

Until recently, most studies have concentrated on how H.I.V. affects men. Now the chilling truth about women's susceptibility is becoming clear. Learn the facts and protect yourself, because

AID
IS A WOMEN'S

DEBRA WAS 21, LIVING IN A BOSTON SUB-urb, and, like many women her age, dated several men and slept with a few of them. She didn't pay much attention to the reports of the deadly disease that only seemed to strike gay men and never once suspected that she herself could contract H.I.V. "When I had sex, all I worried about was getting pregnant," she says.

Now, 12 years later, however, Debra is battling AIDS, which she suspects she contracted from a boyfriend she had slept with for only three months in 1981. She has been hospitalized more than 50 times, and her continual fatigue and frequent bouts of illness forced her to quit her job as a textile worker.

An Epidemic among Women

Debra is one of the growing number of women who are coming down with AIDS. Ten years after its debut as primarily a "gay man's disease," the AIDS epidemic has taken on a new face—a female face.

Consider these chilling facts: About 27,500 women have been reported with AIDS in this country, and at least an additional 150,000 are thought to be infected with H.I.V., the virus that causes AIDS, according to Susan Chu, Ph.D., an epidemiologist at the Centers for Disease Control and Prevention (C.D.C.). (Most people don't develop symptoms of life-threatening AIDS until five to ten years after being infected with the virus.) Women of color are disproportionately afflicted with AIDS—African-Americans comprise about half of all the cases and Hispanic women one fifth.

But even these numbers don't tell the

full story of the AIDS epidemic among women because they don't include the thousands of H.I.V.-infected women whose symptoms include cervical cancer, pelvic infections, vaginal yeast infections, tuberculosis, and pneumonia. A number of the women who have died from some of these diseases have never been counted as AIDS victims.

Until this year, the C.D.C. did not include gynecological disorders or cancers in its AIDS-defining list of infections, despite evidence that some of these are more common and severe in women infected with H.I.V. The C.D.C. has been hesitant to add these conditions because they frequently afflict women without H.I.V. Bowing to pressure from patients, doctors, and advocacy groups, however, the C.D.C. recently upgraded its AIDS definition to include invasive cervical cancer and low blood levels of CD4 cells. These cells play a key role in fighting infections, and low blood levels increase a person's risk of developing a wide variety of diseases. The C.D.C. also recently added to its list tuberculosis and recurrent bacterial pneumonia, which commonly afflict intravenous (I.V.) drug users infected with H.I.V. Such drug users comprise the majority of women infected with H.I.V. The C.D.C.'s new additions to the AIDS definition, consequently, have already and will continue to boost the number of women recognized as having AIDS over the next year.

But even without the C.D.C.'s expanded definition, the number of women with H.I.V. or AIDS is expected to soar over the next decade because so many more women are getting infected from heterosexual sex. This means of infection accounted for 37 percent of all cases of AIDS in women in 1991, according to the C.D.C., and the number of heterosexually acquired AIDS cases in general has jumped 25 percent each year from 1989 to 1992.

Women's Greater Susceptibility

Why the rapid rise? *A woman is at least ten times more susceptible to contracting H.I.V. during intercourse than a man.* There appear to be several reasons women are so much more vulnerable, says Lila Nachtigall, M.D., director of the Women's Wellness Division of the department of obstetrics-gynecology at New York University Medical School. First, there is a higher concentration of the virus in semen than in vaginal fluid. Also, it is possible that the virus from in-

by Margie Patlak

fectured semen can more easily slip into a woman's body via vaginal sores from other sexually transmitted diseases (S.T.D.s) and/or the tiny cuts and tears often found in the vagina or labia.

Despite this fact, the government has been slow at aiming its AIDS research, prevention, and treatment strategies at women. In 1981, the first woman was documented by the C.D.C. as dying from AIDS in this country. But it wasn't until 1992 that the National Institute of Allergy and Infectious Diseases, a major funder and coordinator of AIDS research, launched a large-scale epidemiological study aimed at understanding how H.I.V. affects women. Prior to that time, the institute's large H.I.V. clinical treatment trials included, on average, 8 percent women. None of these studies specifically required pelvic exams to check for disorders unique to women with H.I.V. There has been a blind spot when it comes to research on women and AIDS, says Representative Connie Morella (Republican, Maryland).

