Wanita maksak is organising Senamrobik on 8/9/96 at Padang Merdeka. Will be prizes ...contact Pat to find out more.

SWWS to take part in an exhibition for Hari Wanita ...Any ideas?

Girl Guides organising Sukaneka on 29/9 at Padang Merdeka. Contact Pat if you'd like to be on the SWWS team.

CPL training now in progress ...Members are encouraged to attend refresher sessions.
Empowering the Malaysian Mother to Breastfeed

Women’s groups should:

1. Inform women on choosing Baby Friendly hospitals.
2. Lobby for facilities at workplaces, such as breastfeeding crèche or at least a place to express and store milk.
3. Lobby for extended partly paid maternity leave.
4. Lobby for flexihours at work for breastfeeding mothers.
5. Lobby for the rights of women to breastfeed in public and for more Baby Friendly places such as supermarkets, restaurants and transport stations.
6. Include breastfeeding as a topic for any related health or nutrition seminar for the public.
7. Volunteer at grass root level to be trained as breastfeeding counsellors.

Prepared by Adlina Suleiman, Lactation Consultant, Breastfeeding Advisory Association of Malaysia

Taken from Vol. 20, August 1996, NEWSVISION, National NGO Resource Centre
**Health**

No Respite from Vigilance

A new AIDS treatment is out of Asia's reach

By Catherine Shepherd

Ah Chu is a Hong Kong prostitute. She and her friends Lulu and Jenny, who are visiting from mainland China, are discussing AIDS prevention. Anyone can test positive for HIV, they tell her, so refusing Western clients will not protect Ah Chu from the disease. A simple story — and a fictional one, too. Ah Chu, Lulu and Jenny are characters in a comic book being designed by AIDS Concern and Action for Reach Out. Both are non-government organizations in Hong Kong that focus on AIDS education.

Since many sex-industry workers are illiterate, comics effectively communicate the safe-sex message. Recent, much-hyped medical breakthroughs have brought a treatment for AIDS seemingly within grasp. But, as delegates at last month's 11th International Conference on AIDS in Vancouver, Canada, pointed out, treatment continues to be costly and complicated. So for many in Asia, prevention is still the best — and perhaps the only — defense against the disease.

The new treatment, developed in the U.S., is a combination of medications that disrupt the virus as it tries to reproduce and spread to other cells in the body. The first two components, the drugs AZT and 3TC, block the initial stages of HIV's reproductive process. To ensure that no viral genetic material can split and re-form at a later stage, a third set of drugs, known as protease inhibitors, is taken. This three-pronged attack is already restoring energy, body mass and healthy cell counts in HIV-positive patients in developed countries. Despite the treatment's successes, doctors hesitate to declare it an AIDS "cure." To avoid raising undue expectations, they prefer to call the drug cocktail by the more cautious term "AIDS control."

Now the bad news: the "control" is both difficult to administer and expensive. It costs around $15,000 a year. So in developing nations, home to 90% of the world's AIDS cases, the treatment is only available to the very rich, if at all. Neither are the medications worry-free: recipients report kidney stones, nausea and diarrhea as side effects. Some of the drugs need to be taken on full stomachs, while others require fasting. If patients confuse this medication schedule, the infection level could rebound. The virus may even mutate into forms that are wholly drug-resistant.

Since treating AIDS patients — a captive and desperate clientele — offers such high financial rewards, drug companies have paid comparatively little attention to AIDS prevention. Thus research into vaccines that could halt the spread of the disease in the developing world has largely languished — even as wealthy AIDS sufferers in the West receive treatment that may result in a multi-drug-resistant virus.

Vaccines stop diseases by fooling the body. They contain inactive viruses, in small doses. Even though the viruses usually cannot cause infection, inoculated individuals naturally defend themselves by building up antibodies. So when exposure to active viruses occurs, their systems are ready to fight off invaders.

HIV, however, attacks the very thing vaccines are designed to boost: the immune system. The virus also has several sub-variants, each one common to a specific region. In Hong Kong, HIV 1 is the most prevalent, while HIV 2 is found in Singapore and the Philippines. (Thailand is the source for most 2 sub-variations, so their distribution may mirror regional travel patterns.) Each variety of HIV — there are about nine altogether — would require its own vaccine. So far, what little vaccine research there is has focused on HIV 1, which is most common in the West.

All this means protection, prevention and education are especially crucial in this region. India, with its 900 million people, now has the highest number of HIV-positive adults worldwide. An estimated three million are infected. At current rates, the subcontinent is fast approaching the infection levels of Africa, where one in three adults has HIV.

