



e-news@BHI

"Celebrating 21 Years of Working With African, African Caribbean, Dual Heritage & BME Communities in Leeds"

Welcome to our second edition of e-news@BHI. This issue is dedicated to acknowledging **World AIDS Day (WAD)**, which is universally celebrated on December 1st each year.

The red ribbon is the international symbol of HIV awareness that is worn by people all year round and particularly on December 1st to fight against its continued stigma, to support those affected by the illness and to raise awareness.

The 2009 theme is Universal Access and Human Rights, the theme focuses on the recognition that every individual has the human right to HIV/AIDS information testing, treatment and care irrespective of who they are and where they live.

As part of BHI's contribution to raise awareness of HIV/AIDS and World AIDS Day, we went out on the streets of Chapeltown and Harehills to interview people about their thoughts on HIV/AIDS, and the impact it has made on peoples lives.

We recorded over 50 comments and they have been made into an advert, which can be heard on Fresh FM, everyday until December 5th.

We have also circulated over a hundred WAD information packs to schools, colleges commercial settings and BME community organisations.



Early testing saves lives...

Don't die of ignorance



This World AIDS Day please get yourself tested!

Contact **Testing Times** on 07910 977 756. We offer free and confidential HIV testing and the results are ready in 20 minutes.

WORLD AIDS DAY Tuesday 1st December 2009

EVENTS IN LEEDS

World AIDS Day Vigil

This event will take place at 6pm on World AIDS Day. It will include key speakers and entertainment from a number of different acts. It will also be followed by a minute's silence. If you would like to attend this event please contact scott@thebha.org.uk

World AIDS Day Fundraiser and After Party

This event will start at 8pm till late at the Bridge Inn. It will include a DJ set and entertainment. The Leeds World AIDS Day raffle will also be drawn at this event. See below for more information.

Raffle Prizes – WAD 2009

Raffle tickets can be purchased from the Bridge Inn and Nice & Naughty.

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HIV and Me - Tanya's Story

world AIDS day
1 December 09 

My name is Tanya. In Nov of last year I met a man who had everything I ever dreamed of. I wasn't at the time looking for a relationship, but a friendship grew between us and I decided to leave it at just that. His feelings, however, expressed otherwise. He was willing to stick around and wait for me to come around...

In the midst of getting to know each other I asked him one night when was the last time he got tested for HIV, he had said that about 2 years ago, and told me he wasn't in any relationships since then. I told him he should get retested and he went to the doctor 3 days later. We had some drinks that night and had unprotected sex.

Days went by and I totally forgot about the test, and all about why I had asked him to get tested in the 1st place. We had unprotected sex again that week. One day I didn't hear from him until late evening when he called me and told me his doctor told him he was HIV positive, my head spun and after that I was in a fog.

I got on PEP (post exposure prophylaxis) and was tested 4 weeks after that. I was HIV negative.

I had mixed emotions about having a relationship with him and he was devastated. It weighed heavy on my heart and mind and I considered everything. HIV is no longer a death sentence, with responsibility and caution we can lead a very fulfilling life. And we have been since then. I did not let HIV interfere with the happiness he could bring me. And I have found love, passion, compassion, peace, fulfilment and contentment that most people only dream of.



Image posed by models, story courtesy of avert.org

I am HIV negative living with an HIV positive man. I stayed with him because I fell in love with him and his condition wasn't enough to keep me away. He is my soul mate and I would do it all over again if I could.

Don't give up the chance for happiness just because there is a challenge ahead of you. And don't think there aren't people out there willing to take the chance that I did. Don't give up hope. Good luck to us all in this journey.

Please go to page 3 for more information on PEP (post exposure prophylaxis)

This article is courtesy of:

Yorkshire MESMAC
SEXUAL HEALTH PROJECT

Post - after

Exposure - a situation where HIV has chance to enter the bloodstream

Prophylaxis - a treatment to stop infection happening

PEP - a treatment to stop a person becoming infected with HIV once it is in their body

PEP stands for Post Exposure Prophylaxis. PEP is a course of HIV medication which you can take if you have been at risk of HIV infection. The course of HIV medication lasts about 28 days and, if taken within 72 hours of putting yourself at risk, may be able to prevent you from becoming infected with HIV.

