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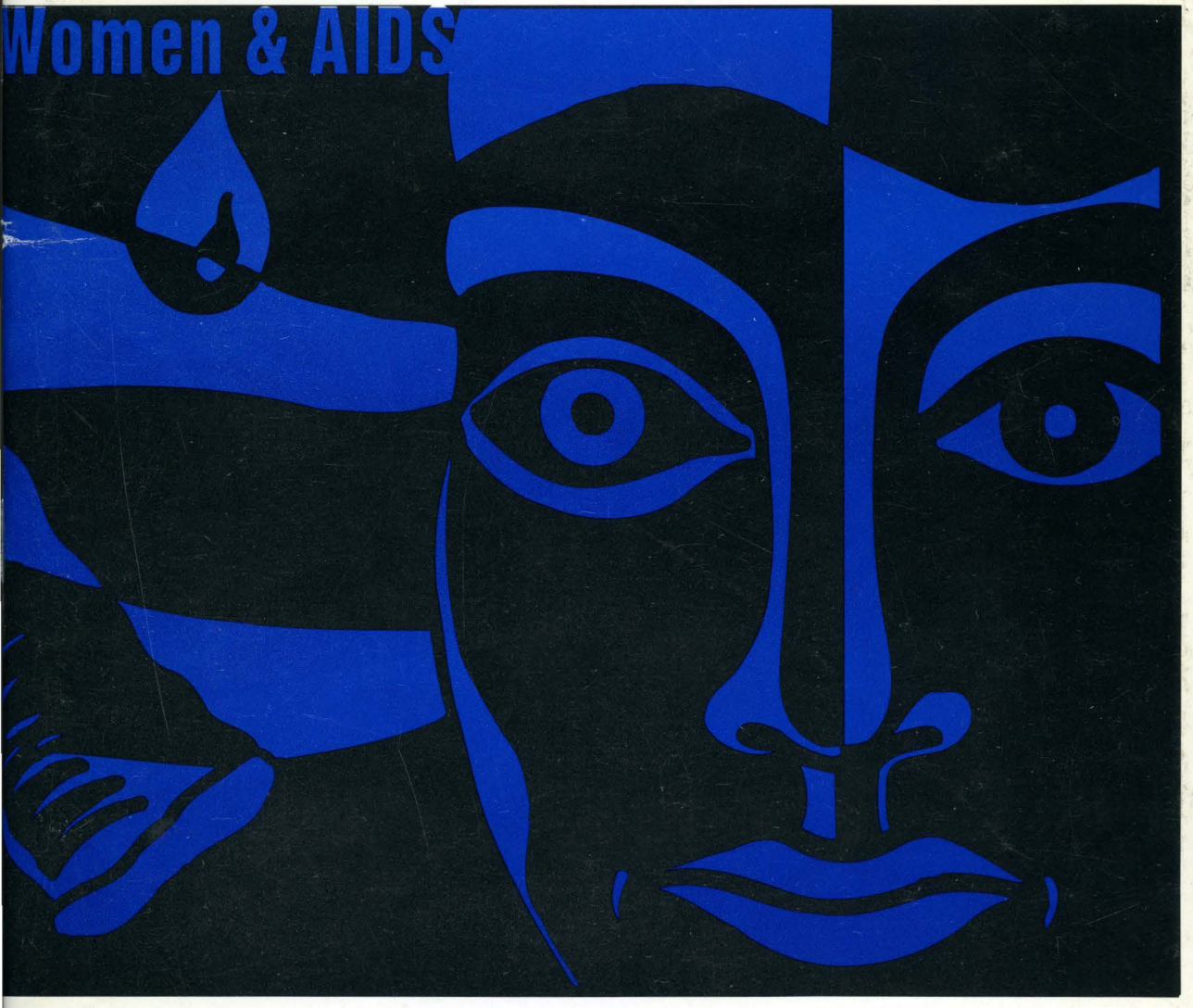
diva

A Quarterly Journal of South Asian Women

Women & AIDS



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On Behalf of Diva

This issue reflects a growing concern among feminists in our communities over the number of women and children of South Asian origin living with AIDS and HIV. Why do our communities think women and children don't get AIDS? Why do many of us feel our communities are not affected by AIDS?

South Asians living with AIDS and HIV, and those who self identify as lesbian, gay and bisexual are many of the people working on this issue and linking it with other concerns. These are the communities creatively educating, developing and providing support and lobbying for treatments, access to treatments and demanding better health care all around.

Meanwhile the rest of our communities (mainly the heterosexual, middle class) are silent and just aren't owning this issue.

The mainstream media here does not help matters. The media, backed by a number of conservative forces perpetuates misinformation in the way AIDS is presented. For example, certain "groups" whether prostitutes, gay men, drug-users or Africans are blamed for AIDS. At the same time, the maintenance of traditional values found in heterosexual marriage, monogamy and family, that cuts across a diversity of cultures, is vigilantly upheld as a lifestyle "immune" to AIDS.

Another problem comes from the taboos and denial we face when it comes to talking about sex, sexuality and I.V. drug use in our communities. If any meaningful discussion was to take place it is always seen as shameful and embarrassing. Many South Asians living with haemophilia are living with AIDS and HIV but most of our communities continue to sustain ignorance.

Our communities' denial and silence in these matters impacts heavily on women to the extent that it is women who are more vulnerable due to many factors. Most women of South Asian origin perceive very little or no self risk of HIV infection. This is not surprising because of the other burning issues we as women have to deal with in our lives. But, the denial and silence we all experience as a community means we further deny ourselves basic information about sexual health and well being. Ultimately, our communities harbour false security.

As a community we are refusing to understand that it is not who we are, but what we do, or the various activities a person engages in that places us at risk of HIV. Many of us are unaware of the direct relationship between the kind of activity we engage in and the level of risk.

The issues that arise from AIDS and HIV represent a particular form of challenge that must generate a response not only from the state but also from our communities wherever we may be scattered in the Diaspora. Women of South

Asian origin living with AIDS or HIV are very much hidden and AIDS is just one of the challenges women of our communities face. So how can we as a community address the denial and silence?

DIVA hopes this issue will raise questions, create dialogue and self empower us with the chance to explore what AIDS and HIV means to us, the challenges AIDS presents our communities and helps us develop ways to respond.

To facilitate this process we are also developing fact sheets for women in Gurmukhi, Hindi, Tamil and Urdu. A community forum will also be organized to share information and discuss issues around support, outreach and education.

We were definitely unable to cover all of the areas and issues AIDS presents us with. We regret the many omissions.

As DIVA was going to print, we heard about an Indo-Caribbean woman who had escaped her violent male partner by coming to Canada. She was being deported back to Trinidad and to a life-threatening situation. Women's organizing against her deportation forced Canadian Immigration to reverse this decision allowing the woman to stay. The necessity of creating a body dealing specifically with this issue on an on-going basis, was evident and there is a strong possibility that such a body will be in place to assure safety of South Asian and all Immigrant women.

Amina Sherazee
Leela Acharya

Post It

We Want To Laugh!

Diva's upcoming issue will be January-March 1993
Send in anything that you would like published.

The focus is on Humour,

but don't let that bother you!
The dateline is mid-December 1992.

AIDS/HIV: Our Beliefs and Myths

A Survey of Women of South Asian Origin

When we first came together to work on this DIVA issue we felt we needed to hear from women and identify some of the myths in relation to AIDS and HIV. We did this by carrying out a survey with 19 South Asian women. Five of the nineteen women are living in Edmonton; the rest of the fourteen women live in Toronto.

The questions were seeking out what we know and don't know about AIDS/HIV and sexual health.

A warm thanks to all the women who helped make this survey possible. Here are our findings.

IS THERE A DIFFERENCE BETWEEN HIV AND AIDS?

Very few of the women surveyed knew there was any difference between HIV and AIDS. The women who knew there was a difference were in the age group of 22 to 32. Of these women some knew HIV did not always lead to AIDS. Most of the women over 32 did not know there was any difference between HIV and AIDS because they had not been exposed to the subject in any detail.

AIDS/HIV: The Reality Is...

HIV the Human Immunodeficiency Virus can be found in blood, semen and vaginal fluids that live inside the body. HIV breaks down the body's defences or immune system that naturally fights off diseases. Everyone with HIV will not always get sick with AIDS. HIV can live in the body for many years with no visible effects. Some people may have HIV in their system without any symptoms of infection. Others may show some symptoms of AIDS related illness, but do not have a life threatening disease.

AIDS stands for Acquired Immune Deficiency Syndrome. It is sometimes caused by HIV. AIDS is a condition when the body's defence system against illness is low enough to develop life threatening diseases.

WHAT KINDS OF ACTIVITIES PLACE A PERSON AT RISK OF HIV INFECTION?

Some of the women said promiscuous behaviour, sleeping around or having more than one sexual partner places a person at risk of HIV. One woman said "AIDS is a punishment from God." Some also said operations, getting teeth cleaned at the dentist and using unsafe drugs places a person at risk of HIV. One woman said if someone with AIDS bites you and another said kissing places you at risk of HIV.

Some of the other responses to what kinds of activities place a person at risk of HIV were vaginal and anal intercourse without a condom, sharing needles, exposure to contaminated blood products, unprotected sex with a partner one is not sure about, and oral sex with a woman during her period.

AIDS/HIV: The Reality Is...

People are not at risk of HIV infection or AIDS by kissing, swimming in a pool, shaking hands, using a toilet, mosquito or other insect bites or by sharing food and drinks with others.

It also does not matter who you are or how you identify yourself. What really matters is the kind of activities you do and the exchange of vaginal fluids, blood or semen. Some activities are high risk and some are low risk.

Being married and monogamous or having several sexual partners does not matter. What matters is the kind of activity you do, whether it is high risk or low risk and if you do it safely.

If you share needles with others then you could be at risk of HIV.

The virus can only be transmitted by blood, semen or vaginal fluids. There is not enough virus in sweat, saliva or other body fluids to transmit HIV from one person to another.

DO YOU THINK YOU ARE AT RISK OF HIV INFECTION?

Nearly half of the women surveyed believed they were not at risk of HIV infection. These women gave several reasons for their non risk. Some said they were sexually active with one partner only, that the relationship was monogamous and therefore they could not be at risk of HIV infection. One woman said she was not at risk of HIV because she was Muslim. Another said she was not at risk because she was monogamous and never had a blood transfusion. One woman said she is not sexually active or sharing needles and therefore at low risk. Another woman said she had only two sexual partners in her life, one of them being her husband and that neither men had any history of blood transfusions or drug use.

The women who believed they were at risk of HIV infection said if they were sexually active without using condoms or other protective barriers or sharing needles without bleaching them, they are at risk of HIV.

AIDS/HIV: *The Reality Is...*

Being married or in a monogamous relationship does not protect you from HIV infection. Having sexual contact with one partner does not always protect you from HIV infection. Any form of religious, caste, or communal affiliation does not protect you from HIV infection. Just because you have never had surgery or a blood transfusion you are not exempt from risk of HIV infection.

People can get HIV through different kinds of sexual activity and by sharing needles.

HAVE YOU TALKED ABOUT AIDS/HIV WITH YOUR SEX PARTNER?

Very few women have actually discussed HIV or AIDS with their sexual partners. The women who have discussed HIV with their sex partners are in the age group 22 to 32. However, none of the women mentioned discussing the past sexual histories of themselves or their partners.

AIDS/HIV: *The Reality Is...*

Talking about sex and sexuality is taboo. So is bringing up past sexual histories. Because of this many women are held back from gaining information about healthy sexuality or women don't feel empowered enough to exercise that knowledge. If a woman initiates talking about sex she is often judged as being loose or immoral.

From a young age women are not receiving accurate, non-judgemental information about the many different ways we can express ourselves sexually. We get very little affirmation if we say NO when we feel uncomfortable.

It is especially difficult for older women and women in long term relationships with men to suddenly begin talking about sex as compared with younger women beginning new relationships or women comfortable about their sexuality.

DO YOU AND YOUR PARTNER USE PROTECTIVE BARRIERS OR CONDOMS?

Some women said they sometimes use condoms with men to prevent pregnancy. Two women said they use condoms with men to protect themselves from sexually transmitted diseases and HIV and pregnancy. One woman said she does not use condoms because of not having had many previous partners. Most women, especially those in long term relationships with men have never used condoms and said they cannot suddenly now approach the subject of condoms after many years of sexual contact.

AIDS/HIV: *The Reality Is...*

Historically, men have given women hundreds of reasons for not using condoms. Sometimes a woman is considered loose if she requests a man to use a condom or carries her own. Men often say they do not enjoy penetration with a condom. Women also say they do not enjoy intercourse with a condom. Putting on a condom is said to ruin the spontaneity in love making. Women have also received messages that say if you love a man then you do not need to use a condom or that condoms mean lack of trust in a relationship.

Condoms are sometimes used for birth control, but there are also other forms of contraception that may be more effective to prevent pregnancy. But, no other form of contraception can prevent sexually transmitted diseases and HIV like a latex condom or any other latex barrier.

Using condoms with a spermicide can prevent semen from entering a woman's body. Condoms make sex safer by reducing the risk of getting a sexually transmitted disease, HIV and pregnancy.

HAVE YOU EVER TESTED FOR HIV?

Only one woman has taken an HIV test. Another woman was tested for HIV because she is a refugee and had to undergo a variety of tests before she was allowed to enter Canada. She was not sure of whether her HIV test was confidential. The rest of the women have never taken an HIV test and do not know about anonymous testing.

AIDS/HIV: *The Reality Is...*

The HIV antibody test is a blood test which tells whether or not you have been infected by the Human Immunodeficiency Virus.

Shortly after infection by HIV, your immune system begins producing antibodies which try and fight off the virus. The test checks your blood for these antibodies, not for the virus itself. It takes up to 14 weeks before HIV antibodies show up in your blood. To find out if you have been infected, you must wait at least 14 weeks after unsafe sex or sharing needles before testing.

A positive result means you have been infected, and can pass the virus on to others. A positive result does not tell when you were infected or whether or not you will get sick.

A negative result means you have not been infected, as long as you waited 14 weeks after your last unsafe contact before getting tested. A repeat test may be advisable in 3 to 6 months for those who have been at high risk. It's best to talk with a counsellor first before testing.

You should talk about testing with a counsellor if you have done any of the following over the past ten years:

- *had vaginal and/or anal intercourse without a condom*
- *had oral sex where you got semen, blood or vaginal fluids in your mouth (considered low risk)*
- *shared needles without cleaning your "works" or paraphernalia between people*
- *had a blood transfusion before 1986 in Canada or in another country. Since 1986 the Red Cross has been screening the blood supply.*

If you are considering getting pregnant, artificial insemination, or organ donation, and think there is a chance you might be infected, you should take the test.

The main reason to get tested is so you can begin to take action on how to remain healthy.

Some people are reluctant to test because they are concerned about confidentiality. If you get tested anonymously, you don't need to worry about other people finding out your results, or that you were even tested in the first place.

Other people put off testing because they think they won't be able to deal with knowing they are HIV positive. Testing positive can be a real crisis, because it means facing uncertainty and making changes in life. Even so, many people have found that with information and support, they can learn to cope with testing positive.

Making the decision to test, and starting to take action now is much easier to handle than finding out by getting sick.

Anonymous testing is a system which uses a number or code on the lab slip and on your counselling file, NOT YOUR NAME. You are the only person who will know your test result, or that you were even counselled in the first place. If you test positive, your name can't be reported, because there is no identifying information in your file or on your lab slip.

HIV is a reportable infection. Doctors and laboratories are required to report the names of those who are infected to the Medical Officer of Health. Many people will not consider testing if they can be linked in any way to their test results. When you test anonymously:

- *your name is kept off government records*
- *you don't need to fear discrimination in employment, housing, insurance or immigration because someone read your medical records and breached confidentiality*
- *you need not fear disapproval or rejection from family, friends or neigh-*

bours. People living in small or rural communities often raise this as a concern.

