

SEXUAL HEALTH IN ARMENIA

THIS MONTH

DECEMBER 2008

Distributed in cooperation with Armenian newspapers

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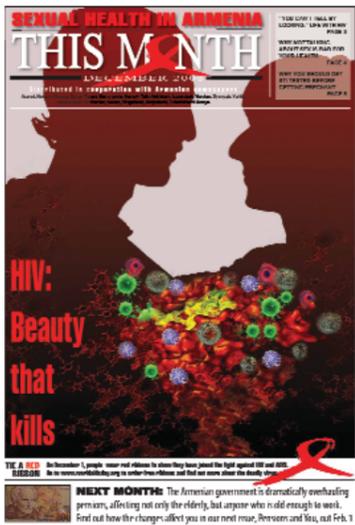
**HIV:
Beauty
that
kills**

Cover Art by "This Month" Design Team

TIE A RED RIBBON On December 1, people wear red ribbons to show they have joined the fight against HIV and AIDS. Go to www.worldaidsday.org to order free ribbons and find out more about the deadly virus.



NEXT MONTH: The Armenian government is dramatically overhauling pensions, affecting not only the elderly, but anyone who is old enough to work. Find out how the changes affect you in our next issue, Pensions and You, out Feb. 1



The most shocking thing about HIV is not the stealth with which it slips into a population or the horrific way it kills. It's the physical beauty of the virus itself.

It's the physical beauty of the virus itself. The latest microscopic images made available to us by the world's HIV scientists show how the nightmare for nearly 40 million people around the globe living with HIV unfolds inside the body like an intricately woven lace pattern. It also spreads through sex, something that should be beautiful, which is why we chose to show on our cover (see above photo) images of the virus imposed upon the profile of a loving couple. Love is beautiful, and so, unfortunately is HIV.

This issue has been timed to be published on Dec. 1, in conjunction with World AIDS Day. Think that doesn't have anything to do with you? There are an estimated 36,000 sexually transmitted infections (STIs) amidst the population. Most of the time, these infections are symptom-less and curable, but that doesn't mean they aren't dangerous: read how STIs can

affect the health of you, your partner, and even your unborn children (pages 4-5). It's true that Armenians traditionally don't talk about sex, but how much does the silence harm us and those we love?

Even if we want to talk about sex, it's still an uncomfortable subject, and the question becomes how to broach it. Find out what some vocal Shirak women did to protect their sexual health (Page 4). It raises more questions: what should we be teaching our children in school (Page 7)? In particular, what harm are we doing to our daughters by forcing them to be silent and ashamed of their sexual life, rather than teaching them to take responsibility for their sexual health? (Page 6)

It is also important how we treat those people living with the disease. HIV is not an infection that stalks the "guilty." Read about how a traditional Armenian woman contracted HIV, which took her child and changed her life forever (page 3).

Lastly, we must examine the politics of HIV and sexual health. How is the Armenian government's promotion of an experimental, locally produced HIV treatment helping or hurting Armenians living with HIV? (See story below)

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Այս բողարկումը հնարավոր է դարձել ԱՄՆ ժողովրդի՝ ԱՄՆ միջազգային զարգացման գործակալության միջնորդության շնորհիվ: Պարտադիր չէ, որ բողարկման բովանդակությունն արտացոլի «ԱՅՈՒԵԹԱ»-ի, Առողջության առաջնային պահպանման բարեփոխման ծրագրի, ԱՄՆ ՄԶԳ կամ ԱՄՆ կառավարության տեսակետները:

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Armenicum or nothing?

Ten Years On, the So-Called "Miracle Cure" Still Unproven

By Sara Khojayan and Leah Kohlenberg
Amnewsservice.org

For ten years, Armenians have been told about the wonders of Armenicum, the locally produced formula whose makers claim it has curative powers over the deadly HIV virus.

And while doctors who use the drug say it does seem to relieve some of the symptoms of HIV, after a decade the company has yet to produce any viable clinical trials proving more substantive treatment claims.

What most Armenians probably don't know is that their tax dollars are paying for Armenicum, which is more than triple the cost of the world's only proven treatment for HIV, Anti Retroviral (ARV) drugs. They probably also aren't aware that in a few months Armenicum may be the only choice available in Armenia for future HIV-infected people.

In Armenia, treating HIV positive patients shouldn't be a major problem – and on the surface, the system seems to be working. The HIV positive population is small, with only 649 reported cases. Even including the estimated 3,000 unreported cases out there, they still make up a mere .01 percent of the total population. Armenia does offer an efficient, government funded National Center for AIDS Prevention, which not only records but offers testing and treatment to anyone who needs it, based on World Health Organization standards of care.

But instead of paying for HIV patients to to receive all accepted treatments, the government is throwing all its money and resources towards supporting Armenicum, and is requiring AIDS Center doctors to offer the drug, though still unproven, as a choice.

This is a costly priority. Currently, it costs about \$6,000 per patient per year to

be treated with Armenicum, while the standard ARV regimen costs \$1,700 per patient per year. The Armenian taxpayer paid \$300,000 to treat 50 Armenicum patients this year, while the Global Fund paid \$160,000 to treat 93 patients with ARV drugs. In other words, it costs twice as much to treat half as many Armenicum patients.

So far, the U.S.-funded Global Fund, through the local World Vision Armenia office, has been paying for and procuring ARV treatments. But technically, that money ran out in June, and though the grant has been extended until February and the National Center for AIDS Prevention is currently applying for another grant, this one for six years, there is no guarantee that the Global Fund will continue to fund future ARV treatments for newly revealed cases.

"If the Global Fund does not finance Armenia again, the national HIV program will be in great jeopardy," said Mark Kelly, World Vision Armenia's National Director. "Currently the Global Fund pays for the majority of testing and prevention programs, and all ARV treatments."

Compounding the problem, according to World Vision Procurement Officer Mher Barseghyan, is that ARVs are currently not a registered drug in Armenia and the government has so far been unable to pay the approximate \$15,000 it will cost to register these internationally accepted drugs as "safe to import." Because the drugs aren't registered, each shipment takes about six months to arrive in the country, from the hundreds of phone calls Barseghyan must make to individual drug companies in an effort to convince them to send such small batches, to the months those boxes of ARVs spend sitting in customs aging to the point of expiration.

"Right now, we are managing to get treatment to everyone who needs it,"

Barseghyan said. "But as the HIV problem gets worse, it will be more difficult to bring enough drugs into the country."

When Armenicum was first introduced in Armenia ten years ago, founders called it a "revolutionary cure for AIDS," and it immediately captured high-ranking government officials' interest. Early on, initial payments for Armenicum treatments came from the Defense Ministry in an effort to promote the drug's research and development. Armenicum's possibilities caused a buzz of excitement in the tiny country. Businessmen, it was reported in some newspapers in 1999, were buying property so that they could rent it to all the people who would fly to Armenia to take the cure.

Yet a decade on, only about 800 people have actually taken Armenicum.

Worldwide, the most effective treatment for HIV are Anti Retroviral drugs, which in internationally accepted clinical trials have been the only proven way to keep patients alive, often for years. The drugs work by directly attacking and reducing the amount of HIV virus in the body, keeping the patient from developing Acquired Immunodeficiency Syndrome (AIDS), a complete immune system failure which leads to death. The drugs, offered in cocktails of three or four at a time, are often changed as the virus becomes resistant.

