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WOMEN & HIV/AIDS

Introduction:

"HIV/AIDS" is a deadly disease. It has taken away the lives of more than 90 million people all over the world so far. Every year 10 million people, including the children are dying of the same. It is a matter of a great concern in this technologically driven world. Even surviving the HIV people too are not comfortable leading miserable life in pathetic conditions. The HIV people suffer a number of humiliation and discrimination almost in every sphere of their lives, because once they are identified as HIV +ve, they have to face rejections, refusals in the society. There were few instances of killings of HIV victims during the early initial days. This type of discrimination has reached its zenith with an incident which took place in Kutch district of Gujarat state wherein children in the orphanage after coming to know their HIV status are simply thrown out of the orphanage mercilessly whose parents are also HIV mother and mentally ill father. The AIDS victims also have certain rights mentioned under Constitution of India and also they are very well known and famous as Human Rights. Those rights are right to life, liberty, and dignity and many more. The AIDS victims are deprived from their basic rights rather we can say it is violation of rights which the AIDS victims should enjoy after being diagnosed with HIV/AIDS. These victims also have a right to privacy which should be attached first priority over the other rights. This is because, once their HIV positive status is made known to the society they will start facing number of humiliations on account of stigma attached to it. Hence their HIV positive status must be kept secret by the health authorities after the tests are conducted to avoid subsequent discriminations that follow on account of this tag in the society.

India is now a fastest growing country in economy. In general, workers constitute the majority of HIV victims all over the world. The HIV victims are entitled to all the Human Rights equally on par, which other citizens. They have right to employment, right to privacy, right to health, right to education, right to marriage, and right to freedom from inhuman and degrading treatment, right to self discrimination and association, right to liberty under the international instruments such as the Universal Declaration of Human Rights (1948), Articles 2, 19, 26 of the International Covenant on Civil Political Rights (1966), International Covenant on Economic, Social, and Cultural Rights (1966), Convention of the Rights of the Child (1989), and Convention on Elimination of All Forms of Discrimination Against the Women (1979).

Women, the most vulnerable group among the vulnerable groups in world facing the most dreadful and worst situation after being diagnosed with HIV/AIDS. Women are the most known victim of any deprivation done to them by the society on many grounds and they are not even allowed to enjoy their basic fundamental or human rights on the basis of humiliations and discriminations. For women throughout the world, safety (that is freedom from physical, sexual, verbal, psychological, and other forms of violence as well as the lack of economic freedom) is an issue that dominates all others in their lives. UNAIDS in July 2006 reported that half of the adults living with HIV and AIDS are majority of the women. Most of the women suffer from HIV/AIDS are in the prime of their productive lives. Despite this alarming trend, women still know less than men about even the more basics like how HIV/AIDS is transmitted and how they can prevent infections. What little they do know is often made useless by the discrimination and violence they face and their relative powerlessness to refuse sex or negotiate for safe sex, especially in the context of marriage. The complex relationship between gender, health, development, and socio-economic status means that gender and women, and men's vulnerabilities to HIV/AIDS must be tackled as cross-cutting issues through the health sector and education, the media, and the public policy.

The Feminization of the Epidemic:

The feminization of the epidemic brings into sharp contrast the disparity and discrimination that shapes people's conduct and limit the options women have to protect themselves. UNFPA states that

though recent evidence shows that sustained, intensive programs in diverse settings are reducing HIV incidence through behavior changes such as increased use of condoms, delayed sexual initiation and fewer sexual partners. Nevertheless infection rates are still increasing globally. Gender inequities are primary causes of making men and women vulnerable to HIV/AIDS. Many HIV strategies assume an idealized world in which the belief is that all are equal and free to make empowered choices, and can opt to say no to sex, stay faithful to one's partner or use condoms as a means of protection. Reality though presents a different picture – women and girls face many HIV related risk factors and vulnerabilities than men and boys do not. Some of these are embedded in the social relations and economic realities of their societies and are not easily altered. Infrastructural support must be laid down to ensure sustainable livelihoods for women and girls especially those living in female-headed households if they are able to protect themselves against HIV infection and deal with its impact.

The vulnerability of women and girls to HIV and AIDS is compounded by other human rights issues including the lack of adequate access to the information, education, and services necessary to ensure sexual health. Stigma and discrimination associated with HIV/AIDS reinforces prejudices, discrimination, and inequalities related to gender, poverty, sexuality, disability, and ethnicity. International human rights law now guarantees the right to equal protection before the law and places emphasis on freedom from discrimination on grounds of the sex, race, color, language, religion, political or other opinion, national or social origin, property, and birth or other status.

Factors Fuelling the Feminization of the Epidemic:

Women are among the fastest growing groups of the newly infected. Estimates show around 80% of HIV-positive adults in India are women and the number of young women aged 15-28 living with HIV/AIDS is twice that of young men. In developing countries like India, women are more vulnerable to the infection, biologically as well as socially. In age where the community of the HIV-positive is becoming increasingly female and increasingly vulnerable – women are still too often overlooked. As a woman, her physiology compounds her vulnerability. A woman is four times more likely to contract HIV from a man than vice versa. The gender dimensions of HIV/AIDS penetrates a range of issues – economic, legal, cultural, political, and the sexual position of women in society.