- *You may be able to talk more openly to the counsellor about your concerns and your sexual or other risk history if you know your name is not recorded.*
- *Anonymous testing makes it easier for people at risk to get tested as soon as possible. This in turn means faster access to medical testing and treatment for those who test positive.*

DO YOU PRACTICE SAFER SEX?

Most women said safer sex means using condoms or other protective barriers. But very few women actually practice safer sex. One woman said safer sex means not having sex with anyone else but her husband. Another said safer sex means sticking to one partner.

AIDS/HIV: The Reality Is...

A woman needs to be aware of her level of risk according to the activity she engages in. Any activity that gets blood or semen into the anus or vagina without a condom is high risk. Oral sex by mouth on penis is low risk, mouth on vagina is lower risk.

The information on testing was reprinted from *IT'S TIME TO TAKE THE TEST, The HIV Antibody Test, Anonymous Testing, Hassle Free Clinic*, Toronto.

Living With HIV

by ANNIE AMAN

My Background

I am 29 years old and from an Indian background born in Tanzania, East Africa. I was twelve years old when I arrived in Toronto with my parents and my brother. Canada was going to be our new home and the beginning of a new life. This was in 1975.

During my years at university, I had a long distance relationship with a man from my community in Kenya. I was married to him a year after I graduated from university. This was the first time I left my parents and my brother. We've always been a very close family; we were each other's friends. After living in Toronto for thirteen years, it seemed strange to leave and go somewhere far.

I moved to East Africa in 1988 to begin a new life with my husband. Moving back was quite the experience. Kenya is a magnificent country; simply beautiful. However, I can't say that of my marriage. Our marriage caused us both a lot of hardship. As friends we were okay, but as husband and wife, we soon realized we could not live together. So we split up within one year. It took some time to get over the break up but with the support of my family, it didn't matter. I returned to Canada to once again begin a new life.

Voices of Positive Women
is run by and for women living with HIV or AIDS.
Write to us at P.O. Box 471 Station C, Toronto, Ontario M6J 3P5, or call (416) 324-8703

How I Took the HIV Test

I never thought about taking an HIV test. I knew about AIDS but I didn't really think more about it. I never thought AIDS/HIV would have anything to do with my life. Perhaps that was ignorance on my part. I never imagined myself as being in a "high risk" lifestyle as the media perceives or that I could ever be directly affected by AIDS. I found out I was HIV positive accidentally.

Walking through the shopping mall one afternoon, I decided to donate blood at the Red Cross station set up there. This was after I was separated from my husband and I was back in Toronto. I

had a new life, a new career and a new lover. We had both donated blood that day. Later, I received a letter from the Red Cross saying that I had an "abnormality in my blood." I thought to myself, there must be some mistake; what could possibly be wrong? When I telephoned to find out what was the matter, they said they could not tell me over the phone. This caused me some concern and confusion. I went in personally and they said I needed to see my doctor. It was a long weekend and I couldn't wait till Tuesday to find out. I wanted to know why they wouldn't accept my blood. I had always donated blood and now suddenly it was refused. This was in 1990. I insisted they tell me what they meant by "abnormality in my blood" because I was concerned that I may be pregnant. The woman sat down with my file and said "you are HIV positive." "Pardon me?" I said. Then she said "AIDS." I thought to myself, what did she say? HIV positive, AIDS!?...I'm dying?... I remember this being my initial reaction. No, this must be a mistake, I thought. There's just no possible way. I have never used IV drugs, or had a blood transfusion. I have had "unprotected sex" with a couple of men and with my ex husband but this still couldn't be true...

I had heard about HIV and AIDS, but I never thought it would be me. It is ignorant to think that you are at risk of infecting yourself only if you have "many sexual relationships" or if you "share needles" with others. Unfortunately, a lot of people think this way. The reality is that AIDS does not discriminate. It takes only one unsafe situation.

I later went back to the doctor to get re tested. I found out I was HIV positive and pregnant as well. I was advised to have an abortion because there was a thirty percent chance of my baby being affected. I couldn't think very clearly at that time. Everything was such a shock. It was a difficult period in my life. I had the abortion and I have no regrets about the decision I made given the circumstances.

My lover at the time I was diagnosed tested HIV negative. Six months after my diagnosis, our relationship ended. He felt he couldn't cope and preferred not to think about it.

My Family, Perceptions of AIDS and Speaking Out

The first people I told were my brother and his wife. They were very supportive. They telephoned AIDS organizations in Toronto to obtain information for themselves and for me. That's how I discovered Hassle Free Clinic where I was tested again and got a lot of support and counselling. They were very accommodating to my needs which made me feel comfortable.

I told my parents of my HIV status a year and a half after I found out. I couldn't tell them initially because I was already having a difficult time coping; there was a lot of denial and anger. I also felt my parents would be very hurt. But the burden of lying to my parents about why I was sick often, why I was tired and weak and why I was off work so much was strenuous on my health. Telling my parents was most difficult but has benefited my own well being. They were shocked but they have been supportive and understanding. My parents feel scared for me and they believe this is not something to go public about.

It has been extremely difficult for me to come out as an HIV positive woman because of the stigmas associated to AIDS. Over the past two years I have met many hidden women, like myself, afraid to come out and to speak about living with HIV and AIDS. However, through Voices of Positive Women, an organization in Toronto that is by and for positive women, it is possible for women of various backgrounds to come together and connect. We talk about ourselves, about HIV

and AIDS and its affects on our lives. We learn from each other. It's a great feeling to meet another person who understands, who also feels the same; the message we give to each other is "we are not alone and it's okay...we will make it okay."

Society's ignorance and lack of support makes our lives with HIV and AIDS more difficult than it already is. Nobody deserves to be sick. People say "you did this, so you asked for it." What about the people who got HIV through blood transfusions? What about children born to infected mothers? Nobody asks for these things. It's comments like these that keep people like me further and further back and isolated... But not for long. Society has to be made aware that AIDS is everybody's illness. Women are often being diagnosed very late because of the misunderstanding that AIDS does not affect women. Women generally don't have information readily available. Now, as more and more new born babies are being affected, this perception is slowly changing.

Sometimes I feel I have a need to go public, to speak and to say "look this is a face living with HIV." People have an image of what AIDS is supposed to look like. A person's health will gradually deteriorate as the illness progresses, but, people living with HIV live a full life of ten, twelve or fifteen years. I look fine and healthy and need to take care of my health but you'd never know I was HIV positive if you saw me. There are many women, in isolation, without the strength to come out as women living with HIV. In time, with increasing awareness, understanding and support we will all be able to feel free and speak out. HIV/AIDS is everywhere; we all need to understand this; to learn to give each other love, strength and support... not to discriminate or be ignorant. For me, the main kind of discrimination is when a person is held back from saying they are living with HIV or AIDS. That's unfair.

My Experiences With Health Care

My experiences with the health care system was strenuous at first. In the hospital when I had the abortion, I came across ignorance among health professionals. The nurse would walk into my room with gloves, mask, gowns, the whole attire, just to collect my gown when I changed clothes. I found that extremely hurtful at the time, but I've learned to deal with people like that since there is a lot of ignorance in our society about HIV/AIDS. There are people who will not come close to you. An awareness is developing but it's very slow. Health professionals are being trained and so are some others. An increasing number of HIV positive heterosexual men and women, mothers and children is slowly challenging the myth that only gays are affected by AIDS. We are all human beings with a right to live.

Many AIDS organizations and hospitals have support groups. I found my support with a group of HIV positive women at Hassle Free Clinic and Voices of Positive Women. Because there is little information about HIV/AIDS and women, I find I am learning more by listening to other women's experiences.

Treatments are not readily available. You really have to do a lot of work to obtain the correct information and the treatment itself. You really have to search for it. You choose how you want to live your life now that you have HIV. You have to read up on it, look for it and monitor your own body in addition

to the health professionals.

About Love and Relationships

I used to think I could never have a relationship and could not be loved again. It was very hurtful to feel nobody could love me because of HIV. I'm a sociable person and I love people. I've never had difficulty meeting people and making friends. However I really felt very uncomfortable when I thought about sexuality and potential partners.

Few months after my break up with my ex lover, I did meet a man and we had a beautiful friendship. Three months into the relationship we discussed sex and I felt a sense of fear. I did not feel I could disclose my HIV status early in the relationship. I did not know him well enough and I did not feel I could trust him. I also felt if I told a partner of my HIV status after we had sex, it would be unfair to him. We eventually discussed safer sex but he had never used condoms and did not want to use them. "What about sexually transmitted diseases?" I asked him. His reply was "there's nothing wrong with me and there's definitely nothing wrong with you...you're beautiful."

This is the misconception, because here I am living with HIV. I feel it's an individual's decision whether to disclose his/her HIV/AIDS status to potential partners. It is every individual's responsibility to protect themselves depending on the relationship and so many other factors. The whole process has been very difficult for me.

South Asian Diaspora: The Feeling of Isolation

There are many women living with HIV who are extremely isolated. Some cannot come out publicly and others don't even know they are carrying the virus. That women are affected by HIV needs to become more public. There is a need for more available information that is accessible in our languages. Only then can our communities begin to understand how AIDS affects us all. This is especially so in communities of the South Asian Diaspora where AIDS remains a non issue among the larger community because people carry judgemental values, denial and don't talk about the issues or about sex and IV drug use in general. Women like me suffer because of this. I am forced to carry on as though everything is alright when in reality it isn't. There is this illness which exists in women and men and our community needs to own it and learn more about it. But its very hard because our communities talk and talk and talk, whether in the Gurudwara, in the Church, in the Temple or in the Mosque. But there's no help, no understanding, no support. So I have to go outside of the community for support. I'm sure there are many like me, in our community, who are in the same situation. They are married people, single people, lesbians, gays and children and we are all suffering. And then you hear in the community, "oh, so and so died of AIDS." My question is "what did you do for that person who died of AIDS?" "Did you help them? Was there a community support group? Did you have information? Do you really care? People living with HIV need care and love and to feel that it's okay. But I discover I have to always find that by myself. If this situation could improve it would make life a lot easier for those of us living with HIV. People need to stop remaining silent on these issues.

At My Workplace

My co-workers were not aware that I was HIV positive. I continued a life of work as though everything was alright. Unfortunately my health reached a point where I could not continue working

any longer because I was sick a lot and very tired all the time. After I left work, there was a lot of talk that I had cancer or AIDS. The atmosphere at work was very stressful and people were not very friendly so I never felt comfortable telling anybody. I think experiences with AIDS in the workplace depends on how well informed people are about the issue of AIDS. Today, there are more workshops about AIDS in certain workplaces and people are compassionate but a lot of ignorance still prevails. Because of the ignorance in my own workplace, it wasn't easy for me to tell anybody or even gain a little acceptance.

My Message to Other Positive Women

To other women who are HIV positive, I'd like to say don't feel that you are alone. This is happening to many women, so try and reach out to organizations where you can connect with other people. I found this very important. Meeting other women, hearing their stories, finding out what they are going through, makes it a little easier for yourself. There's a bonding that occurs when you meet other people living with HIV and AIDS. Women can also reach out anonymously if they need to. Reaching out and connecting is an amazing feeling. Just to know there are others experiencing the same and finding a whole new world with so many other people like me, gives me inner strength. I am not alone. Reach out. We need to share with each other, and give support and love.

My Life and My Days Ahead

Everything changed after I tested positive. I discovered myself and a new life. Finding out I was HIV positive has brought me closer to myself, to the realities of life, to living and to God. I have a totally new perspective to life because I don't think long term any more. I live for the moments...one day at a time and life is beautiful.

I've come a long way living with HIV for two years now. I still have so much to learn and experience. I have a need to tell people that this is AIDS, and I'm not imaginary but a common, everyday person. We have to reach out because we can all help and benefit from one another. The world of HIV and AIDS is not a myth. Just look around you.

Old Blood

by Lopa Bannerjee

I sit here
now
in the rocking chair
rocking
my pain
to sleep

and my marriage sits
in the other
room
laughing.

Yesterday
the laughter was
warm
warmth I
could snuggle into
and sleep
today
it cuts me up
and
turns my bleeding
ends
to the sun
to dry
and be crusted over —
old blood.

Watch out
my love
that which makes
you
laugh so
and makes me
cry
can make our marriage die
or
become
crusted over
like
old blood.

I begin to
like it.
It's hard
and has no
smell
and stops hurt
from
coming through.

And do you know
love
I like being hard
and
crusted over
like your
indifference
or
old blood.

Community Response to AIDS in England

by **LEELA ACHARYA**

Aisha Khan is an AIDS educator at KIRIN Centre London, England. Aisha is one of the few South Asian women working with this issue in our communities. DIVA interviewed Aisha in November, 1991 when she was visiting Toronto. The following is a transcript of her tape-recorded interview.

Q: ***Could you tell us what is going on around the issue of AIDS and communities of the South Asian Diaspora in London?***

There are organizations like BHAN (Brown and Black HIV/AIDS Network) and BLACKLINERS that provide various kinds of services from support to practical counselling, volunteers, and training in the community. They also provide training for other groups like social services, health care providers, immigration offices, etc. AIDS organizations like BHAN and BLACKLINERS employ people from different communities Asian, South Asian, African, Caribbean, Chinese. Volunteers are also recruited from different communities and from different areas of London. Workers are called upon to go into their own communities and areas to work with people affected by HIV/AIDS.

Q: ***Is there any work going on in the area of Women and AIDS?***

Yes, there is a lot of work in Women and AIDS and this is especially so because recent statistics show women of Colour are increasingly affected. There are specific services for women as well as women's groups for women of different communities, immigrant, refugee and those born in England. At the moment, specific work with women is in the area of awareness training, how to access services, referrals, counselling and child care. There are also discussions taking place on how to lessen stress and how to actually reduce the progress of illness from testing HIV positive to developing AIDS related complex and information

about symptoms. In relation to symptoms, information is only given to women who are known to be HIV positive because the symptoms can be signs of many different health problems.

Q: ***Do you think providing general information on symptoms in women will be useful in order to get women to actually take an HIV test?***

I feel testing is a very sensitive thing. To actually get a woman to test because she has the initial symptoms is very complicated unless she fully understands the implications of the test. Some of the symptoms can be due to other infections or conditions. Swollen glands is one condition or symptom very prevalent in HIV infection. But then swollen glands can also develop because of a cold virus or glandular fever. So I believe testing is something that really needs a lot of education through information so that a woman clearly understands why she wants to be tested for HIV.

Q: ***What about in the cases of recurring vaginal infections, like yeast infection? Women often get yeast infections and the doctor keeps prescribing her medicines, but the yeast infection will not go away. How do you deal with this?***

The symptoms associated with HIV are very specific. A woman doesn't have to show just one infection but a combination of infections. For example, if she has swollen glands, diarrhea and a vaginal infection or a sexually transmitted disease, all these have to be taken into account. If a woman has recurring vaginal infections it could be for a variety of reasons. It could be because of the antibiotic she has been prescribed. The antibiotic may not be the correct one for her, or it may not be the correct dose. So, having one infection doesn't mean that you right away have to think you have HIV and that you should test. Women need to look for a combination of infections.

Q: ***Could you tell us about the KIRIN Centre in London?***

KIRIN is a drop-in centre for people living with HIV/AIDS. It is located in the heart of the Asian community, Southall, West London. It's primarily used by gay white men although we have African, Caribbean and Asian service users. There is a lot of reluctance from Asian women to coming into the centre when everybody else is there, especially men. But when women do come, we discuss the most burning issues facing them. If it is not HIV/AIDS or related to sexual health then I deal with the initial issues women bring up. Some women prefer to phone in and so we operate an anonymous health line. It takes a lot of courage for women to take that initial step of contacting somebody for information as sensitive as HIV/AIDS and sexual health. Talking about their sex lives, talking about religion, talking about taboos and talking about our culture raises so many issues for women.