Alternatively, the makers of Armenicum, whose primary ingredient is iodide, claim it boosts the immune system, allowing the body to fight the virus. Armenicum clinic doctors also contend the drug has been shown to reduce a patient's viral load – the amount of HIV virus in the body – and that the HIV virus never becomes resistant to it.

The problem is that company scientists have never even tried to prove any of these claims – at least, not according to the World Health Organization international standards of clinical trials that ARVs have passed. They admit to not even formally

monitoring the 250 patients who have been treated with the drug in the past four years, though they contend "many" have lived for ten years using the drug.

"Armenicum is still experimental and we are in the middle of the testing phase," said Ashot Melkonyan, head of the Armenicum Clinical Center in Yerevan. "But when we are ready, we will show the world what we have."

Despite the lack of evidence supporting Armenicum's claims, the National Center for AIDS Prevention clinicians say they consider Melkonyan and the Armenicum doctors colleagues in the fight against HIV, and have supported anecdotal claims that some of their patients have responded well to the treatment.

"We are cooperating all the time, and we always discuss every case to find a better solution," said Dr. Arshak Papoyan, head of the National Centre for AIDS Prevention Epidemiology Unit.

But it's hard to find a doctor treating HIV patients who will be quoted publicly saying the drug doesn't work, some say, because the pressure for the Armenian-made drug to succeed is so high that criticism is considered unpatriotic.

"I know many clinicians who don't believe in Armenicum, but they are not allowed to say anything," said one doctor involved in the HIV treatment field, who refused to be identified.

The Health Ministry refused to answer repeated questions about Armenicum.

Even if the jury is still out on Armenicum, World Vision and Global Fund representatives say the most important thing is to make sure HIV patients have an informed choice between all the treatment options.

"We just want to make sure ARVs are available," said Kelly. "The most important thing is that every person living with HIV can be treated with ARVs if they choose."



“You Wouldn’t Know If I Didn’t Tell You”

HIV Doesn’t Distinguish Between “Guilty” and “Innocent”

By Naira Bulghadaryan
ArmeniaNow.com

Rouzanna (not her real name), had aspirations and dreams of being a conventional Armenian wife and mother. But following her traditional Armenian wedding, the course of her life and family took a totally unexpected turn.

“You wouldn’t know if I didn’t tell you, would you?” asked the often smiling, petite, attractive woman. “You can’t judge from the way I look.”

Rouzanna, 28, lives with the Human Immunodeficiency Virus, or HIV. She views the word ‘carrier’ an insult, arguing that all sick people are “carriers,” from flu sufferers to those with bronchitis or pneumonia. She prefers the term “people living with HIV.”

“I was infected within the first period of my marriage, possibly the first night,” recalled the woman, then 22, who said she was a virgin before her wedding night

Rouzanna could not even imagine her hearty, sturdily built husband might suffer any disease; neither could he. The young man, then 28, was just back from Ukraine, where he spent 14 years with his brother, in the latter years working as a construction worker. He had returned to get married and make a family.

At first, things seemed normal for Rouzanna and her husband. Their first child was born healthy, but after six months, the baby began to cough and have trouble breathing. She had contracted pneumonia, and doctors couldn’t seem to find a cure for the small child.

“From that time on up until the child turned one, we moved from hospital to hospital, but the doctors were unable to treat the pneumonia. They would give her medicine and we would take her home as soon as she would feel better, but then she would get sick again” said Rouzanna.

Everything became clear only just before the death of the two-year-old girl, owing to a blood test, which showed the child had HIV. Next, the parents were tested, showing that they, too, carried the virus.

“I’m a decent woman, who thought of HIV/AIDS as a deadly disease threatening only prostitutes and people of bad behavior, who became its victim,” said Rouzanna.

Though her husband had contracted HIV first and had it for longer, he had a lower viral load – the amount of virus in the body -- than his wife. But Rouzanna’s health deteriorated rapidly after her child’s death. “I was exhausted, thin, unhealthy, without an appetite, I was taken to the hospital with pneumonia,” she said. Pneumonia is one of the primary diseases that kills HIV patients, as it attacks a defenseless immune system.

Though she said at first, doctors had no hopes of healing her, they managed to save her, prescribing Anti Retroviral (ARV) medications. Taken daily for a lifetime, ARVs are the most successful treatment worldwide for HIV, which can stop the virus from reproducing and spreading, though it can’t cure it. Her illness was in the process of developing into Acquired Immune Deficiency Syndrome (AIDS), the oft-fatal version of the disease, when the ARVs were prescribed.

“It was AIDS at the beginning, but then within the course of two years it downgraded to HIV under the influence of medication,” she said.

Three years have past since her child’s death. It was difficult to accept at the beginning she had contracted a disease so little known to Armenian society.

“I would ask myself what was it that happened to me? It was the first shock, when you don’t know whom to tell, what to tell, and why or what you should tell?” said Rouzanna.

Her family and close friends kept that secret at first. Rouzanna moved with her husband to Russia, but when her mother passed away Rouzanna told her brother’s

Rouzanna now lives with her husband and his father. Almost all of her relatives are know about her disease. She feared at the beginning the relatives might turn their backs to her, but instead has found desperately needed support.

“Because they know I am infected, they warn me against catching cold, or flu, telling me on their own to take care of myself,” she said.

Few of the relatives on her husband’s side know of their problem. She said her husband is a reserved person and wants to

ple who may not have the disease real information about it.

“I understood as I talked to psychologists that isolation is not right. If I did, I might die – one can’t overcome illness by isolation,” she said.

Her time in Moscow after learning of her disease showed her a different way to deal with HIV. She saw the way ill people speak openly and publicly, talking about their illness without barriers, so Rouzanna decided to get in touch with those like her.

“I wanted to see them with my own eyes, their families, since I knew personally that, especially at the beginning, living this way seemed impossible to me,” she said.

Rouzanna frequently hears people expressing their attitudes about HIV positive people, talking of the necessity to burn them, and wishing to see those people dead, which makes her boil with anger.

“I ask very often during trainings, if I were ill, what would the participants do with me. They are amazed and answer immediately that it is impossible, but they say if ill people were like me they would accept them,” she said.

Yet even so, she is still careful whom she confides in about her disease.

“Even if I tell my closest neighbors, I am confident, they won’t understand, they won’t socialize with me. On the contrary, they will try to be the first to try to break the news to others.”

Rouzanna said she suspects even shop assistants will avoid serving her, and even if the neighbors understand her (though without further speaking to her), they will definitely ostracize her husband, since he first contracted the disease by having sex before marriage in Ukraine.

Her first requirement before revealing her condition to people is their intellectual ability to understand her with empathy and no judgment, even if they don’t know much about the disease. She has found, perhaps surprisingly, that priests have been the most supportive, besides family and close friends.

“The major reason is the lack of awareness and the Armenian set of mind,” she said. “When people do not avoid a person suffering diabetes but do avoid us.”

