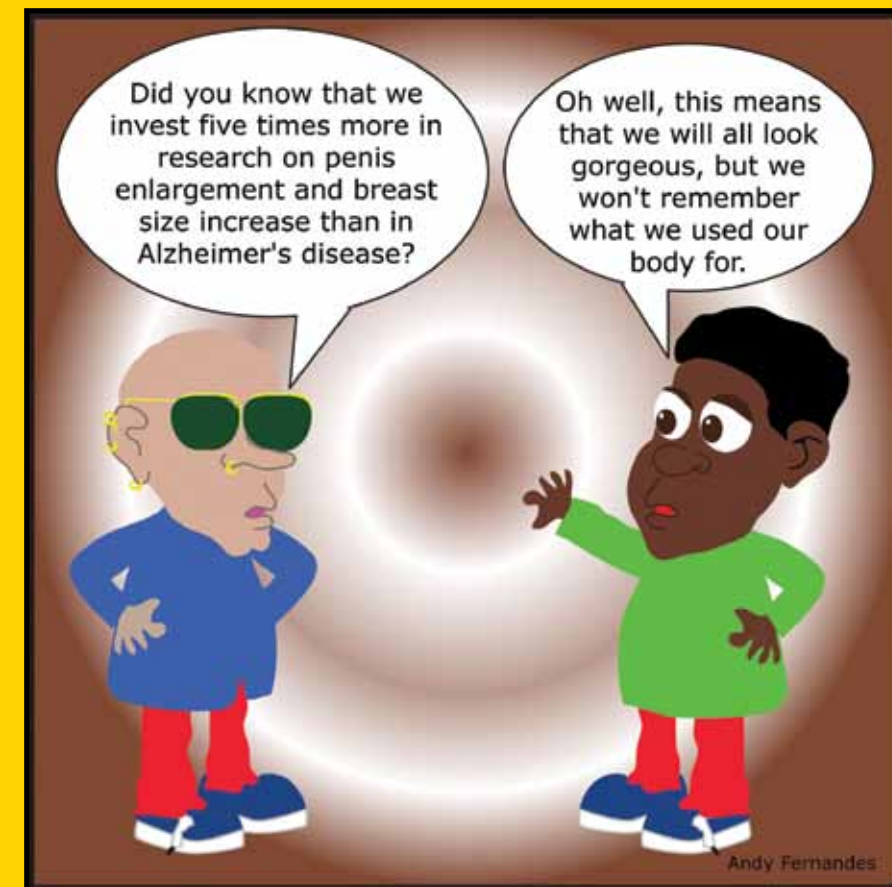
The organisation is located in Amsterdam. Requests for help and registration applications also reach us from other Dutch cities and even from abroad. We have connections with initiatives and key figures in various countries through some of our volunteers. At present our team consists of homosexual men from Surinam and the Dutch Antilles and a lesbian woman with a bicultural background. Considering the composition of our target group and the fact that our organisation wants to reflect our multicultural society, we would like to extend a heartfelt invitation to people with other nationalities, transgenders and lesbians.

Positive Tribe is also looking for volunteers who want to help us build the organisation, edit our website and organise public campaigns and activities. We particularly need people with experience, training and expertise in LHBT-issues, HIV/AIDS or editorial skills, but we are happy with all the help we can get and there is work for every volunteer. If this appeals to you, please apply by phone (+31-20-626 30 87) or e-mail (info@positivetribe.nl).

Jerry Haimé

Translated from Dutch by Petra Hollak

TWO GUYS



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

There is not one formula or plan that works for everybody. The different key figures have their own expertise and they know the needs, norms and values of their grassroots.

Interview with Afsaneh Moghadam and Fetzen de Groot, Municipal Health Service Groningen.

By: Bertus Tempert

In the series of interviews with representatives from the eight STI-regions in the Netherlands, each coordinated by a Municipal Health Service, this is number three. I spoke with Fetzen de Groot, coordinator Sense North Netherlands and Afsaneh Moghadam, integration and emancipation consultant Municipal Health Service (MHS) Groningen about activities focused on ethnic minority groups. This region in the north of the Netherlands consists of the provinces of Groningen, Friesland and Drenthe.