Q: ***Could you tell us about Muslim Women's AID and your role as an educator?***

Muslim Women's AID mainly works in the area of violence against women physical assault, incest, rape, sexual assault and other health related issues. Most of the women I am

in contact with are extremely dependent on their men partners, husbands, brothers and fathers. All the issues are brought to the forefront to allow women to make informed choices about themselves and their children. Through Muslim Women's AID I try to focus my work on HIV/AIDS and sexual health and locate HIV/AIDS as a women's issue. If a woman has gone through incest or rape I try and raise the issue of HIV with her.

Q: ***In the work that you do with women as a trainer, counsellor and educator can you tell me the links you make between HIV infection, AIDS and sexual health?***

In HIV/AIDS and sexual health the links are already there. For example, the way HIV is passed on, through unprotected, penetrative sexual intercourse it's the same way many sexually transmitted diseases are passed on as well. I could tell you a lot of stories about how we discuss these issues with women from our communities. It's a lot of fun. Once we went to talk about oral sex, you know a woman or a man going down on a woman or a man. When we try to translate 'oral sex' into a South Asian language it often comes out as 'verbal sex'. So we need to be careful in our cultural interpretations of English terms. Anyway there were some younger women in the group who said "but I'm on the pill, I'm protected from HIV." So I had to tell them that the pill only protects you from pregnancy, not HIV or any other sexually transmitted disease. Many women, at some stage in their lives have thrush. This can be caused by various factors such as a low immune system or as an allergic reaction to nylon panties or soap powder. But the majority of cases of thrush are through sexual transmission. Women aren't taught to make the links between HIV/AIDS and sexual health. Sexual health isn't just sex. Sexual health includes menstrual cycles and menopause so when I say sexual health, these other issues come in too. There are also different issues according to the age group of women. For example with young women we usually discuss menstrual cycles, thrush and yeast infections. With older women its usually sexual acts, menopause and the kinds of difficulties experienced through menopause. In any group situation, I have to deal with the initial issues women bring up and then go on to other social/political issues. It's hard to separate all the issues women are dealing with. So, although some links are automatically there in theory, I find I have to provide basic health education women need, link it with sexual activity and how various infections are passed on.

Q: ***Can you tell us the approach or the strategy you use to start a discussion about gynaecological health or sexual health with women from the South Asian Diaspora?***

It's difficult to actually initiate conversation or get women to talk about sex and sexual activities....So what I do is introduce other topics like contraception. We also talk about other gynaecological problems and social problems like arranged marriages, extramarital relationships, premarital relationships, the position of women within the family, you know, as a mother, a sister and a wife. Usually the topics are directed by the group of

women present. I try and take them toward talking about sex and HIV/AIDS through talking about arranged marriages for example. I was once in a group session where there were mothers, young married women of child-bearing age, unmarried women and teens. During the conversation some of the younger women spoke out, saying "why is it that our brothers can go to parties until midnight, but as girls we are kept sheltered and can't participate in things our peers are doing?" These girls faced a lot of racism because their white friends would say "oh, because you are Indian you can't go out and you can't have boyfriends." This situation was forcing the young Indian women to go behind their parents backs and do things the girls later felt very guilty about. All this was coming out during the group session. Mothers were looking at their daughters with mouths agape! The mothers' issues were, how to get their girls married off and how difficult it was to find "eligible" boys. Then we discussed how men expected women to be "virgins" upon marriage and that this was why many families kept their daughters under lock and key. Then we actually discussed why there was no compulsion for boys to be "virgins." We went on to talking about the implications of HIV/AIDS and sexual health; the fact that AIDS exists among heterosexual people; we questioned whether there was any guarantee that parents weren't in fact giving away their daughters into a death sentence, because there is no cure for AIDS, no vaccine. A lively discussion was generated. This is when I realized how elderly women have no access to information on HIV/AIDS. Women had no understanding around HIV/AIDS, but their daughters did. However, daughters weren't able to talk to their mothers about it, even though the daughters were concerned about HIV and the implications for them in an arranged marriage situation. I saw these women getting more and more angry. They questioned why there was wasn't more information available for them. Mothers questioned how husbands had kept them so sheltered, unable to even think around this issue. Then the daughters were saying, "how can we get the `prospective grooms' to test without actually having the repercussions placed on us?" NO TEST, NO MARRIAGE. Because once a woman brings up the issue of HIV/AIDS among conservative, middle-class families, she is immediately branded as being "too forward" or "she could only know about it because she sleeps around, she's sexually active." Another issue we talked about with mothers is whether they really believed their men were celibate when the women went off to India, Pakistan, East Africa or wherever, for an extended period of time. In these situations, married women are just as much at risk as their daughters for whom they are arranging marriages.

Q: ***So these strategies have worked for you?***

These strategies have actually worked in bringing the issues forward for women, not just young women but elderly women too. Our communities have to start dealing with the reality of HIV/AIDS because we're here, we're in different countries, we've made our homes, our children, a lot of children are born here and our lives will go on. Unless we start considering issues around HIV/AIDS, it will probably be too late for our communities. White people are just going to turn around and say "see, we told you so." White AIDS organizations don't do anything to target people of Colour communities. The onus is put upon us, the community members, to go out and educate our communities, to bring up the issues because HIV does not discriminate.

Q: ***How do you talk about sexual activity and the fact that one is at risk according to the activity one engages in?***

Workshops cover a variety of topics sexuality, HIV/AIDS awareness, women's issues, heterosexual health and homosexual health. Usually a lot of other issues need to be dealt with as well. For example language, as in the case of female and male genitals. I usually ask women to list them and once they have done that we go over it, how many words there are and then I ask women to list the sexual acts they know. Women come up with fucking and all kinds of other words. I ask them to choose what they like best. Then we come to homosexuality, bisexuality and heterosexuality and I ask women to fit each category with the sexual acts they have described earlier. Soon we find that each category fits everywhere, in fact they can overlap. So the question is where is the risk? Is someone more at risk? And we find that we're all equally at risk, so where does sexuality or sexual orientation come into play? I then explain there is no such thing as "high risk groups", but that we are all equally at risk, depending on the activities we do. And then we separate all the activities and go back to what women identified as being their favourite. If someone said fucking, then we clarify what fucking means, does it mean vaginal intercourse, anal intercourse, rubbing bodies together or what? So I get women to answer their own question and disqualify the myth of "high risk groups" because many of us are doing the same things. Eventually we reach the point that its what you do that puts you at risk, not your sexual preference.

Q: ***Can you touch a bit on men who have sex with men but do not define themselves as gay or bisexual?***

There are many cases of men from the South Asian Diaspora who have sex with men but don't call themselves gay or bisexual. It's something that they do or engage in and there is a lot of reluctance to own up to being gay or bisexual. I was once had a referral from an STD Clinic. It involved a South Asian woman who had died of AIDS and her husband was having problems coping with the situation. The man told me he always had sex with men but never thought of himself as gay or bisexual. Throughout school and college he had sex with his male friends. Because his wife died of AIDS and the man was blaming himself. He was a middle-class professional and he had a lot of problems dealing with the guilt he

experienced. Fortunately his eight year old son was HIV negative. His parents immediately took the son away. The woman's death was never recorded as death from AIDS. It was recorded as death from lung cancer, but it wasn't lung cancer.

Q: ***So is this man HIV positive?***

Yes he is. It took him a long time to actually seek help and counselling. It was hard for him to find somebody he could relate to because his wife had died of AIDS.

Q: ***Would you say the illness progressed in the woman much faster?***

Yes, from diagnosis she had a type of pneumonia called PCP. It was only four months until her death. She died very quickly.

Q: ***Is this the reality for many women living with HIV?***

It all depends on when a woman is diagnosed. Women are often underdiagnosed and misdiagnosed unlike men, so the illness progresses much faster in women than in men in some situations.

Q: ***In your work with women when you talk about sexual activity and the risks associated are you able to talk about anal intercourse?***

Yes, with a lot of giggles and laughs and women walking off. Anal sex and oral sex seem to cause a lot of embarrassment in our communities.

Q: ***Are there words in Hindi and other languages for oral sex?***

Yes there are, but you have to reach an agreement about the language with the group you are working with.

Q: ***Would you describe your educational approach as being sex positive?***

Definitely, I speak of all forms of sexual activity in a positive way and as being completely natural to get women away from internalized thinking about some kinds of activities as somehow "unnatural."

Q: ***How do you deal with things like homophobia and the denial of bisexuality?***

People are always saying "oh gays are following a fashion, they've been brainwashed, they'll get over it" and that kind of thing. I always try and explain heterosexuals are born heterosexuals and homosexuals are born homosexuals. I try and tell the community that what they are doing, their homophobia, forces many women and men to live a lie, because that's what our community does. Men who are having sex with men are also going through marriage due to social pressure, they set up a home, they have male partners, they are forced into going to public toilets and indulging in unsafe sex. In these situations men are putting other people at risk like those they have been forced to marry.

Q: ***Do you talk about the existence of Lesbians from the South Asian Diaspora?***

Lesbians and lesbian sex is very difficult to talk about. I mean I can talk about men going with men because a lot of communities know it's going on. They may not like it, but they know it exists. When it comes to Lesbians, people turn a blind eye. Many heterosexual women just don't want to know. There is so much denial. There's a right wing reaction from some women and who say "we don't want to know, they are not human, they are not women."

Q: ***How do you negotiate this in your work with women and AIDS?***

Well, like there are homosexual men there are also homosexual women. This is what I say. There is no difference in homosexuality. Of course there are differences, but the point I make is in terms of homosexuality, not in terms of sexual acts or the sexual activities of lesbians and gays. I'm still having a lot of problems talking about lesbians and lesbian sex. There's a lot of prejudice and sexism from gay men of the South Asian Diaspora as well. I once had a group session of gay men and lesbians. There were some South Asian women who actually came out in the group. There was such an attack from gay men in the group. They literally abused the women. The gay men were asking the lesbians "so how do you do it?" And the women were saying, "look, we never ask you how you do it, so what gives you the right to ask us?" It went on, back and forth and I had to tell the men to stop abusing the women or the meeting would end.

Q: ***What kind of difficulties do you face in direct translation or cultural interpretation of AIDS education materials and information?***

We try and directly produce as much material as we can in various languages without depending on translations or interpretations. In some of the cases I've seen, oral sex literally translated into verbal sex, many translators actually leave out anal sex, because of the denial, and this creates a lot of mistranslation and misinformation.

Q: ***Tell us a bit more about the HIV positive women you are working with and the realities of their lives***

There are many cases where women are diagnosed for HIV during their pregnancy. One woman who was four months pregnant had a husband who was a haemophiliac. The husband became HIV positive and somehow it took health workers two months to tell him of his positive status. Meanwhile, the woman was not tested and was attending a prenatal clinic. One day a nurse from the clinic went to her work place, picked her up and took her to the hospital for an abortion. The woman did not speak much English and was wondering what was happening to her. At the hospital the woman was only told she was carrying a "deadly disease" and that she must have an abortion to save the child's future. If you're an HIV positive, woman of Colour in Britain, and you're not articulate in English or assertive, you're not given any information, but forced into aborting your child. This is the only option HIV positive women of Colour have.

Q: ***How do you respond to women who say "I've been married for 20 years, I've only had one partner, we're monogamous, I trust him, so I'm not at risk of getting HIV?"***

A lot of women in their 40's and 50's say this. They've been married twenty or thirty years and they've got grown up children. In some of our groups, these women also speak about how vigorously sexually active their men are. The men want sex every night, they want it twice a night and so I ask them, "how many times do you go to India or Pakistan?" Some women go away for two to three months a year. Then we discuss the so called "loyalty" of their husbands. Later it comes home to them and some women realize how they contradict themselves. So we approach the issue this way.

Q: ***What are the biggest obstacles in relation to your work in the community on the issue of HIV/AIDS?***

Our biggest obstacles are men. We've had the most positive response from women. Women are hungry for information, not just around sexual health but around assertiveness, negotiating safer sex, how to get to know their men, etc. There is a lot of education on HIV/AIDS going on in schools and parents are asked to sign consent forms for their children. In most cases, it is parents of the South Asian Diaspora that refuse this kind of education for their children, especially girls. These people feel if you talk about sex you are somehow encouraging kids to indulge in that activity and the more information you give them about contraception and the use of condoms, the more bold and daring their children become!! This is a complete myth. When I talk to South Asian women, especially younger women, I've found them very sensitive, sensible and intelligent. It's the parents that present all the problems and among parents, it's usually the men. Women are standing up and being assertive more and more but they often fear their men.

Q: ***Could you give us an example of any HIV/AIDS material you have produced?***

Last year for Diwali we produced a large poster calendar with Rama, Sita and Krishna. We are creating AIDS media around religion. We also put "Happy Diwali" in Hindi, Urdu and Gujurati "from the KIRIN HIV/AIDS Drop-in Centre" on it. This was the only way we were able to put the posters in the Temples. We soon hope to produce other posters like this and place them in Gurudwaras, Mosques and Churches. Every opportunity we get, we twist and turn and avail, you know, the chance to educate our communities.

MY PERSONAL STORY

by **ANON**

"I got a blow job from a hooker." Numb. I stared at my boyfriend B. He wept, his head bent. "When?" I asked, trying to control my voice. Slowly raising his head, B looked at me, "last summer." "When? July? August?" I was incredulous. "I guess late July? I can't remember." Silence. I reeled through the events of the past summer. It was now January. I had been out of the city for a few weeks starting mid July. "Why?" I blurted, "cause I was away?" guiltily. Angrily he shot out, "I was drunk! I don't know." Then in a low voice, "I was just being bad." He shook his head and started to cry.

B and I were at the end of a four year relationship that stopped and started as often as the TTC. Even though B admitted he was an alcoholic while I sought solace in therapy, it wasn't until these events unravelled in January that I took a stand on my behalf and ended the relationship. The nightmarish quality of the break-up still makes me bolt awake at night. But now I can eventually drift asleep.

B feared that his contact with a prostitute last summer may have exposed him to HIV virus. He was already suffering from Hepatitis B infection. Hepatitis B is many more times as infectious as the HIV virus. It can also be sexually transmitted and in some cases it is fatal. Both the doctor and I were mystified as to how B contracted Hepatitis B. We both believed B when he answered 'no' to the doctor's questions: "Do you shoot up? Do you have same sex? Do you have several partners?" The doctor was so stumped and started investigating the possibility that I was a Hepatitis B carrier, because of my race (Indian) and sexual history. Now that I know B was having sex outside our relationship, I was angry at B for his lies and betrayal and at the doctor for trying to lay the blame on me.

On the next visit to the doctor we inquired about an HIV test for B. The doctor was still pondering the source of the Hepatitis B when I piped out "oh, we know where he got it." To my surprise, the doctor looked conspiratorially at B and commented, "a fling, eh?" To me he added, "and since you're here, I guess all's forgiven." I glared at the suddenly jovial doctor and my shame faced boyfriend. Upon leaving the doc-

tor's office I met B's hopeful glance with a growl, "all's not forgiven!"

I did not get tested for HIV at the doctor's office. I was extremely confused, hurt, angry, ashamed and afraid. The first person I sought was my therapist. It was an incredible relief to share my turmoil with someone. One of her suggestions was to contact Hassle Free Clinic on Church street. The clinic does anonymous testing for HIV and provides counselling for people living with AIDS and HIV. I spoke to a counsellor on the phone and told her my situation. She said it was unlikely that HIV could be transmitted by a blow job because the virus can't live that long. Phew! She cautioned, "It's human nature to lie. If he's gone to a prostitute once, he's probably done it before." Food for thought.