“I have not robbed anyone, I have not done anything wrong, have I?! This is a disease that knows neither guilty nor innocent”

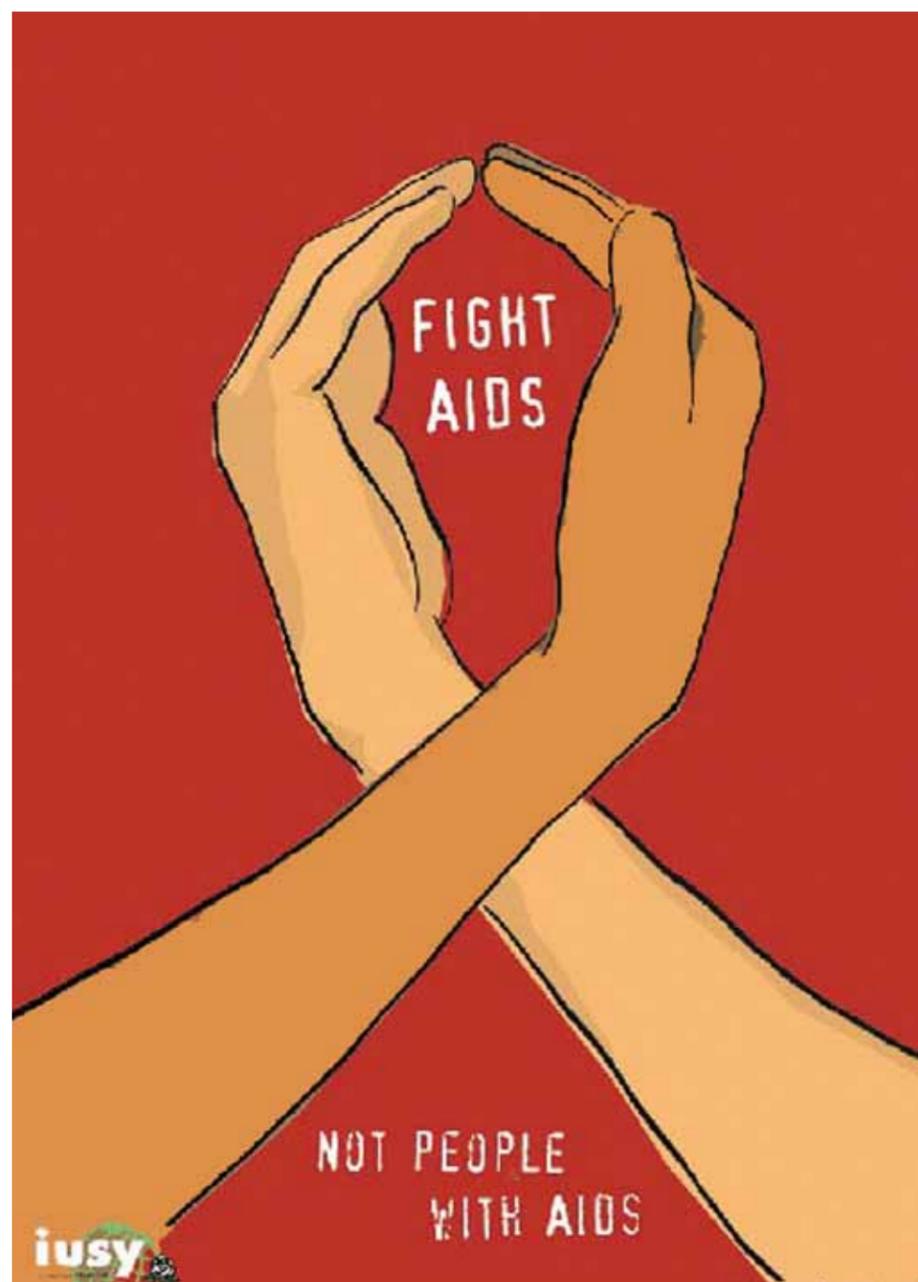
In fact, she now uses her work to steer people clear of the idea that there are “guilty” or “innocent” victims of the disease, though she admits to once using those concepts to distinguish her from others inflicted with HIV.

She thinks it will take years for Armenians to accept people with HIV/AIDS as full members of society and understand the real ways the disease is transmitted.

Meanwhile, life goes on for the 28-year-old woman and her husband, who plan to get a home, and a car, and dream of possibly even having another baby, if they can ensure that the child is not HIV-infected. She is happy that people still treat her well after learning of her illness, by not avoiding her or using the same kitchenware, embracing her and kissing.

And always, always, she works with many groups of people to increase the number of those informed.

“The more one knows, the better for us, those who are sick,” she said.



“I’m a decent woman, who thought of HIV/AIDS as a deadly disease threatening only prostitutes and people of bad behavior, who became its victim.”

wife. Her brother brought Rouzanna back to her parents’ home, blaming her husband and refusing to speak to him or his family. At first, she agreed with him.

“I would ask myself: why? What I felt first was disgust, anxiety and disappointment with my husband,” she recalled.

She spent months not speaking to her husband and her family. But over time, after her health improved and the pneumonia retreated, and her grief for her child subsided a bit, these feelings were gradually replaced with pity and love for her husband: “Maybe it was my conscience, and I realized he was not guilty, that we shared a common pain and we had to go through it together.”

keep the family secret within their home. And there has been a rift between Rouzanna and her husband’s families, who no longer communicate as her brother can’t forgive her husband

The disease has brought Rouzanna a new calling. An economist by training, she now works at Real World, Real People (See more about this group on page 8), an organization that supports HIV positive people.

“This seems to have become my second profession,” said Rouzanna, who works in the monitoring and evaluation department and as a trainer. She likes her job, she explained, because she can help people at the early stage of their illness, and give peo-

Graphic reprinted with permission from IUSY

Why Not Talking About Sex Is Bad for Your Health

By Lena Nazaryan
Hetq.am

"Mom, I know what sex looks like."

Narine Matevosyan is a doctor and a sex education expert who offers workshops on sexual health around the country. It's easy to imagine that people would be able to talk openly with the attractive, sympathetic 36-year-old Red Cross employee who also runs programs that offer social and psychological assistance to HIV positive people.

But when her own eight-year-old son announced his newfound sexual knowledge recently, she was floored.

"I managed to ask him what he meant by that," she said, "and he told me: there is a hole in the roof of a garage where men and women go. We boys take turns looking through the hole."

To this day she doesn't know what he really saw. Narine said she wasn't comfortable pushing for more details, and after making a vague promise to visit the place with him, she dropped the subject.

"He is only eight," she said. "I didn't know if he was old enough to discuss this with me."

It's well known that Armenians are not comfortable talking about sex. As a traditionally inhibited society, most information about sex is gained from more personal sources such as immediate family and community, not doctors. Chastity is condemned in men, but demanded in women.

But when highly trained medical doctors and sex educators find that even they have trouble discussing the facts of life with their children, it raises some difficult questions. What is the best way to make sure that factual information gets passed on? How can the common practice of passing information from person to person help people learn to protect themselves?

In short, how can we get expert information about how to prevent sexually transmitted diseases to travel – or "go viral" – as quickly as the viruses spread themselves?

With HIV and other sexually transmitted diseases on the rise, most dramatically in Russia, and with tens of thousands of Armenians going to work abroad and away from their families for months at a time, there has never been a more important time to talk honestly about sex. Yet those difficult conversations are not happening often enough: between parents and children, teachers and students, boyfriends and girlfriends, even husbands and wives.

Are the cultural taboos regarding factual discussions about sex endangering Armenia's health?

