



Women and AIDS

Claire McGowan

As of 2006, an official total of 40 million people worldwide are living with HIV. In twenty-five years of the epidemic, families, communities and countries have been devastated. The impact of HIV and AIDS is well discussed and by now familiar to most. What is not often considered is the female perspective on the disease.

When AIDS was first identified in 1981, it was initially a killer of men, and spreading fast among injecting drug-users and homosexual communities. Today rates of new infection are actually highest, and climbing, among women. The statistics are stark and make one fact abundantly clear – we must focus on the role of women in the fight against AIDS. As one of the main Millennium Development Goals, gender equality needs to be taken into account in the treatment and prevention of HIV and AIDS.

In Africa, there are 14 HIV-positive adult women for every ten adult men. Millions of women in Sub-Saharan Africa are now widowed by AIDS and heading families alone. In many cases they have taken on the children of dead relatives and neighbours, filling their small homes with AIDS orphans. One woman in Malawi had nine extra children living with her in a two-room shack. In Botswana it is estimated that, on average, every income earner is likely to acquire one additional dependent over the next ten years due to the AIDS epidemic. According to UNAIDS, a dramatic increase in destitute households – those with no income at all – is also expected.

Almost invariably, the burden of coping rests with women. Upon a family member becoming ill, the role of women as carers, income-earners and housekeepers is stepped up. When a husband falls ill it is the wife who nurses them, and on their husband's death they may be shunned or driven away from their homes. In many African countries traditions of land inheritance put widows and single women in an extremely vulnerable position, at risk of murder, assault, and abandonment.

A disease that attacks the family will destroy communities. In parts of Zimbabwe, for example, women are by necessity moving into the traditionally male-dominated carpentry industry. This often results in women having less time to prepare food and for other tasks at home – forced to do it all. As women make up the majority of nurses, midwives, and teachers, their loss from the workforce through repeated illness or death is a devastating blow to hard-won development in Africa. Its impact will be felt for generations to come, in the children who had no teachers, in the babies born without access to healthcare, in hospitals with no workers. When mothers are dying, who will care for the world's 15 million AIDS orphans?

The devastating tendrils of AIDS reach out to undo all the development work previously built up in communities. Young girls in particular are forced to abandon their education and go to work, or stay at home to care for orphaned children and sick relatives. The effect of AIDS has been felt by, and is likely to have an increasing

effect on, young African girls and women. The loss of parents and need to care for siblings means many girls have given up school to take on the role of surrogate mother and breadwinner. There are reports from Africa of children as young as nine heading households and caring for younger children.

Why should women be so at risk from infection? As with all the chapters in the AIDS story, the answer exposes more than a disease, but also the human inequalities that have allowed it to spread so alarmingly. For women living in situations where they lack economic or social power, many have no control over their own sexuality and reproduction. They are deeply vulnerable, unable to protect themselves from infection or from sex with partners they may know to be HIV-positive. According to a recent report by the Global AIDS Alliance, almost a third of women worldwide report that their first sexual experience was forced.

Fear of stigma and violence may also deny women access to their strongest weapon – information and knowledge. Gender inequality is one of the most crucial Millennium Development Goals, but the spread of AIDS is actually reinforcing the exploitation of women. A spectrum of sexual and social behaviours contributes to the imbalance. Among the 15-19 age group for example, girls are four times more likely than boys to be infected.

The trend towards female infection is upheld worldwide, even in Europe and North America. In Russia and the Ukraine women are infected by sex with drug-taking partners. In Asia they are often victims of the sex trade. In India infection rates among rural women are soaring, because of husbands and partners who visit prostitutes. Violence against women within marriage or relationships can mean they have no control over when to have sex, using condoms, or seeking help and advice about HIV and AIDS.

The most common route of infection for women is from their husbands. When men live away from home as migrant workers, they often visit prostitutes or take on second ‘wives’ and families. On returning home they may pass on the infection. In a sad irony, it is often the woman who takes the blame for infecting her husband. She may then be abandoned and forced to move out of her community. Economically dependent women, lacking freedom of movement and behaviour, are simply not in control of their own lives, unable to leave an unfaithful or abusive partner. Women in Africa have been stoned and shunned after becoming HIV positive. The stigma surrounding diagnosis means thousands of cases may go unknown and unreported, and men also commonly refuse to use condoms with their spouses.

As well as the effects of gender inequality, other factors increase female vulnerability. Biologically, women are actually twice as likely as men to be infected with HIV during heterosexual sex. This is due to increased likelihood of internal tearing and bleeding, and is a big issue when older men have sexual relationships with young women or teenage girls. Certain cultural practices such as exchanging or ‘inheriting’ wives can rapidly spread the disease throughout families and villages.

Prostitution and rape are also behaviours with a high risk of HIV infection. The social upheavals in many African states that follow civil war and violence have split up families, increasing infidelity, pushed destitute women and girls into prostitution.

Young girls have also been forced into serving as soldiers and 'wives' to soldiers and rebel leaders, further exposing them to infection. It is widely reported that in Uganda, Sudan, Zimbabwe, Rwanda, rape has been repeatedly used as a weapon of brutal war and repression. More than this, deliberate HIV infection is now also a common occurrence in violent situations.

At the most basic level, HIV and AIDS have disrupted the fundamental bond between women and their children. Before the devastation of AIDS, African women were being encouraged to breastfeed as a means of passing on vital nutrients and protecting babies from dirty water. The act of breastfeeding, as well as passing on vital nutrients and antibodies to babies, is an important bonding ritual between mother and child. Women in Africa are now being told that if they do breastfeed they may risk infecting their babies.

Mother to child transmission is a major source of HIV infection in Africa. In developed countries the rate can be brought down to negligible levels by well-attended births and access to anti-retroviral drugs. Many African women have no access to adequate healthcare or information while giving birth. Reducing maternal transmission is a huge challenge for the future of AIDS awareness in Africa. It will require a huge effort to disseminate accurate and unbiased advice about the transmission of HIV.

The full impact of the AIDS crisis is just beginning to be felt in Africa. For the first time in half a century life expectancy is dropping like a stone, to below 40 in some countries. The result will be a bottom-heavy society of orphans, young and lone women struggling to raise their own children and those of sisters, neighbours, and friends. For millions of young girls the promise of an education and the chance of a childhood will be lost. Is there any hope? Perhaps only through access to education, information, advice and support. Access to primary education, for example, increases AIDS awareness and reduces the likelihood of very young girls having sex. Yet the majority of the 100 million children not in school worldwide are girls. If anything positive can come out of the AIDS epidemic, perhaps the upheavals in societal and gender relations will force recognition of the vital work and contribution of women.

The fight against AIDS is inextricably linked with the struggle for gender equality. The right to live in freedom from AIDS and HIV is one facet of the need to strengthen the rights of women to health, life, and freedom. The right of women to live without fear of rape or violence, to have access to adequate healthcare and support through childbirth, to information about their own bodies and health, to make a living without recourse to prostitution, to control their own lives.