

# Women, HIV&AIDS and human rights

## (Part 1)

Women must not be regarded as victims. They are, in many places, leading the way forward. In communities scattered around the globe, women and men are taking action to increase knowledge about the disease, expand access to sexual and reproductive health and educational services, increase women's ability to negotiate safer sexual relations, combat gender discrimination and violence and increase access to female-controlled prevention methods such as the female condom.

### **Confronting the Crisis.**

Women are fighting both a virus and systemic discrimination in trying to overcome the threat of HIV&AIDS. Across the world, they face a number of circumstances which increase their risk of HIV infection in gender-specific ways. Many women are exposed to sexual violence and coerced sex inside and outside marriage, including through harmful traditional practices such as genital mutilation, early marriage, and wife inheritance. They frequently lack information on and access to HIV prevention measures and to health care as well as to support and medication after infection. They are denied property and inheritance rights, employment and access to finance. Denials which make them dependent on men. And are frequently excluded from participation in policy-making and implementation, including on issues which primarily affect them.

However women are increasingly campaigning effectively for their rights. Grassroots activism by women, including in particular women living with HIV&AIDS, has grown for years with some striking successes. And in the face of a multitude of impediments.

The HIV pandemic is increasingly viewed as a strongly gendered health, development and human rights issue. It is a preventable disease yet millions of people live with the virus and the proportion of women affected is increasing. Gender-specific factors which put women at risk of contracting HIV&AIDS and of the consequences of contracting HIV&AIDS which women face are:

Violence against women and other forms of gender-based discrimination increase women's likelihood of contracting HIV.

Gender-based discrimination also hinders women's access to prevention methods and to treatment.

A comprehensive rights-based approach is needed to effectively tackle the pandemic, its causes and consequences.

Agendas for an effective response to HIV&AIDS agreed by the international community including UNAIDS human rights guidelines, the Cairo Programme of Action, the Beijing Declaration and Platform for Action, the Millennium Development Goals and others have yet to be implemented effectively.

## The scale of the pandemic and its impact on women

HIV affects not only those living with the virus but others who depend on, or are related to, them. It affects:

Women living with the virus who face stigma, discrimination, violence, and unequal access to medication

Women at particular risk through gender-based violence, unsafe sex, injecting drug use or living with people who are injecting drug users, as sex workers, and through discriminatory traditional practices.

Women caring for affected family members or others.

## Women's gender-specific susceptibility to the virus

Women face gender-specific risks from HIV in a number of ways. The growing proportion of women affected by HIV arises from a mix of physiological, social and human rights factors. Women and girls appear to have a higher inherent risk of being infected via heterosexual activity (compared to men) because semen contains higher levels of HIV than vaginal fluids. Moreover the vagina offers a larger area of mucosal tissue subject to micro-injuries through which the virus can enter the bloodstream. Women are thus more likely than men to contract HIV through a single heterosexual encounter.

However the differential levels of infection seen in southern Africa and elsewhere, where four to five times more young women than young men in the same age group are infected each year, do not reflect solely or even mainly biological differences between males and females but rather social and human rights factors. For many women the most common risk factor they face is living with an HIV-positive husband or partner (whether he is aware of his status or not). Other risk factors include the level of violence to which women are subjected, harmful traditional practices which put women at higher risk, and socio-economic factors which limit women's capacity to protect themselves.

Although physiology affects women's greater risk of HIV transmission, it is women and girls relative lack of power over their bodies and their sexual lives, supported and reinforced by their social and economic inequality, that make them such a vulnerable group in contracting, and living with, HIV&AIDS. The stereotypical gender roles that underpin sexual inequality and sexual violence are confirmed and reproduced by social, cultural and religious norms. This lends an aura of naturalness and inevitability to these roles and can make them particularly difficult to contest and change.