To counteract that situation, Representative Morella has introduced a bill to Congress that would increase funding for research on women and H.I.V. And she has proposed a second bill to allocate funding for AIDS outreach and prevention efforts aimed at women. Neither bill has been passed as of press time.

Without research informing the medical community on how exactly an early H.I.V. infection affects women, physicians often miss it in their female patients. An H.I.V.-infected woman may go to her doctor suffering from pelvic infections that don't respond to treatment, for example. But if her doctor doesn't know that recurrent pelvic infections can be a symptom of H.I.V.-infection, it could be years before she learns that the virus is at the root of her problem.

Some women with H.I.V. are also being misdiagnosed because they don't fall into any of the groups of people the C.D.C. defines as "high risk."

In fact, some women's health advocates have laid partial blame for the current women's AIDS epidemic in this country on the government because until recently government officials fostered the impression that unless a woman was a prostitute, promiscuous, or an I.V.-drug user, she wasn't putting herself in H.I.V.'s path.

"We did not sound the alarm soon enough," says Eunice Diaz, a member of the National Commission on AIDS, "and say, 'Hey women, you are at risk for getting AIDS—any of us can get AIDS.'" ▸

S ISSUE

Despite the popular misconception that you have to sleep with scores of men to get AIDS, notes Debra's physician, Charles C. J. Carpenter, M.D., professor of medicine at Brown University, most of the women with AIDS he has seen who acquired it heterosexually were seeing only one man when they contracted H.I.V.

Many of these women were infected by men who didn't realize they had the virus themselves. But a significant number of H.I.V.-positive men keep that information to themselves while continuing to have intercourse with their girlfriends or wives without using condoms.

Protecting Yourself

So, what can you do to protect yourself? The standard AIDS-prevention rap is to ask your partners if they've had a positive H.I.V. test, had sex with other men, used drugs intravenously, had a blood transfusion, or engaged in other sexual practices that put them at risk for contracting H.I.V.; and you don't have unprotected sex with any of them if the answer is yes to any of those questions.

But, unfortunately, there are no guarantees that the answers a man gives you are true—he could have *unknowingly* slept with an infected partner or simply not want to be honest with you. In addition, an H.I.V. infection can take up to six months to show up on a test. So it's essential to practice safe sex unless you're certain that he is faithful, and unless you have both been tested for the virus and then retested after six months.

How to practice safe sex? The latex male condom is the only weapon currently available, besides abstinence, that has been proven to help keep women free from H.I.V. Studies show that when used properly and consistently, the condom is highly effective at preventing the spread of H.I.V. However, many men refuse to wear condoms, and women afraid of raising their hackles often submit to love without the glove.

But take heart: there *are* many effective ways to “sneak a condom on your partner,” points out Dazon Dixon, director of the Sister Love Women's AIDS Project, which is based in Atlanta. She suggests being as erotic as possible about using them. “Offer to put it on,” she says, “add some lubricants [always use water-based lubricants such as K-Y jelly; oil-based lubricants such as Vaseline will corrode a condom]; try colorful or textured condoms; and build erotic play around using the condom, like a massage. The idea is to use condoms to turn your man on.”

For the past four years, Dixon, who is affiliated with the National Black Women's Health Project, has been running what she calls “healthy-love parties.” With a format akin to sex-toy or lingerie parties, healthy-love parties are given to small groups of women and include H.I.V. education, condom demonstrations, and role-playing so that women can practice talking to their partners or family members about using condoms (for more information, see box). Dixon claims her parties have been moderately successful as an H.I.V.-prevention tactic but adds that she has encountered many women who have a hard time making their own health a priority. “Women tend to take care of everybody else's needs before we take care of our own,” she says.

Psychologist Stevan Hobfoll, Ph.D., of Kent State University recommends that women be assertive and take a position

remains the best shield against AIDS and other S.T.D.s, and couples should go on using the male latex condom.”