Afsaneh: I am originally from Iran. I came to the Netherlands in November 1995 with my two children (2 and 3 years old) and have been living in Groningen since 1996. I have been a teacher for many years. After several years of teaching, I wanted a chance and I decided to study social pedagogic care (higher education). I have been working within healthcare organisations for 14 years as an integration and emancipation consultant. I am trying to support the different migrant groups to participate in this Dutch society.

Since October 2009 I am involved in the project 'sexual health for migrant groups'. This project focuses on the improvement of sexual health among the different ethnic minorities living in the north of the Netherlands. What I really like about this project is that I have two adolescent children myself and I wish that my son and daughter live healthy and happy. I can easily feel and imagine what other parents go through with their children. During my own upbringing, talking about sexuality was taboo and I remember clearly my parents' struggle with how to inform me about sexuality. I want to have an open and honest discussion with my children and I am doing my best to understand them.

Fetzen: I was trained as a nurse and after that I studied adult education and social sciences. I have been working with the Municipal Health Service Groningen for more than 12 years now. Sense is the brand name for information, advice, consultation and treatment concerning sexual health for youth in the Netherlands. What is special about this region is that there are fourteen asylum seekers centres. You can read more about the activities for asylum seekers (Asense) on page 7. In this region we have built up years of experience to work with ethnic minorities. Furthermore there is a significant concentration of people from Suriname, the Antilles, Turkey and Morocco. Most of them live in towns like Leeuwarden, Groningen, Delfzijl and Assen.



Afsaneh Moghadam and Fetzen de Groot (MHS Groningen)

Project plan and activities

Before starting the project 'sexual health for migrant groups' a researcher and policy officer looked at what ethnic groups live in the north and what their most important issues were. Research showed that the most important themes were empowerment, safer sex, homosexuality and sexual abuse. This information was used as input for a project plan which was presented to 25 migrant self organisations. We then asked self organisations how they would like to participate. Together with key figures from that community we sit down and discuss what is the best way to handle the topic of sexual health. We ask: *What are your needs?* There is not one formula or plan that works for everybody. The different key figures have their own expertise and they know the needs, norms and values of their grassroots. We offer different possibilities of training and information. We also support self organisations in writing an application. We make an official covenant and draw up an working contract in which they declare their willingness to participate.

Sexual health for migrant groups

Sexual health is not the first topic a self organisation usually comes up with. For application options we think of health in general, but also topics like gender relations, homosexuality, sexual health and STIs/HIV. All these activities take time and with every new development there is resistance. That is normal and, like we said, it takes time and confidence to reach the goals of a better sexual health for ethnic minorities.

From each province one professional is represented in the project group (mostly public health nurses). We also have

an advisory board that consists of key figures from the different ethnic communities.

We are using activities and interventions that have been proven successful tailored on the composition and the culture of a specific group. Talking about sexuality and sexual health is taboo in most migrant groups and therefore you have to choose the method and language carefully that pays respect to the different norms and values. Two examples:

Amor i salú

Amor i salú, developed by the MHS Rotterdam, is a community based intervention for people from the Antilles and Aruba. This was created with and by the Antillean and Aruban community itself and therefore it is unique. They have expertise on their culture, norms and values. MHS has expertise on sexual health issues and we combine these in appealing activities. Part of this project is a wonderful theatre performance called 'Bo ta i lo bo keda', which is Papiamentu for 'You are and will always be my love'. Themes like safe sex, gender relations and pregnancy are being dealt with in the theatre play and are being discussed interactively with the audience. For instance in the play one man has had sex outside his relationship. His wife notices another woman's lipstick on his collar. We ask the public questions like: what would you do in this situation? How do you feel about multiple sexual relations? The public always responds enthusiastically and with concern.