How to get PEP

You can get PEP at a sexual health clinic or in the Accident and Emergency department of some hospitals. At weekends sexual health clinics will not be open. You must start PEP within 72 hours of putting yourself at risk of HIV, though the sooner you start PEP the more likely it is to be effective.

Because HIV medication is expensive most clinics will not prescribe PEP unless they feel that there is a very real chance that infection will take place if they don't. PEP will not be given to someone who is already HIV positive and so if you ask for PEP they will give you an HIV test. If you are HIV negative they will probably try to establish what your risk of infection is and this will depend on the likelihood of your partner being HIV positive and how risky the sex you had was.

PEP's Effectiveness

Research indicates that PEP can prevent infection with HIV, but it is not 100% effective. PEP is more likely to be effective when the treatment starts shortly after the risk occurred and most clinics will not put someone on a course of PEP any later than 72 hours after HIV exposure (risk). The sooner after the risk you begin PEP, the better the chance that it will work.

Instructions for accessing PEP

If you believe that you need PEP, the following section explains what you should do. Act immediately. The sooner you start PEP, the more likely it is to be effective.

Try to contact your local sexual health clinic first. Ask to speak to a sexual health nurse or health adviser urgently. If this isn't possible, you should explain that you think you've been exposed to HIV and want to talk to someone about being given PEP. If the clinic can't offer PEP or if the clinic is closed, you can go to an Accident & Emergency (A&E) department of a local hospital.

What to do at a clinic or A&E department

Go to the reception and explain you want to see someone urgently about PEP (Post Exposure Prophylaxis) to prevent HIV infection. If you are at the A&E department of your local hospital it may help to ask them to call the 'on-duty HIV registrar' who will have experience in PEP and HIV.

Speaking to doctor

When you get to speak to a doctor or nurse, tell them you want PEP and give details of when and how you were at risk of HIV infection. There will be a number of questions to answer so that the doctor can decide if you need PEP. It is important to provide honest answers.

Taking PEP

PEP uses the same drugs that treat HIV infection so you are likely to experience the same kind of side effects as people who are beginning to take HIV medication. Common side effects include diarrhoea, nausea, headaches, and tiredness. In rare cases more serious side effects, such as liver damage, can occur. The doctor will need to explain the effects of these medications before you start PEP.



Positive Living

"I remember driving to the hospital thinking to myself, it's going to be negative. I was quite sure it was going to be negative. But it wasn't. "I'm sorry to say it has come back positive" the nurse said. Then the surprising thing happened, I didn't fall apart. For so long I had thought about what I would do if I became HIV+, and in those thoughts it was always the same, that I wouldn't cope. Don't get me wrong, I wasn't over the moon about the result but I didn't break down. I just decided to deal with it." Patrick

Image posed by model, quote courtesy of avert.org

Free & Confidential HIV Testing

Testing Times is a free, confidential HIV testing service. If you think you may have been at risk, want more information about HIV, don't want to be seen/tested at the sexual health clinic, or cannot get time off during the day - whatever your reasons we can help put your mind at rest. Our trained workers will be able to answer your questions about HIV and the HIV test. We will take a pin-prick sample of your blood and after 20 minutes we will have a result. If the test is positive we will arrange for further tests, an appointment at the GU clinic and access to emotional support services. If the test result is negative, we can discuss ways to reduce the risk of HIV transmission

Drop in sessions are on Mondays between 6pm and 8pm, the last appointment is at 7.30pm.

Please call the BHI office on 0113 3070300 to find out our location and make an appointment.

Testing Times Mobile: 07910 977 756

You do not need to give your real name and address.



Free World AIDS Day Resources

WAD has been acknowledged on **December 1st** since 1988. The red ribbon is the international symbol of HIV awareness that is worn by people all year round and particularly on December 1st to fight against its continued stigma, to support those affected by the illness and to raise awareness.

The 2009 theme is Universal Access and Human Rights, the theme focuses on the recognition that every individual has the human right to HIV/AIDS information testing, treatment and care irrespective of who they are and where they live.

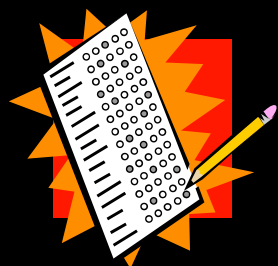
Do you want a red ribbon, but don't know where to get them from? Pick up a resource pack from BHI, we have posters leaflets, ribbons and other free resources, contact us by phone or e-mail or drop by the office.

