

HIV Risk Reduction

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HIV/AIDS and the Women's Health Movement



*Dázon Dixon Diallo, MPH
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It is a late Sunday evening in Johannesburg, South Africa. When most people would be slipping between the sheets or turning the last few pages of a book before turning out the light, Dázon Dixon Diallo, MPH, finds herself engaged in an

international phone conversation about the topic that has become her *raison d'être*: how to stem the tide of HIV.

While her efforts encompass many dimensions, Diallo's focus is particularly on women, especially those of color and almost exclusively with populations who tend to be ignored. Which, by the way, is why she is on another continent, far from her Atlanta home. SisterLove, the Atlanta-based organization she helped found in the late 1980s, operates a location in the municipality of Emalahleni, Mpumalanga, about 90 miles east of the metropolis of Johannesburg. She journeyed there to meet with the staff of three to help provide capacity building programs for more than 50 local HIV/AIDS services organizations.

SisterLove, which receives funding from the De-

partment of Human Resources, is on a mission to eradicate the impact of HIV/AIDS and other reproductive health challenges on women and their families through education, prevention, support and human rights advocacy. Interestingly, Diallo believes lessons learned in sub-Saharan Africa have tremendous implications for the Western world about how to tackle a complex medical issue that is riddled with cultural and socioeconomic challenges. The U.S., she says, tends to see medical advances as the ultimate salvation. While she supports and applauds clinical initiatives and has a particular interest in development of microbicides, she believes to truly address the dilemma, transformation is required much further upstream through programs that remove barriers and enhance access to healthcare, as well as those that impact beliefs and behavior.

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"We tend to 'medicalize' the HIV issue in the United States," says the public health expert. For example, there's a lot of pressure to develop a vaccine. "It's wonderful that this potential may exist, but the focus is too narrow," she says. Poverty, violence and mental health, as well as lack of housing, education, employment and other conditions increase risk or im-

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pede opportunities for people to seek treatment. “We still have huge gaps. We need more systems in place where people receive support.”

This problem is exacerbated in third world countries. Lack of access to healthcare facilities and medical professionals forces more creative solutions. “Because of limited resources, there are multi-centric approaches to problems,” explains Diallo, who has been the recipient of the U.S. Secretary of Health and Human Services Community Service Award. One of the most powerful forces at work internationally is transforming those who have been personally impacted by disease into peer advocates within their own communities. It is one of the most effective ways to cross cultural and social barriers. Diallo employs this technique at SisterLove. “I enjoy this process and make sure I listen to the women involved in the program,” she says. “We need to be conscious of what they bring (to the table) to help inform the services we provide.

“When we see people transformed as a result of our efforts, they can often move to the next place in their healing by becoming strong peers within their own networks,” Diallo explains. “Through workshops and community outreach, we work with women living with HIV to become leaders in the community. These women are not just our clients or patients, we give them strength and a voice by including them in program design and as committee members and through conference scholarships. This adds to the success of the services we provide. Some of our clients are our best spokespersons and become some of our best volunteers and even board members.”

Another lesson from the third world is that people need access to the basics in order to fight the disease. While lack of clean water, food and electricity may seem like a challenge for foreign countries, it is an issue in America for the homeless



Dázon Dixon Diallo discusses the intersection of HIV/AIDS and violence against women with social workers, counselors, and survivors of abuse and sexual violence in the capitol of Kwa Zulu Natal Province. The event was held in recognition of 16 Days of Activism Against Gender-based Violence.

and impoverished. For people to adhere to a complex medication regimen, they must have these essentials. If they don’t, their health suffers and multi-resistant strains of the virus evolve. “It’s a very complicated disease,” comments Diallo.

Interestingly, there are some barriers in U.S. that don’t exist elsewhere. For example, “many other societies have syringe exchange programs to reduce HIV transmissions in high risk populations.” Diallo also points to inhibitions about public education for teens regarding sexual health topics. “We give teens little—and sometimes false—information. They are often left out until they are already sexually active. Is this a reasonable response?” Other areas of the world, she points out, provide more comprehensive and age-appropriate education.

Another inhibiting force: the organizations and systems that are in place in the U.S. tend to operate in isolation. For instance, until recently there was little or no connection between HIV/AIDS and reproductive health. With testing now incorporated into prenatal services and screening programs for newborns, the risk of perinatal transmission is being reduced. “Similar to children and babies,” she says,

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“vulnerable populations—through whatever condition—are at greater risk for HIV. We have an obligation to be more preventative, to protect and provide a better quality of life and healthcare.”