It's common for mother-in-laws to accompany their daughter in laws to the doctor's office during pregnancy check ups, particularly in rural Armenia. But can this tradition, along with many others, censure honest discussion of sexual health issues?

The traditional Armenian reality provides no

leader with the USAID-funded Primary Healthcare Reform Project, said this prudish attitude is a holdover from Soviet times.

"You remember the famous phrase "There was no sex in the Soviet Union,"" she said, laughing.

Both women say that there are many misconceptions about sex which lead to risky behavior. One woman, Dr. Abelyan said, once told her she had several abortions and she thought it was normal and that it showed how much she was loved.

"She felt that she became younger after each abortion," Dr. Abelyan said. "I didn't know how to respond to that. Where did she get this idea?"

The answer to that question, of course, is from neighbors. That's where the majority of medical and health information is spread. If the information is false, it creates obvious problems. But it can also, experts believe, be the solution to the problem of sex education.

"Women are particularly ready to discuss their problems," said Melyan. "The problem is they don't know how to start the discussion. They are ready and willing to listen, but they don't know what to say."

Experts feel that the informal networking approach – when information spreads from person to person -- is a reasonable first step. The challenge is to provide people with accurate information about sex. But experts say, such access is limited, particularly in villages.

"Parents prefer to simply give their children materials about the problems. Today, they still aren't ready to openly speak about sex. It is preferable to let them read materials," said Melyan.

The discussion can be difficult, which is why most health education

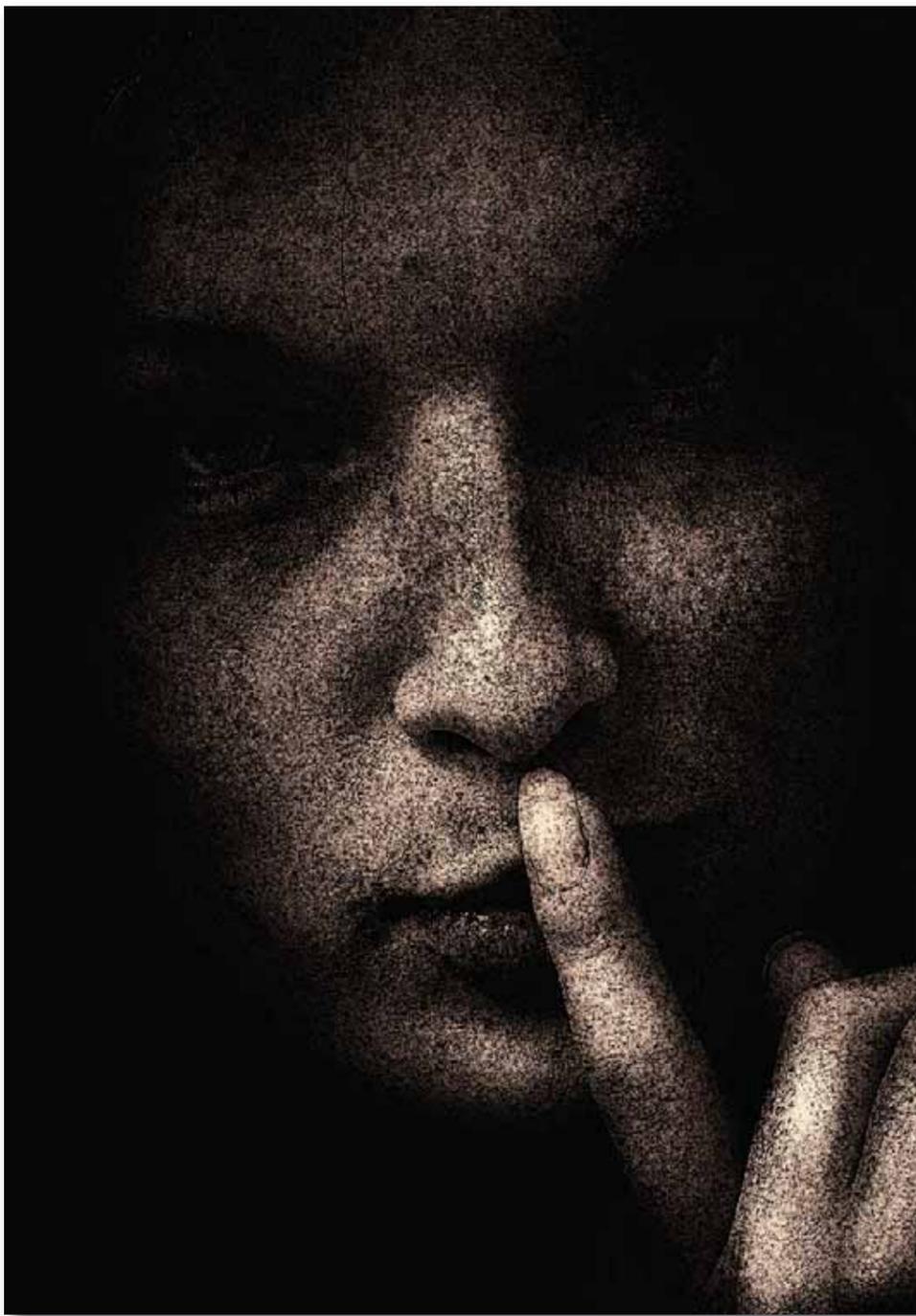
organizations are spreading their messages through public workshops in rural areas.

"I met a grandmother who wanted to educate her 14-year-old grandson about sex," she said. "But she couldn't bring herself to speak to him directly. So she took him to our local office and we organized a workshop with the community. Both she and her grandson participated."

If only one neighbor actively and vocally takes care of her health, others will follow.

In Shirak, Melyan recalled, there are a group of women who are very active in forcing their husbands to get a medical checkup when they returned from their temporary jobs in Russia. *No tests, no sex*, became their informal slogan.

"That practice was started by two vocal women," she said. "When all their friends joined, it became a movement."



It's time to break the silence

appropriate place for people to ask educated questions about sex. In school, students are often given texts to read at home with no discussion or perspective. Parents are often embarrassed and themselves ill-informed, and most still consider it shameful for women to talk about sex openly.

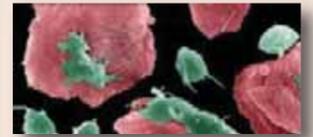
Dr. Karine Abelyan, an educator with the USAID funded Innovations in Support of Reproductive Health (NOVA), often meets with village women to discuss prenatal health issues.

"Once when I started to explain how to prevent an undesired pregnancy by using condoms, one of the women got up and stormed out of the room. She was angry, and told me we shouldn't be speaking about such things," said Dr. Abelyan.

