

WHY IS HIV A GENDER ISSUE?

Whereas sex is biological, gender is socially defined. Gender is what it means to be male or female in a certain society as opposed to the set of chromosomes one is born with. Gender shapes the opportunities one is offered in life, the roles one might play, and the kinds of relationships one might have – social norms strongly influence the spread of HIV.

For Women

Vulnerability to infection and risk-taking is increased by cultural attitudes that make it inappropriate for women to be knowledgeable about sex or to suggest condom use; by the common link between substance abuse and the exchange of sex for drugs or money; and by the economic need experienced by some migrant and refugee women that forces them to resort to sex work.

For Men

Vulnerability to infection and risk-taking is heightened by cultural attitudes that make it hard for men to admit to gaps in their knowledge about sex; by the link between socializing and alcohol use; by the frequency of drug abuse, including injection; and by the number of predominantly male occupations that entail migration and thus disrupt family life.

- Although HIV/AIDS affects both men and women, women are more vulnerable because of **biological, social, cultural and economic factors**.
- The rapidity of the spread of HIV/AIDS among women can be slowed only if concrete changes are brought about in the sexual behaviour of men.
- Existing legal and policy frameworks need to be reviewed from a gender sensitive perspective to ensure **positive and sustainable changes**.

HIV IS A GENDER ISSUE BECAUSE:

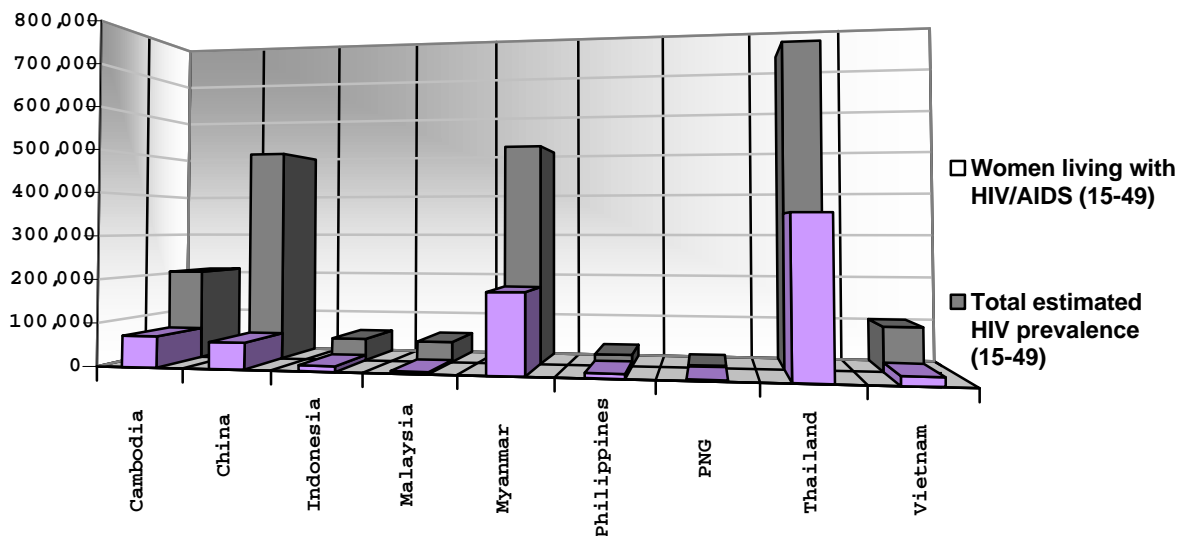
- The underlying causes and consequences of HIV/AIDS infections in men and women vary, reflecting differences in biology, sexual behaviour, social attitudes, economic power and vulnerability.
- Inequality between the sexes limits women's access to care and services. It also reduces both men and women's opportunities to acquire knowledge about safer sexual practices, and to develop skills to protect themselves from HIV.
- There is a large difference in attitudes towards men and women's sexuality, both within and outside of marriage. Promiscuity in men is much more acceptable. This exposes men to an increased risk of infection, and increases the possibility that they will transmit HIV/AIDS to their partners.
- Women known to have HIV/AIDS are more likely to be rejected by their family, denied treatment, care and basic human rights. Yet women and girls tend to bear the main burden of caring for sick family members, including men living with HIV/AIDS.

