

# AIDS affects women differently



By Danielle Georgeson

It seems now that if we turn on the T.V., look at a magazine, listen to the news, or go to school, there is always someone telling us about AIDS.

Sometimes I feel like students, ages 18-24 years old, should be the most aware since we've come of age hearing about AIDS.

Of course, at first everyone wanted to believe AIDS was isolated to only those "high risk" groups, but now most of us acknowledge that AIDS has crossed every socio-economic boundary possible.

Even so, I don't feel that there is enough attention on women and the AIDS epidemic. I look at women in my age group and wonder if we really know that there actually is a risk for us too.

I'll admit that I used to believe the chances were close to nothing, until this summer when I opened a Newsweek magazine to the cover story on young people with AIDS and saw a face I recognized. I actually knew a female my age with AIDS. It's a fact that women our age can get HIV and AIDS.

According to the Center for Disease Control, 11 percent of reported AIDS cases last year were women, and 35 percent of those women got the virus through heterosexual contact. Heterosexual contact including any unprotected sexual activity where bodily fluids are shared can provide a means of transmission for HIV. In addition, the CDC estimates that for every one person with AIDS, there are another ten infected with HIV (the virus that causes AIDS). The Global AIDS Policy Coalition has made the projection that by the year 2000 the cumulative number of women infected with HIV will be over 60 million! These are definitely some numbers for people our age to think about before getting into potentially unsafe situations.

I talked about AIDS and women with Colleen Jones, a nurse practitioner at the Women's Health Clinic at the U of O. She feels her role is one of prevention by helping women to realize the risk of HIV and AIDS and to motivate them to practice safe sex. She believes that, although there is a large degree of aware-

ness in women of our age group, those of us really at risk are not the ones coming in for testing. It is scary to think that there are women who have no idea that they are infected and are preventing themselves from receiving early treatment.

Until recently, most research on HIV and AIDS has been directed toward men. The medical field is realizing that they have to take a closer look at how HIV and AIDS affects women differently than men.

There are several studies now looking at the connection between such things as re-occurring yeast infections, genital herpes break-outs, syphilis and various other types of vaginal infections and HIV-positive women. It seems that these re-occurring gynecological problems are a result of HIV attacking the immune systems of women. In fact, the Center for Disease Control recently has changed its definition of AIDS to include certain forms of cervical cancer.



Of course, this does not mean that if a woman has cervical cancer that she has AIDS, but research has shown a high incidence of these cancers in HIV-positive women. Since the CDC has changed its definition of AIDS to include particular types of cervical cancer, the number of women who are now considered to have AIDS has increased by 30 percent.

The broadening of the AIDS definition allows women who are HIV positive and have these cancers to be eligible for necessary medical support and treatment.

Obviously, there is still a lot to be learned about the risk of HIV and AIDS to women, but at least the medical field is moving in the right direction. My goal in writing this is not to scare anyone. What I hope for is simply to increase the awareness in women my age that there is a risk of HIV and AIDS and that it is definitely necessary to protect ourselves.

# Norplant newest option



By Nori Nakada

As women, most of us must face the reality of being responsible for controlling our fertility, so it is important to stay updated on the new forms of contraception now on the market.

The pill is one of the most popular forms of contraception today, but Norplant is another option if the pill isn't right for you.

Norplant comes in the form of six rubber capsules. A specially-trained practitioner inserts the capsules in the upper part of a woman's arm. Within 24 hours the capsules start to release a hormone that prevents pregnancy. Norplant is effective for up to five years.

The effectiveness of Norplant is high, but it decreases each year after the capsules are inserted. The pregnancy rate in Norplant users is .2 percent for the first year, .5 percent for the second year, 1.2 percent for the third year and 1.6 percent for the fourth year. For five years of continual use, the pregnancy rate is 3.9 percent. That means whereas the pill is 98 percent effective, Norplant is, by the fifth year, 96 percent effective.

In addition to the high effectiveness, Norplant has other advantages. Norplant users do not have to interrupt sexual activity nor do they have to think about taking a pill every day. Another Norplant bonus is that it can be removed at any time by a trained practitioner and a woman's ability to become pregnant after Norplant use is about the same as women who use no contraception.

Some draw backs do exist with Norplant. 75 percent of Norplant users report irregular bleeding in the first year of use. Irregular bleeding varies from irregular menstruation to excessive bleeding to no menstruation at all. However, many women return to a regular menstrual cycle a year after the Norplant insertion. Other effects common with Norplant, and most any hormone containing contraceptives include: headaches, acne, weight changes and breast tenderness.

Norplant has also been associated with depression, nervousness, hairiness and nausea, but women have rarely discontinued use of Norplant as a result of these symptoms. Norplant also does not protect its user from the contraction of STDs including the HIV virus. The use of a condom in addition to Norplant prevents STD and HIV transmission.

Norplant is a relatively new form of contraception, so its long-term safety has not been established. The use of Norplant is not suggested for women who smoke, have blood-clotting problems, heart disease or other specified health conditions. Be sure to discuss any possible safety problems with your physician before deciding if Norplant is the contraceptive method for you. Norplant is available through the Student Health Center. The cost is \$410.00 for the five-year contraceptive. For more information about Norplant or other forms of contraception, contact the Women's Clinic at the Student Health Center or come by the Health Education Office and talk with a Peer Health advisor or consult one of our books, *The New Our Bodies Ourselves*, the source for this article.