In order for the HIV test to be relevant, I had to be tested at least fourteen weeks after my last experience of unprotected sex. If the virus is present, it can be reliably detected approximately fourteen weeks from the time of infection. B and I always used condoms but only just before B would ejaculate. I fooled myself into thinking this was "safe sex."

In the months before the appointment, I took up my therapist's suggestion to share my ordeal with trusted friends and family. Keeping these events secret could unwittingly create a bond of conspiracy between B and me. Furthermore, it could lead to alienation from others who aren't aware of these happenings. The thought of telling my friends and family scared me to death. I was so ashamed. But, I was more afraid of facing my fears alone, or worse, stifling them with B. I wanted out. So, slowly and carefully I began telling people.

Sharing my experience with others helped me get over the feeling that it was all my fault or B's. I realized that my relationship with B was already in a course of crisis. The shock of B's betrayal and the threat of HIV were alarm bells I couldn't ignore. They signalled a need to take more responsibility for my welfare in love and health.

Finally, the day of appointment arrived. I filled out some personal medical information about myself. I didn't have to give any name. Instead, an i.d. number was used. Inside the doctor's office, we spoke a bit about why I wanted the test. The doctor listened intently and did not offer any judgements or inappropriate comments. She drew some blood for the test and informed me that I'd be called back to the office in three weeks for the result, regardless if it was positive or negative.

I waited for the call.

Everyday I stifled the dread that overwhelmed me within. At night, anxiety gripped me while my mind replayed tragic possibilities. Fortunately, with the help of information on HIV and the support of friends and family I was able to gain some perspective on my situation. I grew optimistic that I would be okay. With this optimism came a spirit of determination that I would do all I could to prevent myself from any further risk of HIV in the future. Thankfully, my return visit to Hassle Free Clinic gave me the chance to do just that.

Giving and Taking

by KALPESH OZA

Kalpesh is an HIV positive gay man, a researcher, activist and incredible fighter. Originally from Ahmedabad, Gujarat he now lives in Toronto.

This commentary was aired by CBC Radio 740, where he expressed some of his concerns about AIDS/ HIV and the situation in the so-called Third World. He focuses on the findings of the Eighth International AIDS Conference held in Amsterdam in July 1992.

The news from the latest international conference on AIDS is grim. Especially for developing countries. This was no surprise for those of us working in the community based AIDS movement. Globally, one person is infected every 15 to 20 seconds by HIV. The virus that seems to be necessary but not sufficient to cause AIDS. And, we have other disheartening statistics from the conference.
In countries like Uganda for instance, thirty percent of the workforce is infected with HIV. In India and China for example, the rate of infection is increasing alarmingly. By the turn of the century, about a hundred million people will be infected world wide. *Over half of them will be women*.

The magnitude of the rate of infection in developing countries is higher than in the industrialized western world. If AIDS is going to have a negative impact on the economy of western nations, the scene from some developing countries is no less than an economic disaster.

The disease places an intolerable burden on the health care systems of most developing countries. Furthermore, it would also deprive the affected nations of wages lost due to the premature deaths of the most productive segment of the populations: the young people. Help is desperately needed.

However, the programs developed by international aid are largely led by foreigners and they mainly trace incidents of AIDS rather than looking at why it is spreading so fast. For those who have examined the reasons for this rapid spread, some obstacles in the fight have become evident.

We all know that one such obstacle is the irresponsibility of political leaders around the world. But there are other obstacles too. For instance, attitudes of religious leaders such as those in the Catholic Church, who are incredibly influential in some developing countries. They were vehemently opposed to the use of condoms.

And then there is poverty.

I was born and raised in India; most people in India cannot afford even the basic drugs, let alone the most outrageously over priced drugs related to AIDS and HIV infection. While the Indian government could do more, we have to recognize there also are serious financial problems. This holds true for other developing countries as well. Some don't even have money to provide condoms to the majority of people. Poverty is at the heart of the problem.

It is often said that the biggest problem facing the so called Third World is the debt crisis. Billions of dollars are owed to the "First World."

I would suggest that the situation is in fact the reverse. We in the wealthy, industrialized nations benefit from the resources, lower labour costs and create dumping grounds in developing countries.

If we really want to help fight AIDS in the developing countries then we should re pay this debt as a first step. So far, we have paid back far less than we owe. Instead of taking, we should be giving. What is not needed from the west, even undesirable, is leadership. What is needed is understanding, companionship and committment.

Lusting For Life

A Few Thoughts on HIV/AIDS

by KAUSHALYA BANNERJI

Kaushalya is a lesbian living in Toronto.

When I first thought of writing a piece on HIV/AIDS, I thought I would focus on information and awareness issues in a straight forward, conventional manner. As I started writing however, I felt it important to raise some issues around AIDS as a taboo subject in many communities.

When I was finishing high school in the mid 1980s, AIDS and HIV were perceived as issues distant from our lives. We were not touched by them as we saw ourselves as young and immortal and generally belonged to categories considered "low risk." When I entered high school, safe sex for girls referred to birth control.

When I went to University, I began to hang out in the lesbian feminist communities. I was immersed in another world. Here, I felt we were part of a low risk group of women loving women. At that time virtually no research had been done on woman to woman transmission.

Slowly the statistics and information on HIV transmission began to change. Over the last couple of years we saw the rapid spread of HIV and AIDS in the heterosexual world. Large scale populations have been affected. In the main, non European and weighed down already with colonial histories and a legacy of poverty. The solution of white advanced capitalism was to resort to racism equating "loose morals" with the sexual conduct of non Europeans, particularly Africans and Haitians.

In the lesbian community it seemed there was a false sense of security. We were "good" girls: we did not sleep with men, stop making love during our periods and stayed away from IV drugs and one night stands. Many lesbians refused to practice safer sex, seeing it as an obstacle to spontaneity, a gesture to be interpreted as insulting or mistrustful.

Working for the Alliance for South Asian AIDS Prevention, I came into contact with my "other" community Canadians, Immigrants and Refugees sharing something known as a "South Asian" identity. "Our" community was also "good." Young people didn't even have straight premarital sex, let alone gay and lesbian relations. Married men didn't go cruising for male lovers in secrecy, others never sought out prostitutes or had female lovers. Wives were never raped or had affairs. Children of course, were never abused.

Ours was a perfect community. Then there was AIDS, exposing secrets, unearthing repressions perhaps, and breaking silences.

Nonetheless, the common position taken in the two communities Lesbian and South Asian may be best described as burying one's head in the sand the Ostrich position.

Why has it been so hard for us to confront our vulnerabilities with

regards to HIV transmission? As South Asians, as lesbians, often both at once, could it be we are afflicted with that tired old cliche "nice girls don't talk about sex?" It may be so.

As a lesbian of Indian origin, I find that my "multiple identities" share a common factor in the silencing of our female sexuality in lived terms. It can mean that talking about ourselves in relation to AIDS/HIV can lead to social ostracism because it represents a breaking of our socially constructed silence, an acknowledgement that the old morality hangs loose on us. We may not be seen as the "good girls" we have tried to be.

If we were to begin addressing our denials and the fears that have created them, the implications for us as "South Asian" lesbians would be enormous. Patriarchies feed on our silences, at home, at work, at school and in bed. We need honesty and courage to begin examining our strengths and vulnerabilities. At the same time, we must be aware that unsafe sexual penetration or exchange of bodily fluids is not the only mode of transmission. There are high risks involved in sharing unsterilized needles, whether it be for medical or drug use. There are also high risks in unscreened blood transfusions, particularly in the South Asian region.

Women's AIDS related symptoms are often different from those of men. Researchers have only recently begun to document and monitor infections and immune disorders specific to women. But scientific research is just the tip of the iceberg.

The real work has to be done by us. Talking with friends, lovers, younger siblings about safer sex can be a basis of a new morality in our communities. A morality which does not equate desire with being "bad," but with playing it safe. A morality which lusts for life.

Racial Equity Fund (Formerly the Multi-Cultural Dramatic Film Fund Grants for Film Projects)

CALL FOR SUBMISSIONS

The Racial Equity Fund, Liaison of Independent Filmmakers of Toronto and the Ontario Film Development Corporation are pleased to announce the Third Year of the Racial Equity Fund - Formerly the Multi-Cultural Dramatic Film Fund.

The Racial Equity Fund is an equity based program intended to assist new and emerging filmmakers from First Nations and various communities of Colour including African, Asian, Caribbean, Latin American and Middle Eastern Communities.

Eligible film projects can include:

Short dramas or films that have some dramatic element

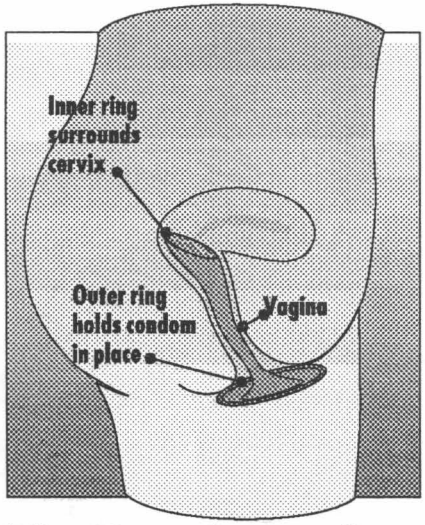
- *Video projects are ineligible*
- *The eligibility of documentary projects is currently under revue therefore full eligibility is not available at this time*
- *Applicants must be residents of Ontario and be Canadian or Landed Immigrant citizens*

Application deadline is Friday, November 6, 1992 before 5 pm.

For more information contact: **Michelle Mohabeer at (416) 596-6749**
Liaison of Independent Filmmakers of Toronto,
345 Adelaide Street West, #505, Toronto, Ontario, M5V 1R5

In order to assist first time applicants seeking funding there will be a grant writing information session held in early October. The workshop is specific to this fund. You must register in advance.

The vaginal pouch, or female condom, won conditional approval last week from an FDA advisory panel and could be in stores by the end of the year. The device is part of a whole new wave of barrier contraceptives currently navigating the maze of FDA



The Female Condom

Other Devices in Development

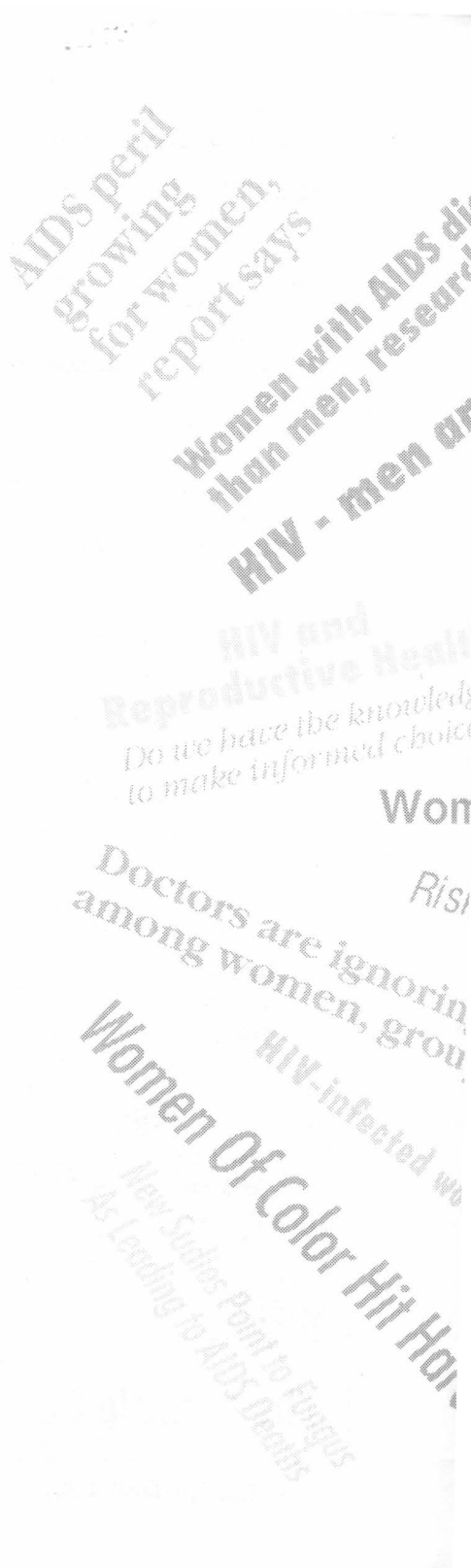
- **Woman's Choice Female Condomme:** Developed by Dr. Harvey Lash of Palo Alto, CA, this latex pouch is inserted with an applicator.
- **Oves Cervical Cap:** Made of clear, flexible silicone rubber and developed by two sisters, this thimble-like cap is the only one that's disposable.
- **Lea's Shield:** This silicone barrier contraceptive has a unique loop for easy insertion and removal.
- **Unisex Condom Garment:** A polyurethane bikini with attached sheath, it becomes a vaginal liner or penis cover, depending on which sex wears it.
- **Fem Cap:** This silicone rubber cervical cap

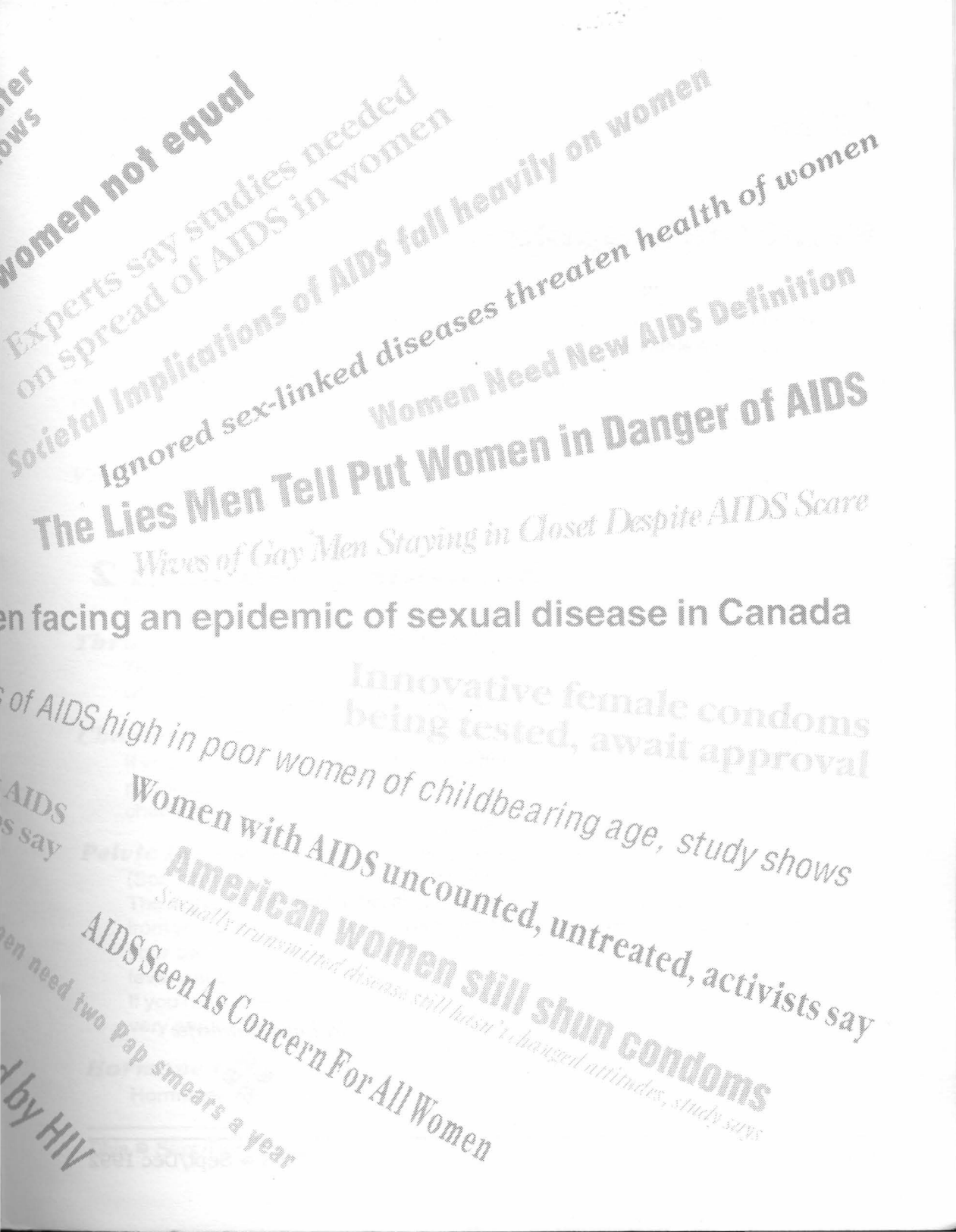
Courtesy: Newsweek

Plague

By Mariam Khan Durrani
April 13, 1992

"We are in a plague,"
He said, "It is AIDS, here and now."
These words
pass through my head
and somewhere
it is showing me the reality,
of here and now
Oh my friend,
embrace me
tight
Let me hold on to you
Let me shield you and protect you
And please protect me
as well
It will invade
into my body
and
take this life of mine
"I am afraid"
The reality of this plague.




