WORKSHOP ON HIV/AIDS AND ADULT MORTALITY IN DEVELOPING COUNTRIES
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Women and HIV/AIDS*

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A. INTRODUCTION

In a December 2002 *New York Times* article headlined "In Africa, AIDS has a woman's face", the Secretary-General of the United Nations, Kofi Annan, noted that: "*…today, as AIDS is eroding the health of Africa's women, it is eroding the skills, experience and networks that keep their families and communities going. Even before falling ill, a woman will often have to care for a sick husband, thereby reducing the time she can devote to planting, harvesting and marketing crops. When her husband dies, she is often deprived of credit, distribution networks or land rights. When she dies, the household will risk collapsing completely, leaving children to fend for themselves. The older ones, especially girls, will be taken out of school to work in the home or the farm. These girls, deprived of education and opportunities, will be even less able to protect themselves against AIDS…If we want to save Africa from two catastrophe* (HIV/AIDS and famine)*s, we would do well to focus on saving Africa's women.*"

It is estimated that almost 50 per cent of those living with HIV and AIDS are now women (UNAIDS, 2002). UNAIDS data shows that there is a similar pattern of HIV infection for women around the world. The prevalence of HIV infection is highest in women aged 15-25 years, while it peaks in men between five to ten years later. A new epidemic appears to be emerging in some countries amongst older people (over 50 years), and particularly amongst women, with numbers increasing 40 per cent in the last five years (ibid). Low overall prevalence rates of HIV infection in some countries can mask serious epidemics within certain geographic localities or in specific groups in the population. In Myanmar, for example, while there is a national prevalence of less than two per cent, the prevalence rate among sex workers is 40 per cent (BRIDGE, 2002).

In addition to increased representation among victims, women are also disproportionately

Issues of power, human rights and socio-cultural expectations are critical elements in addressing HIV/AIDS from a gender perspective. The report of the Expert Group Meeting on "The HIV/AIDS pandemic and its gender implications", organized by the United Nations Division for the Advancement of Women in Namibia in 2000, concluded that inequality and women's disempowerment at different levels – in families, in decision-making at community and other levels, in education, in employment and economic opportunities – can be linked to the rate of spread of infection and the severe impacts on families, communities and countries (UN Division for the Advancement of Women, 2000).

Women must, however, not be seen only as vulnerable. Women and girls are also actors and change agents. The active mobilization of women and support to their efforts can enhance the social, economic and political empowerment of women, and as a result support more effective preventative strategies and appropriate approaches to address the consequences of HIV/AIDS.

B. CAUSES AND IMPACTS OF HIV/AIDS ON WOMEN AND GIRLS

There are critical differences and inequalities between women and men to consider in relation to prevention of HIV/AIDS; the risks of infection, including factors identified as increasing vulnerability, such as health and nutritional status and poverty; the social impact and socio-economic consequences of infection on individuals at both household and community level and possible means of addressing these; as well as access to and quality of care.

Health-based approaches to HIV/AIDS initially failed to give adequate consideration to the critical social, cultural, and economic factors underlying the spread of HIV/AIDS and to understand its differential impacts. While there are important physiological reasons for women's susceptibility to infection, there are also major socio-cultural and economic factors which need to be identified and addressed. Today, there is recognition of the need to move beyond the epidemiological dimensions to also identify and address the wide range of driving factors in a holistic manner, which includes a human-rights approach. Increasing the effectiveness of

sexually transmitted diseases […] Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection…"

The HIV/AIDS pandemic has opened up debates around issues of sexuality and sexual relationships in many contexts and has highlighted the importance of gender equality in all social relations but particularly in sexual relationships (BRIDGE, 2002). However persistent stereotypes, attitudes and beliefs about both women and men remain a serious obstacle to preventing the spread of HIV/AIDS. One example is the commonly held belief in some cultures that having a variety of sexual partners is acceptable for men and even considered an essential aspect of masculinity (ibid). A study of women from over ten countries revealed that *"Though many women expressed concern over the infidelities of their partners, they were resigned to their lack of control over the situation. Women from India, Jamaica, Papua New Guinea, Zimbabwe and Brazil report that raising the issue of their partners' infidelity can jeopardize their physical safety and family stability*" (Gupta and Weiss, 1993).

