

Part 5 -

# WOMEN AND HIV/AIDS



A series on HIV/AIDS for Inuit Communities

## **Part 5 - Women and HIV/AIDS**

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## D e d i c a t i o n

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*Did you  
hear me  
when I  
spoke?*



*Leetia babysitting*

Before her death from AIDS in 1992, Leetia Geetah traveled to many northern communities to dispel myths and educate Inuit about HIV/AIDS. Several years earlier, fear of AIDS had forced Leetia out of her community and into care of strangers in the south. That experience led her to become the remarkable AIDS educator she will be remembered as.

Through her honesty about her own life and her own health, other Inuit began to understand the risks and the challenges HIV/AIDS is for all of us. Leetia was able to show us the difference one person can make.

## Message From The President

Veronica Dewar

I am very concerned about the health and well-being of Inuit. Becoming healthier involves caring about ourselves, learning about what makes us healthy and practicing what we learn.

Whole communities in other countries have been devastated because of HIV/AIDS leaving many children orphaned.

Many of us have heard of the story of Leetia Geetah and I personally know of

several other Inuit with HIV infection. Several Inuit have already passed away due to AIDS. I have learned of an alarming trend that more and more youth including Aboriginal youth are becoming infected. Youth infections are not just about lack of information or poor choices, they are closely tied to issues of self-esteem.

Many of us know how to protect ourselves from HIV, but don't.

This series of booklets is a tool for you to address your own and your community's needs for information. Everyone needs to know the facts. Our communities must decide how we are going to educate ourselves and our children. Traditionally, Inuit have known what to do to survive. HIV has presented us with a challenge. With information and action, it is a challenge we can meet.

### Acknowledgments

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### Forward

This six-part series provides basic information on HIV and AIDS. The titles are 1. *HIV/AIDS: The Basics*; 2. *Your Immune System and Testing for HIV*; 3. *HIV: The Risks*; 4. *Protecting Yourself from HIV*; 5. *Women and HIV/AIDS*; and, 6. *Sexually Transmitted Diseases and HIV*. This series does not use reported or estimated rates of HIV infection for Inuit populations because these numbers can be misleading and are always changing. Talk to a nurse, health worker or doctor at a nursing station or health centre for help with information or about services, treatment and care that are available to you in your community, your region or in urban centres. Pauktuutit has plans to prepare and distribute information for people living with HIV/AIDS and possibly other resources as funds become available.

# WOMEN AND HIV/AIDS

## AN INUK WOMAN'S STORY

### ABOUT HIV/AIDS

My name is Sharta Sata Kootoo. I would like to tell you about my sister. Her name is Audla Kootoo. She moved to Montreal in 1978. Even after she moved to Montreal, we were always in touch—until she passed away. Anyway, she had HIV. She didn't tell me or my family for a few years. My sister only told me she had HIV five years ago. I asked why, why she never told me when she first had HIV. Her answer was that she thought I wasn't going to see her anymore. She thought I was going to hate her for what she got. Anyway, I told her that I will always love her, whether she got HIV or not.

After I knew she had HIV, I didn't

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After I learned my sister had HIV,  
I wanted to learn more about  
HIV/AIDS, so I started to  
read more about it.

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know how to tell my family. I kept it a secret from my own family for about three months. Finally one morning, I called somebody to see if this person could help me with how to explain it to my family. So, after three months, I finally told my family (sisters & brothers). My father and favorite aunt passed away before I told my family what my sister had.

After I learned my sister had HIV, I

wanted to learn more about HIV/AIDS, so I started to read more about it. I took three workshops, but I had permission from my sister first, before I attended the workshops. When she used to agree, I would tell her that I wanted to help her and other people with HIV/AIDS.

My sister had HIV for at least 10 years. In her 10th year she was gone. I had learned a lot from her. When her HIV became AIDS, she didn't last very long. She started getting sick in April. She was going in and out of the hospital. She was getting cancer in her lungs and more tumors around her body. Her wish was for me to be with her until she was gone and to be buried in her hometown.

I have lots to say, but I prefer to talk to somebody, instead of writing. I can even teach anybody about living with dying—dying at home. That's what I did in Montreal. If you want more information, just call me. I'm not embarrassed about how my sister died because nobody lives forever.

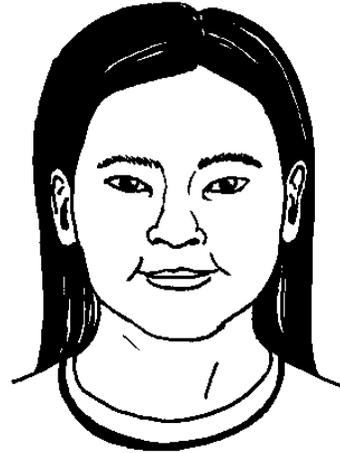
By the way, HIV/AIDS should be advertised more in northern communities. When it is advertised, it should be in Inuktitut in every community, because some Inuit can't read English.