Sexual diversity

Together with COC (Dutch Gay, Lesbian, Bisexual and Transgender Organisation) the MHS has organised meetings with the Moroccan community about sexual diversity. The aim of these meetings was to get more insight in the ideas, feelings and beliefs of the different groups, and in the long run to increase respect and create a basis for future cooperation. Around 30 participants gathered in the Moroccan Multicultural Centre and they found out that there are similarities between the position both the

gay community and the Moroccan community have in Dutch society. They are both minorities and exposed to prejudices, discrimination and generalizations. Personal perception and experience are often damaged by these prejudices. The way to solve these are dialogue and direct contact. This is essential. Testimonials about the coming out of the closet process were shared and questions were asked like 'As a welcome greeting, do Dutch men also kiss each other? We speak preferably about sexual diversity instead of using the term homosexuality. These meetings are the basis for further cooperation to work towards more acceptance and tolerance in our multicultural society. This should be a society in which cultural and sexual diversities strengthen each other and make each other healthier.

How to involve self organisations effectively?

The challenge is how to involve the different self organisations effectively. They are mostly run by volunteers. We have to look seriously at how to reward volunteers because they spend quite a lot of time and energy on the different activities. It is sometimes complicated how to keep all the different partners on board of our project. We constantly evaluate and debate the activities with the advisory board and the self organisations in order to make improvements, however it is difficult to measure exactly the effect and impact of the activities we do. Currently we have employed an intern to investigate the needs of the different self organisations. As mentioned earlier, one of the conclusions is the difficulty of how to validate and reward voluntary work.

Media

In Groningen the current responsible alderman is enthusiastic and very much engaged in activities for migrant groups. She has mentioned the 'sexual health project' and 'Amor i salú' as important tools to reach out to the different communities. Luckily we receive quite a lot of media attention. This also helps to work towards a more tolerant and (sexually) healthier multicultural society.



Amor i salú, theatre performance

Romantic day in Amsterdam

On Saturday the 12th of February 2011, HIV Vereniging Nederland (HVN) and Positive Women of the World (PWW) organized a dating event for HIV positive heterosexual singles in the Netherlands. The theme of the event was 'Your Valentine can start today'. This was a second event of its kind and all heterosexual singles, especially those of non-Dutch background, were invited. It was a one day social event with a less formal structure whereby people living with HIV (PLWH) had come together in a safe and trustworthy environment to interact with each other in love and harmony.

Romantic Day in Amsterdam for positive heterosexuals



SATURDAY
february 12
great ambiance
SUPER DJ
INTERNATIONAL
FOOD AND DRINKS

REGISTER NOW

Call or email
and enjoy!



When you are thinking of love in February, probably you are thinking of Valentine! As such, 12th February, was chosen because Valentine Day (14th February) coincided with the theme of Love and Romance. It was thought that after the event, participants who got the opportunity to meet their love ones would still get the chance to celebrate Valentine Day.

It is possible to believe and trust in love again!

The main aim of this event is to contribute to the quality of life of PLWH by promoting optimal sexual life. Stigma, discrimination and sexual silence are critical barriers to the enjoyment of optimal sexual life, finding love and addressing HIV effectively. The event was to stimulate PLWH to exercise self-esteem in building relationships and dealing with stigma. In a safe (non discriminating and stigmatizing), warm (an atmosphere of sharing) environment, heterosexual singles was offered an opportunity to believe and trust in love again.

Will this work out?

Two weeks before the event, only ten people registered. Although we agreed that if we could not get at least twenty participants (half of the planned number) two weeks before the event, we would cancelled the event, I was optimistic that it would work out. Deep in my heart, I knew, especially with my people, the migrants, there was always chance for 'last minutes'. I started to call some of the organizations to which we sent our flyers. And that worked! Although I received compliments for the initiative I also discovered some of the organizations actually did not receive the flyers/information or if they did, it was not forwarded to the right departments. This could be due to the time when the flyers went out. The flyers were sent in December when a lot of mails were going out, some workers were

on strike and some of the recipients were on holidays. So, December was to be blamed!

Red balloons all over!

When I arrived at the place at around 14:00 hours, there were red balloons all over! It seemed we were not yet ready to receive guest. But after two hours, all the balloons were hung, the tables were nicely dressed in red, over each table lied a tray with heart-shaped post-its and pens. On the table of the food (appetizers, to begin with) lied bunches of red roses. The DJ was rocking. We were ready in time but we started to receive guest from 17:00 hours.

Better next time

After welcoming everybody, participants were briefed about the program of the day (which was less structural and formal) and were offered the opportunity to interact freely. For those who might need extra attention, there were glowing Valentine pens on each tray. When the pen was stroke on a palm of hand, it would give a heart-beat like glow. That was a nice spotting sign for attention!