“ A gender-based response to HIV/AIDS and STDs focuses on how different social expectations, roles, status and economic power of men and women affect and are affected by the epidemic. It analyses gender stereotypes and explores ways to reduce inequalities between women and men so that a supportive environment can be created, enabling both to undertake prevention and cope better with the epidemic.”

UNAIDS

BASIC FACTS ABOUT HIV/AIDS

HIV/AIDS IN EAST AND SOUTHEAST ASIA



How AIDS is transmitted

Its sole means of transmission is the exchange of bodily fluids with an infected person:

Sexual:

Vaginal, oral or anal intercourse without condom protection

Injecting drug use or blood transfusion:

Infected blood or blood products, or by skin piercing instruments like needles and syringes

Mother-to-child transmission:

From an infected mother to her unborn child during pregnancy, delivery or through breastfeeding

AIDS can NOT be transmitted by:

Coughing or sneezing

Insect bites

Touching or hugging

Water or food

Handshakes

Using telephones

Public baths

Swimming pools

Sharing cups, glasses, plates, and other utensils

THE FACTS

● At the beginning of the AIDS epidemic in the 1980's women rarely figured among the people infected. In 2000, 5.3 million people were living with HIV/AIDS; **2.2 million were women.**¹

● More than half the 2.1 million people who died of AIDS in 1999 were women, and **30% of adult infections in Southeast Asia are in women.**²

● In Southeast Asia, the ratio of HIV infected men to women is three to two, and **moving towards 1:1.**³

● Between 80-90% of HIV infections in the region are transmitted through **heterosexual contact.**⁴

● During unprotected vaginal intercourse, an HIV-positive man is **at least twice as likely** to transmit the virus to an uninfected woman as an HIV-positive woman is to infect her male partner.

● The majority of infected women are of **child-bearing age**, leading to the possibility of perinatal HIV transmission. Of the half million infections in children (under 15), most have been transmitted from mother to child.

How AIDS is caused

Acquired Immuno Deficiency Syndrome (**AIDS**) is caused by the Human Immuno Deficiency Virus (**HIV**). This virus gradually breaks down the body's natural defence mechanism leaving it prey to disease and unable to fight off other infections. Each infection leaves the person weakened and more susceptible to fresh infections, leading eventually to death. There is as yet no known cure or preventive vaccine.

COUNTRY FACTS

The Kingdom of **CAMBODIA** has seen a rapid increase in HIV infection over the past few years

- It has the highest rate of increase of HIV prevalence in South East Asia. In 1997 the rate was 2.4%, just two years later, it was 4,04%.⁵
- Cambodia has more than 200,000 people who are living with HIV; 71,000 are women.⁶

An estimated one third of HIV/AIDS cases are among women of childbearing age⁷

- There are more than 25,000 sex workers in Cambodia; 15,000 are in Phnom Penh.⁸
- One of the major factors in the spread of HIV/AIDS is men visiting prostitutes and then taking the disease back to their wives.⁹

AIDS infecting married women in Cambodia

PHNOM PENH: While the rate of HIV transmission in Cambodia may be falling due to condom use, the AIDS virus appears to be increasingly infecting married women, says a new report by Cambodian health officials. Among prostitutes surveyed, 33 per cent were HIV positive. For policemen the rate was nearly 5 per cent; and for pregnant women 2.6 per cent. The substantial drop in reported infections among prostitutes, previously believed to be about 50 per cent, backs up findings of increased condom use, but the study warns that AIDS is increasingly finding its way into the average Cambodian home.

Times of India, 12 May 2000

- As of the end of 1999, 500,000 adults (15-49) were living with HIV/AIDS, 61,000 were women.
- There is no large-scale AIDS epidemic yet, but given the size of China's population and signs of increasing risk behaviour, the potential threat is enormous.
- In the first phase of the epidemic, the majority of reported cases of HIV infection were among foreigners or overseas Chinese. In the second phase, the majority were among drug users, and in the third phase, HIV infections by sexual contact increased.¹⁰

In Yunnan Province, women are becoming increasingly infected as evidenced by a shift of the male to female ratio from 4:1 in 1997 to 3:1 in 1998
 – UNAIDS

MYANMAR

- The Ministry of Health has confirmed about 26,000 cases of HIV since 1988. UNAIDS/WHO Surveillance estimates 530,000 persons may be infected; nearly a third are women (180,000). Although such figures are only estimates and are not endorsed by the Government, Myanmar's prevalence is considered to be close to that of Thailand and Cambodia, which are the highest in Asia.¹¹

"We must start the monitoring system, and we must do it with our own limited resources....first we need to start with centres in the cities, and then on to towns on the borders."