The AIDS education campaign in India is hampered by its large rural population. Although the incidence of HIV infection has leveled off in the cities, villages continue to report new cases. Disseminating information about prevention is not easy. Among the beliefs, health workers must contend with: that sex with a Nepalese virgin will cure AIDS.

According to the Western Pacific regional office of the World Health Organization, educational activities in Asia are conducted at many levels. Mass media campaigns, such as billboards and television advertisements promoting safe sex, inform the general public. AIDS education is also becoming increasingly common in school curricula. And traveling theater groups and puppet shows target children or isolated villagers whom mass media fail to reach.

Education does work. In Thailand, a campaign promoting 100% condom use has reduced HIV infections four-fold since 1990. "Thailand is a lesson to everybody. It integrates all consciousness in just about everything it does," says Peter Piot, executive director of UNAIDS, the United Nations AIDS monitoring and research
body. Nonetheless, Thailand still faces a formidable problem. The country, with its 750,000 HIV carriers, has Asia's second-largest infected population. An estimated 30% of its sex-industry workers are HIV-positive. Their clients have gone on to infect wives and girlfriends. Now, 20,000 pregnant mothers and 6,000 infants are diagnosed as HIV-positive every year.

Thailand confronts another threat. It is home to an alarming number of people stricken by a fungal organism called *Penicillium marneffei*. The infection, which takes advantage of the compromised immune system of AIDS patients, can kill. Once an obscure ailment, it is on the increase in Southeast Asia.

The disease is characterized by papules, pus-filled bumps that resemble pimples but progress to hollow, bleeding lesions of dead tissue. It affects the face and scalp, but can spread to the shoulders and even the palate. Victims suffer fever, diarrhea and weight loss in addition to the lesions. The symptoms match other non-AIDS-related skin diseases, so health authorities are concerned about misdiagnosis. Left untreated, the infection has a 100% fatality rate among AIDS patients.

Where the fungus originates is unclear. It is found in bamboo rats, which live in thickets in mountainous areas. The rodents breed during the rainy season, and researchers have noticed an increase in the incidence of *P. marneffei* infections during the monsoon months. But rats may not directly transmit the fungus. The organism has also been found in abandoned buildings and in bird and bat droppings, and may even dwell in bamboo itself.

*P. marneffei* can infect those who are not immunodeficient, but rarely does. Once diagnosed, it can be successfully treated with anti-fungal drugs, though lifelong drug therapy is necessary. Thai physicians have called on doctors worldwide to be ready to recognize the infection, especially in an HIV carrier who travels from Southeast Asia.

Obscure infections are just one of the many threats Asian AIDS patients will have to face in the coming years. But there is room for cautious optimism. The Vancouver conference saw the introduction of two additional protease inhibitors, as well as the debut of drugs called integrase inhibitors, which block another enzyme HIV needs to reproduce. If pressure increases on pharmaceutical companies to produce effective and affordable medication, an AIDS treatment may be available to the majority of sufferers. But until there is a cure, the only hope for those at risk, like Ah Chu, is prevention.

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With reporting by Ellen Guerrera/Vancouver

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KUALA LUMPUR (Ber-nama) - Just when the world thought that tuberculosis (TB) is under control, it has made a strong comeback like never before.

The World Health Organization (WHO) reports that more people died from TB last year than in any other year in history. According to WHO, nearly 2.5 million people died from TB last year, surpassing the worst year of the epidemic in 1990, when an estimated 2.1 million people died.

The World Health Organization has warned that the TB crisis will continue to grow unless immediate action is taken. At current rates, up to a half-billion people could become sick with TB in the next 50 years. Increasingly, these people may become sick with multi-drug resistant TB.

TB is now the leading infectious killer of youth and adults and it has become the principal killer of Human Immuno-Deficiency (HIV)-positive people and kills more women than all causes of maternal mortality combined.

TB is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

WHO also reported that nearly half of the world's refugees may be infected with TB and it is likely that no other infectious disease is creating as many orphans and devastating families.

Tuberculosis is an infectious disease that is usually caused by the bacterium Mycobacterium tuberculosis. Infection may result from inhalation of droplets of infected sputum and less commonly, from drinking infected milk.

According to Dr Aziah Ahmad Mahayuddin, consultant chest physician at the Institute of Respiratory Disease in Hospital Kuala Lumpur, the burden of TB is not evenly distributed throughout the world as the prevalence is highest in the Eastern Pacific Region (44 percent of the population is infected) and lowest in the Eastern Mediterranean Region (19 percent).