However, many experts believe that the device may be helpful for women whose partners will not use the male condom. Erica Gollub, Ph.D., research fellow at the H.I.V. Center of the Columbia University School of Public Health, adds: “The good thing about the female condom is that you don't have to convince a man to use it.”

There have been mixed reports about whether the female condom interferes with a woman's pleasure during intercourse. Gollub says, “Staff at the H.I.V. Center have tried it and been happy with it.” Women Dr. Nachtigall has spoken to, however, say that the device is awkward and difficult to use. Nonetheless, Chu believes that the female condom “is a step in the right direction

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of power when it comes to using condoms. (Hobfoll cautions, however, that such assertion can be dangerous if a woman's partner is abusive. In these cases, counseling is recommended.) Make it clear to your man that “if he wants to have sex with you, using condoms is one of the hurdles he has to jump over,” he says. If taking such a strong stance doesn't come easily, Hobfoll suggests that you try visualization—practicing in your mind what you'll say and do about using condoms before seeing your man.

And, of course, always have a stash of condoms handy. “Don't expect the guy to bring them,” Hobfoll says.

The female condom, which was approved by the Food and Drug Administration (F.D.A.) this May, has been receiving a great deal of attention in the media. This device is made of a polyurethane plastic sheath that is inserted in the vagina much like a diaphragm, but the sheath hangs down from the cervix to cover the entire vagina and labia.

How effective is the female condom? According to F.D.A. commissioner David A. Kessler, M.D., “The female condom is not all we would wish for [in terms of effectiveness against H.I.V. transmission], but it's better than no protection at all. I have to stress that the male latex condom

because it's a method of protection women have more control over.”

“While the female condom is an advance for women, we desperately need additional means of protection against infection that don't require a man's cooperation,” adds Jane Ordway, director of public education at the International Women's Health Coalition, a nonprofit organization dedicated to improving women's sexual and reproductive health and rights in Asia, Africa, and Latin America.

There has been some discussion among experts about whether the spermicide nonoxynol-9—when used in conjunction with a barrier device—may help prevent the spread of H.I.V. (Scientists agree that use of the spermicide alone will not prevent infection.) However, according to the most recent reports, while this spermicide is an effective killer of H.I.V. in the test tube, its effectiveness in humans is currently under debate. In fact, in a recent study of prostitutes who used contraceptive sponges containing nonoxynol-9 an average of two times a day, the sponges actually boosted the women's susceptibility to the virus. Doctors are currently debating whether less frequent use of the sponge can hinder H.I.V.'s spread to women.

Having another S.T.D., particularly

one that causes genital ulcers, such as genital herpes or syphilis, can boost your chances of contracting H.I.V. You can help stem your risk of contracting the virus by treating these diseases as soon as possible.

You should, of course, steer clear of anal sex without using a condom. Oral sex is thought to be less risky than anal or vaginal sex because saliva harbors natural compounds that stem the infectiousness of H.I.V. But there have been a few reports of people contracting H.I.V. from oral sex (both cunnilingus and fellatio), so no sexual practice is free from risk. Always use a condom when engaging in oral sex.

Robert Rolfs, M.D., medical epidemiologist at the C.D.C., points out that cuts or sores in the mouth can boost your susceptibility to H.I.V. infection while having oral sex with an infected partner. It's also possible, he says, that the virus can be transmitted by French kissing, if both partners have bleeding gums or mouth sores.

Getting Tested for the Virus

If you are sexually active, you should be on the lookout for early symptoms of an H.I.V. infection. According to Dr. Carpenter, often the first signs in a woman are severe vaginal yeast infections that occur more than three times a year. Women infected with H.I.V. are also more likely to have a series of abnormal Pap tests, genital ulcers or warts, or frequently recurring or particularly severe pelvic infections. *But all of these conditions are common in women without H.I.V.,* Dr. Carpenter points out. Only a test for the virus can discern whether you are infected.

Other women infected with H.I.V. first realize something is wrong when they develop persistent swollen lymph nodes or frequent fevers and sweats or lose a lot of weight. These are the most common early signs of H.I.V. experienced by men as well.