Ruzanna Melyan, a public education team

Sexually Transmitted Infection (STI)

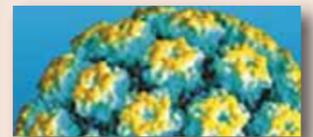
1. Trichomoniasis (or Trich)



2. Chlamydia



3. Human Papilloma Virus (HPV)



4. Genital herpes



5. Syphilis



6. Gonorrhea



7. Human Immunodeficiency Virus (HIV)





Symptoms	Curable/Incurable Treatment	Long-term health risks for women	Long-term health risks for men
Often symptomless, particularly in men. Women can have a heavy, yellow-green or gray vaginal discharge, discomfort during intercourse, vaginal odor, and painful urination. Also, irritation, itching in genital area, and on rare occasions, lower abdominal pain. In men, a thin, whitish discharge from the penis and painful or difficult urination.	Curable with antibiotics.	Treatment is necessary to relieve symptoms, prevent long-term infection. It may be associated with increased risk of transmission of HIV. May cause a woman to deliver a low-birth-weight or premature infant.	Treatment is necessary to relieve symptoms, prevent long-term infection. It may be associated with increased risk of transmission of HIV.
Often symptom-less in men and women. For women, a yellowish vaginal discharge; painful or frequent urination; burning or itching of the vaginal area; redness, swelling, or soreness of the vulva; painful sex; and abnormal bleeding. For men, a discharge from the penis or pain and burning during urination.	Curable with antibiotics. It is vital that all medication be taken as prescribed to cure this disease.	Infertility is the most common result of untreated Chlamydia, as is Pelvic inflammatory disease (PID). Pregnant women with Chlamydia risk infecting their infants during birth and are at increased risk for premature labor. Chlamydia in newborns can cause conjunctivitis (eye infection) and pneumonia. Because of this risk, screening for chlamydia is recommended for all pregnant women.	A rare complication of untreated chlamydial infection is the development of Reiter syndrome, a reactive arthritis that includes the triad of urethritis, conjunctivitis, and painless mucocutaneous lesions.
Often appears symptom-less in men and women. In women, similar genital warts can appear in moist areas of the labia minora and vaginal opening. Rarely, women may experience bleeding after sexual intercourse, itching, or vaginal discharge. In men, HPV can cause the appearance of genital warts on the urethra, penis, scrotum, and anal area.	Incurable, though HPV may go away on its own in about 10%-20% of people over a period of three to four months. Because HPV has no symptoms other than genital warts, there is little need for home treatment.	HPV causes most cervical cancers. The virus can infect cells on the vagina and cervix where they can't be seen. These lesions are considered to be pre-cancerous and can be detected by a Pap test, and removed with a simple surgery if detected in time.	Can be linked to anal and penile cancers.
Symptoms vary widely from person to person, usually appearing within 2-10 days after infection and lasting an average of 2-3 weeks. Symptoms can include: itching or burning; Pain in the legs, buttocks, or genital area; Vaginal discharge in women; pressure or fullness in the abdomen, sores or lesions erupt at the infected area either inside the vagina or on the cervix in women, or the urinary tract in both men and women. Lesions become blisters and then painful, open sores. The sores eventually heal without scarring.	Incurable. There are three drugs currently available to treat genital herpes. However, these medications are not cures. Pharmaceutical treatment of genital herpes may shorten the length of first episodes and reduce the severity and frequency of recurrent episodes.	In most cases genital herpes does not cause any long-term health consequences, but it may result in other STIs, including HIV, because of the open sores. People with weakened immune systems can experience long-lasting and severe episodes of herpes. Pregnant women should be closely monitored. If a herpes outbreak occurs during pregnancy she can pass the virus to her unborn baby and she may be at higher risk of premature delivery.	In most cases genital herpes does not cause any long-term health consequences, but it may result in other STIs, including HIV, because of the open sores. People with weakened immune systems can experience long-lasting and severe episodes of herpes.
Appears in four forms, some of which are symptomless in men and women. Primary Stage: Often begins with a sore on the infection source, the genitals, rectum or mouth. No other symptoms, and sore heals after a few weeks without treatment, though the syphilis is not gone. Secondary Stage: Headaches, aches and pains, loss of appetite, fever. Breaks in skin occur, or a dark red rash. Also sores in the mouth, nose, throat, genitals, or skin folds, Hair can fall out. Latent Stage: Symptoms abate and after two years the person ceases to be infectious. However syphilis is still present in the blood. Final (Tertiary) Stage: painful permanent ulcers on skin, lesions on ligaments, joints, bones.	Curable, treated with penicillin, administered by injection. Other antibiotics can be used for patients allergic to penicillin.	Untreated Syphilis can cause potentially life-threatening complications, and permanent damage to the brain, heart, bones, and blood vessels, and sometimes, mental disorders or neurological problems, or even death. Pregnant women can pass syphilis on to their unborn children in the form of congenital syphilis, which can cause serious medical complications or death. Lesions and sores on the genitals or anus can increase the risk of HIV transmission.	Untreated Syphilis can cause potentially life-threatening complications, and permanent damage to the brain, heart, bones, and blood vessels, and sometimes, mental disorders or neurological problems, or even death. Lesions and sores on the genitals or anus can increase the risk of HIV transmission.
Sometimes symptom-less, though men are more likely to experience symptoms. In women, symptoms include: abnormal bleeding burning during urination; vaginal discharge; general outer vaginal irritation. Men may experience a yellow pus-like discharge from the penis; stinging or frequent urination; blood in the urine; swelling of groin glands; head of penis can turn red. Pain, swelling, discharge can also occur in the throat or rectum.	Curable. Treated with antibiotics. Patients who are unable to tolerate these treatments can be offered alternative pharmaceutical treatments.	Untreated, the bacteria can spread up into the reproductive tract, or more rarely, through the blood stream and infect the joints, heart valves, or the brain. Can cause PID, a serious infection of the female reproductive tract. Can increase risk of getting other STIs, including HIV, because it weakens the immune system.	Untreated, the bacteria can spread up into the reproductive tract, or more rarely, through the blood stream and infect the joints, heart valves, or the brain. Can increase risk of getting other STIs, including HIV, because it weakens the immune system.
Has long incubation period, and can be symptomless for years. However, the virus is still contagious. High temperature, weakness, enlargement of lymphatic nodules and glands on the neck; weakness, loss in weight, excessive sweating, long lasting heavy diarrhea, skin rash, purulent wounds. Some experience a flu-like illness within several days to weeks after exposure to the virus, including fever, headache, tiredness, and enlarged lymph nodes in the neck. These symptoms usually disappear within a few weeks.	Incurable. Anti-retroviral treatments (ARVs), are a cocktail of several medications that can delay HIV from upgrading into AIDS	Can upgrade to Acquired Immune Deficiency Syndrome (AIDS), a weakening of the immune system that causes death when the body can no longer fight diseases such as tuberculosis, malignant tumors, including Kaposi's sarcoma, cervix of the uterus cancer, tumors of lymphatic nodules. Can be passed onto an unborn child in utero, or through breast milk	Can upgrade to Acquired Immune Deficiency Syndrome (AIDS), a weakening of the immune system that causes death when the body can no longer fight diseases such as tuberculosis, malignant tumors, including Kaposi's sarcoma, tumors of lymphatic nodules.

Graphic by Levon Nikolyan

STIs and Pregnancy How an Invisible Illness Can Hurt Your Unborn Baby

By Gayane Sargsyan
Vanadzor Mozaik Newspaper

The reason 20-year-old Vanadzor resident Mariam (not her real name) terminated her recent pregnancy was that she had not one sexually transmitted infection (STI), but three – all of which damaged the health of her unborn child.

“An ultrasound revealed abnormalities in the development [of the fetus],” said her doctor. “Test results showed the woman was suffering from gonorrhea, trichomoniasis and ureaplasmosis.”

Though the three diseases are not a serious health risk to an adult, they can cause infertility in women and a host of health problems to an unborn child. The good news is that all three diseases are curable. The bad news is that because women may have no symptoms, such as in Mariam’s case, if women don’t get tested they may not know they have the disease until after they get pregnant.