She says it is estimated that in 1994, the number of new cases of all forms of TB in the developing countries was 7.8 million (39 percent), with an additional 400,000 new cases in industrialised countries (five percent). The largest number of cases (more than five million) are believed to occur in Asia, especially in the Southeast Asian region (25 percent: Indonesia and Thailand) and in Africa (22 percent), she adds.

TB occurs due to lack of stable health and medical facilities, poverty, malnutrition, no BCG vaccination, loss of capable continuous parenting and parental disability.

Dr Aziah also says that TB cases among children worldwide had also increased and childhood TB infection and disease rates are highest among children in contact with adults who are at high risk for TB.

In Malaysia, statistics show that about 11,000 to 12,000 TB cases were recorded annually during the last five years. Some 11,064 cases were detected last year and 58.2 percent of the patients were between the ages of 15 and 49.

The lack of public awareness on the dangers of infection is the reason why TB is not better controlled.

"In developing countries like Malaysia, TB has been endemic," says Assoe Prof Lokman Mohd Nor from the School of Medical Science, Universiti Sains Malaysia (USM), Kubang Kerian, Kelantan.

He says the number of children with TB in the country remained at 301 to 288 (six per 100,000 children) throughout 1990-1993 in spite of increased BCG vaccination coverage and increased affluence of Malaysians.

However, he states that in the country's deep interior areas, the proportion of children with TB is even more striking.

He explains that among the Orang Asli, the estimated number of children with TB in 1992 was 120 per 100,000 of its population, compared to the national figure of 1.6 per 100,000.

"This has resulted in the risk of an Orang Asli child contracting TB 70 times higher than that of an average Malaysian child," he says.

He attributes the situation in 1992, there were 91 cases of TB among the Orang Asli children. Prof Lokman points out that among the factors associated with the high prevalence, TB in Orang Asli children are, malnutrition, late BCG vaccination, and high prevalence of TB in its adult population.

"Symptoms of TB in the children include cough, fever, wheezing and night sweats. Most of the children are less than five years old and the risk of the diseases is high," he adds.

"It is our belief, that children must be immunised with the BCG vaccination on time, so that they would not succumb to this dreaded disease."

"And parents must play a crucial role in ensuring that they will not delay immunising their children with the BCG vaccination as it is very important for their children."
Summary of the meeting with the Malaysian AIDS Council, organised by Sarawak Women for Women Society

31 July 1996, 2.00pm Telang Usan Hotel, Kuching

The meeting opened with a welcoming address from the SWWS President, Ms Angie Garet, who then passed the floor to the Chairperson, Ms Gill Raja.

After the participants (see Appendix 1) had introduced themselves the Malaysian AIDS Council (MAC) President gave an overview of the MAC and its work to date (see Appendix 2).

When the floor was thrown open for questions, Puan Hajjah Zahrah asked Puan Marina whether HIV/AIDS was a serious problem in Malaysia. During her reply in the affirmative Puan Marina informed the group that Malaysia was currently getting 300 new cases a month reported, whereas Australia, for example, now had 500 new cases a year which perhaps indicated that its public education programmes were having a positive effect.

In answer to Puan Sabariah's question about the main form of transmission of the virus, Puan Marina explained that the statistics were often distorted for many reasons. If, for example, a sex worker was caught in a drug raid and was found to be positive she would be listed under the drug route, whereas in all probability she became infected by the sex route.

Participants were invited to make a brief statement about their agency's concerns and programmes, both present and future. Some groups submitted written reports (see Appendix 3).

During the questioning of each agency's representative one of the main concerns voiced was the absence of a consistent HIV/AIDS programme in schools. A lack of knowledge and awareness among teachers was also identified.

When the discussion turned to how an HIV/AIDS programme could best be spearheaded in Sarawak, no clear plans were formulated. It was agreed, however, that at this stage there should be an individual who would take a co-ordinator's role in bringing interested parties together - a Council as such would perhaps be over-ambitious and premature. The experience and materials of the MAC would continue to be available.

A day's workshop was suggested on HIV/AIDS awareness to be held within the next couple of months. Dr Andrew Kiyu also offered to hold a workshop for NGOs at the beginning of next year.
REPORT FOR THE MALAYSIAN AIDS COUNCIL

BY

SARAWAK WOMEN FOR WOMEN'S SOCIETY

CONCERNS

SWWS is well aware that women are particularly vulnerable to HIV/AIDS due to biological, social and economic factors. This vulnerability cuts across all sectors of society from sex-workers to the faithful wife of an unfaithful husband. SWWS is concerned for all vulnerable women, whatever their background or lifestyle, and adheres strongly to the belief that all women should be given respect, empathy, consideration and confidential services.

