Soon on this campus: International Students' Health Conference

By Lisa Petersen

The second statewide International Students' Health Conference will be held on May 12-13, 1995 at the University of Oregon and will be chaired by Naghmeh Moshtael, Outreach Coordinator of Health Education Program at the UO Student Health Center. This year's Conference titled "Health Challenges of the 1990s: International Student Perspective" will address a series of issues surrounding friendship, intimacy and health. These issues include healthy relationships, sexuality, sexually transmitted diseases, as well as cross-cultural communications, rape prevention, and social support groups.

Keynote and motivational speakers will be joined by health professionals, counselors, health educators and student peer educators. The Conference will be structured around plenary sessions, panel discussions, workshops and a health fair - which will present updated information on issues such as smoking cessation, nutrition and substance abuse. Students will have an opportunity to express their needs and opinions in a student panel discussion.

The overwhelming attendance and involvement in the First International Health Conference, which focused on "Educating International Students About AIDS: a Matter About Life and Death," held at Portland State University in January 1994, motivated a group of UO international students to create an AIDS Awareness Group. This group participated in the Fall International Student Orientation held in September 1994 and in World AIDS Day which was held on December 1, 1994. These students also organized a Fun Run, which generated donations for children whose parents are suffering from AIDS.

The Conference is a forum in which all international and other students attending an institution of higher education in Oregon are welcome to participate. Hopefully this conference will not only provide information on health issues, but motivate international students to act individually or collectively when it comes to health. For more information, or if you would like to participate, please contact Naghmeh Moshtael at 346-2728 (office) or via e-mail at: moshtael@oregon.uoregon.edu.

Write this down!

Spring Workshops at the SHC

Smoking Cessation: Wednesdays, April 5-May 24, 2:30-3:30pm, Student Health Center Medical Library

Vegetarianism: Wednesdays, April 12-May 3, 3:30-5:00pm, Student Health Center Medical Library

Relaxation: Tuesdays, April 18-May 9, 4:00-5:30pm

Self-Defense: Thursdays, April 27-May 14, 4:00-5:00pm

FREE to registered students! Call the Health Education Office at 346-4456 to pre-register.

AIDS' Global Challenge:

Beyond Statistics, Fear And Fatalism

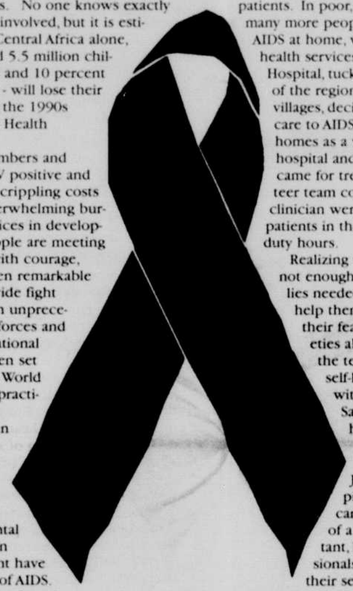
By Caroline Henry and Naghmeh Moshtael

When we think of AIDS education, three things to remember come to mind: use a condom, don't share hypodermic needles, and avoid exchanging bodily fluids. While this advice sounds simple enough, however, it does not portray a complete image. Current statistics of the AIDS pandemic show how much more we need to do at the international level.

Since the beginning of the pandemic, the World Health Organization has estimated that as of January 15, 1995, 19.5 million people worldwide have been determined to be infected with the HIV virus. To help put this into perspective, try to imagine 464 fully packed Autzen Stadiums or 1950 Mac Court sell-outs. And we thought there were a lot of fans at the Rose Bowl! In 1994 alone, there was a 20% increase in the number of AIDS cases, which does not include those who are HIV positive or not yet diagnosed with the virus. The majority of the cases occurred in sub-Saharan Africa and the Americas, yet the focus is shifting toward Asia, where the number of AIDS cases increased eight fold in 1993 alone. In 1993, approximately 2 million people were infected with HIV in Asia, and an estimated 8 million people will be infected by the year 2000. This is rather disturbing, as Asia is home to over half of the world's population.

AIDS, like a stone dropped into a pool, sends out ripples to the very edge of society. AIDS affects the family first, the community, and then the nation. A poignant illustration of the far-reaching effects of the epidemic is the growing number of AIDS orphans. No one knows exactly how many children are involved, but it is estimated that in East and Central Africa alone, between 3.1 million and 5.5 million children - that is between 5 and 10 percent of all children under 15 - will lose their mothers to AIDS during the 1990s (according to the World Health Organization, 1994).