About 25 people (both men and women) came. But some left early. One woman told me that the men were too young for her. She was looking for 50 plus. The other said she was looking for a native Dutch. There was one Dutchman, but maybe, he was not her taste. Although some women received more attentions than others, some men said they did not see any woman of their taste. However, a brief assessment of the event showed that participants were very satisfied and found the atmosphere very conducive. And they would like to see more of such events and more people for better opportunities. Well, better next time!

Laura Nunu Siya
Project Officer Diversity
Hiv Vereniging Nederland

Asense

When we say the Aserag-Method, many of you will probably recognize the program that has been doing work focusing on HIV/AIDS prevention amongst asylum seekers in the Netherlands. Well, there have been some developments!

Since the 1st of December 2010, the Aserag-method got a new name: Asense (Asylum seekers/Sense). This name reflects the changes in the project's focus. One is the change in themes. While the Aserag-method focused only on HIV/AIDS prevention, Asense's focus is broader, covering the theme of sexual and reproductive health in general. Another change is that Asense works closely with Sense, the brand name for sexual health and youth (also see page 4). Sense not only gives information on everything to do with sex and sexuality, but also on being in love, relationships, love and everything else that has to do with these factors of life.

In Asense, information is still given in the three methods that were used in the Aserag-method: peer education, theatre and one-on-one HIV-contact person consultations. Peer educators are not only trained on HIV/AIDS prevention but also on sexual and reproductive health issues. Asylum seekers who have questions about sexuality can go to the peer educators in their centre. The peers can also advise people to go to a Sense consultant who can help further with problems or questions they may have about sexuality and testing for sexually transmitted infections (STIs) and HIV. On the site www.sense.info you can find more information, addresses and times of Sense consultation-hours in your neighbourhood. The Ethnic Minorities Program of STI AIDS Netherlands supports Asense through the municipal health care services offered by the public health services for asylum seekers and GGD (PGA/GGD) in various parts of the Netherlands.

Some activities in the field:

A new play!

Theme: empowerment of women in sexual health.

Jane Obiaocha, from Nigeria, lives in the Oude Pekela asylum



Jane Obiaocha

seekers centre. She wrote a script for a play titled, 'The Pride Of Diana'. It is the story of a woman who leaves her country and comes to Europe. Because she has to pay back the woman who arranged her flight, Diana decides to sell her body to men. At the beginning it is all fun but when she hears she has HIV she gets into deep trouble. After a while she finds a way to go on with her life. She inspires others to practice safe sex. Nine actors (peer educators) have already participated in two performances. Three more performances were held in various asylum seekers centre's around the 8th of March, which was International Women's Day.

Multifunctional peer-educators in AZC Musselkanaal

In AZC Musselkanaal, in the province of Groningen, you will find an enthusiastic group of peer educators. They followed a training in October 2010. They then immediately started with their new job and carried out a number of information meetings in the center. The peer educators were introduced to COA (Central Agency Asylum seekers) staff members and a new plan for cooperation was made. The new COA contact person realized that the peer educators were seriously convinced of their duties. The cooperation with COA led to the development of a new invitation system through which people living in the centre were personally invited to attend information meetings. This personal invitation led to a feeling of more involvement. Since then the peer educators keep their own contacts with COA and have developed themselves as role models.



Proud peer educators

The positive side effects of the cooperation are significant; COA staff can ask the peer educators to do various tasks. At the moment they are involved in helping a fellow asylum seeker who is temporarily not able to look properly after him- or herself. The result is more respect from other people, which does mean more effects during information sessions in which they educate people about prevention of STIs and HIV.