Male violence against women – based on existing inequalities and power disparities in societies – is one of the critical stumbling blocks in the development of effective prevention strategies for HIV/AIDS. In violent relationships, women and girls have little means of protecting themselves from infection. Women may have to put themselves in situations of risk of HIV infection rather than risk injury or death for themselves or their family members at the hands of a violent partner. As a result, many women and girls live in intolerable environments of fear – fear of the violence itself and fear of the consequences of not being able to say no, to make demands and to protect themselves.

The links between HIV/AIDS and poverty are complex but critical. Poverty is not only a cause but also a consequence of HIV/AIDS (UN Division for the Advancement of Women, 2000). While poor and non-poor alike are affected, the spread of HIV/AIDS anmor0.24kee

At the individual level, HIV-infected persons have to deal with the emotional, social and economic consequences of infection. The level of impact is conditioned by other factors, such as age, race/ethnicity, social class, income levels, and sexual orientation. Gender also plays a critical role, but to date, not enough research has focused on the differences and inequalities in impacts on women and men.

The human rights aspects of HIV/AIDS are complex and include the lack of equal access to prevention methods, information and treatment and care. People living with HIV/AIDS may find it difficult to live a life of dignity and freedom. Stigmatization can lead to violation of human rights in relation to continued education or employment, as well as at the level of privacy, confidentiality and freedom of movement. Stigmatization can be more extreme for women and girls because of existing stereotypes, inequalities and patterns of discrimination in society, and HIV-infected women can find their human rights at greater risk. In the context of reproductive health, women face new risks. Control over reproductive health choices for HIV-infected women may be exerted by healthcare workers, without the full involvement of the women themselves (Seidel and Tallis, 1999). Women can also face judgemental and hostile attitudes from service providers or even be denied access to services (Manchester and Mthembu, 2002).

Stigma and discrimination on the basis of HIV status stifles open discussion on causes of HIV/AIDS and appropriate responses (Aggleton and Parker, 2002). It can lead young women to neglect their reproductive health needs, to fail to access necessary information, and to postpone seeking treatment and care. Women who are HIV-infected, or suspected to be infected, can be subjected to discriminatory treatment such as abuse and rejection by their families and communities or dismissal from employment (Tallis, 1998). Women may also lose their rights to property or even their children (UNAIDS, 2003). Where women's value is linked to their children, women may risk infection to become pregnant rather than face the stigma of childlessness. To reduce risk of stigmatization, women may choose to continue to breastfeed their babies rather than disclose their infection status (BRIDGE, 2002). Gender-based violence can also increase where women are blamed for the spread of the virus and stigmatized as promiscuous. Factors such as age, disability, socio-economic position, membership of a particular ethnic, racial or religious group can lead to increased forms of discrimination for women and girls, particularly in relation to HIV/AIDS. Failure to address the differences between groups of women can obscure serious issues of double discrimination for some groups of women.

Coping with the medical costs of HIV infection and providing for families economically

C. IMPACTS OF FEMALE MORBIDITY AND MORTALITY

AIDS is now the leading cause of death in Sub-Saharan Africa and the fourth cause of death globally (UNAIDS, 2002). The latest figures indicate an increasing impact of the HIV/AIDS epidemic on women and girls (UNAIDS, 2003). Apart from the impacts at individual level, there are serious social, economic, political and demographic consequences which need to be addressed in a gender-sensitive manner.

Female morbidity and mortality can have dramatic effects in many parts of the world because of the critical contributions women make to family survival and community development. In many areas women have strongly defined care-giving roles, providing the major or sole care for children, the elderly, the sick and the disabled. Loss of a mother can have severe consequences for child survival. Many families face an uncertain and impoverished future that further increases their vulnerability to HIV/AIDS. Orphaned children are more likely to be malnourished, poorly educated, emotionally traumatized and alienated from society (UN Division for the Advancement of Women, 2000). There can also be negative impacts on the education and development of girls as they are forced to take over many of the responsibilities of their mothers. These negative consequences for individual girls can have more long-term impact on development at family and community levels. Older women – grandmothers and other relatives – may have to take over the raising of children and to provide for young orphaned relatives.