Did you know that we provide free copies of Positive Nation?

Positive Nation is Europe's only generic monthly magazine by, for and about people living with and affected by HIV, Aids and related conditions.

Please be aware that we only have limited numbers and that these are issued on a first come first served basis.

To obtain your free copy please contact BHI on 0113 3070300 to arrange a suitable time for collection.



TRUE OR FALSE?

Take our 2 minute quiz to see if you have your facts right about HIV and AIDS

1. AIDS is the last stage of HIV infection.
2. You can get HIV by sharing utensils with an infected person.
3. It is possible to spread HIV to an unborn child if the mother has the virus.
4. All HIV infected persons look sick.
5. There is no use in going for HIV testing because there is no cure for the disease.

Go to page 8 for the answers

In terms of global HIV prevalence rates, the Caribbean region ranks second only to sub-Saharan Africa. Approximately 430,000 people are living with HIV and AIDS in the Caribbean and in some islands AIDS remains one of the leading causes of death.

The spread of HIV in the Caribbean has taken place against a common background of poverty, cultural and behavioral patterns such as HIV stigma, lack of confidentiality, poor availability of HIV/AIDS information, gender inequalities, criminalisation of homosexuality and migration between the islands. They are all factors influencing vulnerability to HIV and AIDS.

Heterosexual sex is considered to be the main method of transmission, much of which is associated with commercial sex, but the virus is also spreading in the general population. Sex between men is also a major factor in some countries' epidemics as false reporting of cases is thought to be common. As a result of this stigmatisation and discrimination, physical violence and sometimes death towards anyone suspected of engaging in homosexual practices, many gay men adopt a socially acceptable heterosexual lifestyle.

Jamaican born, Dr Kevin Fenton is one of the authors of *HIV/AIDS-related stigma and discrimination (HASD) on HIV-positive Caribbean people in the Caribbean and the UK*. This paper explores the effects of. In-depth, semi-structured interviews were held with a purposively selected group of 25 HIV-positive people of Caribbean origin, using primary selection criteria of sex, age, sexuality and country of birth. Interviews with respondents revealed that they are keenly aware of the stigma surrounding HIV/AIDS. HIV-positive people of Caribbean descent are keenly aware of HIV-related stigma in their communities, and believe it is based on "a particularly Caribbean cocktail of fear of contamination, homophobia, religious beliefs and ignorance.

There have been sharp increases in the numbers of HIV diagnoses among Caribbean people in the UK in the recent years, and in 2006, 3.2% of new diagnoses were in this group. However their experiences of HIV-related stigma and discrimination have not, until now, been researched.

The LIVITY study is the first in-depth study of HIV among black Caribbean people in the UK, and includes quantitative research with 250 HIV-positive people, as well as further qualitative interviews with 25 members of the larger sample.

The findings on stigma are drawn from these in-depth interviews. Respondents were asked to describe their knowledge of HIV-related stigma prior to diagnosis; their reactions to their diagnosis; decision-making around disclosure of HIV status; stigma and discrimination they had experienced; how they felt stigma affected their lives; and how well they believed they were coping with their illness.

Of the 25 interviewees, ten were gay or bisexual men, five were heterosexual men, and ten were heterosexual women. Two thirds were born in the Caribbean (notably Jamaica), and all of those born in the UK had at least one Caribbean parent or grandparent.

Stigma can be defined as: "A strong feeling in society that being in a particular situation or having a particular illness is something to be ashamed of" (Longman Dictionary of Contemporary English). Moreover, researchers have distinguished between "felt stigma" and "enacted stigma". In this case, "felt stigma" refers to people with HIV's own feelings about HIV, and their expectations of how other people will react to them; while "enacted stigma" refers to actual experiences of stigma and discrimination that have taken place.

The interviews confirmed that as people experience a great deal of felt stigma, they use a number of avoidance strategies (such as hiding their HIV status), with the result that tangible experiences of enacted stigma were less common.

Avoidance strategies included making careful assessments of the likely reaction of people they might disclose to, and refraining from starting or committing to sexual relationships if that would necessitate disclosure. Moreover, a number of participants had withdrawn from social activities for a period, out of shame and fear of discovery.