Available materials to support Asense activities:

- *Behind the Wall of Silence*: movie for and by asylum seekers on STI/HIV
 - *Involve me and I will understand*: manual. This also contains information on how to organise activities. Also available digitally.
 - *Training map*: for peer educators in the languages: Russian, Portuguese, Farsi, English, French, Kurdish, Surani, Arabic, Somali and Dutch. Also available digitally.
 - Evaluation research about the effectiveness of the Aserag-method: (i) extended research (ii) brochure in English and Dutch
 - *How to reduce stigma on HIV*: brochure in Dutch
- To order please contact: mbroodwinner@soaaid.nl

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Interesting websites:
www.soaaid.nl
www.life2live.nl
www.sense.info
www.ggd.nl

Training HIV/AIDS, STIs and Islam in Turkish Mosque Alkmaar

On December 7 and 9 2010, eleven Turkish women, between 22 and 55 years of age, followed a course in the mosque Haci Bayram in the city of Alkmaar, in the region Noord-Holland Noord. All participants were member of the female committee of the mosque. Bertus Tempert, program officer Ethnic Minorities, STI AIDS Netherlands and Marian Huitinck, health promoter of the Municipal Health Service (MHS) Hollands Noorden cooperated to organize the course HIV/AIDS, STIs and Islam. The organization took place within the framework of the project 'sexual health promotion of immigrants'.

Introduction

The MHS Hollands Noorden is the regional health organisation in Noord-Hollands Noord. Sexual health is one of the responsibilities of the organisation. The MHS has office hours for check-up and testing people on STIs. Data from investigation shows that there is an underrepresentation of immigrants to the office hours of the MHS. Nevertheless it is common knowledge that there is a relatively higher incidence of STIs among immigrants from Turkey and Morocco. Cultural and religious aspects play an important role regarding the subject of sexuality. Talking about sex is taboo among people with an Islamic background so they avoid speaking about the subject. In 2009 the MHS Hollands Noorden got the opportunity to qualify for a subsidy from the National Institute for

Public Health and the Environment (RIVM) to promote sexual health among immigrants. One of the conditions was the cooperation with organisations of immigrants in the region which were encouraged to develop and execute activities themselves with the support of the MHS. The MHS approached several organisations among which the Turkish Mosque Haci Bayram. The chairman of the board of the mosque was interested in the course developed by STI AIDS Netherlands in cooperation with the South African organisation Positive Muslims in 2008. Goal of the training is the extension of the awareness of STIs among Muslims. The training is based on the principle that key figures within the Muslim community receive the information to pass the message on to the people they represent. The aim is to make speaking about sexuality more accessible.



Preparation of the course

In 2010 preparations were made with first talks about the possibilities to execute the course in the mosque. Approval by the Islamic Institution in the Netherlands (HDV, Hollanda Diyanet Vakfi) was needed to exercise due caution. The chairman then started to bring in participants for the training. When approval arrived, it became clear that, because of the subject, it was not easy to interest people to participate. It became clear that the members of the female committee were willing to follow the course, but that the subject was still one bridge too far for the men. The chairman underlined the courage of the women and how special it was for them to get information and learn about the subject. Appointments were made about the execution: for example a translator and facilitator from Turkish background was necessary because of the various knowledge of Dutch. Two data were chosen in one week for the course from 7 pm to 10 pm.

Execution of the course

The course was executed on a Tuesday and Thursday evening by Humera Alam, a Muslim woman of Pakistani background and Bertus Tempert. The chairman of the mosque opened the session by wishing the participants a fruitful course. After this a hadith, a narration concerning the words and deeds of the Prophet Muhammad, was read. The trainers emphasized that all information shared would be confidential and safe within the walls of the room. To measure the knowledge of the participants, they were asked to fill out a short list of questions. Some of the women needed help due to language problems. This small questionnaire showed that especially the elder generation of women had less knowledge of STIs, the younger generation seemed better informed. Topics of the training were information about HIV and STIs, testing and treatment and illness in general.

Gossip

During the discussions it became clear that within the Turkish community people gossip a lot (like in any other closed community) and that there is quite a high level of social control. The younger generation of women were more used to speak about sexuality, were more empowered and more liberated than the first and second generation of Muslim women in the Netherlands. This difference also

showed during the second part of the course. The focus now was on what the Qur'an says about illness, responsibility and compassion and treatment of the sick. Besides this the information was narrowed down to Muslim groups more vulnerable to HIV and STIs, like drug users, women, men who have sex with men and prostitutes. A lively and heated debate followed on posings like 'HIV is not a punishment from God, but a disease just like cancer and diabetes and that it can happen to everyone'. At moments tensions showed between the different generations of women. The elderly women raised questions to what they saw as a more liberated lifestyle of the younger generation. Speaking about sexuality, HIV and STIs was hard and confrontational. An open and honest communication within the family or relationship was seen as essential. Another conclusion was that as a good Muslim, you should not judge other people and that one's personal relation with Allah is the most important thing. A third outcome of the debate was that although according to the Qur'an women and men are equal, reality shows a different picture.