Women not equal
Experts say studies needed on spread of AIDS in women
Societal Implications of AIDS fall heavily on women
Ignored sex-linked diseases threaten health of women
Women Need New AIDS Definition
The Lies Men Tell Put Women in Danger of AIDS
Wives of Gay Men Staying in Closet Despite AIDS Scare
en facing an epidemic of sexual disease in Canada
Innovative female condoms being tested, await approval
of AIDS high in poor women of childbearing age, study shows
Women with AIDS uncounted, untreated, activists say
American women still shun condoms
Sexually transmitted disease still hasn't changed attitudes, study says
AIDS Seen As Concern For All Women
d by HIV

Ramblings Spoken

Life
You are too custom stained
Too deep, too embroiled
in me
Move away
and let me breathe
again
I have forgotten
what it is
To be free.

Ramblings Spoken 2

I have laughed before
I know
my memories are there
Then why have you left me
Laughter
hanging in the air?
To pursue what
I know not
with grim faced concern
leaving laughter
behind me
In the gray faced memories
of my dawn.

by Lopa Bannerjee

Some Symptoms of
HIV in Women

The following symptoms can be signs of many different health problems. However, many women who have HIV have one or more of these. If you have any of them, you should have them checked out.

Vaginal Yeast Infection

(Especially if it comes back a lot or is hard to get rid of) Discharge from a yeast infection is white or cream-colored. It often looks like cottage cheese. You may feel burning or itching. Your outer vaginal lips may be swollen and red and sore to touch. Sex may be painful. Yeast infections are very common.

Thrush

This is caused by another kind of yeast infection. It looks like creamy white patches in your mouth or on your tongue.

Changes In Your Periods

If your periods start to be really painful or very irregular or you are missing periods, and this is different from your usual pattern, you should have this checked out.

Pelvic Inflammatory Disease

(Sometimes called P.I.D.)

The signs of this can be pain your abdomen (stomach), unusual discharge from your vagina (which may be thick or foul-smelling), painful sex, pain in your back and legs, pain when you pee, bleeding in between periods, fever nausea and vomiting.

If you have one or more of these symptoms, you may have P.I.D. P.I.D is very serious.

Hormone Changes

Hormones are chemicals which are made by your body. The amounts of

hormones in your body change when you are pregnant, during your period cycle, if you are on birth control pills, during menopause or if you have your uterus removed (hysterectomy), to name a few. HIV can also cause hot flashes, mood changes and some kind of vaginal infections (such as yeast infection).

Bacterial Pneumonia

This is an infection in your chest (lungs) caused by a germ. You usually get sick very suddenly. You may have a fever and chills. You may cough up sputum (mucous) which may be pink or rust-colored, yellow or green. Your chest may be sore and it may be hard to breathe. Many women who have HIV get this type of pneumonia frequently.

Swollen Glands

We all have special glands in our bodies which help fight infections. You can usually feel them in your neck, behind your ears or under your arms. If your arms seem very large (swollen), it can mean that you have an infection which your body is trying to get rid of.

Cervical Changes

HIV can cause changes in the cells (skin) in a woman's cervix. Your cervix is the entrance to your uterus (womb). It is inside your body. The only way to tell if you have these changes is to have an "internal" check-up (PAP test) by a nurse or doctor. All women should have a PAP test every year. Pap tests can assist early detection of cancers, in the cervix, vagina and vulva areas.

(Excerpted and modified from a Women and HIV/Aids Symptoms pamphlet produced by Street Health AIDS Outreach, Toronto)

Hassle Free Women's Clinic (416) 922-0556
AIDS Hotline (416) 392-2437 Available in some languages other than English but not as yet in any South Asian one.
Alliance for South Asian AIDS Prevention (ASAP) (416) 966-2727
AIDS Committe of Toronto (416) 926-0063

AIDS in India

by **GITA SAXENA**

This is a transcript from a pilot videotape. The video is a work in progress. The excerpts that follow were taken from interviews in Delhi in 1990 with Dr. Tripathy of the Indian Council of Medical Research (ICMR) and with three AIDS activists Siddhartha Gautam, S. Lalitha and Sister Shalini who are members of an AIDS Anti Discrimination Movement known as AIDS BHEDBHAV VIRODHI ANDOLAN (ABVA). The discussion among activists is juxtaposed with the views from the state.

DR. TRIPATHY:

At one time we did not have any evidence of the HIV virus in this country. There wasn't any case of AIDS reported. In those days it was thought that the disease is actually a problem of the western countries and that AIDS is a problem of homosexuals... We don't have so much homosexual activity in this country, so we have been fairly complacent that AIDS is not a problem in India. Nevertheless, we have been investigating high risk groups since 1985 in Poona at the National Institute of Virology and at Christian Medical College in Vellore. Our scientists, with the assistance of the Indian Council of Medical Research are investigating whether there is any evidence of HIV in this country. It was only in 1986 that we had the first evidence of HIV infection in India through the positive test results of prostitutes investigated in Madras. Since then we have established a number of laboratories where testing facilities have been provided. We also have facilities for screening high risk subjects particularly prostitutes and people with sexually transmitted diseases which constitute a high risk category... We have also investigated blood donors. We have identified certain categories

of people, we examine them and we collect blood from such people...

LALITHA:

I work with the Joint Women's Program in Delhi. Two years ago, some active members came together and started working in the red light areas of Delhi. We are working in the red light areas because Indian society is blaming prostitutes for AIDS while society continues to exploit them as well. We started with each member contributing 50 rupees each. With five members per month we were able to distribute some medicines. Then, we went to the hospitals to ask for condoms to distribute in the red light areas. We are now getting condoms from the government hospital, but the quality of these condoms is not good. Even for good quality condoms, we have to fight the government.

SHALINI:

I heard about Lalitha and her work in the red light areas. I had an interest to work with her. So about 8 months ago, I joined the group and I've been visiting GB Road regularly. One of the nice things about the group is that we don't have a name and I relish and treasure that part because we just work for the rights of people who are marginalized like women in prostitution and other such issues. Also, we don't really have an elected leader and it functions in a democratic process. The whole group is involved with the hard work that resulted in this booklet called "Women and AIDS".

SIDDHARTHA:

...then came the problem of forcible testing. Doctors from the All India Medical Institute (AIMS) in Delhi came to G.B. Road with the police and took blood samples in clear violation of all medical guidelines. So we started to study the problem of AIDS a little more systematically and our first public event was a meeting to protest the Indian AIDS Bill in parliament. The Bill itself is very repressive and has no relation to improving the situation of HIV/AIDS in this country. The Bill has more to do with penalizing, punishing and victimizing certain groups of people who are already marginalized.

DR. TRIPATHY:

The Indian Council of Medical Research has not been a party to any unlawful investigations. As I have already mentioned, we do tests on those people who come to us voluntarily. We have not participated in any raids by the police. You are probably referring to a group of prostitutes from Bombay who were rehabilitated and transferred to Madras. I have found out that these prostitutes were rehabilitated at their own request and their own choice...

LALITHA:

Whatever the ICMR is saying about prostitutes voluntarily testing is an absolute lie. The ICMR, doctors from the All India Medical Institute and the police went to the red light area and forcibly tested. You can come with us to the red light area and ask the women yourself.

SIDDHARTHA:

Even in Bombay the Medical Council of India has guidelines that require every patient who is tested to be given an OPD card with the name of the test and the result. So why doesn't the

Council produce these OPD cards as evidence? All the people who have been forcibly tested, like these women from Bombay, who were supposedly "rescued," and then taken to Madras, were not told what the test is about. An HIV test is a very serious test. People talk about it as a death warrant if the test turns out to be positive... People are not being informed about the consequences an HIV positive test can have on your life. Even in the case of the prostitutes taken to Madras, it was an ELISA test that was done, not a confirmatory test. So these women are being confined illegally.

DR. TRIPATHY:

I can assure you that we keep the information regarding the HIV status of any prostitute or individual confidential. Unless the person who has tested positive tells others that he or she is infected, we certainly don't inform anybody... In most cases the testing is anonymous. We don't inform them... They probably do not want to know the results. Second, if we tell them the results, they may not be able to keep it confidential, their behaviour in relation to others might change, and other's behaviour towards them also might change. This is particularly worrying in the case of prostitutes because prostitutes are not staying alone. The prostitutes stay together in groups of 20 or 30 under the patronage of a Madam. Now if one or two of the prostitutes are positive, and we tell her she is positive, she wouldn't know what to do with this information and how to behave in relation to others. She might not be able to keep this information confidential and her life might be in danger. This is what we feel may happen in these houses run by these Madams.

SIDDHARTHA:

The result has been a lot of misinformation in India because the entire focus around AIDS has been in women and prostitution. This is not justifiable from any epidemiological point of view. In America they focused on gays. Here they have found these women an easy target for forcible testing, and to publicize it as if prostitutes are responsible for the spread of HIV infection. The state has not used any control group in its testing for HIV. So the state cannot even say that women in prostitution have higher rates of infection than any other group of people. As AIDS activists our whole objective is to point out that unless you have anonymous testing, large numbers of people cannot feel safe enough to voluntarily test. Unless India carries out more random sampling in AIDS research, we cannot understand what the pattern of HIV transmission is in this country. Here, the state is using certain presumptions that only prostitutes, blood donors and people who go to STD clinics are the ones affected. So if the state continues to forcibly test these groups alone, the obvious conclusion is that only certain people are affected. From a statistical point of view, this is an irrelevant finding.

LALITHA:

In India people living with HIV and AIDS aren't getting any support, counselling or treatments. No one is coming forward to help. If HIV positive people need hospital care they are not being allowed into the hospitals. We are fighting doctors because they are violating their medical ethics and they are not treating people affected by HIV/AIDS with any compassion or understanding. We came to know of a case in Goa. It involves a blood donor, Dominic D'Souza. Health authorities put him in jail and then in isolation. He was under house arrest as well.

SIDDHARTHA:

If I were infected yesterday and get tested today, the antibodies might not be in my body as yet. It might take up to three years to show up in my blood. This information is not publicly available. In addition, here in India the state is testing people for HIV on the assumption that only certain groups are at risk. This is based on moralistic misconceptions. How many people is India going to isolate for every HIV positive person that exists? There are hundreds of people already living with HIV and AIDS and they are bound to go underground when they see how HIV positive people are treated as criminals here. We believe all testing should be banned until there is some proper commitment to treating people with AIDS in government hospitals with follow up care and counselling. There is no purpose in testing people for research papers or conferences when we don't have the follow up. People will simply go underground. We have to create a sense of trust and understanding so that people who test positive will feel that is okay, that they will benefit from care and counselling, and that they won't be stigmatized, isolated and treated as criminals.

LALITHA:

Education is the best medicine for AIDS.

SHALINI:

Yes.

SIDDHARTHA:

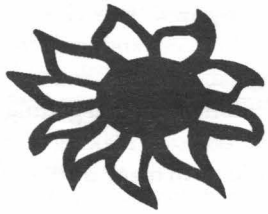
Ya, Ya.

● ● ●

The ABVA group in which Siddhartha, Lalitha and Sister Shalini work is a lively, diverse group which has fearlessly tackled different AIDS issues and more recently Gay and Lesbian issues.

Although I met Siddhartha for only a short period of time, I felt I had known him for much longer. At first I actually found him somewhat annoying because he was always talking, his mind and his mouth never seemed to be still. As I listened, I found most of what he had to say was very well thought out and insightful. I then wanted to follow him around all day to record him. I feel men have a large responsibility in women's struggles. Siddhartha had an intelligent and sensitive understanding of women's issues. He was a strong advocate of rights for women.

In February 1992, Siddhartha died of Hodgkins disease which he struggled with all of his life. The Indian press tried to say he died of AIDS. Siddhartha will be greatly missed by the South Asian Gay and Lesbian community all over the world, but most of all he will be missed by friends and family and the ABVA group. Our condolences from overseas. Siddhartha lives on in the work he helped to begin.



"Somebody Else In Your Picture"

Learning From the Black Experience...

by **DIONNE A. FALCONER**

Before I begin, I would like to acknowledge my colleague Douglas Stewart with whom I collaborated to make this presentation possible. I would also like to acknowledge the two other staff members at the Black Coalition for AIDS Prevention and the over 70 volunteers whose hard work and commitment continues to make the work achievable and successful.

It is my intention to outline briefly the history of the Black Coalition for AIDS Prevention, also referred to as BlackCAP, the context from which the organization came about, some of the work we have done and the impact the work has had on the Black communities in Toronto, Canada.

Black CAP was started five years ago in order to address a particular need, namely providing education for the prevention of HIV infection to the culturally diverse Black communities in Toronto and offering support and counselling services for members of the communities who are HIV positive or affected.

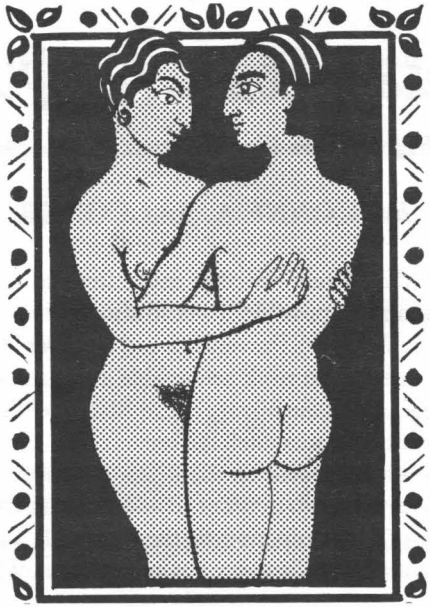
The way AIDS emerged in Canada made it difficult for Black people to own. It was seen as a disease that affected others, particularly white gay men, people who lived in Haiti or Africa and African Americans. No race based statistics were available in Canada and most of the information we received was based on an American reality. The racist and homophobic messages put out by the media helped to fuel this belief which was further compounded by the invisibility and silence of Black gay and bisexual men and Black women and their struggles with HIV. This was also influenced by the fact of being immigrants and wanting to maintain their place and support as members of the communities. Silence and denial was the communities' response to AIDS.

