

## —RISK REDUCTION FOR WOMEN—

Women at risk for AIDS should be aware of the risk reduction guidelines which have been written for gay men and I.V. drug users. Even though the cause (or causes) of AIDS still remains unproven, we cannot be **certain** that following these risk reduction guidelines will protect you from AIDS, but we do feel the following adaptation to the specific needs of women is important to consider. Here is a summary:

### 1. WOMEN WHO USE I.V. DRUGS:

*Do not share needles.*

### 2. WOMEN WHO HAVE SEXUAL RELATIONS WITH MEN OR WOMEN IN RISK GROUPS:

*Do not allow blood, semen, urine, or feces from your partner to enter your body through the mouth or vagina, rectum, or open cuts or sores. A condom should be used during intercourse.*

### 3. WOMEN PLANNING DONOR INSEMINATION:

*If a decision is made to use gay donors, screening should include a detailed medical, social, and sexual history. Priority should be given to donors who have been in monogamous relationships for three to four years. Donors who are I.V. drug users may be in poor health regardless of exposure to AIDS and should be avoided.*

### 4. ALL WOMEN AT RISK:

*Be aware of the symptoms of AIDS and seek medical care when necessary. Have regular check-ups, preferably with the same care provider who can get to know you and your normal state of health.*

## —RESOURCES—

### IF A FRIEND OR LOVED ONE HAS AIDS

*Many women have relatives, friends, or other loved ones with AIDS, or in AIDS risk groups. Local AIDS organizations often have support, information, referral services, and counseling for families, lovers, and friends.*

### WOMEN ARE DOING AIDS WORK

*Many of the people providing AIDS-related services, both paid and volunteer, are women. If the numbers of women with AIDS continue to rise, it will be even more important for women to be involved. The Women's AIDS Network acts as a clearinghouse and information network for women doing AIDS work, and often local groups have subcommittees of women involved with AIDS.*

### FOR MORE INFORMATION ABOUT AIDS

*Call the San Francisco AIDS Foundation Hotline:  
(415) 863-AIDS, or in Northern California, toll-free:  
(800) FOR-AIDS TTY (415) 864-6606.*

*OR:*

*Contact the National Gay Task Force Crisis Line for the AIDS organization nearest you. In New York, Alaska, and Hawaii: (212) 807-6016.  
All other states: (800) 221-7044.*

**WOMEN'S AIDS NETWORK**  
c/o SAN FRANCISCO AIDS FOUNDATION  
54 TENTH STREET  
SAN FRANCISCO, CA 94103-1360

*The San Francisco AIDS Foundation was established in June, 1982 to meet a number of pressing needs generated by the onset of the AIDS Epidemic. The Foundation's services include:*

- Information and Referral Services
- Education and Literature
- Direct Services for People with AIDS

*The San Francisco AIDS Foundation is a contract agency of the San Francisco Department of Public Health and the State of California Department of Health Services.*

*Donations and volunteers are always needed in order to continue the many services of the San Francisco AIDS Foundation.*

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# WOMEN AND AIDS

**WHILE APPROXIMATELY 71%  
OF THE PEOPLE WITH AIDS  
ARE GAY OR BISEXUAL MEN,  
AND WHILE IN SOME CITIES  
SUCH AS SAN FRANCISCO  
THIS PERCENTAGE IS MUCH  
HIGHER, A SIGNIFICANT  
NUMBER OF WOMEN HAVE  
CONTRACTED AIDS, AND  
MANY MORE ARE CONCERNED.**

# —AIDS IN GENERAL—

## WHAT IS AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS causes a breakdown in part of the body's immune system, leaving it vulnerable to infections, (especially PCP, or *Pneumocystis Carinii Pneumonia*) and cancers (especially KS, or Kaposi's Sarcoma) which normally do not affect healthy people. The exact cause of AIDS is unknown, although research indicates that it is probably caused by a virus (called a retrovirus) which changes the structure of the cells it attacks. There is not yet a cure for the immune deficiency itself, but treatments for the infections and cancer are available.

## WHO HAS AIDS?

Almost all of the people who have AIDS fall into one of the following groups: gay or bisexual men, I.V. drug users, Haitians, and hemophiliacs. A very small percentage are transfusion recipients, sexual partners of people in one of the risk groups, or people who have no apparent risk factor. Women make up approximately 7% of the total AIDS cases in the U.S. Of the women who have AIDS, over 55% are I.V. drug users, 11% are sexual partners of men in risk groups, almost 9% are Haitian, and 7% received blood transfusions. The remaining 18% do not fall into any of the known risk groups. This includes women with incomplete medical histories.

