## **Lusting for Life**

## A Few Thoughts on HIV/AIDS

## by Kaushalya Bannerji

L'article traite de la question de l'infection des femmes de la communauté de l'Asie du Sud par le VIH et le SIDA.

When I first thought of writing a piece on HIV/AIDS, I thought I would focus on information and awareness issues in a straight-forward, conventional manner. As I started writing, however, I felt it important to raise some issues around AIDS as a taboo subject in many communities.

When I was finishing high school in the mid 1980s, AIDS and HIV were perceived as issues distant from our lives. We were not touched by them as we saw ourselves as young and immortal, and generally belonged to categories considered "low risk." When I entered high school, safe sex for girls referred to birth control.

When I went to University, I began to hang out in the lesbian feminist communities. I was immersed in another world. Here, I felt we were part of a low risk group of women loving women. At that time, virtually no research had been done on woman-to-woman transmission.

Slowly the statistics and information on HIV transmission began to change. Over the last couple of years, we have seen the rapid spread of HIV and AIDS in the heterosexual world. Large scale populations have been affected—in the main, non-Europeans who were weighed down already with colonial histories and a legacy of poverty. The solution of white advanced capitalism was to resort to racism, equating "loose morals" with the sexual conduct of non-Europeans, particularly Africans and Haitians.

In the lesbian community, it seemed there was a false sense of security. We were "good" girls; we did not sleep with men, stopped making love during our periods, and stayed away from rv drugs and one-night stands. Many lesbians refused to practise safer sex, seeing it as an obstacle to spontaneity, a gesture to be interpreted as insulting or mistrustful.

Working for the Alliance for South Asian AIDS Prevention, I came into contact with my "other" community of Canadians, immigrants and refugees sharing something known as a "South Asian" identity. "Our" community was also "good." Young people didn't even have straight pre-marital sex, let alone gay and lesbian relations. Married men didn't go cruising for male lovers in secrecy; others never sought out prostitutes or had female lovers. Wives were never raped or had affairs. Children, of course, were never abused.

Ours was a perfect community. Then there was AIDS, exposing secrets, unearthing repressions perhaps, and breaking silences.

Nonetheless, the common position taken in the two communities, lesbian and South Asian, may be described as burying one's head in the sand—the ostrich position.

Why has it been so hard for us to confront our vulnerabilities with regards to HIV transmission? As South Asians, as lesbians, often both at once, could it be we are afflicted with that tired old cliché, "nice girls don't talk about sex"? It may be so.

As a lesbian of Indian origin, I find that my "multiple identities" share a common factor in the silencing of our female sexuality in lived terms. It can mean that talking about ourselves in relation to AIDS/HIV can lead to social ostracism because it represents a breaking of our socially constructed silence, an acknowledgment that the old morality hangs loose on us. We may not be seen as the "good girls" we have tried to be.

If we were to begin addressing our denials and the fears that have created them, the implications for us as "South Asian" lesbians would be enormous. Patriarchies feed on our silences, at home, at work, at school, and in bed. We need honesty and courage to begin examining our strengths and vulnerabilities. At the same time, we must be aware that unsafe sexual penetration or exchange of bodily fluids is not the only mode of transmission. There are high risks involved in sharing unsterilized needles, whether it be for medical or drug use. There are also high risks in unscreened blood transfusions, particularly in the South Asian region.

Women's AIDs related symptoms are often different from those of men. Researchers have only recently begun to document and monitor infections and immune disorders specific to women. But scientific research is only the tip of the iceberg.

The real work has to be done by us. Talking with friends, lovers, and younger siblings about safer sex can be a basis of a new morality in our communities. A morality which does not equate desire with being "bad," but with playing it safe. A morality which lusts for life.

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