I forgot to write about when my sister passed away. She died in Montreal on August 10, 1998. She was buried in Iqaluit. She is not sick anymore. She is resting in peace with her relatives up in heaven.

## WOMEN AND HIV/AIDS

Since doctors first found out about HIV, women have been catching it. In Canada, most women who have HIV got it through having unprotected sex. Here are some facts about HIV and women:

- The first Inuk woman known to catch HIV died of AIDS in 1992. Other Inuit women have been diagnosed with HIV since then;
- In 1998, there were more than 12 million women in the world with HIV;
- Doctors believe that there will be more women than men with HIV by the year 2000;
- Often women only find out that they have caught HIV when they are pregnant or they give birth;
- Some signs of HIV in women are different than the signs in men;
- Women with HIV can give it to their babies.



HIV is a very serious issue for women. The fact is that women’s bodies are different than men’s bodies, so some of the early signs showing that they have HIV are different. If a woman has HIV, she can get the same infections men do. HIV can seriously affect a woman’s private parts, menstruation and her ability to have healthy babies.



**ALL WOMEN NEED GOOD INFORMATION ABOUT HIV TO STAY HEALTHY AND KEEP THEIR BABIES HEALTHY TOO.**

## **SIGNS OF HIV IN WOMEN**

### **YEAST INFECTIONS**

Most women get yeast infections every now and then, and most of the time they are not related to HIV. Often, women with HIV have a lot of yeast infections that last longer and don’t respond to treatment. This is often the first sign that a woman has caught HIV. It is a good idea for a woman to write down when she has a yeast infection, how long it lasts and the name of the medicine the doctor used to treat it.

Women get yeast infections for lots of reasons. Sometimes just taking antibiotics can give a woman a yeast infection. Writing down information about your yeast infection will help your doctor know if you have a bigger problem.

## MENSTRUAL CYCLE (YOUR PERIOD)

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Your menstrual cycle or period can change for many normal reasons, such as menopause, but HIV can also cause changes to a woman's menstrual cycle. Women with HIV sometimes have very painful periods which are more painful than they were before. Sometimes their period doesn't come as often. Sometimes it comes more often than it used to. Sometimes it doesn't come at all.

## PAP SMEARS

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There is a test that doctors or nurses do for women called a Pap smear. This is a test to see if there are any changes happening to the cells inside your private parts, especially at your cervix (the opening to your womb).

Although many women feel uncomfortable when they first have a Pap smear test, it is an important part of health care for women. Trust your doctor or nurse and try to relax. This test could save your life.

A Pap smear can help your doctor to see problems like cancer cells early so he or she can have them checked out. Your doctor may suggest that you have an HIV test if something doesn't look right on your Pap smear.

## PELVIC INFLAMMATORY DISEASE (PID)

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PID is an infection of the inside of a woman's private parts. It is usually caused by having had a sexually transmitted disease (STD) (read Part 6 – *Sexually Transmitted Diseases and HIV* for more information). Sometimes it is caused by a type of birth control called an IUD (intrauterine device).

Woman with PID may have some of these things:

- pain in the abdomen (stomach or tummy pain);
- pain in the back and legs;
- pain when having sex;
- pain when urinating;
- unusual smelly discharge coming out of their vagina;
- spotting from their vagina when they are not having a period.

If you have any of these things you should tell your doctor or nurse right away. There is medicine they can give you to treat PID. Some doctors have found that many women with HIV have PID.

## PREGNANCY

Many women only find out they have caught HIV when they are pregnant or just after their baby is born.

### A WOMAN WHO HAS HIV CAN GIVE IT TO HER BABY

Doctors believe that about three out of every 10 babies whose mothers have HIV are born with HIV. All women who are pregnant should think about having an HIV test as soon as they become pregnant. Talk to your doctor or nurse about it.

Most babies who have HIV got it from their mothers before they were born because the baby shares the mother's blood and immune systems. Some babies have caught HIV from breastfeeding. Breastfeeding is believed by many to be the best way for a woman to feed her baby if she can. Women who have HIV should NOT breastfeed their babies because they could give them HIV. This is another good reason to have an HIV test as soon as you know you are pregnant.



Deciding to have a test for HIV is serious. There are positive and negative things about having a test while you are pregnant. These are some things to think about.

#### POSITIVE:

- the test will tell you if you have HIV or not;
- if you have HIV you can get treatment right away;
- the doctor could give you medicine to help protect your baby from HIV;
- you can discuss having a C section (cesarean section) with your doctor. A C section reduces the risk of infection through delivery;
- you will know it is not a good idea to breastfeed your baby.

#### NEGATIVE:

- waiting to hear what the test says is very difficult;
- if your test is positive it will be very scary;
- if the test shows you have HIV you will have many decisions to make about your health, your pregnancy and other things.

If a doctor knows that a woman has HIV, he can give her medicine that might help her baby not to catch HIV. The medicine is called AZT. If a woman with HIV takes this medicine, there is less of a chance she will give HIV to her baby.