Gender and HIV Epidemic Core Determinants:

Macro Environment	Micro Environment	Cultural Factors
Wealth Income distribution Legal Framework Religion Governance Other	Mobility Urbanization Access to health care Levels of violence Other	Sexual Behavior Rate of partner change Concurrent partners Sexual mixing patterns Sexual practices Condom use

Economic Factors:

Women's economic and legal disparity also enhances vulnerability to HIV infection. Discriminatory economic policies and laws in country prevent women from gaining equal right to use resources such as land, property, credit, employment, and education which in turn is responsible for her economic dependence and heightened vulnerability. Women who are more financially independent are more likely to be able to reduce their risk of HIV infection. One of the biggest difficulties facing these women in affected households is often denial of their property rights. Widowed women who have been abandoned by their husbands and ostracized from their communities and widows who have lost their husbands to HIV are very often refused to rightful share of their husband's property. When economic hardships force women to exchange sex for money they are in situations with little or no negotiating power when it comes to sex. Women, often adolescents, are also forced to the red-light districts by traffickers. These girls have even less negotiating power. The stigma against HIV positive women is so great even in hospitals and among doctors that they will not seek out treatment. Many women hesitate even to get tested HIV, or disclose their positive status. When women do seek out

treatment, transportation, and poverty both limit their access. Treatment centers in addition to medication must also ensure that women have the means to provide themselves with the nutrition to sustain the medication. The HIV/AIDS treatment regimen requires sufficient nourishment to be effective and if women do not have enough to eat it will be useless. Women in purdah who are excluded from the public lack information, access female health care workers, and face difficulties in travelling to treatment centers. Women and girls also carry the burden of caring of those who are ill or orphaned as a result of HIV/AIDS. Women must juggle nursing the sick, caring for AIDS orphans, and making up for the loss of income to support their families. The convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a comprehensive legal instrument, an international bill of rights for women, which focuses on women's rights and recognizes that deprivation of women's rights is critical.

Women's vulnerability to HIV in India:

Women's enhanced vulnerability to HIV/AIDS in India is directly linked to gender inequality and a low economic and social status. The lack of women's equality in the family, work-place and the community bears a direct relationship to the spread of the infection among women in India. Existing social and gender norms stemming from the caste system and a patriarchal society have a profound effect on the sexual activity and risk behaviour of both men and women, which ultimately affects women more than men. Such systems increase women's vulnerability to HIV by denying them rights to education, inheritance, protection from violence and access to appropriate prevention and health services. Gender norms define socially desirable roles for both men and women and often act as deterrents for the adoption of safe sexual behavior. A lack of adequate knowledge on sex and sexuality is common to both men and women, and arises for different reasons. For instance the social expectation that men should be sexually knowledgeable and active may prompt them to seek information from unreliable sources such as pornographic magazines and peers or experiment with sex workers and casual sex partners. Similarly, the social norm that women and girls should be kept in the dark about matters related to sex and sexuality essentially translates into lack of knowledge about sexually transmitted infections and safe sexual practices.

Poverty:

Poverty, coupled with the far-reaching gender inequalities in India, dramatically increases the vulnerability of women to HIV. Many young girls are forced to leave school to find work to support their families or to provide care to family members, and thus lose the opportunity to gain an education and acquire the skills required to rise out of poverty. 69% of girls in India between the ages of 15-17 do not attend school. This lack of educational opportunity curtails women's access to information about health issues including HIV, and is often the reason that women resort to sex work to augment the family income.

Economic stress and poverty often pushes young women and girls to sell sex under highly unsafe conditions, thus placing them at risk of contracting HIV/AIDS.

Intimate partner violence:

There are several ways in which HIV and violence overlap in the context of women's lives. For one, coercive sexual intercourse may directly increase women's risk for HIV through physiological trauma. Violence and threats of violence may limit women's ability to negotiate safe sexual behaviour. Also, women who have been sexually abused in childhood may participate in more sexual risk-taking behaviour as adolescents or adults, thereby increasing their risk for HIV infection. In addition, women's sero-positive status can lead to family violence against them because of the common perception that they are the 'vectors' of the infection. Research studies in Africa and the United States highlight a strong and consistent association between a history of domestic violence and HIV infection.¹⁰ Domestic violence in India is pervasive and very common. National surveys report that 40 percent of married women in India experience physical abuse. Fifteen percent of these women have also reported being coerced into sex by their husband. Research in India has shown that women have very little power to negotiate sexual relationships and that the taboo on even discussing sex places them at high risk of contracting STIs and HIV. Social norms around masculinity endorse the use of force during sex. A recently conducted research study showed that 60% of youth and middle class men legitimized the use of force to sexually satisfy their wife/partner.

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