# Planned Parenthood: What do they offer?



By Twila Cain

Planned Parenthood is something we've all heard of, but what exactly do they offer? Hopefully this article will clarify any misconceptions or

questions about this public service organization.

The mission of Planned Parenthood is that every individual has the right to manage his or her own fertility, regardless of that

individual's income, marital status, age, national origin or residence. Each individual should have the fundamental right to decide when and whether to have a child. As cited in the Planned Parenthood pamphlet (1990), the goals of Planned Parenthood are as follows:

- To provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual;
- To advocate public policies which guar-

antee these rights and ensure access to these services;

- To provide educational programs which enhance understanding of individual and societal implications of human sexuality;
- To promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral and societal implications.

In Eugene, Planned Parenthood utilizes

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## LOOK INTO BOOKS

For more information on AIDS, HIV, pregnancy, birth control and relationships, come by the Health Education room across from the Pharmacy in the Student Health center.

These are just a few of the books available to U of O students:

Petrow, Steven, ed. *Ending the HIV Epidemic: Community Strategies in Disease Prevention and Health Promotion*. Santa Cruz: Network Publications, 1990.

This collection of scholarly essays discusses various aspects of the HIV epidemic using San Francisco as its model for studying the history and consequences of HIV in a community. The last part of the book is dedicated to an explanation of prevention in and among communities.

Butler, Pamela. *Self-Assertion for Women*. San Francisco: Harper & Row: 1981.

Butler discusses innovative ways for women to learn to be assertive in relationships, both professional and personal.

Eisenberg, Arlene, Heidi E. Murkoff and Sandee E. Hathaway. *What to Expect When You're Expecting*. New York: Workman Publishing 1984.

Eisenberg, Murkoff and Hathaway give a detailed guide to major (and minor) concerns for women during all nine months of pregnancy. From bodily changes to visits to the doctor, they tell you what to expect.

## SKILLS

all so self-centered?

Self interest is a part of human nature, but we should all remember that other people's thoughts, feelings and ideas are important too. Without listening there can be no understanding, and this can only lead to a communication breakdown.

Student-educator communication seems very one-sided on the university level. Usually, the professor lectures and the students take notes in class. Most students rarely speak to the professors of their large lecture classes. Size doesn't permit much two-way communication in class.

Of course, there are those who do speak up in class and who do ask questions. Often these students get labeled as "brown nosers." Some of them are trying to get a few extra brownie points, but some are genuinely trying to understand the concepts that the professor is trying to convey.

So how do you communicate with

your professor without coming off as a brown noser? If you don't have a hang up about speaking out in class, go ahead and ask questions, but make them intelligent.

Remember that wording is important in formulating any question and being clear and concise is necessary for good communication. For example, it would be more effective to ask your English teacher, "What was the thesis statement of Smith's essay?" than to ask, "What was that one guy trying to say in the assignment last week?"

If you don't like to ask questions in class, or are intimidated to speak out, see your professor after class or go to his or her office hours to ask a question. Professors are required to hold office hours for outside help, so you are not being a nuisance by utilizing this service.

It is important in verbal communication not only to listen (not just hear but actively listen) to the other person's

words, but also to allow yourself to look at things from the other person's perspective. Interpreting the person's words should lead to understanding new insights as well.

McGregor and White believe that when you look at something from someone else's perspective, it allows you to affirm your sense (the sense you already had) of the world (realizing, "That's right"). At the same time, the different perspective throws your understanding into a "new light," so to speak, by producing some type of creative insight (thinking, "I hadn't thought of it that way").

Communication is the key to every relationship whether it be a parent-child, student-professor relationship, a friendship, a marriage or girlfriend and boyfriend relationship. It is essential to the functioning world. Sharpening communication skills, which involves both speaking and listening, can only enhance our existing relationships.

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## NEEDS

two hours alone with each other every week. Find a babysitter if necessary and if money is a problem, try to find a friend or fellow student who might be willing to exchange child care.

During this special time together, give your spouse/partner your undivided attention. Try not to think about all the other things you may have to do, since this is an important time for the two of you alone to enjoy the things about each other that brought you together in the first place. Be creative, relax and enjoy yourselves.

*Give Consequences.* Although this is probably the hardest thing for many of us to do, it is one of the most important. Your spouse/partner and family must realize that your goals are important to you. It is necessary for them to become

aware that if they are willing to help meet your needs, there will be positive consequences for everyone and if they are not, then the consequences will be negative.

Because prevention is always the best medicine, Tsuneyoshi emphasizes that students who anticipate that problems may arise for them when they return to school should come to the Counseling Center and make an appointment to discuss ways to divert these problems or just become aware of potential problems before they arise. Counseling is free to all students, and couples or families may receive counseling even if only one family member is a student. Appointments may also be made by telephone at 346-3227. Don't let family challenges keep you from reaching your dreams!