Beyond the scary numbers and growing statistics of HIV positive and AIDS cases, beyond the crippling costs of the illness and its overwhelming burden on health care services in developing countries, many people are meeting the challenge of AIDS with courage, resourcefulness and often remarkable successes. The worldwide fight against AIDS has seen an unprecedented mobilization of forces and many achievements. National AIDS programs have been set up with the help of the World Health Organization in practically every developing country. There has been intense activity at the grassroots level as hundreds of AIDS service organizations have come into being, and existing non-governmental organizations working in community development have taken on the challenge of AIDS. The Rubya Hospital home-based care for people with HIV/AIDS is a good illustration of the usefulness and the efficiency of grass-roots efforts.



In the Kagera Region of the United Republic of Tanzania, on the western shore of Lake Victoria, nearly half of all hospital beds are filled with AIDS patients. In poor, remote corners of the land, many more people are suffering and dying of AIDS at home, without any contact with the health services. In 1990, the staff at Rubya Hospital, tucked away in a hilly rural area of the region and serving surrounding villages, decided to try bringing clinical care to AIDS patients in their own homes as a way to ease pressure on the hospital and reach those who never came for treatment. Soon a small volunteer team consisting of two nurses and a clinician were bicycling or walking to see patients in the villages during their off-duty hours.

Realizing that simple clinical care was not enough and patients and their families needed some kind of counseling to help them come to terms with AIDS, their fears of death, and their anxieties about their children's future, the team appealed to WAMATA, a self-help organization for people with HIV/AIDS based in Dar es Salaam. The Rubya Hospital's home-based care project won the backing of an international donor, becoming, in June 1991, the country's first pilot project for home-based care. Today, the team consists of a paid administrator and assistant, besides the health professionals, who continue to volunteer their services free of charge.

Rubya Hospital's home-based care is only an example of the power that lies within grassroots efforts in the battle against AIDS. While we are still waiting for a cure and while vaccines against AIDS are being tested and tried, prevention and education are the ways in which we can prevent the further spreading of the pandemic. Those of us who are involved in AIDS education and prevention should remember that there is no one who is hard to reach, but only people who have not been reached yet. The global challenge is to fight against the "opportunistic" aspect of the HIV as it exploits ignorance, prejudice, intolerance, fear and fatalism.

Here on the University of Oregon campus and in the Eugene community, health professionals and concerned students are involved in HIV/AIDS education. If you have any questions and or you would like to get involved, please contact one of the groups listed below.

UO Student Health Center (for pre- and post-HIV testing and HIV/AIDS education) 346-4456

UO AIDS Awareness Group 346-4387

HIV Alliance 342-5088

What Is Your Word For Rape?

Regardless of your cultural heritage, rape is a significant issue at the U of O

By Natalie Thamert

When international students come to the University of Oregon they may be unfamiliar with the routines of American college life. Like many American students, international students may have feelings of loneliness and confusion as they sometimes struggle to cope with changes and adjustments, frequently in a language other than their own. Some students, furthermore, might come from cultures with a different or no concept of rape and sexual assault.

At the beginning of each fall term, the International Student Orientation addresses these issues. Students are invited to attend a panel of peers and educators which pays special attention to cross-cultural issues. Newcomers thus discuss and learn about the danger of rape, as well as safety and self defense measures. This education about rape, however, remains minimal so as not to repel students of a cultural background sensitive to such issues.

Stereotypes and rape

Sho Shigeoka, a Graduate Teaching Fellow at the Counseling Center, argues that stereotypes perpetuate rape and sexual assault within and across cultures. When it comes to sexual assault or rape, frequently both the stereotypes of an international student's culture and of American culture provide the misinformation which leads to rape. For example, some may assume that females from Asian cultures are submissive and eager to please. To someone with such assumptions, Asian women may seem "easy targets" for abuse and rape. Others might consider American women as promiscuous and extremely sexual. Any such stereotypes and generalizations must be challenged by rape prevention.

All cultures need to address the problem of rape and stereotyping, and this includes students on this campus. Some action is already being taken. The Office of International Education and Exchange (OIEE), for example, created a video titled "But, I Thought You Wanted To?" Counselors at the OIEE use this film to show effects of and ways to stop sexual assault. But educational classes such as Creating A Rape Free Environment (C.A.R.E.), I think, ought to be made visible and promoted to all students. No matter how uncomfortable and frightening it may be to discuss, rape is a serious subject that needs to be addressed with urgency and care - not only by educators, but by students as well. A number of organizations on campus provide information on rape prevention and sexual assault. Don't hesitate to call on them.

Sho Shigeoka, a Graduate Teaching Fellow at the Counseling Center, argues that stereotypes perpetuate rape and sexual assault within and across cultures.