In developing countries, particularly in Africa, women play a crucial role in agricultural production. HIV-infected women may find they are unable to maintain normal levels of production, with health and nutrition implications for themselves and their families. In female-headed households, the lowered production levels through HIV infection or death of the head of household has serious developmental impacts for families and communities.

Since the work of women in the home, the community and in informal sectors is not taken adequately into account in research and data collection, the full economic impact of the morbidity and mortality of women through HIV/AIDS is not known. Gender perspectives need to be taken into account in all types of impact studies –assessing the impacts of HIV/AIDS on overall economic development or in specific sectors such as agriculture, industry; identifying the impact of HIV/AIDS on development of the labour market, food security, or on education; or in highlighting changes in family patterns or age structures as a result of HIV/AIDS. Such studies should integrate gender perspectives to a greater extent than at present, and should highlight the impacts at different levels of female morbidity and mortality as a result of HIV/AIDS.

D. GENDER PERSPECTIVES ON DEMOGRAPHY IMPACTS OF HIV/AIDS

Gender, or the social attributes, relationships and opportunities associated with being male and female, is a central organizing principle in society. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as in decision-

Integrating gender perspectives into demographic models would enable demographers "…*not*

Increased poverty, lack of access to waged employment, instability and insecurity, unfavourable political and economic changes, and human rights abuses, as well as some positive pull-factors such as economic opportunity through higher wages, have led to an increase in the number of

targets have been defined. The Millennium Summit in 2000 established the target to have halted and begun to reverse the spread of HIV/AIDS by 2015, and to provide special assistance to children orphaned by HIV/AIDS. The Millennium Development Goals also provide an opportunity for giving greater attention to the situation of women. The sixth Millennium Development Goal focuses on combating HIV/AIDS, malaria and other diseases. While promotion of gender equality is a separate Millennium Development Goal, Goal 3, it is critical to incorporate gender perspectives into all other goals. In this respect it is necessary to closely link Goal 3 on promoting gender equality with Goal 6 on combating HIV/AIDS, malaria and other diseases and to identify and address gender perspectives in the implementation of Goal 6.

Finally, the increased attention to the role of men and boys is a positive development. Ideologies of masculinity and 'manliness' which encourage men to display sexual prowess by having multiple partners, by stressing aggressiveness and dominance and lack of responsibility in sexual relationships can be as dangerous as the stereotypes about female passivity and the need to keep women and girls ignorant. Men's attitudes and behaviour put themselves, as well as their partners, at risk (UN Division for the Advancement of Women, 2000). In many parts of the world, for example in Brazil and South Africa, men's groups and networks are challenging many existing stereotypes and addressing men's roles and responsibilities in sexual relationships as well as in the promotion of gender equality (BRIDGE, 2002). Equitable and responsible behaviour of men and boys will only increase if they can access appropriate information and support. Boys may have limited access to accurate information on HIV/AIDS because of the assumption that they are already knowledgeable or will learn from their peers (UN Division for the Advancement of Women, 2000). In areas where access to information on HIV/AIDS is focused in pre-natal and family planning clinics with largely female clientele, men may also have difficulties accessing relevant information (ibid).

In its session in March 2004, the Commission on the Status of Women will address the theme: the role of men and boys in achieving gender equality. In preparation for this session, the Division for the Advancement of Women is organizing an expert group meeting in October 2004 on the role of men and boys, which will have as part of its focus the role of men and boys in relation to HIV/AIDS. Greater attention to the roles and responsibilities of men and boys in achieving gender equality, and on the gains for men as well as women from gender equality, is an important step towards reducing the vulnerability of women and girls and ensuring more effective and sustainable strategies to halt and reverse the spread of HIV/AIDS.

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