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“We’re not only fighting a virus, we’re fighting the conditions that allow it to proliferate,” says Diallo, who grew up in a family of educators who were also civil rights activists. “We need to look at public health issues from within a human rights framework. With HIV, we’re dealing with the need for prevention justice. We need to ask whether we can do more to target the highest risk and most vulnerable populations. And when so doing, are we looking at social determinants that influence HIV risk? How is the public housing system addressing HIV/AIDS? There is a population at risk because they don’t have a place to live or because of where they live. Are we creating places that are safer at night? In men, women, boys and girls, HIV and violence work in co-morbidity. How are we addressing violence against women? Are they receiving counseling at shelters to get HIV testing? When we create new structures that represent fresh ways to get to people with HIV or at risk for infection, then we can reduce the risk of transmission and improve access to care when they are diagnosed. There is movement on these issues, particularly within reproductive health.”

One medical initiative on the horizon that has enormous social implications is the development of microbicides, now undergoing clinical investigation around the globe. Diallo serves on the community advisory board of Emory University’s HOPE Clinic, which is participating in the research. Investigational microbicides (in gel, foam, or cream form) have been developed as a

potential method to prevent vaginal transmission of HIV. They work by killing the virus, by creating a barrier to prevent the virus from entering the body, or by preventing the virus from taking hold once inside the body. They could also be formulated with contraceptive properties. The rate of effectiveness is being determined, but may need to be at least 85 percent effective before they can gain approval for use in the United States.

Because the primary method of preventing HIV transmission during sex is the use of a male condom, we look through a “gendered lens,” says Diallo. A condom requires a woman to negotiate with a man to use it. In certain situations and cultures, it is almost impossible for a woman to protect herself unless her partner is willing to comply. Microbicides have the potential to change that dynamic. Because they could be applied in private hours before a sexual encounter, they may provide a powerful mechanism for a woman to take control of her health. This could be particularly useful in male-dominant cultures or relationships.

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As we move toward the future, it’s important, says Diallo, for people to go beyond what’s currently offered in the realm of HIV prevention and treatment. “We need to look at the issue from a more holistic perspective.” In addition, those dedicated to this area of service need to seek “intersections” between their work and the work of others. Diallo certainly is committed to this approach herself and explains the origin of her inspiration. “I have a lot of amazing, amazing mentors that I relied on, and learned from, and emulated—and still do. Most are black women who have set big, deep footprints in the women’s health movement and transformed how America and the world look at women’s health and rights. Those are the shoulders that I stand on. It’s a huge blessing.”

HIV / AIDS: Higher Risk for Women?

- In the US, over half (56%) of all adolescent HIV infections have occurred among young women, and HIV/AIDS is the leading cause of death among African American women between 25-42.
- Women are at least twice as likely as men to contract HIV from unprotected intercourse.
- Vaginal membranes are exposed to infectious fluids for hours after sex. Younger women are at greatest risk because the immature cervix is more vulnerable to damage and infection.
- Millions of women lack the social and economic power to negotiate condom use, abstinence, or mutual monogamy. HIV risk escalates among adolescent girls because of their physical vulnerability and their susceptibility to rape and other forms of violence.

Global Campaign for Microbicides

Violence Against Women & HIV/AIDS

Intimate partner violence is pervasive in U.S. society. Nearly 25 percent of surveyed women said they were raped and/or physically assaulted by a current or former spouse, sexual partner, or date. Violence perpetrated against women by intimates is often accompanied by emotionally abusive and controlling behavior. Women whose partners were jealous, controlling, or verbally abusive were significantly more likely to report being raped, physically assaulted, and/or stalked by their partners. In fact, having a verbally abusive partner was the variable most likely to predict that a woman would be victimized.

Violence against women can both directly and indirectly expose women to HIV infection. For example: rape can result in vaginal lacerations and trauma; the fear of violence makes it difficult for women to negotiate safe sex; and women who are sexually abused as children are more likely to engage in HIV-risk related behaviors like early sex, more partners, and use of drugs and alcohol.

*National Violence Against Women Survey
National Institute of Justice/CDC*

The Quest for a Microbicide

While women currently have no way to protect themselves from HIV without male cooperation, microbicides could change this. A microbicide, a product that may take the form of a gel or foam, prevents the sexual transmission of HIV or other sexually transmitted disease when applied topically.

The failure of the widely used contraceptive non-oxynol-9 (N-9) to prevent HIV transmission hints at the complexity of the research involved. In both test-tube and animal experiments, N-9 appeared to prevent infection by HIV and other STD-causing microbes. Tests in women, however, revealed that instead of preventing infections, frequent use of the detergent-like N-9 caused damage to cervical cells and actually increased the risk of HIV infection.

While no safe, effective microbicide is yet available, scientists are pursuing more than 30 product leads, including 10 that have proven safe and effective in animals and are now being tested in people. If one of these leads proves successful and investment is sufficient, a microbicide could be available by the end of the decade.

NIH and Global Campaign for Microbicides

AIDS Up Among Georgia Females

- From 1995 to 2005, the percentage of female AIDS cases in Georgia rose from less than 20% to 27%.
- Nationally, females accounted for 29% of AIDS cases diagnosed in the year 2005. That same year in Georgia females accounted for 33% of newly diagnosed AIDS cases.

Georgia HIV/AIDS Surveillance Summary

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