PERCEPTIONS

The Society’s perceptions are subjective being based on informal knowledge gained from the grapevine and extrapolations from direct knowledge of existing relationships problems. These perceptions are:-

1. Currently there are young girls who do not have the knowledge, means or ability to prevent unwanted pregnancies. If sexually active girls are not able to protect themselves from pregnancy then it can be assumed that they also do not know how to protect themselves from HIV/AIDS.

2. There is hearsay knowledge that pimps are trying to recruit school-aged/college girls. This is presumably as clients want to minimise the risk of catching HIV/AIDS. The girl, however, is at higher risk due to biological factors. The term ‘sugar-daddy’ seems to be well understood in Kuching among teenage girls. This is a topic which needs careful exploration so that young girls are not further victimised by society’s reaction. Instead the focus needs to be on educating and supporting the girls while channelling society’s emotional reactions to the pimps and male clients. It is quite likely that the ‘sugar daddies’ are economically comfortable and have more than one sexual partner.

3. Extra-marital affairs, especially for men, are not uncommon. This includes men who regularly travel (26% of calls to CPL are related to affairs). Generally speaking women would find it difficult when they suspect or know their husband is having an affair to insist on safe-sex. This is assuming that they realise they may be at risk. Many may not consider the possibility.

4. There are sufficient customers to keep the sex-trade active both in towns and in rural communities close to large concentration of male workers e.g. small towns close to logging camps. Areas easily accessible from Brunei are known to have well-frequented red light districts. The Society’s past-experience indicates that women working in such trade have little say in how the ‘business’ is run. The women involved are both locals and
foreigners. Earlier research indicated that the locals had more choices than the overseas girls in whether or not they stayed with a particular pimp. It is not known whether either group is allowed to use condoms.

5. Rape, including child sexual abuse, has been reported in the State. It is likely that only a percentage of incidents are reported.

6. There is considerable rural-urban migration of young girls who are taking up jobs as shop-assistants, petrol pump attendants and waitresses. These girls do not necessarily have relatives to stay with and are vulnerable to ‘sweet-talking’ men.

7. As reported by the Ministry of Medical Services, the State has the highest rate of sexually transmitted diseases other than HIV/AIDS. It is not clear whether this reflects an actual higher incidence or a higher ratio of reported cases. Whichever, it still means once HIV/AIDS becomes established in the State there is a high likelihood of it being spread quickly.

8. There is considerable mobility of sexually active adults in the State. People work in the towns, logging camps and plantations then return to their kampungs/longhouses. Others go regularly overseas or to Semenanjung on business trips. Then there are the army personnel and the sailors plus the factory workers based in Semenanjung who return for holidays. Whilst the number of reported HIV/AIDS cases are currently low it is questionable how long this will be maintained.

RESOURCES

SWWS is a small NGO which is not supported by any regular government grant. It has taken the organisation 10 years to have the financial resources to rent a Drop-in Centre (DIC) and employ one full-time staff and one part-timer. Its major resource is its members who total around 80, only a proportion of which are active. Most are working and/or raising children. Time is limited, but there is a commitment to assist women. When it comes to an issue such as HIV/AIDS it is difficult to see how SWWS could undertake any major programme. Even if resources were donated so more staff could be employed, the organisation would have to balance work on this programme with other areas so the Society did not become deflected from its overall reason for existence. Currently the Society sees its priorities as establishing the DIC; developing an out-reach education programme; expanding its crisis phone line service (CPL), which is into its 9th year of operation; developing a video appropriate to Malaysian culture to help protect children from sexual abuse; and following through on the Domestic Violence Act which has yet to be gazetted in Sarawak. SWWS is struggling within its existing resources to meet these goals. While the Society would be willing through its existing services to reach out to women at risk of HIV/AIDS, it cannot take a lead role within the NGO sector. Also an organisation taking a lead role in HIV/AIDS work has to also reach out to men.
Calls for formation of NGO in S’wak to curb AIDS spread

By Fraser Barui

KUCHING - Sarawak Women for Women's Society has proposed the setting up of a non-governmental organisation (NGO) in the state to help instil public awareness on programmes to prevent the spread of sexually transmitted diseases (STDs) and AIDS/HIV.

The Society said such a body is important to ensure a co-ordinated approach in disseminating the right information to the public on AIDS prevention and programmes.