Fear of contamination

When asked to describe the reasons for stigma, all of the HIV-positive respondents mentioned others' fear of catching the disease, based on perceptions of the ease of transmission.

Respondents often expected to be ostracised, and were acutely aware that people with HIV could be treated like "lepers" who are responsible for passing on disease.

Moreover, some respondents had internalised stigma, for example not wishing to kiss family members or share cups with them. Experiences of enacted stigma in the family included excessive cleansing of household objects and being excluded from relatives'

homes. Several respondents had experienced discrimination in healthcare settings, including physical examinations not being conducted.

The association of HIV with immoral behaviour

HIV was associated with sexual behaviour that was regarded as immoral, including promiscuity, prostitution and, above all, homosexuality. Religion had a strong influence on the perception that “sinners” contracted HIV as a form of punishment.

Women born in the Caribbean were particularly aware of morality tales told in church, and often mentioned the use of words like “dirty”. The researchers suggest that “a dirty person is someone who infringes moral boundaries, is thus contaminated and can contaminate others”.

Gay and bisexual men were also particularly worried about being blamed for their illness, and a number feared having their sexuality revealed. Several respondents had experienced depression, alcoholism and thoughts of suicide, as a consequence of the risk of social vilification.

Enacted stigma related to immorality included malicious disclosure, gossip and verbal abuse. Caribbean born respondents reported cases when other people with HIV had been excluded from neighbourhoods, had their homes burned down, or even been killed.

Ignorance

The HIV-positive respondents believed that stigma had its roots in ignorance, which was often blamed on the influence of religion, lack of health promotion activities and the parents' refusal to discuss sexual issues with children. Several respondents also thought that there was a refusal to “take time to understand”, which was felt to be a specifically Caribbean phenomenon. As a consequence, respondents perceived there to be greater stigma in their communities than in other British communities.

Conclusion

The authors conclude that stigma impacts on people with HIV's lives in a variety of ways: emotionally, mentally, financially, socially and physically. They urge the creation of interventions to specifically address stigma and discrimination in the UK's Caribbean population, but warn that education alone is unlikely to be insufficient. Tackling stigma, they say, “requires ‘cultural work’ to address deeply entrenched notions of sexuality and understandings of HIV transmission and treatment”.

Reference

Anderson M et al. *HIV/AIDS-related stigma and discrimination: accounts of HIV-positive Caribbean people in the United Kingdom*. Social Science and Medicine (online edition), 2008.

Further articles of the impact of HIV/AIDS and Sexually acquired infections will be explored in the next issue of E-news. If you have any questions or comments regarding this article please forward them to BHI Newsletter @ admin@bhileeds.org.uk

Glossary

HIV Prevalence - The total number of cases of HIV in a given population at a specific time.

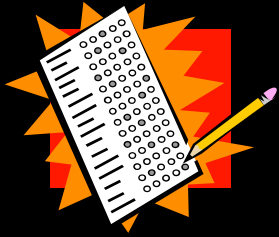
Commercial Sex - any sex act on account of which anything of value is given to or received by any person.

HIV Stigma - Prejudice and discrimination directed at people living with HIV/AIDS



Is now on **facebook**

www.facebook.com/BlackHealthLeeds



TRUE OR FALSE?

How did you do? Check your answers against the results below!

1. True. HIV is the virus that causes AIDS. AIDS is the final stage of HIV infection when the body's resistance to diseases has been totally destroyed.

2. False. You cannot contract HIV through normal everyday interactions with people who have HIV/AIDS, such as sharing utensils, shaking hands, hugging, kissing, coughing and, sneezing. HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or through transfusions of infected blood. The primary mode of transmission is through sexual contact with someone infected with HIV/AIDS.

3. True. HIV-infected women may infect their baby before or during birth or through breast-feeding after birth.

4. False. Persons who are first infected with HIV often look and feel well in the early stages of contracting the virus. You can't tell if someone has HIV just by looking at them. The only way to tell whether a person is HIV infected is through HIV testing. Anonymous HIV testing is available through our Testing Times Service.

5. False. Going for HIV testing enables you to be diagnosed and treated early. Early treatment helps to alleviate symptoms and improve the quality of a HIV-infected person's life.

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