Again, these symptoms can be caused by something other than H.I.V., so don't be overly alarmed if you have some of them. Again, H.I.V. testing is the only way to tell if you're infected.

If you suspect you have H.I.V. or might have been exposed to it, it's important to get tested for the virus. Early detection of H.I.V. allows prompt treatment with a number of drugs that can improve the course of a person's disease and prevent the development of some secondary infections of AIDS, such as pneumocystis carini, says Chu. In addition, knowing

that one has the virus can prevent one from infecting others. (The H.I.V. antibodies detected in the test can take up to six months to appear in the blood, so you may want to repeat an H.I.V. blood test if it comes out negative and you believe that you have been recently exposed to the virus.)

However, before you get tested, you must analyze whether you'll be able to handle a positive result, cautions Barbara Drainin, director of planning for the Division of AIDS Services of the New York City Human Resources Administration. "Of course, if a person is prepared to hear either result, testing is a good idea. But if she's not prepared, she could get very depressed [if she got a positive result] and start behaving in

Resources

CENTERS FOR DISEASE CONTROL NATIONAL AIDS HOTLINE

(800) 342-2437; for Spanish access, (800) 344-7432. The hot line is a 24-hour toll-free service that provides anonymous information, referrals, and educational materials.

CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL AIDS CLEARINGHOUSE

Box 6003, Rockville, MD 20849-6003; (800) 458-5231, Monday through Friday, 9:00 a.m. to 7:00 p.m., E.S.T. The clearinghouse provides resources and free publications for health professionals.

AIDS CLINICAL TRIALS INFORMATION SERVICE

(800) 874-2572. Run by the National Institute on Allergy and Infectious Diseases, the service provides free information on clinical trials.

self-destructive ways, like taking drugs," Drainin says. "It's essential to have a solid support system—a lover, therapist, or good friend—before you get tested. And it's best to bring a close friend or lover with you when you go to take the test and to receive the results."

Drainin also points out that there are two kinds of AIDS test—anonymous and confidential. Most states have anonymous testing sites where you use a false name or numerical code and go back to get the results in person, so no one at the center knows your address or phone number. The major benefit of anonymous testing: no one knows your H.I.V. status. On the downside, you won't have the emotional comfort of seeing your own doctor.

When you have an H.I.V. test in your doctor's office, explains Drainin, your

test will be confidential but not anonymous. What does this mean? In confidential testing, your test results will be recorded in your medical records. Insurance companies and courts may have access to medical records under certain circumstances. As a result, some people with H.I.V. have been dropped by their insurance companies and also suffered job and housing discrimination.

Once a woman has been tested for H.I.V., says Dr. Nachtigall, it's not necessary for her to be tested again as long as she consistently practices safe sex. Dr. Nachtigall does recommend, however, that any woman entering a new sexual relationship get tested with her partner. If they both test negative, they should have protected sex for six months and then get retested. If

WARN (WOMEN AND AIDS RESOURCE NETWORK)

30 Third Ave., Room 212, Brooklyn, NY 11217; (718) 596-6007. Provides H.I.V. education, support, advocacy, and referrals.

NATIONAL WOMEN'S HEALTH NETWORK

1325 G St., N.W., Washington, D.C. 20005; (202) 347-1140. An advocacy group that also provides information on H.I.V. infection.

SISTER LOVE WOMEN'S AIDS PROJECT

1237 R. Ralph Abernathy Blvd., S.W., Atlanta, GA 30310; (404) 753-7733. An AIDS outreach group that provides training kits or training workshops for facilitators of "healthy-love parties." These parties teach small groups of women about H.I.V. infection and prevention.

both partners' results are still negative, they can have unprotected sex—as long as the relationship is strictly monogamous and he or she isn't an I.V.-drug user.

Perhaps the best overall advice is to be aware that the H.I.V. virus is deadly and you should be on your guard against it.

"A woman needs to understand," says Debra—who thought she wasn't at risk for the disease—"that it's really easy for her to get H.I.V. from a man, and it has nothing to do with what kind of a family he comes from, what kind of college he went to, or how much he loves her. It can happen to anyone, like it happened to me." □

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