"The way to prevent an epidemic is to have effective preventive programmes. It was recognised that to go further, there needs to be continued inter-agency coordination working with a committed local NGO discussing on effective programmes on HIV/AIDS," the Society said in a statement issued here recently.

The Society is calling on any interested parties to come forward and support the formation of such an NGO, which would work closely with Malaysian AIDS Council (MAC), headed by a prominent social worker, Puan Marina Mahathir.

The Society added it was necessary to check the high incidence of STDs cases in the state.

According to statistics from the Health Department, Sarawak recorded the highest number of STDs cases in the country with 1,800 cases in 1995.

Over the last decade, from 1986 to end of July this year, Sarawak recorded a total of 109 AIDS cases.

The department said, "This problem is worrying as it implies the rapid spread of the deadly disease, especially among the heterosexual community in the state."

The Society said if no immediate measures were taken to solve the problem, it could get out of control as many sexually active people could move in and out of the State and those already infected with HIV may not consult a doctor until the disease has become fully blown.

Recently, the Society held a discussion with MAC, representatives of the State Medical Department, Ministry of Education, Welfare Department and other local government agencies on effective ways to educate the public on prevention of AIDS.

Socso wants stiffer penalty for errant employers

KUALA TERENGGANU (Bernama) - A heavier penalty has been proposed by Socso commissioner, Puan Marina Mahathir, after the launching of a campaign to ensure 100% contribution by employers. She said the penalty will be increased from RM1,000 to RM3,000.

Greater Malaysia—
POTENTIAL STRATEGIES

A strategy SWWS has agreed to, which maximises its limited resources across all interest areas, is to raise public awareness and to network. It is this strategy which led to the original invitation to Puan Marina Mahathir to give a public talk on *Sexuality and Health* and subsequently to the round table discussion between MAC and interested agencies in the State.

In the future SWWS would be willing to participate in any body established to share and co-ordinate activities in the State. Within the Society’s own planned, and modest, educational programmes discussions on AIDS could be included. Similarly, women facing relationship problems where HIV/AIDS is a factor could, like other women, call our phone line which is operated by volunteer befrienders. A session on issues related to HIV/AIDS will be included in the CPL training sessions. SWWS would be willing to work with others on developing educational programmes to ensure that a women’s perspective is included. However, SWWS would not have the resources to operate such a programme state-wide. The Society does have a fledgling, but time-pressured, drama group that could develop a sketch on the issue, but again the number of performances they could do would be limited. In the past SWWS offered the CPL service to test out whether there would be a response to an AIDS hotline providing medics were on hand to answer the medical queries. This idea could be reconsidered but may be no longer necessary given the AIDS information line at the hospital. If there is a demand it would be more appropriate for a different NGO to be involved - one that was competent in handling both the medical and social aspects and was not primarily for one sex.

To summarise, for SWWS it would be helpful if there was an active NGO working on all issues related to HIV/AIDS to which SWWS could turn to for information required on its own programmes and to refer on individuals needing specialised counselling. In addition, SWWS would be willing to offer local knowledge, including information on helpful networks, to the NGO and collaborate where appropriate on projects.

SWWS
19/7/96
STOP PRESS!

Salvation Army Open Day stall collected RM 928.... Big thanks to Mary T and gang for a job well done.

Our computer is arriving soon - we'd welcome any computer literate members helping out with training.

Pot-Luck supper to say Thanks to Sai Ing at the DIC on 28 Sept at 7.00 pm. See you there!

Happy Family seminar on 2 October at the Hilton from 7.30 am to 5.30 pm. We should send 2 reps. Find out more from Pat if interested.

SWWS Retreat
Pandan Beach
5 - 6 October
50 % of costs borne by SWWS
Find out more from Pat or committee.
August 9, '96

Dear Angie,

Thanks very much for arranging the meeting on July 31st. Marina and I found the meeting to be most productive and we are optimistic that an AIDS Action Plan for Sarawak implemented early will significantly change the course of the epidemic in your state.

Please keep us informed of developments and we will be more than happy to assist in any manner. Enclosed are materials and feel free to distribute them accordingly.

Again, thanks to all of you for the warm hospitality. Looking forward to seeing you soon.

Sincerely,

[Signature]

Malaysian AIDS Council

President: Mahathir
Vice-President: Datuk Dr. N. Subramaniam
Secretary: Basham Hussein
Asst. Secretary: Irene Fernandez
Treasurer: A. Vathiygham
Committee Members: Dato' Suhaimi Osman, Syarifah Suria