Office of Affirmative Action: 346-3123

Saferide: 346-4239 (reservations) or 346-3210 (staff) C.A.R.E.: Dean of Students 346-3210

Unwanted Sexual Behavior Task Force: 346-3216

Peer Health Education: 346-4456

Counseling Center: 346-3227

Drink Tea, And Be Safe

By Andrew Winge

Tea in its various forms is one of the most popular beverages in the world. In Western Europe and the Far East, tea drinking is especially popular. Often people begin drinking tea as children and continue throughout their lives. Tea drinkers enjoy the pleasant aroma, flavor and stimulation that teas can provide.

Tea consumption is generally greater overseas than it is in the United States. The United Kingdom, for example, has a per capita consumption of 320 milligrams of caffeine per day from tea alone, compared to 35 milligrams per day for the U.S. Gene A. Spiller points out in his article "The Methylxanthine Beverages and Foods: Chemistry, Consumption, and Health Effects" that the average cup of black tea contains 40 milligrams of caffeine.

In addition to caffeine, there are over 300 identified compounds in a cup of black tea. Some of these chemicals can have powerful physiological effects when ingested in excess. A family of compounds called methylxanthines, of which caffeine is a member, are commonly found in coffee and in all but some herbal teas. Long term consumption of methylxanthines has been linked to addictive behavior, requiring progressively greater amounts to cause the same physical effects. Heavy tea and coffee drinkers report irritability, nervousness and inability to work effectively when forgoing their morning tea or coffee. Of particular interest to women is the association between methylxanthine consumption and calcium loss in post-menopausal women. There is also evidence that high levels of methylxanthines enhance the release of parathyroid hormone which causes bones to lose calcium.

For many, decaffeinated teas and herbal teas offer a pleasing alternative to regular tea. Herbal teas often contain traditional ingredients which have been used as age old remedies and flavorings. China is well known for its variety of herbal teas including Ginseng, and Ma Huang.

The amount makes the difference

Ginseng tea has been revered in Far Eastern countries for centuries because of its alleged curative powers. Researchers in the former Soviet Union have been particularly effusive in their praise of Ginseng's "medicinal properties." They refer to Ginseng as an "adaptogen" which increases muscular and mental endurance as well as relieving stress. In high doses, however, Ginseng can cause insomnia, irritability and high blood pressure. Generally, when taken in moderation in the form of tea, Ginseng is a safe and mild caffeine-free stimulant.

Ma Huang in tea form has been used to relax and dilate the bronchi of the lungs and is a natural source of ephedrine, a common ingredient in over the counter cold medications. It also has diuretic and decongestant properties and contains a fair amount of caffeine. When taken in moderation, this tea can help relieve asthma and cold symptoms.

Teas to avoid

Some herbal teas advocated for health, however, are not safe. Comfrey is one of these teas. Comfrey has been reputed to "cure stomach ulcers" and "purify the blood." However, its value in these regards has never been established. Even small amounts of either roots or leaves fed to rats caused cancer. In humans, comfrey tea can cause liver cancer or disease by producing scarring around the small veins in the liver. Thus, it would be wise to avoid ingesting comfrey in any form.

In general, most teas are quite safe when used in moderation. The pleasant flavor, aroma and mild stimulating properties of tea have made it one of the most popular beverages in the world. With a little knowledge, tea drinkers can continue to enjoy the many varieties of tea while avoiding any possible negative side effects.

WEIGHT LOSS, *continued from Page 1*

Exported attitudes?

Not all international students I spoke to share this view. Ayse Aksay from Cyprus and Lee Yen Beh from Malaysia emphasized that the idea of weight loss was not peculiar to the United States. Many people in their countries worry about their weight and try different ways of losing the extra pounds as well, they said. Ayse Aksay explained that women in her country who want to lose weight usually achieve their goal by turning to natural means of dieting such as eating more fruits and vegetable, and avoiding fat foods. People in Cyprus are naturally active and thus do not engage in additional exercise. Lee Yen identified two major factors that propel women in Malaysia to lose weight. Most women are influenced by the looks of models and actors in magazines and movies. And Malaysian women feel a pressure to live up to expectations of their partners. Western culture, she believes, has in part been responsible for introducing this attitude to her country.

Outside perspective

A study by South China Morning Post (July 24, 1994) found that professionals, executives, and women from high income groups in Hong Kong were the most likely group to attempt to lose weight. My own research and reading on the topic indicates that technological advances and the demand for sedentary jobs have resulted in the need to exercise to keep fit. Most people, however, are exercising not merely to stay healthy, but to enhance their body image and to be slender and "beautiful." The media play a crucial role in this attitude towards body image, presenting an image of an ideal woman as very tall and extremely skinny. It seems that many women in westernized countries try to emulate this image. At the same time, Tom and Yasmin might help us put into perspective our own understanding of what makes a "perfect" body.