The Black communities in Toronto consist of predominantly immigrants from a diversity of cultural backgrounds with most originating from the Caribbean. It is this reality that has most significantly shaped the Black Coalition for AIDS Prevention model. We recognized from the onset that in order to be most effective, we had to have and organization that incorporated abroad

representation of voices and experiences. This meant that members of the communities from differing countries of origin and cultures, gender, economic status and sexual orientation had to be involved in all levels of the organization.

Representation is not just given lip service nor is it a tokenistic gesture, but rather it is an actual part of BlackCAP's constitution and bylaws. It is clearly stated and actively sought after when recruiting skilful board members, volunteers and staff to enhance and further the organization. When designing and implementing programmes and materials, BlackCAP has found the most effective method to be targeting of information and getting people from the target group involved from the onset in the process and the decision making.

We have also found it necessary to be in many different spaces with the Black communities in



order to develop trust and foster healthy partnerships. Consequently, we can be found at events ranging from social and cultural to demonstrations and rallies to business networking trade shows. We go everywhere. In all spaces that BlackCAP finds itself, it is an important part of our work to raise and dialogue about the issues that surround AIDS such as gender inequality, sexuality and how homophobia and heterosexism stagnates the hearing and acceptance of the information as well as the breaking down of the barriers that silence and denial has put up. In other words, we are actively doing community development along with AIDS work.

As a community based AIDS service organization, the Black Coalition for AIDS Prevention engages in partnerships on various levels, for example the film "Survivors" and the posters we produced with the AIDS Committee of Toronto. We try to recruit artists from the communities to assist them in developing and enhancing their crafts and talents and we pay them as recognition and gratitude for the work they do and the service they provide. We work with the Black communities

and AIDS service community, as well as with differing levels of government to effect policies and changes that are beneficial to all black people and people living with HIV. We also get involved in networking on both a national and international level, especially since there is a constant flow of Black people to and from the Caribbean, South America and Africa. Working with an immigrant population from these areas makes this link critical for us. We learn from them just as much as they learn from us.

As mentioned before, BlackCAP finds itself in many different places in the communities but three places that have been particularly useful for distributing information about AIDS has been: at cricket matches where many heterosexual black men go; at hair salons and barbershops. This is part of our INFOLINKS program that recruits hairstylists and barbers to attend an AIDS 101 workshop and then take our posters, brochures and condoms back into their shops and ensure that when discussions about AIDS comes up, and it always does, they will engage their clients and give them the correct information; and at Caribana, a huge Caribbean street festival held in August every year, where we distribute over 10,000 condom wallets with condoms and information. We usually have fifty volunteers doing this and all not identify as gay or bisexual but have sex with other men. Nonetheless, BlackCAP is attempting to meet each of these challenges head on. Ultimately, our goal is to improve the lives of Black peoples in all aspects, not just around AIDS and health, but as our motto goes, "TOGETHER WE ARE LINKED IN LIFE AND DEATH THROUGH UNITY, STRENGTH AND HOPE."

Dionne A. Falconer is a community educator working with Black Coalition for AIDS Prevention in Toronto. Dionne presented this speech at the Eighth International Conference on AIDS in Amsterdam in July, 1992.

Poverty & Prostitution in Asia: Redefining Some Categories

by **JYOTI SANGHERA**

As I lower my eight months pregnant frame into a chair and stare at the computer screen in front of me, I ask myself 'where do I begin?' A host of images and faces flit across my mind like a kaleidoscope. Images and emotions that have seeped into my being over the past year and a quarter, during which time I have travelled into Thailand, Nepal and India 'looking at' and 'trying to understand' issues such as poverty and prostitution, sex tourism, and the trafficking of children and women into the sex industry. And I remember! I remember feeling strangely depressed the day I learned I was pregnant and an image kept flashing in my mind. It was the image of a little Nepali girl who looked no older than eight years. She had been rescued from one of the red light areas in Calcutta and had been handed over to the police authorities at the Central Police Station in Kathmandu, which is where I met her. She was not unlike many of the young girls I had met in red light districts of Indian cities who had been trafficked, framed against the wall of that damp room in the police station and startled at every sound. Mumbling something soft and reassuring as I moved closer and tried to draw her out of the shadow of the wall, I noticed that her little fingers were entwined across the knot of a tightly tied, small cloth bundle holding all her worldly possessions, perhaps. Popping out from one side of this bundle were the arm and leg of an old plastic doll. I remember being singularly gripped by the phrase 'she's only a child' as it reverberated through my head for what seemed like an eternity afterwards. It was this image that confronted me when I learned that I was pregnant, and I kept repeating to myself, 'what a world to bring a child into'.

Over the last few years since I have been involved with this issue, the same kind of despair or an equally immobilizing anger has gripped me when for instance, I saw ruddy faced kids from the Akha or Jmong hilltribes in the Mae Sai district of Northern Thailand on the Burmese border and learned that most of them would end up in brothels or sex bars, and that entire hilltribe villages were bereft of adolescent girls and young women. The rapidly expanding sex tour and entertainment industry in Thailand had claimed a whole generation of young women and was now spreading its tentacles over minor girls and boys. I remember growing more and more aghast at meeting a couple of lesbians from the West, who also claimed to be feminists and who were in Pattaya, Thailand, to buy sex. My anger and confusion mounted as Mem and Lek, two bar girls, spoke at length of their lesbian clients and jokingly concluded, at least we get to catch some sleep when we get women customers. I remember seething with rage when, within a matter of

a couple of hours, I counted over 50 white men above the age of 50 years ambling around the streets of Pattaya with young boys in tow who called them 'daddy'. These white 'daddies' were blatantly flaunting themselves as pedophiles and parading their little 'oriental slaves'. My mind immediately jumped to an advertisement which had appeared in the Thailand Guide published in Germany in 1983 by Jackie Ott. It read; if you want extremely young girls or generally speaking, if you want something for which you get 'hanged' in your home country, you can find it in these places without the risk of being 'hanged'. You can expect a nod of the head, the Asian clasp of the hands, accompanied by a 'thank you'.

And yet, I must declare that during this period I have met a few incredibly clear-sighted and dedicated people, seen the remarkable work of some arduously persevering and committed organisations, and have personally been part of a nascent process of an emerging network around the issue of trafficking, so that almost each time I have been confronted by the query, 'what a world to bring a child into', I have been able to pull myself forward towards a light burning somewhere ahead.

Today, increasingly the women, youth and kids of many countries of the South are being drawn into the vortex of prostitution. But prostitution is the oldest profession, so what's the big deal? I have lost count of the number of times I have been asked this question over the last several years since I have been focusing on this issue. The point is that it is a big deal. The magnitude and manner in which the sexual labour of women, young boys and girls of the developing world is being incorporated into the sex industry, and the way in which this segment of the service sector is not only being diversified into a sophisticated industry but is also being transnationalized and integrated into mass tourism makes this new form of prostitution in the third world qualitatively different. In fact, I have serious reservations in referring to this form of commercialized sex as prostitution.

With the growing globalization of the international economy, sex tourism has become an integral part of the transnationalized service sector resulting in the transnationalization of women's sexual labour as well. What we are observing then is a borderlessness of prostitution where women and girls are trafficked across nations and continents. Recently, the police in Thailand rescued 11 Colombian women who were being held forcibly in a brothel in Bangkok and were en route to Hong Kong. An army of largely white-collar, male workers of the corporate labour force from the industrialized world throng to these 'exotic venues' in the 'orient' to be sexually serviced by 'soft, subservient and smiling' maidens of the East, who according to Life Travel, a Swiss travel agency, are also 'slim, sunburnt and sweet, and love the white man in an erotic and dedicated way', and who, according to a Dutch tour agency are '...little slaves who give real Thai warmth.' A German marriage and travel bureau goes even further and declares that these women can be pleased with a kilogramme of grapes when with our women even a fur coat doesn't do the trick. Military aggression and manoeuvres such as the Vietnam war and the establishment of military and naval bases all over Southeast and East Asia during the cold war drew upon the sexual labour of Asian women to provide 'Rest and Recreation' services to large armies of U.S GI's and foreign men in the recent past. Today, in this subtle but pernicious phase of economic aggression, Asian women provide 'R and R' services to an army of male workers from the developed world. It is known that Japanese companies such as Casio Computers and some American multinational companies operating overseas treat their personnel to spe-

cial bonus trips in the form of packaged sex tours to the Philippines, Thailand, Taiwan and South Korea.

Surely, a phenomenon qualitatively different from the traditional kind of prostitution is unfolding when an entire nation such as Thailand begins to be labelled as the 'Brothel of Asia,' or the Philippines comes to be designated as the 'Sex capital of the World' and Manila as the 'City of Manhole' on account of rampant availability of sex in the market for homosexuals and pedophiles. In the wake of transnationalization of the sex industry, a voluminous 600-page guide titled More Homosexual Fun in 150 Countries was released and circulated by tour agencies in western Europe a few years ago; Thailand, the Philippines and Sri Lanka topped the list. In some circles, an airline or a chartered flight carrying sex tourists on package tours to these Asian destinations is referred to as the 'gonorrhoea express', and there is an ever growing number of such tours. Studies reveal that after 1987 was declared the 'Visit Thailand Year' by the Thai government and an all out effort was made to lure foreign tourists, the number of HIV positive cases in the country doubled. According to statistics compiled in 1984, three out of five Taiwanese women between the ages of 15 and 35 years were involved in the sex industry catering increasingly to tourists. I learnt from Yayori Matsui, the well known journalist from Japan who has written extensively on the trafficking of Asian women and is one of the founding members of the Asian Women's Association that on an average, two thousand Japanese men land everyday at Seoul's Kimbo airport to enjoy the sexual pleasures advertised by the various Japanese tour agencies. In Seoul the familiar sight of Japanese male tourists sallying forth to a Kisaeng party in one bus and returning to their hotels in two buses, each man with a young Kisaeng woman in tow, repeats itself every night. Today, while the government admits to some 30,000 children under the age of 16 years working in the sex industry in Thailand, several organisations assert that 40 percent or 800,000 of the two million Thai prostitutes are children. In the Philippines, it is estimated that of the 300,000 sex workers, over 20,000 are children, many under the age of 12 years. At all major tourist centres, as well as towns surrounding the two US bases, Subic bay and the Clark base, the number of children being used in the sex industry has increased dramatically. Approximately 30,000 women work as prostitutes around these two military bases alone. In India, it has been estimated that of the two million women in prostitution, around 400,000 are minors, and approximately 150,000 have been trafficked from Nepal.

The situation in Nepal is somewhat different because tourism there is relatively an inchoate industry yet, and the process of incorporating women's sexual labour within it has just about begun. However, the trafficking of women and young girls across the border into India has accelerated enormously over the recent years. It has been observed that, on an average, 5,000-7,000 young girls are trafficked across Nepal and sold to brothels in India each year. Over the past decade, the average age group of these girls has dropped from 14-16 years to 10-14 years. The major pockets of concentration of Nepali women and children in prostitution are located in Bombay, Calcutta, Delhi, Luck-now, Kanpur, Benares, Pune, Surat, Siliguri and Jabalpur. In Bombay alone, about 25,000 Nepali women work in the sex industry; of these approximately 20 percent are minors. However, in varying numbers, they are to be found in the brothels and prostitution dens of about 80 urban centres in India. Brothels catering largely to an Indian clientele are also flourishing in Nepali towns just across the border, such as Birganj, Nepalganj, Mulganj, Biratnagar, etc. Apart from women and

particularly children directly involved in prostitution, the other high-risk group which has received little attention is constituted by the five million children of all women engaged in the sex industry in India. An abysmally low proportion of these children go through schools and most are exposed to many of the physical and psychological traumas suffered by child prostitutes. I saw toddlers up to the age of three years being fed their evening meal at 4.P.M, lulled to sleep often with a tiny dose of opium, and pushed into dark, closeted compartments under the beds upon which their mothers entertained customers. In the case of Nepali women in particular, while quite a few did report that they had sent their children to their villages to be raised by their near ones or even into boarding schools, a considerable number of them had their children living with them, due to lack of alternatives, poverty and insecurity.

In order to comprehend the dynamics and causes of trafficking and prostitution of Nepali women and children, it would be useful to scan, even if cursorily, the background of the socio-economic milieu which engenders the above phenomenon. With a population of about 18 million people, 8 million of whom are below the age of 15, Nepal is among the five poorest countries of the world. A vast majority of Nepal's 8 million children live in rural areas, and more than half live in rural areas, and more than half live in communities in the hill and mountain regions of the country. A national survey in 1975 found that 65 percent of the children under the age of six were moderately malnourished. It was noted that children coming from households owning less than one hectare of land were ten times more malnourished than those from families with larger landholdings. It is important to note that in the hill region from whence close to 90 percent of the trafficked women and children come, 60 percent of the landholdings are under one hectare. According to the 1981 census, 57 percent of the children in the age group of 10-14 years were recorded as full- fledged workers. It has also been observed that the work burden of a girl child of this age group within the subsistence household is much more than her male peer and almost the same as an adult male (7.31 hours per day). Studies reveal that women contribute 50 percent to the household income, men 44 percent and children 6 percent.

The dependence of the agrarian economy on subsistence farming and its inability to transform itself, lack of capital for investment in agriculture, the consequent fetters on surplus accumulation from agriculture, and the pressure of an expanding population on land has contributed to rural impoverishment in Nepal as well as in the rest of the Asian countries under focus here. This worsening situation is exacerbated manifold in the case of hill tribes and ethnic and regional minorities, which is why over 80 percent of the sex workers in brothels and bars in all these regions belong to tribal communities. Apart from being poor, these women are also considered to be more docile and easier to control on account of their innocence, gullibility, lack of awareness of worldly matters, and remoteness from their homes. This becomes all the more pronounced in the case of children. Many women told me that they had never even ventured out of their neighbourhood cluster of villages when they were trafficked into a city. At a Police station in Nepal, while questioning a 13 year old who had been rescued, I asked her by what mode of transport had her trafficker taken her to Calcutta. The young girl was unable to answer as she could not tell a bus from a train, she had never seen any of these before.

The saga of pain and degradation that each woman forced into prostitution narrates is unrelentingly uniform in its broad outline to that of her sisters'. And yet each account is unique in

that it reflects the pain and feelings of an individual who lives her own experience uniquely and cries her own tears. This fact, the lived experience and its perception at the individual level, and the socio-economic forces which knit a pattern at the general level must be comprehended and integrated in attempting to grasp the reality of women and children in prostitution in the third world. Typically, each woman or child sold into brothels goes through a period of being 'broken in'. This process however, varies with each country and the situation under which the girl has been procured. In Thailand and South Korea, increasingly the young girls get a sense of what is in store for them. Generally though, and especially so in the case of red light areas in India, this phase may last as long as a month. Most girls 'give in' within a week to ten days of being subjected to intense psychological pressure, beatings, rape, denial of food and other forms of intimidation. A Tamang (Nepali) girl of 14 told me how, after three weeks of stubborn obstinacy against all forms of pressure she was locked into a pitch dark room with a live cobra. For two days she sat without moving and barely breathing before she finally succumbed. Young virgin girls are not raped in the process of 'breaking in' as brothel keepers everywhere are certain of recovering a sizeable proportion of the cost of the girl from the first customer.