Mariam’s case is not unusual, according to doctors at Lori’s Hospital Complex Number One. In 2008, more than half of the 700 women pregnant woman there tested positive for at least one STI. Throughout Armenia there are believed to be at least 36,000 cases of various STIs, from gonorrhea to HIV, according to Yenok Shatvoryan, Chairman of the Hope and Help NGO, a health and social programs education organization.

The biggest danger is not the most virulent of STIs, the HIV virus. The number of women who have HIV is still relatively low in Armenia. Out of the 649 registered HIV positive people in Armenia, only 16 are pregnant women. The more devastating pregnancy problems come with the curable, often symptom-less diseases that are most widespread in Armenia, including chlamydia, gonorrhea and syphilis, said Shatvoryan.

Part of the problem is getting mothers-to-be to go the hospital soon enough – as soon as 12 weeks, rather than the common 20 weeks of pregnancy. These days, the government pays for pregnant women to get free tests for HIV, syphilis, trichomoniasis, and gonorrhea in most regional hospitals. For other STIs, pregnant women must be referred by their doctors to get tested which is free of charge.

But it’s also important for women to get tested before they get pregnant, said Alvard Melkumyan, an obstetrician-gynecologist at Polyclinic Four in Vanadzor.

That is something Mariam wished she had known.

“I regret so much I did not check before the pregnancy,” she said. “Now my husband and I must be treated to have a healthy second baby.”



Photo by Anahit Hayrapetyan

Needle Your Mate:
Get tested free of charge at a nearby polyclinic (see list on page 8)



The Virgin Myth

Old-fashioned Attitudes Towards Women and Sex Could be a Health Hazard

From Amnewservice.org
staff reports

*Names have been changed

The subject of sex comes up among 25-year-old Vanine* and her friends quite often. She and they all think it's perfectly normal – even practical – to have sex with their serious long-term boyfriends, regardless of whether they are headed for the altar.

But Vanine, like many of her friends, would never tell her family she wasn't a virgin.

While much has changed in Armenia in the past twenty years, one thing that has not shifted so quickly is the traditional expectation of female chastity. While boys are encouraged to be sexually experienced at a young age, premarital sex for women is still often condemned both by men and by women. Yet like Vanine and her friends, it's not uncommon for modern young Armenian women today to get married later, have career dreams and push for more personal freedom and opportunity. They are also entering into their sexual lives with the specter of HIV and other sexually transmitted diseases hanging over their heads, a situation their parents could never have imagined.

There has never been a time where it's more important to talk realistically and openly about sex – yet most girls feel they must remain silent or face ostracism.

"If my parents ever learnt that I am not a virgin and that I may not even marry my boyfriend, they would kick me out of the house," she laughed. Adding more seriously "but then if I let my boyfriend seek sex elsewhere, like with a prostitute, he will tend to do the same even after the marriage, a habit that is so common in Armenian families."

That isn't to say there hasn't been some change in attitudes. Twenty-year-old Eva, a future philologist interviewed in May while vacationing in Tsakhkadzor, said that she often returns home after midnight in Yerevan and is not worried about her neighbor's opinion. She also is not ashamed to admit she has sex with her boyfriend – even to her mother.

"I don't see anything bad," she said. "I have had a partner since I was 19 and I want to know him better to be sure he is my other half for life."

The start of Eva's sexual life is representative of most girls her age, according to a survey conducted three years ago by the Armenia Association For Family and Health.

That survey, in which 1,000 youth were interviewed anonymously, girls reported they lost their virginity at 20 or 21, many of them a year before marriage.

What isn't typical is Eva's inclination to speak openly and freely about her sex life. The survey showed that the traditional gap between boys and girls remains wide – with boys reporting that they lose their virginity much earlier, on average at age 16, a gap that reflects the double standard for men and women, researchers say.

"Most sexually active women marry within a year because of pregnancy, or because they are afraid of people learning they aren't virgins," said Dr. Mary Khachkyan, association director, adding that she thought it was also possible that not all the girls were telling the truth, and that some may have well been having sex earlier than 20 or 21.

In fact, Eva was the only one out of 52 women interviewed who admitted she had sex before marriage. The interviews were conducted as an informal survey during a United Nations Population Fund (UNFPA) sponsored Sexual and Reproductive Health Awareness Raising Workshop in Tsakhkadzor in May of this year. Most women told interviewers they believed sex should wait until marriage, a societal position strongly supported by both young men and women.

"It's good to have sex at 16," said a 16-year-old boy from Tsakhkadzor, adding, "but it is only allowable for boys. If I knew my girlfriend was not a virgin, I wouldn't marry her."

Another 20-year-old woman, whose first child is two months old, said she first had sex at the age of 18 on her wedding day.

"I couldn't imagine it otherwise and don't accept as normal the girls who have sex before marriage. Where has purity gone?" she said.

It's hard to tell how many girls are telling the truth, and how many are feeling pressured to lie about when they lose their virginity. The Armenian National Statistics

Service estimates that out of every 1000 Armenian girls aged 15-19, each year between three and four of them have an abor-

tion. That's a low number when compared to the abortion rate in the same age group in more sexually open Russia (about 35 girls per 1000 have abortions). But in a society where no girls are expected to have sex at that young age, the numbers show that at least a few are having intercourse with consequences.

That's just the official abortion rate. A more difficult figure to track is the number of women who take drugs in an attempt to induce a miscarriage or abortion, often misusing prescription drugs designed for other purposes. The drug cytotec, for example, which is normally used to treat stomach ulcers, has a side effect that causes the uterus to contract, which can induce a miscarriage if used in combination with another drug. Complications can include death of both the mother or the child, uterine rupture, and severe vaginal bleeding and shock.

Still, it's not unusual for Armenian families to check the beds of brides and bridegrooms to see if there is blood on the sheets. Here, too, surgery serves as a virginity mainstay. While there are no hard numbers on how many women get their hymens re-stitched, doctors report it is a "not uncommon" surgical procedure.

"We often have patients requesting to have their vaginal membrane renewed. These are usually women below 30, who are preparing to marry. Older women don't have such problems," said Nana Daniel-Bek, a gynecologist at Yerevan Zeytun

Hospital Number Eight. This even though, as the doctor points out, the procedure is temporary, and could be torn through non-sexual activities, such as riding a bike, as well as sex.

Certainly, opening the possibility of women being able to freely have sex before marriage makes relationships more complicated.

23-year-old Arman* lived in Russia until he was 17. Returning to Armenia, he was sure that there was nothing bad about marrying a girl who wasn't a virgin. Now he thinks quite differently as has discovered that his girlfriend with whom he has had sex for a year, has cheated on him and had sex with other boys.

"I would have married my girl-friend by all means, but now I'm sure non-virgin women can be trusted. There is no assurance they are morally pure," he said.

On the other hand, Vahe, 21, doesn't consider non-virgin women immoral. Though always being laughed at by his friends, Vahe is ready to marry to such a woman.

"If I love, I won't take into account whether she has ever had sex or not. There is only one thing I will never be able to accept - oral sex," he said.

According to Vahe, girls aren't the only ones to experience social pressure around female virginity. He contends many of his friends actually share his opinion, but say the opposite in public as they are afraid of their parents' and friends' ridicule.

