

## **“Oh! This one is infected!” Women, HIV & Human Rights in the Asia-Pacific Region**

By the end of the twentieth century, AIDS was the fourth leading cause of death in the world, and women are four times more vulnerable to HIV infection and also experience more AIDS-related discrimination after infection than men. The existing programmes and worldwide response to HIV and AIDS have failed to address adequately women’s inability to prevent them from becoming infected as yet, resulting in a thriving epidemic. A huge population of HIV-positive women still lives in unsafe and undignified conditions all over the world especially in Asia and Africa. *Women also carry a “triple jeopardy” of AIDS: as people infected with HIV, as mothers of children infected, and as carers of partners or parents with AIDS.* According to UNAIDS figures (Dec 2003), 9.5 million people are living with HIV/AIDS in the Asia-Pacific Region.

Biological, economic, social and cultural norms, and programmatic vulnerability are a few of the reasons causing infection rates escalating more rapidly in women than in men. It is a matter of time when transmission to women may overtake that of a man in Asia, like now in Africa. Still in parts of Asia women are not expected to discuss or make decisions about sexuality or their own sex life. “Good” women are expected to be virgins before marriage and to be “ignorant” or uninformed of sexual matters. If a woman refuses sex or requests condom use, she risks abuse. Violence against women, especially domestic violence, coerced and violent sex increases the risk of micro-lesions in the vagina, as condoms are unlikely to be used in such circumstances. Also, the presence of untreated sexually transmissible infections (STIs), can also cause open sores. All these factors increase risk of exposure to HIV in women. In Nepal, the rape law exempts marital rape as a crime; the definition of rape is non-consensual sex with a person “other than one’s own wife”. Marital rape is not recognised as a crime in any country in South East Asia, so marriage condones non-consensual sex between a man and his wife at any time, initiating the risk of HIV infection at home.

The Behavioral Surveillance Survey 2, conducted by the National AIDS Control Organisation in India, showed that 80% of women currently living with HIV/AIDS had only one sexual partner and contracted the virus from that partner. Inability to negotiate for condom use, unawareness of a condom’s protective role are also factors making poor and illiterate women in Asia especially vulnerable to HIV infection, which could have been easily prevented by effective health care programmes and education. Condoms are not under women’s control and some women are threatened with violence and rejection if they insist on condom use. It is not culturally acceptable in most Asian societies for women to purchase or to possess condoms. In China, Nepal and India, condoms in a lady’s purse are not expected. Rather they make them vulnerable to police abuse on suspicion of being a sex worker. In India even the HIV field workers are not safe from police abuse if carrying condoms, which they require to carry for their programme beneficiaries. In a study conducted in Nepal (FWLD, 2001), out of 100 respondents 44% of women said their partner used a condom during sexual intercourse but 37% stated refusal of sex from their husbands, arguments, scolding, beating, expressions of suspicion towards their wife, threats of second marriage or accusation of an extramarital relationships in their partners.

The extent of discrimination towards HIV positive women is present among the health care workers also, particularly in relation to their choices around pregnancy; and discrimination is more for women than for men with HIV, even in the family and the community. Discrimination from funders and NGOs has also been faced by many women with HIV if they decide to form groups of their own to develop their own response to the pandemic. Funding support is often inaccessible to start networks or implement their own initiatives. The policies are mostly gender-blind, with all senior management positions being held by men and with male doctors who have not considered the gender dimensions of health care. Therefore the healthcare policies tend to be formulated almost exclusively by men. Moreover, relatively little research support is present on female condoms; whilst antiretroviral drugs research has focused mainly on men without recognition of potential gender differences in drug tolerance.

The time has come when a multi-sectoral approach is needed to end the discrimination faced by HIV-positive women across the Asia-Pacific region. First and foremost, marital rape should be recognised as a crime and treated accordingly. HIV-positive women should be given the right and proper support for their decision to continue or terminate any pregnancy. They should be given access to full, unbiased and correct information and should not be pressurised with any decisions related to pregnancy. Sterilisation of HIV-positive women should be outlawed unless the women has given consent on her own. She should receive ARV drugs to protect her child and her own health, even after the delivery. Different sectors of society should address multiple factors to contribute in fulfilling a shared vision to end the misery of discrimination faced by the HIV positive women and girls and their families. AIDS challenges us to tackle the greatest taboos facing humanity- sex and death. The task before us is extraordinary, but then so are many of the groups of people who are facing it, creating innovative ways of thinking and working and, in the process, reshaping the world for the mutual benefit of all. The responsibility for the rest of society is to provide the support and resources they need.

*“I’d been to a hospital, and was told to have an IUD fitted. When I went for the fitting, they did not allow me to use it because I didn’t live permanently with my sex partner. They asked me why I should bother using it. Then, when they checked my medical file and learned that I’ve got HIV they said Oh! This one was infected! The HIV infected should not use it. They said this as if those who were infected should not be given any services. Eventually, I gave back the IUDs.” (Thai woman, 39yrs- Positive Women: Voices and Choices)*

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