## HOW IS AIDS TRANSMITTED?

Members of risk groups need to take precautions, but people outside these groups need worry very little about getting AIDS. Research indicates that AIDS is not contracted merely by being near, eating with, or touching a person with AIDS. AIDS appears to be transmitted through semen, blood, other body fluids mixed with blood, and perhaps through urine and feces. The incubation period seems to be six months to three years, and a person may spread AIDS while showing no symptoms.

## WHAT ARE THE SYMPTOMS?

Most of the symptoms of AIDS are similar to those associated with colds, bronchitis, and the stomach flu. However, if these symptoms or combination of symptoms appear, and if there is a possibility of exposure to AIDS, medical attention should be sought. Symptoms include: unexplained increasing and persistent fatigue; persistent fever, chills, and night sweats not accompanied by a known illness and lasting longer than several weeks; unexpected

weight loss of over 10 pounds in less than two months; swollen glands (lymph nodes) unexplained by other illness and lasting longer than two weeks; creamy white patches on the tongue or mouth; persistent diarrhea; persistent, frequent dry cough (not from smoking or common respiratory infection), or shortness of breath or difficulty breathing; pink or purple flat or raised blotches that don't go away and do not pale when pressed (these lesions are **not** common in women with AIDS).

# —AIDS IN WOMEN—

As of June 1984, 340 women in the U.S. had AIDS. Of these, none are categorized as lesbian or bisexual, slightly over half are I.V. drug users, and over one-third are categorized as "other", which includes women who have had sexual contact with men in risk groups and women who have received transfusions. Of the total, 50% are Black, 24% are White, 23% are Hispanic, and 3% are unknown or other. The vast majority are between 20 and 40 years old. Most of the women have *Pneumocystis Pneumonia* or other opportunistic infections, with only a handful having Kaposi's Sarcoma. Of the total, over half of the women are in New York City or Newark, less than 10% are in Miami, and the rest are scattered across the country. Overall, half of the women diagnosed with AIDS have died.

## I.V. DRUG USERS

Women who use I.V. drugs are at risk for AIDS (and other diseases) if they share needles. Over 50% of the women who have contracted AIDS have been I.V. drug users, and over half of these women have already died. Since people may transmit AIDS without showing symptoms, sharing needles with someone who appears healthy is not a safeguard.

## SEXUAL TRANSMISSION

Over 12% of the women who have AIDS probably acquired it from sexual contact with a man who had been exposed to it. Apparently AIDS may be transmitted in semen entering the vagina, rectum, or mouth. As in the case with transmission between I.V. drug users, the infected person may not show symptoms. There are no reported cases of AIDS transmission between lesbians. There are, however, several cases reported where men appear to have gotten AIDS from sexual contact with apparently healthy women who used I.V. drugs. It is unknown whether these men contracted AIDS from blood associated with sex or from vaginal secretions.

## HAITIAN WOMEN

A small but significant number of those with AIDS are Hai-

tian men and women who apparently do not fit into any risk group. It is not known why people of Haitian descent in Haiti, the U.S., Canada, and Europe are getting AIDS.

## CANADIAN, EUROPEAN, AND AFRICAN WOMEN

Approximately 12% of the people who have AIDS in Canada and France are women. A much higher percentage (possibly as high as 40%) of the African people with AIDS are women. These women are heterosexual and deny I.V. drug use and sexual contact with bisexual men or men who use I.V. drugs. Many of the African people with AIDS are natives of Zaire or other central African countries, living there or in Belgium. It is not known why the percentage of women who are getting AIDS in Africa and Europe is substantially higher than it is in the United States.

## BLOOD TRANSFUSIONS

Very few people have contracted AIDS from blood transfusions. As a result of improved screening procedures by blood banks, the chances of being exposed to AIDS in this way are very slight. If a transfusion is medically necessary, the risks of **not** getting the transfusion are much higher than the risk of getting AIDS from the transfusion.

## BABIES AND CHILDREN

At least 30 infants under the age of four have been diagnosed with AIDS or an immune deficiency closely resembling AIDS. Most of these children were born to mothers with AIDS or mothers in high-risk groups, or were children who received blood transfusions. It is difficult to distinguish between congenital immune deficiency and acquired immune deficiency in this age group, making diagnosis of AIDS difficult.

## ARTIFICIAL INSEMINATION BY DONOR

Lesbians and other women who are interested in becoming pregnant through donor insemination are concerned about the possibility of contracting AIDS if semen is donated by gay men or men who have used I.V. drugs. To date, there have been no reported cases of AIDS in women who have been inseminated, and none in their babies. However, since sexual transmission of AIDS is possible and since it is not known exactly how this occurs, insemination using donors in high-risk groups may be unwise. In addition to health concerns, there are other factors to consider when choosing a donor, including custody and other legal issues.