



**International Network of Alternative Financial Institutions**

**Looking HIV and AIDS issues  
Through  
Gender and Human Rights Lenses**

**A Thematic Paper from INAFI Asia**

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## Looking HIV and AIDS issues through Gender and Human Rights Lenses

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Last week, I have the opportunity to participate in a workshop on Gender, HIV and AIDS mainstreaming in NGOs in Bangladesh at IDB Bhaban, Dhaka at the Initiative of HIV and AIDS Alliance in Bangladesh supported by Oxfam Novib. That workshop brings together experiences, ideas and strategies for mainstreaming gender, and HIV and AIDS in particular, but most importantly looked the HIV and AIDS issue through human rights perspective, which was most interesting to me and that was the main purpose for this short write-up.

While analysing gender, HIV and AIDS and human rights, we acknowledged that when men are fighting a deadly human immunodeficiency virus, women are fighting both a deadly virus and wide-ranging inequity in trying to defeat the hazards of HIV and AIDS. We understood that from corner to corner of the world, they face a number of conditions which swell their possibility of HIV infection in gender-specific ways. Many women are exposed to sexual violence and coerced sex inside and outside marriage, as well as from end to end damaging customary convention such as early marriage, wife inheritance, and in some cases genital defacement. They commonly lack information on and entrée to HIV prevention processes and to healthcare as well as to support and medication after the contagion. They are shorn of assets, property and inheritance rights, employment and entrée to finance to some extent, and all these rebuffs which make them dependent on men, and are often barred from participation in policy-making and implementation, including on issues which primarily affect them.

However the workshop observed that the women are ever more protesting successfully for their rights. Grassroots activism by women, including in particular women living with STDs, HIV and AIDS, though limited in Bangladesh, has grown for years with some outstanding successes, and in the face of a whole host of hindrances. However, now, throughout the world, the HIV epidemic is increasingly viewed as a strongly gendered health, development and human rights issue. It is an avoidable disease yet some 40 million people or more live with this virus in the world now, with 878 known cases in Bangladesh. But more alarming is that the proportion of women affected is increasing. As discussed in the workshop, with many other things, this short paper offers a human rights analysis of the gender-specific factors which put women at risk of contracting HIV and AIDS and of the consequences of contracting HIV and AIDS which women face. The common scenario pointed out below makes clear that:

- Hostility against women and other forms of gender-based discrimination increase women's probability of contracting HIV;
- Gender-based inequity also holds back women's entrée to prevention methods and to treatment of containing HIV or AIDS;
- Inclusive rights-based approach is essential to successfully deal with the HIV infections, its causes and consequences;

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- International cooperation is needed to tackle the inequities surrounding HIV prevalence and lack of entrée to treatment.

While looking at the position of women and men in the world in the case of HIV infection, we saw that the number of people living with HIV and AIDS in 2003 was estimated by UNAIDS to be 35.7 million adults of whom 17 million were women. Adults, for the purposes of the UNAIDS report, means people between the ages of 15 and 49, the major period of human sexual and reproductive activity. The highest rates of HIV prevalence are in southern Africa: Botswana (37.3%), Swaziland (38.8%), Lesotho (28.9%), Zimbabwe (24.6%), South Africa (21.5%), Namibia (21.3%), and Zambia (16.5%). Prevalence rates fall where preventive measures are taken as in the case of Uganda where national prevalence dropped from 12% in the early 1990s to 4.1% in 2003.

In Africa 57% of adults living with the virus are women, and two thirds of young HIV-positive people are women and girls. The worldwide proportion of women living with HIV and AIDS is almost 50 percent. Globally, young women are 1.6 times more likely to be living with HIV and AIDS than young men. A review of HIV infection levels among 15 – 24 year-olds which compared the ratio of young women to young men living with HIV found that in South Africa twice as many women as men had the virus while in Kenya and Mali the ratio of HIV-positive young women to young men was 4.5 to 1. Around five to six million people in low and middle income countries of the world do not have access to necessary life-saving antiretroviral drugs (ARVs) including Bangladesh. Though Bangladesh has a fewer number of HIV carriers, the treatment facility with the ARVs are limited. Square and Beximco Pharmaceuticals are producing the medicine, but that is too costly for the HIV positive patients in Bangladesh most of whom are from poor economic background, and are facing high level of exclusion from the society and family.

It was disclosed in the workshop that HIV affects not only those living with the deadly virus but others who depend on, or are related to them. It affects:

- Women living with the virus who face disgrace, inequity, hostility, and uneven entrée to medication.
- Women at particular danger through gender-based hostility, risky sex, injecting drug use or living with people who are injecting drug users, as commercial sex workers, and through prejudiced customary practices.
- Women caring for affected family members or others.
- Women in their roles as campaigners, NGO activists, human rights defenders and service providers.

We were really rapt while discovered that 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. It is also captivating to know that women face anal sex often, and unprotected anal sex, whether heterosexual or homosexual bears a considerably higher possibility of HIV infection for the semen-receiving sex partner.

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 girl's 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 and AIDS. ... The stereotypical gender roles that underpin sexual inequality and sexual violence are confirmed and reproduced by social, cultural and religious norms.

Women face a spate of human rights violation in the form of hostility every day. Human rights violations against women include:

- Hostility in the family. This includes rough treatment by close relatives, sexual abuse of female children in the household, dowry-related violent behaviour, marital rape and other customary practices damaging to women. Abuse of domestic workers including sexual assault etc.
- Hostility outside the family. This includes rape, sexual abuse, sexual harassment and assault at work, in educational institutions and elsewhere. Trafficking, and coerced sex fall into this category, which also covers rape and other abuses by armed groups.
- Gender-based violence committed or ignored by the state or by state actors like police, prison guards, soldiers, border guards, immigration officials and so on.

Hostility is a key factor in increasing women's risk of contracting the human immunodeficiency virus. Citing examples from studies the workshop told that in many cases the first sexual experience of a girl is often is forced. Women are 2 to 4 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.

Other factors also come into play, i.e., factors associated with women's subordinate position increase the risk of HIV infection. Among them are illiteracy and poverty, conflict situations, lack of sexual autonomy, rape by relatives or strangers, multiple sexual partners, trafficking for sexual exploitation, prostitution and child marriage etc. So, protecting human rights are central to all aspects of an effective response to HIV and AIDS, the workshop told, and have been emphasised rightly in most of the international and national HIV and AIDS prevention programmes since the creation of the World Health Organisation's Global Programme on AIDS in the 1980s. A rights-based approach starts from the argument that respect for human rights forms a logical basis for programmes to address the deadly disease and that abuses of human rights contribute to the spread of the HIV and undermine attempts to control it. When human rights are not promoted and protected, it is tougher to prevent HIV spread. When these rights are not promoted and protected, the impact of the scourge on individuals and communities is looming.