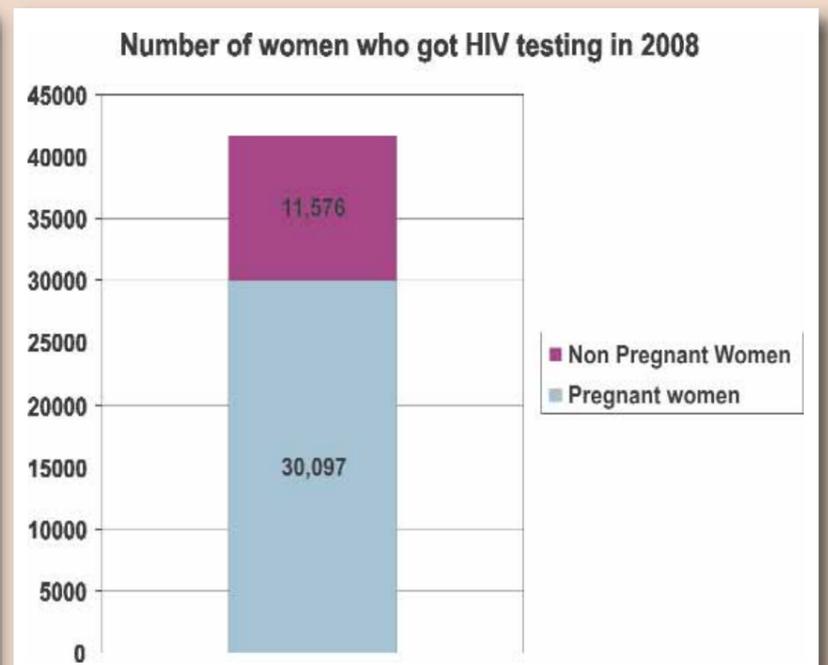
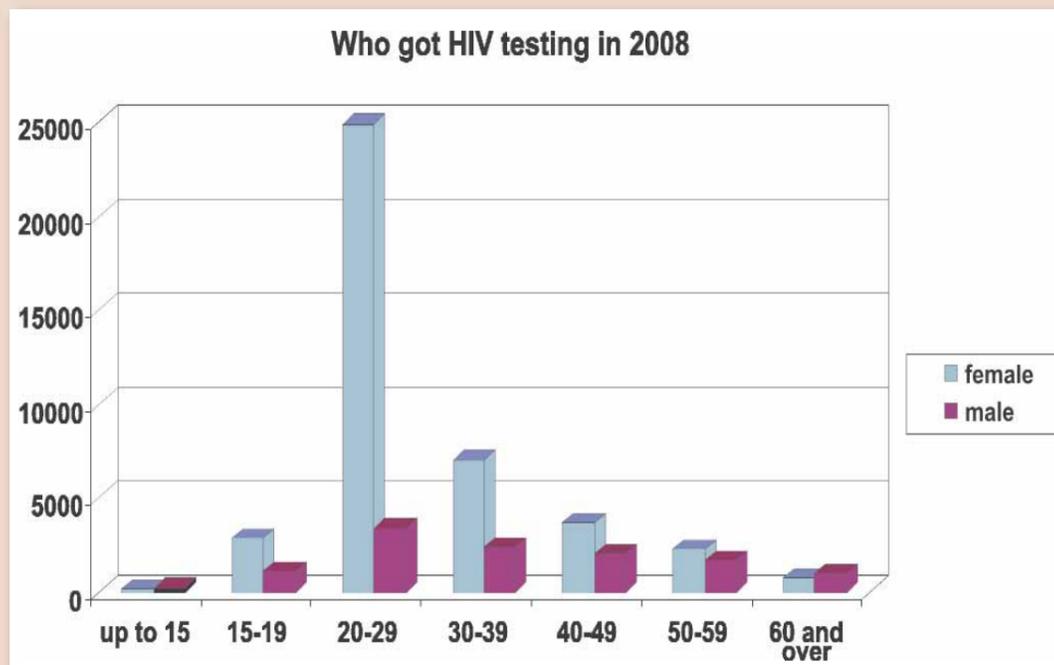
The new trend towards sexual freedom is also a double-edged sword for virgins. Even if you are a virgin, reported 24-year-old Karine, it's hard for guys to believe these days. She herself has remained a virgin because she feels that men, generally, will negatively judge women who have sex before marriage.

"I am still a virgin, but every single guy that I start dating questions it and doubts whether I really am a virgin," she said.

-With reporting by Ani Stepanyan, Christine Vardanyan, Karine Hunanyan, Mane Grigoryan and Tatevik Sargsyan.

"If my parents ever learnt that I am not a virgin and that I may not even marry my boyfriend, they would kick me out of the house." - 25-year-old Vanine

Numbers show that women get STI tested more often than men





Learning Prevention or Preventing Learning?

Few Schools Teach HIV, Sexual Health to Teens

By Gayane Abrahamyan and Alla Avazyan
Amnewsservice.org

Within the last seven years, the number of people living with Human Immunodeficiency Virus – commonly known as HIV – in Armenia has tripled to 649, and experts estimate there are thousands of additional unreported cases. But as the threat grows, teenagers, the most vulnerable, seem to be ignored.

According to an Association for Family Health survey, nearly 25 percent of unmarried girls in Armenia have their first sexual intercourse between the ages of 14 to 19, while 40 percent of boys start their sexual life between 13 and 17. Compared to a decade ago, today's youth have their first sexual intercourse four years earlier.

Yet many schoolchildren in Armenia don't know how HIV and other sexually transmitted diseases are spread, and precious few educational programs exist for students to learn the facts. Educating this group is no small matter: the National Statistics Service estimates there are one million 10- to 24-year-olds in the country and that these account for more than one third of the total population.

"School is a critical link in educating children about sexual health, all the threats and the preventive measures needed to defend against those threats," said Dr. Mary Khachikyan, the head of the Association for Family and Health.

While awareness regarding sexual health issues is growing, it's still low. According to an unofficial survey conducted by the AIDS Prevention, Education and Care NGO, the general level of awareness among young people about the prevention of AIDS has tripled since 2002. Still, though, only about 40 percent of youth are considered sufficiently educated on the issue.

The same survey shows that 15 percent of all teenagers believe AIDS can be acquired by a handshake; 16 percent think only homosexuals can get the HIV virus, an alarming trend considering that in Armenia, mostly HIV is spread through heterosexual contact. This is supported by the fact that there are just six reported cases of infected homosexuals in Armenia. One-tenth of the teenagers surveyed had absolutely no understanding that HIV is transmitted sexually.

"The worsening threat demands that we be even more diligent in our education initiatives designed to prevent the spread of this disease," said Dr. Arshak Papoyan, the head of the National Center for AIDS Prevention.



Just the facts of life, ma'am: Students at School 20 in Yerevan school get accurate answers to their questions about HIV/AIDS and other STIs from their teacher, not in the schoolyard. Yet such classes are all-too-rare in the Armenian education system.

In the past several years, the rate at which new cases of HIV are discovered is increasing dramatically across Central Asia, and in nearby Russia the growth rate is the second-highest in the world. The rate of new infections rose 33 percent in Central Asian region between 2003 and 2006, while the growth rate in African countries was only two percent for the same period.