Secretary-1 Lt-Gen Khin Nyunt
 Myanmar Times 15 Jan 2001

- HIV prevalence among female sex workers tested in Mandalay increased from a median of 4 % in 1992 to 57 % in 1999 according to sentinel surveillance figures.¹²

- In the border town of Takhileik, surveillance results for HIV prevalence in pregnant women consistently average 8%.¹³

HIV has claimed 300,000 lives in Thailand. Of the estimated 740,000 people believed to be living with the virus, nearly half are women.¹⁴

THAILAND

- In the mid-1980's, injecting drug users (IDU's) were the first group to be affected by AIDS.
- In 1989, there was an explosive spread of HIV among sex workers, followed by high rates of infection in male clients and their female partners.
- Evidence of a fall in new infections, especially among sex workers and their clients, has been seen in recent years.
- However, HIV/AIDS has now spread to the general population.
- Half of the new HIV infections are among women who contract the disease from their husbands.¹⁵
- Projection of HIV/AIDS cases shows an increasing prevalence among females relative to males.¹⁶

PATH (Programme for Appropriate Technology in Health)

Gender and HIV/AIDS in a media context is the focus of the UNAIDS funded PATH project: *"Mobilizing Media Community to re-examine Thai Sexual Culture with a Balanced Gender Perspective"*.

The project specifically targets media and public figures, building alliances and mobilizing them to consider the way in which they can influence public perceptions of sexuality, gender and HIV/AIDS.