## Gender-based violence

Women face an epidemic of violence every day. Violence against women includes, but is not limited to:

Violence in the family. This includes battering by intimate partners, sexual abuse of female children in the household, dowry-related violence, marital rape and female genital mutilation and other traditional practices harmful to women. Abuse of

domestic workers including involuntary confinement, physical brutality, slavery-like conditions and sexual assault can also be considered in this category.

### Violence against women in the community.

This includes rape, sexual abuse, sexual harassment and assault at work, in educational institutions and elsewhere. Trafficking, forced prostitution and forced labor fall into this category, which also covers rape and other abuses by armed groups.

Gender-based violence perpetrated or condoned by the state, or by "state actors" police, prison guards, soldiers, border guards, immigration officials and so on. This includes, for example, rape by government forces during armed conflict, forced sterilization, torture in custody and violence by officials against refugee women.

Violence is a key factor in increasing women's risk of contracting the virus. Studies suggest that the first sexual experience of a girl will often be forced. Women are two to four times more likely to contract HIV during unprotected vaginal intercourse than men both because their sexual physiology places them at higher risk of injury (especially in the case of young women) and because they are more likely to be at the receiving end of violent or coerced sexual intercourse.

### Rape

One of the most pervasive and damaging forms of gender-based violence is rape.

The psychological and physical trauma inflicted by rape is well-documented.

However, increasingly, the transmission of HIV is an additional consequence of rape. Because it is by definition non-consensual, rape has a higher risk of leading to HIV infection by virtue of physical injury to the woman's genitalia or anus. Even in the absence of apparent physical injury, rape can cause micro-lesions in the vagina which can be a route of infection for the virus.

Protecting women (and men) from rape, and thus from the potential exposure to HIV caused by rape, requires a number of measures. Amnesty International has documented rape in police custody, in prisons, in the community and in areas of conflict or war. While each situation requires some particular reform, what is common to all is that there needs to be political will to make clear that rape is an unacceptable crime and will be punished; that there must be public education to encourage greater gender-awareness; that police and medical professionals should be provided with more training on sensitive investigation and documentation of rape; that medico-legal and trauma services be strengthened and that laws on rape and other sexual offences be reformed to adequately address the nature and seriousness of rape. The gravity of rape has been recognized at the highest international level. The International Criminal Court, under article 7(1) (g) of the Rome Statute of the ICC, considers rape (and similarly grave forms of sexual abuse) as crimes against humanity when committed as part of a widespread or systematic attack against any civilian population. When committed in the context of an international or non-international armed conflict, these offences also constitute war crimes.

Addressing the crime of rape requires support and protection for witnesses before, during and after the trial. The obstacles posed to effective justice in rape cases are

considerable and supporting complainants effectively is essential if justice is to be done and to be seen to be done.

## Violence in the family and community

### Intimate partner violence

Domestic violence or intimate partner violence places a significant health burden on women and on society. Intimate partner violence occurs in all countries and within all social, economic, religious or cultural groups. The overwhelming burden of partner violence is borne by women at the hands of men, although men can also be victims of violence at the hands of female partners, violence can be inter-generational, and same-sex relationships can also be characterized by violence. Intimate partner violence comprises verbal/psychological, physical and sexual violence and affects millions of women worldwide.

Women who live with violent partners face not only psychological trauma and physical injury but also experience difficulties time protecting themselves from unwanted pregnancy or disease, including sexually transmitted infections. Physical or sexual violence by a man living with HIV can contribute directly to the transmission of the virus to a partner and the longer the violence continues the higher will be the risk of this happening. A woman is also at risk when she is in a sexual relationship with an HIV-positive man who is unwilling to take preventive measures such as using a condom (whether he is aware of being HIV-positive or not). However women are also at risk more indirectly by;  
Being unable to negotiate the use of contraceptives including condoms.

Commencing to abuse alcohol or illegal drugs which can lead to undertaking higher risk sexual or drug-injecting behaviour.

Intimate partner violence, child sexual assault, forced first intercourse and adult sexual assault by non-partners were generally associated with increased HIV risk behaviors.

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