It is important to note that in these countries hardly any women or children are forcibly kidnapped or captured. Most of them are lured by promises of employment, marriage, dreams of a glamorous life, excursion trips to cities, a career in the Bombay film industry in the case of Nepali girls, meetings with long parted relatives, or sold by family members to agents. Seldom are these agent/traffickers complete strangers to the women, and most are local men or women. Of the 303 people arrested on grounds of trafficking in Nepal in 1986, only six were of Indian origin, the rest were all Nepali. A similar situation prevails in Thailand and the Philippines. It must be remembered that as elsewhere, the network of traffickers, recruiters, agents, procurers and flesh merchants is very organised. Apart from agents who scour the countryside, recruitment by brothel keepers, managers or even owners travel through the villages of their own and neighbouring districts in search of young girls. Though not very typical, the following incident in Nepal encapsulates the essence of the dream of success and glamour that these women symbolize to the simple village girls. Only a short while before my visit, a madam had alighted upon this remote hill village in Sindhupalchowk in a helicopter rented from Kathmandu, for which she must have had to pay a sum of about $1000. She descended like a celestial fairy mother in the midst of these poor village folk, in all her resplendent finery, and doled out little gifts of baubles and cosmetics to the starry-eyed adolescent girls. She also had two young men in tow as her knights in armour. To the over-worked, illiterate, innocent Tamang girl of this village, this didi represented the other world of dreams, laughter and glamour; she represented Bombay. When this madam left the village, 7 young girls disappeared with her. While not many didis arrive in helicopters, the release they offer to the young womenfolk from their lives of endless toil and gruelling poverty draws many girls into the circle of prostitution. In some cases, the young women may even suspect the nature of the profession that awaits them, but for that moment they merely seek an escape from their present situation.

Perhaps the most pernicious and lamentable examples in this category are those of women who are themselves forced into prostitution and who have been told by their brothelkeepers that the only way they can procure their release is by furnishing a substitute. At any given time, sev-

eral of these women travel to their villages in the hope of cajoling a younger female relative, a friend or just another village woman to accompany them. Most often they are successful in their endeavours, and return with another victim, in lieu of themselves. However, once free they do not make an exit from the prostitution market, they merely end up working as unbonded prostitutes and finally some even set up their own little shop with five women working under them initially. From districts of Thailand and the Philippines, destinations of migrant sex workers are often located in the developed world. When I visited Pradoke village in the Northeast of Thailand, I learnt that a remarkable number of women from that village were working in the sex industry in Germany. It is estimated that more than 5,000 Thai women annually are either trafficked or find their way into Germany alone. Each year, close to 100,000 Filipinas and 50,000 Thai women are given temporary work permits and absorbed by the burgeoning sex and entertainment sector in Japan.

While it cannot be overlooked that a considerable number of these women and children cater to a local clientele, it is however important to point out that as each one of these countries is being firmly plugged into the nexus of international tourism, the clientele seeking sexual servicing is fast diversifying. Consequently, a whole tier of sex workers has been created which caters only or largely to foreign tourists. Significantly, children comprise a large proportion of this segment. Apart from catering to pedophiles arriving essentially from the industrialized world, children are also being increasingly sought for the fear of AIDS. It is believed that young children would be more 'fresh' and 'safe' on account of being exposed to fewer sexual encounters. Almost three-fourths of the five million tourists visiting Thailand in 1990 were males, and 90 percent of the four million who visited South Korea were males. It is also notable that close to 75 percent of the visitors arriving in Thailand, the Philippines and Nepal are from the West. Consequently, tourism has emerged as the single largest foreign exchange earner in these countries, leaving traditional items of export such as rice, textiles, tapioca etc. far behind. This is true even in the case of Nepal where along major trekking routes one encounters a mushrooming of travel lodges which, along with other forms of hospitality, offer young Sherpa, Lama or Tamang women to the hiker, the so called 'alternative tourist' from the West.

In the context of dependent development, since the governments of these countries have relied heavily on foreign investments and foreign aid for economic development, tourism as an industry is viewed as a 'life-saver'. The large revenue that it brings is seen as incentive enough to expand it by attracting foreign investors and offering tax breaks. The World Bank and the IMF have actively encouraged the growth of tourism in these regions by providing massive loans and aid. It is interesting to note that especially in Thailand and the Philippines, a large number of the sex establishments are owned by foreigners, mostly from the West or Australia, while the Japanese are beginning to have their own exclusive bars in these countries. The incorporation of sex and entertainment within the tourism industry has undoubtedly proven to be the tourist attraction par excellence, and highly profitable. As a result, even though prostitution is not legal in any of these countries, the authorities not only turn a blind eye to the activity of traffickers and flesh agents but actively collude in the entire exercise.

Diversification within the sex industry occurs also in terms of the kinds of services and gimmicks offered. Therefore, while the local customers seek more or less 'straight sex' in the

traditional sort of brothels, the tourist from abroad is entertained by a range of raunchy ribaldry and sexual acrobatics. 'This is far out, man', I heard an American tourist declare wondrously in a sex bar in Pattaya as he watched a young Thai woman puff a cigarette through her vagina and then pull out a string of unsheathed blades. Yes, accidents do take place, the young entertainer told me later as she related some cases where sex performers had been seriously injured. But like every other industry which must compete in the international market, the sex tour and entertainment industry too must constantly rejuvenate itself and offer ever-evolving 'novel' and 'exciting' experiences to the alienated worker from the Northern block.

What I have outlined is perhaps the lesser known dimension of the sex industry in some regions of Asia. How is this issue typically characterised by the media or by the average person here and in the rest of the Western World? The words of a CBC anchorman who recently contacted me best typify a response: So we hear that poverty stricken families are selling their daughters and children into prostitution in parts of Asia ! Is there any hope for the Third World? My counter question and response to a query of that nature would be; men from your societies are flocking in droves to the countries of the South to have sex with young girls and children! What is this 'sickness', and is there any hope for this part of the world? For the first time over the last year I began to see clearly the circuit of hopelessness and poverty in which countries of both the South and the North were caught, in many ways the North more perniciously than the South. For, while in the third world it is poverty of material resources which, along with a combination of other equally tangible factors, compels families to send their children into the sex industry, in the first world, it is the poverty of spirit and a disintegration of human relations which pushes adults to covet sex with children and 'exotic', 'oriental' women. On the countenances of sex tourists I repeatedly caught glimpses of how, under advanced capitalism, alienated labour leads to an alienated sexuality. And this poverty in the North ! the poverty of the human spirit is far more enervating and difficult to combat than material poverty.

Therefore, not only do we need to redefine poverty and view it not merely from an economic perspective, but I feel as feminists we also need to redefine prostitution as it exists today in countries such as Thailand, the Philippines, South Korea, Taiwan, Japan, Nepal, and many more which are being pulled into the nexus. Feminists in the West have largely looked upon prostitution either within the ambit of violence against women or as a matter of free choice. Consequently, categories such as 'free' and 'forced' have come to be attributed to prostitution and the debate around legalization and regulation of prostitution has been informed by this dichotomy. The reality of prostitution even in the West is complex enough to defy being cast into such rigid and dichotomous categories. However, as for the sex industry in these Asian countries and the social reality of women and their families within it, it would reflect a gross bankruptcy of understanding and sensitivity to transpose any one of the above analyses to explain the situation. Unfortunately, this has often been done by feminists from the West and occasionally by local women as well. The incorporation of women's and children's sexual labour in the sex industry in countries of the South is much more than a matter of sexual violence against women, and therefore goes beyond the realm of patriarchy. To consider it such would be to simplify and mystify the problem. And, neither is it an exercise of 'choice' and free will. It is necessary to recognize that at the individual level, apart from being torn from the community

and loved ones, each woman, girl and boy trafficked into the sex industry is also sexually violated and assaulted. But when this is an assault blatantly sanctioned by the combined force of powerful nations, by a history of military and economic aggression and by a lethal arsenal of racist imagery of Asian women's sexuality, then the phenomenon unleashing itself here is more than the sexual violence perpetrated by the power of patriarchy. Prostitution as it exists in these Asian countries today is essentially a violation of the basic human rights of those communities, of women and children.

The manner in which the sexual labour of women and children is plugged into the market in these societies is essentially a function of the North-South divide in the context of the forces of political-economy at the global level. It is also a function of the path of economic development which these Third World nations have directly or indirectly been coerced into following. Therefore, both poverty and this new form of prostitution are consequences of the kind of economic development fostered on the South by powerful blocks in the North. Patriarchy, of course, plays its part, but only in conjunction with, and often in subservience to the above forces. To highlight this point, I would like to point out that over the last few years, both in Thailand and Nepal, the communities which send the majority of girls to urban brothels have started celebrating the birth of daughters. This was never the practise in the past, I was repeatedly told, since there has always been a preference for the male child, even though not very blatant. A new little ditty has become popular in the Pan district of Northern Thailand; it enjoins the parents of the newborn baby girl to rejoice because she brings with her gold and silver. In hardly any of its aspects can this emergent form of prostitution in the South be compared to prostitution in the North. When entire communities lose their daughters to the sex industry, when these daughters regularly remit more than 50 percent of their earnings to their families to enable them to buy or retain their land or build a decent house, and visit their families regularly, then what we are observing is that in this current phase of transnationalizing capital, in parts of the Third World, young women's labour is the principal commodity whether it be in the microchip, garment or sex industry. Women are also increasingly becoming the principal and often the only breadwinner.

Given the above understanding, how then can feminist groups and activists of the North show solidarity with those of the South? Certainly not, I feel, by merely viewing these women and minors as victims of sexual violence and thereby evoking a global sisterhood against the diabolical conspiracy of patriarchy. It is crucial for women's groups in the West to recognise more effectively the role of their governments in the economic and military aggression of the South and the subsequent marginalization and degradation of communities, of women and children there, and identify concrete strategies of action. Certainly, greater vehemence in terms of protest is warranted. Recognizing the common circuit of poverty, it is also important for feminist groups of the North to accept some responsibility for the fact that the societies within which they live are spawning warped and dehumanized beings, especially males who are violating the basic human rights of children and women in some Asian countries. These very men are probably child abusers in their own societies as well. Unplugging from patriarchy or washing one's hands of the men is not a solution; in this all encompassing problem united and active intervention is essential, and the only possible way out.

PROUD & VISIBLE

Celebrating Ourselves

People of Colour Float in the Lesbian and Gay Pride Parade, June 28, 1992, Toronto

by Lipika Bannerjee

This 1992 Lesbian and Gay Pride Day was celebrated under a coalition of solidarity and a strong sense of pride in our resistance. Lesbians and Gay men of Colour mobilized this year to form the Proud and Visible Coalition. This Coalition aimed to organize across racial, cultural and linguistic boundaries in order to celebrate our Lesbian and Gay identities. Most of us had come together to ensure our visibility and voices at this year's Pride Day Parade. Our primary task was to create the first People of Colour Pride Day float. Several Coalition member groups expressed the importance of making a political statement through our presence and solidarity.

"500 Years of Pride Lesbians and Gays of Colour Celebrating our Resistance" was the banner under which we marched this year. The chosen theme directly coincided with the anti Columbus protests surrounding his non-discovery of the Americas.

One of the aspects of our resistance comes from our daily struggle against the oppression and constructs of a misogynistic society. Every one of the Lesbians within the group defy and resist sexism within all of our respective communities. Therefore the most frustrating element of the Proud and Visible Coalition, for many women, was the ever present sexist dynamic between Lesbians and Gay men. This is a very trying obstacle that must be directly dealt with before any more organization can occur.

Overall, there were several positive outcomes from our work together, however, the actual number of people who were out marching alongside the float was disappointing. Numerous people contributed their time and energy behind the scenes but were not out on the day of the parade. This, in my opinion, is indicative of the risk of alienation and backlash which could potentially occur from our respective communities and families. Thus, I believe that increased culturally specific education concerning the issues of homophobia, sexism and racialism should be mandated into the Proud and Visible agenda.

Photos by Mariam Khan Durrani

Aurat Durbar

Aurat Durbar is a regular feature of DIVA to serve as a networking resource among South Asian women. Any information for this slot will be received with eagerness and warmth.

Women and AIDS, Denial and Blame

A Citizens Report Nov./Dec. 1990, New Delhi

The first part of this report called "AIDS and the Establishment" presents facts and myths about AIDS and HIV and speaks about how government policies and social mores are used to harass and further victimize already vulnerable groups and minorities in India. The second part, called "The Already Vulnerable Status of Prostitutes" highlights the struggles of sex trade workers in Delhi, a profession whose survival it is said "is vital to the institution of marriage and family life." A Hindi version of this report will be available soon. This is an important resource developed by grass roots activists working in health, law, women's and gay issues.

For copies contact: Dr. J.P. Jain,
A 78/1, Nand Ram Park,
Uttam Nagar, New Delhi, 110059

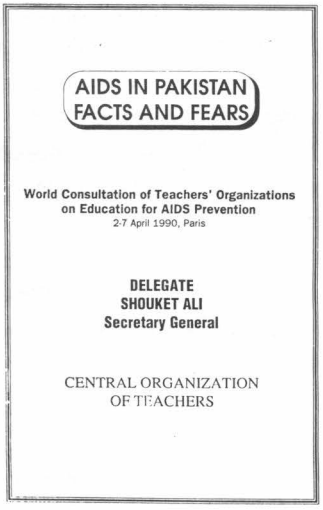
AIDS in Pakistan: Facts and Fears

World Consultation of Teachers' Organizations nn Education for AIDS Prevention, 2 7 April 1990, Paris
Shouket Ali, Central Organization of Teachers

This is both an important and an uncomfortable piece of literature to read: important in that it deals with one of the subjects that most Muslim countries have denied, but uncomfortable because the process of doing that perpetuates some of the same stereotypes and misconceptions about HIV and AIDS as the West.

This pamphlet (consisting of six pages) is an example of the enormous impact that the AIDS movement has had globally.

Aurat Durbar

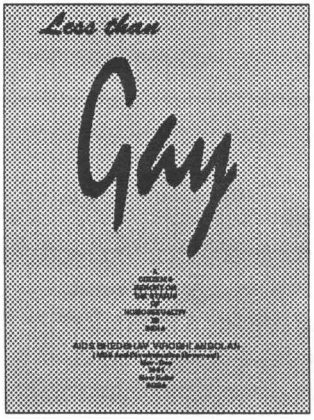


The authors emphasis on the transmission of HIV through contaminated blood and his lack of discussion around the other various methods of transmission is not only reflective of the differential impact of HIV and AIDS in most so called third world countries (because of their lack of facilities and medical resources), but is a strong example of how sexuality and sexual behaviour is still a taboo subject and therefore ignored.

He states that 'AIDS is very much a challenge of tomorrow', which fails to recognize and stress the reality that AIDS is very much in the present and had existed previously.

Although his discussion is informative, it is filled with references to deviant " groups" and is very judgemental of these "high risk groups", whom he identifies as prostitutes, homosexuals, IV drug users and not least of all "promiscuous" people. In this sense he is simply perpetuating the same misconceptions which lead to discrimination and persecution of women.

As a Pakistani woman researching HIV and AIDS in South Asia, I was relieved to discover this article because it meant we were no longer harbouring a false sense of security. However, this feeling of relief was only momentary because once I read it I became quite disappointed.



Less Than Gay

A Citizens Report on the Status of Homosexuality in India
Nov./Dec. 1991
AIDS Bhedbav Virodhi Andolan
Post Box No. 5308 Delhi, 110053 India

This resource has been produced by AIDS Bhedbhav Virodhi Andolan (AIDS Anti Discrimination Movement). The report is an attempt to define an agenda for public debate around homosexuality in India. Some of the questions this report explores are: What is homosexuality? Why is it understood as a phenomenon of the industrialized world? Why is it condemned as a capitalist aberration, too individualistic to warrant attention in a country like India? How is homosexuality linked to heterosexuality, to the institutions of marriage and family? How does the modern Indian state attempt to regulate homosexuality?