VIETNAM

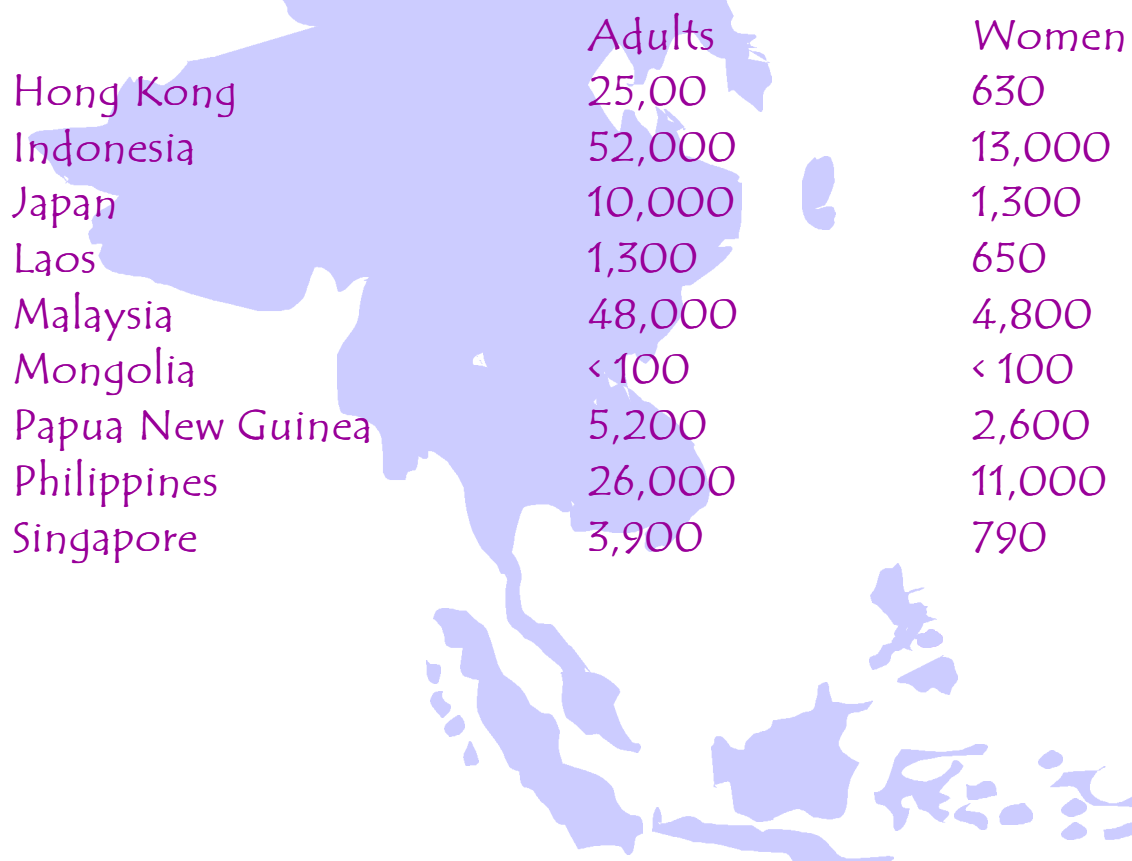


- The first case of HIV was detected in Vietnam at the end of 1990. As of September 2000, there have been 24,151 **reported cases of HIV**; 3,903 have developed into AIDS, and 2,035 people have died.
- However, UNAIDS estimates that **at least 99,000 people are living with HIV/AIDS** as of December 1999, 20,000 of them are women.
- Women living with HIV make up 13.5% of the total, and are increasing. In some southern provinces, the proportion has nearly reached 50%.¹⁷

HIV/AIDS infection rates among pregnant women increased from 0.02 % in 1994 to 0.12 % by the end of 1998¹⁸

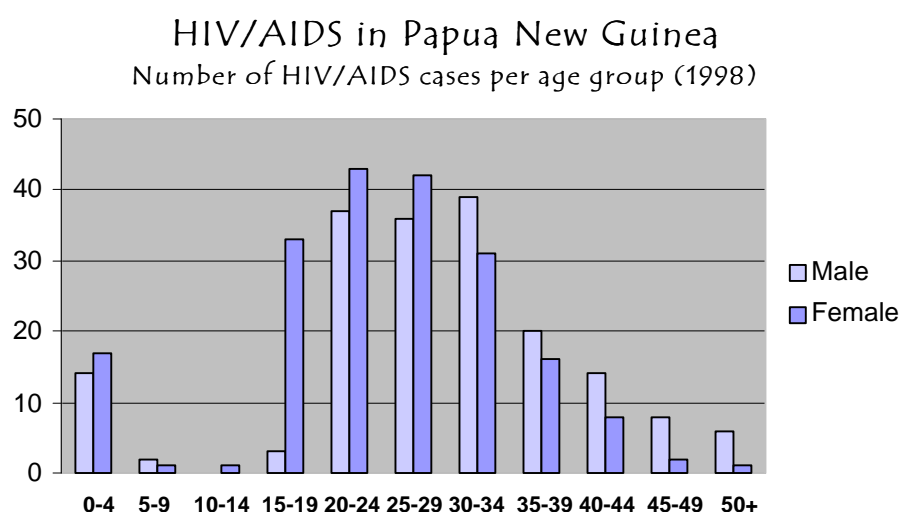
ESTIMATED NUMBER OF ADULTS (15-49) LIVING WITH HIV/AIDS IN OTHER COUNTRIES, end of 1999¹⁹

	Adults	Women
Hong Kong	25,00	630
Indonesia	52,000	13,000
Japan	10,000	1,300
Laos	1,300	650
Malaysia	48,000	4,800
Mongolia	< 100	< 100
Papua New Guinea	5,200	2,600
Philippines	26,000	11,000
Singapore	3,900	790



Special focus: PAPUA NEW GUINEA

Papua New Guinea is experiencing a growing HIV epidemic, with high levels of STDs in many areas around the country and widespread high-risk sexual practices. It is the only country in East and Southeast Asia where the male/female ratio for HIV/AIDS cases is **1:1**. For the number of AIDS infections in the age group 15-29, **women outnumber men**.



Source: UNAIDS

In the light of the expanding HIV epidemic in Papua New Guinea, there is an urgent need to increase the availability of condoms and to promote condom use. However, major condom shortages and stock-out situations throughout Papua New Guinea have serious implications for the prevention of HIV and other STDs. For example, during 2000, condoms were not available on a regular basis in many health centres. Projects targeting high-risk groups (such as sex-workers) have also run out of condoms. In research studies with sex workers, lack of condoms and not resistance from clients was given as the major reason for not using condoms.

