

HIV/AIDS – A Gender Equality and Human Rights Issue

The issue: Across the world, HIV/AIDS threatens the lives and rights of individuals, severely restricting their hope for development. Countries with the highest HIV-prevalence rates face consequences that include the loss of people able to run the government, businesses and vital public services. This sets the stage for both individual suffering and social and economic decline. Tragically, social stigmas related to HIV/AIDS still hinder efforts to stem the disease in all regions of the world. For women, the picture is made more complex by gender inequality, poverty and blatant violations of women's rights—without tackling these issues, overall efforts to address the epidemic will be futile.

Almost half the HIV-positive people in the world are now women, but in Africa, where the epidemic has stretched the furthest, young women are three times more likely to be HIV-positive than young men. Gender inequality leaves women with less control than men over their bodies and their lives. They have less information about how to prevent HIV, and fewer resources to take preventative measures. They face barriers to the negotiation of safe sex that include economic dependency and violence. In some cases, poverty forces women into the sex trade. And regardless of whether they themselves are HIV positive or sick with AIDS, women assume the burden of home-based care for others who are sick or dying. While many have shown great fortitude and courage in these situations, they lose time and energy that might be spent on earning a livelihood or caring for their own illness, and risk sinking into an ever-deepening degree of poverty.

Many more resources need to flow into halting the spread of HIV/AIDS, and need to be targeted to women in particular. In 2001, at the UN General Assembly Special Session on HIV/AIDS, over 180 countries agreed that gender equality and women's empowerment are fundamental to reducing girls' and women's vulnerability to HIV/AIDS. They committed to increasing their efforts to challenge gender stereotypes and inequality. The sixth Millennium Development Goal calls for reversing the spread of HIV/AIDS by 2015.

UNIFEM takes action: UNIFEM brings gender equality and human rights perspectives to its work on women and HIV/AIDS. Highlighting the contributions and perspectives of HIV-positive women, and with an emphasis on reducing discrimination, the fund spearheads holistic strategies that make clear links to violence against women, feminized poverty, security and women's limited voice in decision-making.

Around the world: In a number of countries, HIV-positive women have taken a leading role in HIV/AIDS advocacy by forming networks that provide a strong platform for their voices to be heard. UNIFEM has purposefully sought out and supported these groups, which pool the collective experiences of women who know firsthand the issues they face and the support they need. In Cambodia, the Fund has helped positive women create a network that now sends representatives to attend government policy sessions on HIV/AIDS, advise public health providers on how to make services accessible and friendly to women, and participate in the national programming deliberations for grants from the Global Fund on AIDS, Tuberculosis and Malaria. In Senegal, at the Association Bok Yakar ('Sharing Hope'), members come to support each other by sharing their concerns and plans for the future. The Positive Women's Network in India meets policy makers to lobby for better treatment options. The Network of Zimbabwean Positive Women teaches members about their rights and how to recognize the signs of gender abuse.

In India: UNIFEM and the UN Development Programme have collaborated with Indian Railways on an innovative outreach campaign to the 25,000 employees of its south-central branch, which is located in a region identified by India's National AIDS Control Organization as having a high rate of HIV prevalence. The company is the world's third largest employer, and its workforce, because of its mobility, is highly susceptible to the virus. Indian Railways provides an extensive infrastructure of housing, services and facilities for its staff, offering ideal channels for communication. Under the guidance of the Railway Women's Empowerment and AIDS Prevention Society, created to manage the project, peer counselors trained by experienced

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non-governmental groups now circulate within the railway communities, building relationships of trust and offering gender-sensitive messages on prevention, care and treatment. They go to schools, women's community meetings, trade union gatherings and the 'running rooms' where engine drivers rest between their shifts. A 24-hour telephone helpline answers questions, and a new railway policy ensures that all employees and their families who require antiretroviral drugs can have them free of charge. For women directly affected by HIV/AIDS, who are often part of families that have gone deeply into debt to cope with the disease, a revolving fund based in the South Central Railways Women's Welfare Organization offers loans for medical, legal and other essential expenses. The Railways also offers employment to widows of staff who have died of AIDS, a measure that is reducing stigma and discrimination. Discussions are under way to replicate the successful approach with the Chinese Railways.

In Nigeria: UNIFEM was instrumental in ensuring that gender equality and human rights issues became an integral part of the National AIDS Framework. Through the Gender Technical Committee, a mechanism has been put in place to ensure the Framework's implementation. UNIFEM's approach is now being considered for replication in the entire West African region by both UNDP and UNAIDS. UNIFEM also supported the development of a gender-responsive HIV/AIDS policy for health-care facilities in Nigeria's Enugu State—the first of its kind in the country. The policy provides for intensive counseling, confronts discrimination against pregnant women, and ensures equal access for men and women to anti-retroviral drugs. Now advocacy to widen the policy's impact has begun, including in the churches of the state's seven Christian denominations. Ministers devote at least 15 minutes of their Sunday services to counseling on HIV/AIDS, based on a guide for pastoral workers developed by the state's Joint Christian Council on HIV/AIDS. UNIFEM helped establish the council and assisted in developing interdenominational strategies, after church leaders reported a growing number of women parishioners seeking advice on or care for HIV/AIDS.

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In Zimbabwe: A UNIFEM-sponsored training programme for the National AIDS Council resulted in the adoption of standard guidelines for including gender and human rights in all forms of HIV/AIDS care, prevention, mitigation and treatment. On another level, a pilot project on home-based care prompted the creation of the Rural Home-Based Coalition, which advocates for resources for home-based care. Zimbabwe is also one of three countries—the other two are Brazil and India—in which UNIFEM is piloting 'gender empowerment zones', places where the focus is on fighting HIV/AIDS by strengthening gender equality. In Mutoko, a rural community hard-hit by HIV/AIDS, training sessions on gender and human rights have helped both women and men to understand how women's inequality makes them vulnerable to HIV/AIDS, and discussion groups on safe sex have served as an opportunity to talk openly about the use of condoms and about risky behaviour. Youth are included in the education programme, and there are now fewer teenage pregnancies. Men have formed a group of volunteers to assist with home-based care of sick neighbours, and women have started their own businesses, selling sunflower oil, soap and clothes. Financial independence has given them new confidence – to negotiate safe sex, for example, or to take on leadership in their community. A woman now heads the Mutoko AIDS Action Committee, and others are in decision-making positions on the health, agriculture and education committees.

In Brazil and Honduras: UNIFEM assisted gender advocates in assessing HIV/AIDS legislation as a step toward improving national policies. In Honduras, the national AIDS plan now features gender and human rights dimensions. In Brazil, UNIFEM is collaborating with the UN Population Fund to set up permanent collaboration on HIV/AIDS between the Ministry of Health and civil society experts. Brazilian media campaigns stress the link between HIV/AIDS and violence; advocacy in Honduras focuses on providing women with basic facts they need to protect themselves.

Globally, in partnership with UNAIDS, UNIFEM has launched the Gender and HIV/AIDS Web Portal. The portal features current research, multimedia materials and toolkits, and is designed for community activities, government officials, development practitioners and journalists. www.genderandaids.org. This information is also available on CD-ROM. To order a copy, email: unifem@genderandaids.org