A grant from the US-funded Global Fund paid for a new national program on HIV and AIDS in 2002, creating testing and research centers, including prisons, throughout the country in an attempt to both test for and record the number of HIV cases and create preventative education programs. Today there are 125 centers across the country where people can both get tested for HIV and receive information on the virus which, if unchecked, can suppress the immune system, leading to the fatal Acquired Immune Deficiency Syndrome (AIDS).

However, preventative education in schools is not so widespread, even though parliament passed a law on reproductive health and reproductive rights six years ago. The law stipulated that sex education programs for teenagers should have been launched years ago at the beginning of the 2003-2004 school year.

But currently, only 30 of the 1481 schools across the republic have launched pilot training programs on AIDS prevention and sexual education.

In an effort to jumpstart the sexual health program, last September, the Ministry of Education and Science introduced a new general child health curriculum and required that all schools teach it to eighth and ninth graders once a week for at least one semester. Even this course, called Healthy Lifestyles, includes only 10 hours on reproductive health and HIV/AIDS, which, specialists say, is insufficient to provide children with enough information. But at least it's a start, educators say.

"The hours may be few, but just getting this started is a serious success. There were no separate courses on sexual and reproductive health before and it was obvious that the shortcoming would make us face serious problems one day," said Aida Ghazaryan, principal of the Yeghishe Charents School in Yerevan.

In the meantime, Armenians are not yet teaching or promoting Healthy Lifestyles. The course is planned to be launched in February or March, but who will do the teaching is still unresolved. Authors of the Healthy Lifestyle textbook, Lusine Alexanyan and Nune Torosyan, who work on curriculum development for the national center of education, are concerned that the subject may be entrusted to physical training teachers with no training on how to instruct on the difficult topic.

"As the course will be introduced at the expense of physical education, it is pre-

sumed the subject needs to be taught by the same teacher. But we are not sure that the physical education teachers are adequately prepared to properly present the subject," said Alexanyan.

Ella Avagyan, deputy head of studies at the prestigious Checkov School in Yerevan, has assigned the course to their science department.

"Introduction of the subject is of the utmost necessity. These new times make us face the problem of educating children, but it is more important how the teacher will introduce the subject. We will have a biology teacher instruct the course. This person will be able to familiarize children with the issues of, say, reproductive health and related information more accurately," she said.

Pediatrician and psychologist Svetlana Hakobyan said the introduction of the subject in the schools is belated as there are several sexually active generations that are completely sexually illiterate.

"It's better late than never, because the times are quite different today. It seems that even a simple kiss was a rare thing on TV in the 1970s, while today erotic scenes are almost everywhere, which is why teenagers should have a proper sexual education," said Hakobyan.

Hakobyan said young people try to catch up with the trends of the times: "This means they are freer, they start sexual life at 15 or 16, but this does not mean they have proper advice."

To fill in the gap missed in the school system, the most successful sexual health awareness raising programs for teens is done through a teaching method called "peer-to-peer" education. Since 2001, more than 3,000 students have been trained through workshops and seminars by professional sex educators. The students who finish the courses become educators, sharing their knowledge with their friends. That means students should be natural leaders, so participants go through a rigorous selection process, training organizations say.

"The international experience shows that this method is the most effective way of reaching and spreading information through teens," said Artak Musheghyan, director of the AIDS Prevention, Education and Care NGO. "Children know each other, and will speak more honestly with each other."

Program coordinator Zabella Karapetyan said there is a huge difference between children in 2001 and now.

"They are now more open-minded and aware, and this is evidence our work has brought result," she said.

Only the Glove Can Protect Your Love

Today, the only known failsafe method to prevent sexually transmitted infections (STIs) is a condom. The small rubber barrier is the only thing standing between you and a host of health problems, or even death.

While almost everyone understands this, Armenians still aren't using condoms: although during the recent years the percentage of condom users has increased, it's still low.

Dr. Karine Abelyan, a family planning coordinator of Project NOVA and also the medical consultant for this publication has observed there are several reasons for people not wanting to use condoms.

"Many people think that using condoms suggests

that you mistrust your partner," she said. "There is also a belief the condom decreases sensation. But the most dangerous thing is that many people think an STI can't happen to them."

A tradition of shame around sex also stops people from buying condoms. To overcome this inhibition, the Scientific Association of Medical Students of Armenia is planning to introduce condom vending machines to Armenia next year, which, according to the President Alexander Ter Hovakimyan, will ensure anonymity and will help to overcome the shyness and humiliation people might feel during the purchase.

For more information on where these machines will be located, call Ter Hovakimyan at 010 547 446



Pocket (of)Change: The trusty condom is the only reliable method for preventing STIs, including the HIV virus.



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Нем СПИД-у
No to AIDS

*Be concerned
about your own
sexual health*



Where You Can Get STI-tested, by Province

Yerevan and Aragatsotn: Republican Center for AIDS Prevention, Atcharyan 2
Gegharkunik: Blood transfusion department, Gavar town hospital, Nalbandyan 162
Ararat: Blood transfusion department, Artashat Town hospital, Aram Khachatryan 120
Tavush: Blood transfusion department, Ijevan Town hospital, Nalbandyan 1
Syunik: Kapan town hospital, Melik Stepanyan 13; Goris blood transfusion station, The Orbelyans 5
Lori: Blood transfusion department, Vanadzor town hospital, Batum 3a
Shirak: Gyumri blood transfusion station, Kuybishev 3
Armavir: Armavir blood transfusion station, Mkhitar Heratsi 8-V-1
Vayots Dzor: Yeghegnadzor town hospital, Vayk 1
 Kotayk: Hrazdan blood transfusion station, Ghukasyan 40

Where you can get education materials and workshop schedules

Project NOVA

Phone: 010274125, 010277065, 010277069

Website: www.nova.am

Primary Health Care Reform Project

Phone: 010261312

Website: www.phcr.am

AIDS Education, Help and Care

Phone: 010633913,

Real World, Real People

Phone: 010556114

Website: www.realwrp.net

Red Cross Armenia

Phone: 010536412

Website: www.redcross.am

UNAIDS

Phone: 010547099

Website: www.unaids.am

World Health Organization

Phone: 010512004

Website: www.who.org

National Center for AIDS Prevention

Phone: 010610730

Website: www.arm aids.am

Dec. 1 World AIDS Day Activities You Can Join

Walkathon for AIDS Awareness, 4 p.m., Yerevan
 Starting near the Vartan Mamikonyan statue and ending at Republic Square. Sponsored by Real World, Real People; Red Cross Armenia; Pink NGO; the Women's Resource Center; and Youth Cultural Organization. Later, a **rock Concert and film series will be shown, starting at 6 p.m.** at the Yerevan Avante Garde Club

AIDS Prevention, Education and Care partner schools are organizing events and concerts on Dec. 1 to commemorate the fight against HIV and AIDS. Call the organization to find out if there is one in your area!

Educational activities at youth educational institutions in Shirak and Lori provinces. Organized in various locations by UNAIDS. Contact Christine Yeghiazaryan at the UNAIDS office (+374 10) 54 70 88 for more details. The organization will also be hosting an **HIV/AIDS related performance** in Yerevan, call the office for more details.



If you have questions about HIV or AIDS, sexual behavior, drug use or other related issues, if you need advice or accurate information, then do not hesitate, call

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66-01-10

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except weekends and holidays

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