Aurat Durbar

What are the human rights violations experienced by lesbians and gay men? What is gay life like for different caste/classes of people in Indian society? Given the traditional acceptance and even celebration of same sex eroticism in Indian culture, shouldn't India be the focal point of a world wide gay movement in the future? These questions and more provide the basis for a thorough discussion of systemic denial in various forms. In addition, the report draws on responses to homosexuality from a range of "progressive" social/political movements in India and provides a charter of demands.


trikone

Lesbians Get AIDS Too
And how they can protect themselves

Dupattas on Fifth Avenue
South Asian Gay Association debuts in New York City

TRIKONE:
Newsletter of Gay and Lesbian South Asians
P.O. Box 21354, San Jose, California, 95151, USA

Sanskrit for triangle, Trikone is a group of gay and lesbian South Asians bringing people of our heritage together in a supportive and non judgemental environment. Trikone is a forum for both men and women and is committed to ending sexism and discrimination against women in all forms. Trikone seeks input and direction from women at all levels of its activity. The quarterly newsletter has information about South Asian lesbian and gay life, arts and culture in the U.S. and in South Asia.


SHAKTI KHABAR

The Fight Against India's AIDS Bill
India House Demo

INDIA

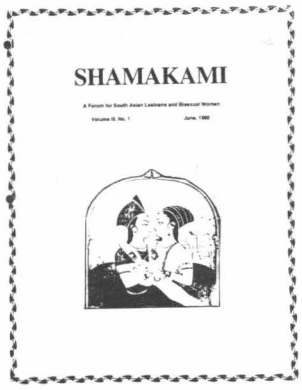
Shakti Khabar
South Asian Lesbian and Gay Network
BM Box 3167, London, WCIN 3XX, England

SHAKTI is open to all South Asian lesbians, gay men and bisexuals who are descendents of the Indian sub continent. Shakti's bi-monthly newsletter aims to provide a forum for discussion, information, advice and general interest. There is also news about lesbian and gay life in other parts of Asia and within the sub continent. In addition to Shakti Khabar, Shakti hosts a number of other community based activities that include Shakti Bhangra Discos, Women in Shakti, Shakti HIV/AIDS Response and Shakti Arts.

Bombay Dost

105 A Veena Beena Shopping Centre, Opposite Bandra Station, Bandra West, Bombay, 400 050

Bombay Dost is a lesbian and gay support group in Bombay with growing chapters in Delhi, Madras and Hyderabad. Bombay Dost's newsletters have an array of information with space for letters, personal columns, information about networking and the growth of gay and lesbian groups in other parts of South Asia plus articles covering political issues relating to lesbian and gay life. There is also a section in Hindi.



Shamakami

Forum for South Asian Feminist Lesbians and Bisexuals
P.O. Box 460456, San Francisco, California, 94146 0456

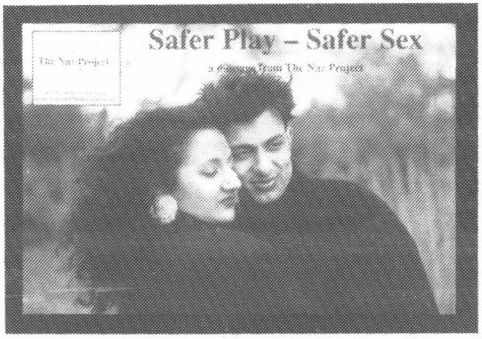
SHAMA means equal and KAMI means desirer in Bengali. So, Shamakami means one who desires their equal! Shamakami is a newsletter by, for and about South Asian feminist lesbians and bisexual women. Their goal is to reach out to all South Asian identified women and provide a support system for lesbians and bisexual women and any woman in a situation of loving other women. Through their newsletter and community meetings Shamakami promotes awareness and education on issues such as domestic violence, coming out and women's health.

What Do These Women Have In Common?

Women and AIDS pamphlet Washington South Asian Council
P.O. Box 95978, Seattle, Washington 98145 2978

What do these women have in common? With the use of colour photos this pamphlet tries to show three South Asian women unknowingly dating the same man. More importantly, these women don't know the man's past sexual history. The photographic presentation is very real. However, there is very little information women can actually use. For example, the pamphlet states "if you are sexually active, the use of condoms

further decreases your chances of being exposed to the HIV virus." But there is no information about HOW women could approach the subject of sex or discuss condom use with potential sex partners. This is a very real barrier women from our communities face. The subject of sex remains taboo with very little talk about sex between partners. So how is a woman to negotiate condom use with men? The pamphlet also states, "Protection from the virus is abstinence from sexual contact..." This message of "abstinence" does not appear practical or realistic especially when the message directs WOMEN in heterosexual relationships to abstain. Is there really a "choice" to say NO for a majority of South Asian women in this matter? What about the risks involved? Violence, distrust, economic insecurity? There may be a "choice" for self-empowered women, but for a majority of South Asian women, especially those already in long term relationships with men, there is no choice but to concede to the so called "duties" of womanhood/wifehood which means women must engage in sex whenever their male partner's demand it. The pamphlet opens up into a large colour photo of South Asian children which says "Our Children's Tomorrow Requires Wise Choices Today." There is also a calendar listing of South Asian festivals. Given the "value" South Asian culture places on marriage and family life, the pamphlet would be more useful if it encouraged men's responsibility toward the women in their lives or suggested ways in which our communities could start talking openly about sex. Assuming this pamphlet is trying to address heterosexual women's risk of HIV, the pamphlet does not adequately deal with the barriers women face in protecting themselves from HIV/AIDS.



The Naz Project

South Asian and Muslim HIV/AIDS Project
Palingswick House, 241 King Street
London, W69LP, England

The Naz Project has been formed to develop a range of services for South Asian and Muslim communities living in London. Like most community based AIDS groups, Naz is struggling against many forces to remain in existence. Naz provides different services through education, outreach, support, training and translation. The Naz Project also develops its own resource materials. This year Naz's strategy is as follows: safer sex pop songs for South Asian youth, condom information for men, information pack for parents and "community leaders" that includes women's and children's issues, a drama film on HIV/AIDS, lesbian and gay safer sex packs,

three information packages about women, men and young people. The Naz Project has even developed its own Language Unit which offers a range of translation services for HIV/AIDS resource materials. Their translators have been trained on HIV/AIDS and are sensitive to the issues concerned. Naz ensures accuracy of information in the language being utilized, as well as being appropriate and accessible to the reader. There is also the Naz HIV/AIDS helpline for confidential information and advice in Punjabi, Hindi, Urdu, Gujarati with other language lines developing.

National Gathering of Men

"Challenging Ourselves, Our Violence, Our Oppression"

John Volpe,
378 Markham St., #7,
Toronto, Ont, Canada
M6G 2K9
Tel: (416) 929-8117

Recently DIVA received a flyer inviting our input on a national conference for men that will be held in Toronto, from 6 8th November, 1992 at Victoria College, University of Toronto. The organizers of this conference claim to believe that the struggle for self healing and for the equality of women, gays and lesbians, and people of colour, are essential in the work to stop men's violence.

The gathering of this pro feminist men's conference is a great idea. It is surely encouraging to see men taking the responsibility of confronting and analysing the socially constructed violence in their lives. It is also encouraging that this organization claims to be not funded by government, and therefore, not competing for the scarce funding resource that women's organizations are also seeking. Finally, it is also good to see that there are some real attempts being made to seek input and expertise of women that have been working on this issue for decades.

As South Asian women examining the information that was sent to us about the conference, we have several concerns. We are not totally convinced that this pro feminist organization really understand or is aware of the make up of women's movements that they are seeking to serve. Although the flyer contains a lot of trendy political rhetoric the sheet on "possible workshops" reveals otherwise. As women of colour, we have struggled to have our issues heard within the women's movement and we have made great inroads into a well guarded

movement. It is then difficult for us to see that the suggested topics of this conference have anything to offer men of colour. We wonder if this derives from the lack of representation on the organizing committee or is it a gathering of pro white feminists, organizing to addressing white male violence. Some attempts are made to ensure that race is covered on the many lists of oppressions; however, it seems to be a mask for not having an integrated approach to addressing issues that truly concern women and men of colour. Will the "support group for people of colour" cover all issues that may concern men and women of colour in two and a half hours? Will the "support group for expressing anger non violently" include issues facing men of colour that have immigrated from war torn countries that have been experiencing violence as the only means of settling conflict? Will the education workshop on "domestic violence" include violence against domestic workers? Will the action workshops "On the White Ribbon Campaign" or "Starting and maintaining an action group" ensure that outreach strategies needed to encourage the participation of men of colour be included in the agenda, or will such concerns be left out for the sake of time or some other excuse?

DIVA women challenge the organizers of the National Gathering of Men to confront the oppression of all women and avoid the painful lessons that white feminist movements are learning.

All events in this conference are open to both men and women. There will be three areas which the conference will focus upon: Support, Education and Action. For further information contact John Volpe, #7 378 Markham Street, Toronto, Ontario M6G 2K9 (416) 929 8117

Roshni: Centre for Women in Crisis

"ROSHNI-CENTRE for Women In Crisis: is a program of "Voice Against Torture" focusing on issues of concern to women". This program provides psycho-social support and rehabilitation facilities for women facing crisis situations. This program is interdisciplinary in nature which means that persons from different disciplines like medicine, psychology, law, sociology, media, social work, art, culture, activists for women rights and sympathizers etc., do integrated efforts to deal with the multidimensional problems of women in crisis.

ROSHNI'S work include identifying different crisis situations of women and developing strategies for crisis intervention. Thus ROSHNI provides social, psychological, clinical and legal support for different situations in which rights of women have been violated. ROSHNI has a special concern for tortured,

humiliated, cruelly punished, battered and sexually assaulted women. With the help of the health professionals of RAHAT (Rehabilitation and Health Aid center for Torture victims), ROSHNI provides facilities of rehabilitation, psycho-social support and health aid to survivors of different forms of violence against women. Psychotherapy, physiotherapy and different other techniques of reducing stress are used for strengthening women and making them capable for resolving their problems. Similarly advise is provided to women on other issues concerning their mental and physical health like that of different situations of emotional crisis, problems due to gender discrimination, child parent relationship, marital harmony and family planning etc.

ROSHNI has also started a financial assistance program namely "Friends in Need - FIN" for economically under privileged women by making use of their skills e.g. in stitching, embroidery and handicrafts etc. Any income generated by the sale is spent on the women in crisis.

The legal assistance cell of ROSHNI provides legal advise and aid for women facing different forms of crisis situations.

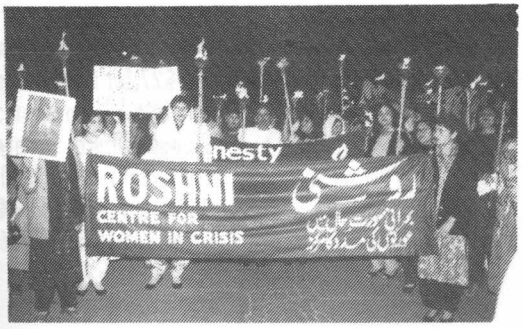
ROSHNI is also concerned about the promotion of research, education and awareness on different aspects of women issues. Thus educational courses, seminars, conferences, workshops, surveys and researches on different issues concerned with women's rights and welfare is one of the area of ROSHNI's activity.

ROSHNI maintains a library, database, documentation department and audio-visual department for the purpose of promoting education and research on women issues.

The aims and objects of ROSHNI will always have flexibility for the advantage of women's cause. Thus possibility of creating new dimensions in ROSHNI's work will always exist.

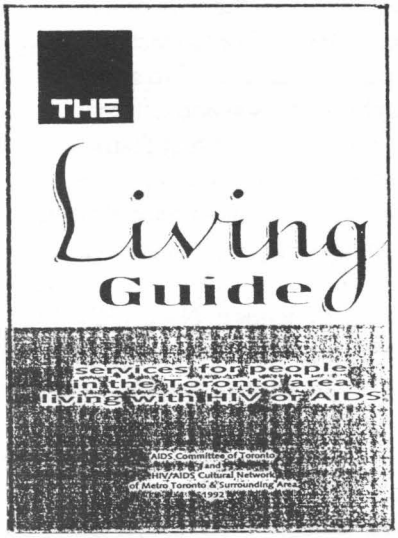
The program of ROSHNI is for the welfare and development of women. Donations and assistance is accepted from all those who are concerned with the cause of ROSHNI.

For any further information contact can be made from 10 am to 1 pm on working days (Saturday to Thursday except on national holidays) at:



ROSHNI
CENTRE FOR WOMEN IN CRISIS
HOUSE 344, STREET 97. G-9/4
ISLAMABAD

(Information sent by Rubya Mehdi from Islamabad, Pakistan) is a program of "Voice Against Torture" focusing on issues of concern to women

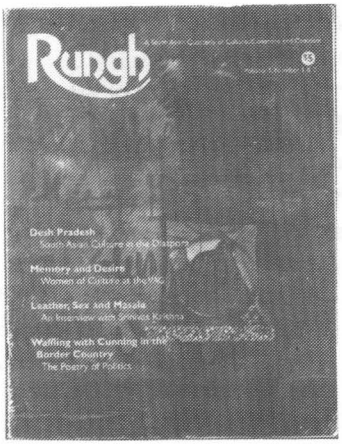


The Living Guide

Services For People in the Toronto Area Living With HIV or AIDS

This is a new resource available free to people living with HIV or AIDS. Out of fifty chapters, there is at least one chapter covering a range of cultural, racial and ethnic communities.

AIDS Committee of Toronto
and HIV/AIDS Cultural Network
of Metro Toronto & Surrounding Area
Toronto, 1992
To order, send cheque or money order for $15 to
ACT
Box 55, Station F Toronto
M4Y 1L4



Rungh

A South Asian Quarterly of Culture, Comment and Criticism

Printed by the Rungh Cultural Society in Vancouver, this is the first issue of Rungh, the newest South Asian publication in Canada. Looks great. We welcome Sherazad Jamal and Zool Suleman to the struggling world of South Asian publications.

One Year Subscription
$20 for individuals and $27 for institutions
Send cheque or money order to:
Rungh Cultural Society
Station F Box 66011
Vancouver BC V5N 5L4
Tel: (604) 876-2086

Sanvad

Printed in Gurmukhi and English

The new issue of Sanvad is a "Dialogue on Racism, Multiculturalism, Women and Violence, Inter-community Relationships, and Other Related Issues." Diva heartily congratulates Sukhinder and the board members of Sanvad for making a useful resource possible. Many of us have learned to admire the outreach and follow-up skills of Sanvad. Way to go!

Sanvad
7071 Airport Rd. Ste 208B
Mississauga, Ont. L4T 4J3
Tel: (416) 677-2300

Ankur

Ankur (a new beginning) Vol 1, No 4, Spring 1992

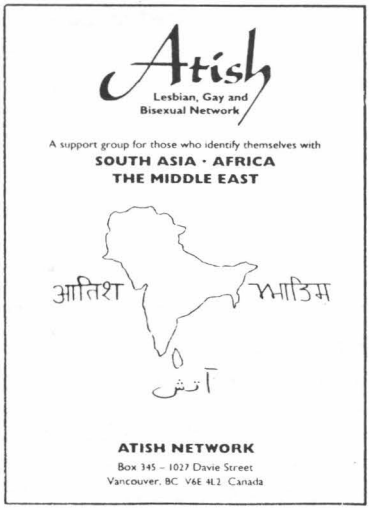
Ankur is a '*quarterly magazine about literature, culture, art, social and political issues of concern to the South Asian community.*' The new issue of Ankur is out. It carries a historical photo spread of South Asian women and children, which is beautiful to see. Thankyou Ankur Collective for another inspiring issue.

Ankur
PO Box 67681 Station O
Vancouver BC
V5W 3V2

Atish

Lesbian, Gay and Bisexual Network

We just heard about a new support group! Atish is for those who identify themselves with South Asia, Africa and the Middle East.



For more information, contact:
Atish Network
Box 345-1027 Davie Street
Vancouver BC
V6E 4L2

diva
427 Bloor St. West Toronto, Ont. M5S 1X7 Canada Tel: (416) 921-7004 ISSN# 0842-4330