Doctors do not think pregnancy will make women who have HIV go on to have AIDS faster, as long as they have no symptoms of AIDS when they get pregnant. If a woman is HIV+ and already has some symptoms, pregnancy may put her at risk for other infections. These women will have to work with their doctor to decide what the best medicines are to use while she is pregnant.

#### PROTECTION FOR WOMEN

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There are many reasons the risk of HIV is so great for women. Some of the reasons that women are at such risk are not nice to think about. It is important that we talk honestly about them and look for ways to prevent the spread of HIV.

#### SPECIAL RISKS FOR WOMEN

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- women are more likely to be sexually assaulted (raped);
- women sometimes feel they have no choice about sex;
- there is less information about HIV and women than there is for men;
- women, especially women with families, are less likely to take the time to look after their own health;
- women sometimes cannot make sure a man uses a condom;
- women often do not know how to protect themselves from HIV.

**THE BEST PROTECTION WOMEN HAVE AGAINST CATCHING HIV IS INFORMATION. ALL WOMEN SHOULD LEARN THE FACTS ABOUT HIV AND SAFER SEX.**

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## SEXUAL ASSAULT (RAPE)

Most often women who have been raped could not protect themselves from HIV or other STDs. Women who have been raped usually do not tell anyone because they believe people will think it was their fault. BEING RAPED IS NEVER A WOMAN'S FAULT.

For health reasons, women who have been sexually assaulted must see a doctor, nurse or community health worker right away. Health care providers will help them make decisions about calling the police, and about HIV, STDs and possible pregnancy.

It is important for women to understand that they may not be the only victim of a rapist. Most often men who assault women assault many women. Unless women report that they have been sexually assaulted, other women are likely to be raped by the same man.

Women who have been sexually assaulted have the right to know if the rapist has given them HIV. The law may not be able to force a man who has been accused of rape to take an HIV test, but there are tests that can tell women very soon after they have been raped if they have been given HIV. Women must insist that their doctor give them an HIV test.

In some communities in Canada, women who have been sexually assaulted are offered a mixture of drugs that can sometimes prevent HIV from growing in their bodies. This medicine must be started almost immediately after the sexual assault for it to have any chance to work. Taking this medicine is a serious decision you need to talk to your doctor about. These drugs are new. We are not sure what they will do to a person over many years. Still, they may be the best way to deal with the chance that a woman has been infected with HIV by a rapist.

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## CHOICES ABOUT SEX

There are many reasons women have sex when they do not want to. Women have been taught to be submissive but TIMES HAVE CHANGED AND SO CAN YOU.

Some women rely on men for money to support them and their families. Sometimes they are made to feel that they must give sex to their husbands or boyfriends. Some women are afraid of disappointing their partner if they do not have sex.

Love is a powerful feeling. Almost all people hope they will find love. People sometimes use the promise of love as a way of getting sex. Women sometimes give their partner sex because they are afraid that if

they don't their partner will not love them anymore.

Women who live in abusive relationships often do not have any choice about when they have sex. For many, the fear of physical violence, psychological abuse or the abuse of their children is so great that they give sex to their partners to try to protect themselves and their children.

These are only some of the reasons that women have sex when they don't want to. It is never OK to be forced to have sex for any reason.

Women who find themselves in abusive relationships are at risk of catching HIV

## ONLY WOMEN HAVE THE RIGHT TO CONTROL WHAT HAPPENS TO THEIR OWN BODIES.

from their partners. You cannot just assume your partner is faithful, especially if your relationship is not healthy. It is very hard to make a man use a condom if you are afraid of him, if you are afraid of losing him or if you are afraid he will leave you and your children without enough money for food.

There are people in your community who can help you if you are in this type of relationship. Staying in an abusive relationship is taking a risk with your life.

Some people you can talk to are the:

- social worker or shelter worker
- addictions counselor
- RCMP or police
- community health worker
- school/community counselor
- doctor or public health nurse
- priest/minister
- victim's assistance worker



For more information about HIV/AIDS, read the other booklets in this series, contact the nursing station or health centre in your community, or try these:

**Web sites**

**Health Canada**

[www.hc-sc.gc.ca/aids.htm](http://www.hc-sc.gc.ca/aids.htm)

**Canadian AIDS Treatment Information Exchange**

[www.catie.ca](http://www.catie.ca)

**Canadian Aboriginal AIDS Network**

[www.caan.ca](http://www.caan.ca)

**Canadian HIV/AIDS Legal Network**

[www.aidslaw.ca](http://www.aidslaw.ca)

**Toll-free phone numbers**

**Help Line and AIDS Info Line (Western Arctic)**

1 (800) 661-0844 or 920-2121 (Yellowknife)  
from 7 p.m. to 11 p.m.

**Nunavut AIDS information Line**

1 (800) 661-0795 or 979-0520 (Iqaluit)  
from 7 p.m. to midnight

**Comité des personnes atteintes du virus d'immunodéficience humaine du Québec**

1 (800) 927-2844 (Montreal)

**Newfoundland and Labrador AIDS Committee**

1 (800) 563-1575