Closure

At the end of the course all participants received a certificate and a STOP AIDS NOW! Art bag containing information materials and gadgets. During the evaluation the women expressed their appreciation of the training and their need for further information on the subject. Even though they underlined the importance of the discussion, some women had mixed feelings about the heated debate, since it caused quite some tension among them. The role of the facilitator, whom they knew and trusted, was vital in this. They concluded that the amount of information to deal with in two meetings was actually too much. Some alterations in content and length of the program were recommended. It was also recommended and concluded to continue the debate on sexuality and sexual health within the community. This is ultimately the aim of this course: to stimulate the debate on sexual health so that the Muslim community can live a healthier and happier sexual life.

Marian Huitinck
Health promoter of the Municipal Health Service Hollands Noorden



The best honest marriage vows:

We are gathered here in the presence of God and men to join these people in holy matrimony. We know they have been sleeping together in secret but now they can do it with the knowledge of everyone.

And as marriage is holy, at least in theory, I put it forth that if there is anyone in this gathering who has a valid reason why these two should not be joined, speak now or forever hold your peace. Anyone Is there anyone? C'mon, he must have slept with some of you? Someone.... ? Anyone ? I know someone here has slept with her too? Well, I guess they were all one night stands.

Moving on swiftly. Mr Groom, do you take this woman as your lawfully wedded bride, to love to cherish and to hold, to listen to her whining halfway through the night, always suck up to her father, to always lose an argument or else..., to listen to unending lies about her having a headache when you really need to release steam, put up with PMS (Premenstrual syndrome)... sometime faked... till death do you part?

(I do?.....)

Very well. And do you Miss Bride, take this man to be your lawfully wedded husband, to love to cherish and to hold. To cook for, clean up after, give up watching soaps and anything interesting when there is football, find the toilet seat up every time, Clean pee of it, take care of kids alone, house his in laws, cook tea for his friends during any important game for all the days of your life?

(I do?)

Well then, I pronounce you husband and wife. What God has joined, let no man, neighbour, handsome workmate, barmaid, beer brand, ex's, in-laws, milkman, shamba-boy, driver or sexy secretary put asunder. You may kiss the bride...

Now THAT'S what I call honesty!

Voted Best Joke in Ireland

John O'Reilly hoisted his beer and said, "Here's to spending the rest of me life, between the legs of me wife!" That won him the top prize at the pub for the best toast of the night!

He went home and told his wife, Mary, "I won the prize for the 'Best Toast of the Night'." She said, "Aye, did ye now. And what was your toast?" John said, "Here's to spending the rest of me life, sitting in church beside me wife." "Oh, that is very nice indeed, John!" Mary said.

The next day, Mary ran into one of John's drinking buddies on the street corner.

The man chuckled leeringly and said, "John won the prize the other night at the pub with a toast about you, Mary."

She said, "Aye, he told me, and I was a bit surprised myself. You know, he's only been in there twice in the last four years. Once he fell asleep, and the other time I had to pull him by the ears to make him come."



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

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

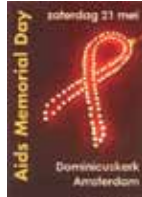
This test measures the amount of virus in the blood. The quantity is expressed by the number of virus particles per milliliter. The more virus there is in the blood, the more the chance someone has of becoming sick. With medication, the amount of the virus is reduced in the blood, warding off opportunistic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

Saturday 21 May 2011
Aids Memorial Day
Venue: Dominicus Church,
Spuistraat 12, Amsterdam
Start **17h00** (Doors open at 16h00)
Info: www.hivnet.org/amd



3 - 5 June
Training weekend African and Caribbean women living with HIV/AIDS
Venue: Alkmaar
Info: shivamail@xs4all.nl or 020 6160460

Friday 14 October 2011
Ethnic Minorities Conference
Venue: Regardz, Amersfoort

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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