FACTS

about HIV/AIDS in Papua New Guinea

- ◆ By the end of 1999, the total number of reported HIV positive cases in Papua New Guinea had reached **2,342**.
- ◆ A third of known HIV cases were first reported in 1999, indicating a **growing epidemic**.
- ◆ 94% of the infections were acquired through **unprotected sexual intercourse**.
- ◆ The second most common way of transmission is from **mother to child** during pregnancy and labour. It is estimated that about **9%** of the cases are due to mother to child transmission. This is the **highest rate in the region**.
- ◆ In a study in Port Moresby, **60% of married men** acknowledged engaging in commercial sex activities.
- ◆ A recent prevalence study among female sex workers in Port Moresby recorded HIV-infection rates of **16%**.
- ◆ AIDS is now the **leading cause of death** in the Port Moresby General Hospital Medical Ward.
- ◆ The number of new infections is growing by about **30%** a year.

" The average age for women to be infected so far is about 28, as against 35 for men. The women seem to bear the brunt."

Dr Clement Malau,
Director, National
AIDS Council
Secretariat Papua
New Guinea,
Sydney Morning
Herald, 31 March
2001

The Transex Project

The Transex project, for transport and sex workers, began in 1996. It built on extensive research conducted by the Papua New Guinea Institute of Medical Research, exploring both behavioural risk factors and STD epidemiology. From the beginning, the project operated in the shadow of a dramatically escalating HIV epidemic, a free-fall economy and a roller-coaster political scene. Despite these obstacles, the project provided the first successful example of a targeted intervention for HIV in Papua New Guinea. Among the results:

- Sex workers developed their own organization
- Police and transport workers were trained as peer educators
- Condom use increased in high-risk groups
- HIV voluntary counselling testing increased

The project provided the first real home-grown expertise in peer education and numerous other HIV issues to the national programme, NGOs and community groups.

UNAIDS Case Study:
" Female sex worker HIV prevention projects", November 2000

HIV: A WOMAN'S HUMAN RIGHTS ISSUE

The rapid spread of the HIV/AIDS epidemic has led to an infringement of **the human rights** of men, women and children affected by the disease. Women, particularly women in **low-income** countries, bear a large part of this disease burden. The overall morbidity and mortality for women from sexually transmitted diseases, excluding

In relation to gender and HIV/AIDS, the starting point is to understand the actual gendered context in which people infected and affected by HIV/AIDS live, and how this structures their vulnerabilities and their rights

HIV/AIDS, is **over 4.5 times** that of men.

The onset of the HIV/AIDS epidemic has greatly exacerbated this situation. It has opened up a whole new area of human rights violations as the misappropriation of both gender and sexuality have fuelled the spread of the epidemic.

HIV prevention strategies will only be effective in protecting women from the effects of HIV if they embrace a recognition and active promotion of the **human rights**

of women. They should not simply be the

backdrop against which HIV/AIDS strategies are planned; rather the recognition of the human rights of women is essential if women are to protect themselves from HIV.

“Like every other epidemic, AIDS develops in the cracks and crevasses of society's inequalities. We cannot face the epidemic if we try to hide the contradictions and conflicts which it exposes.”

Herbert Daniel, AIDS Activist²⁰

THE HIV EPIDEMIC HAS ALREADY ENCROACHED UPON THE HUMAN RIGHTS OF WOMEN IN THE FOLLOWING WAYS:

- Women forcibly exposed to HIV infection, for example by rape, are being denied the *right to life*.
- Many social, cultural and economic factors restrict women's *right to health* and *right of access to health care*, further increasing their vulnerability to HIV.
- Some women infected with HIV are suffering further denials of human rights through the deprivation of their *right to bear children* and their *right of freedom of reproductive choice*.
- For women blamed for the spread of the HIV infection, *the right to freedom from discrimination* has a powerful meaning. Women are still seen by many as the vectors of HIV infection, suffering stigmatisation, rejection and expulsion from family and community structures.
- Women's *right to knowledge* has also been transgressed in a number of ways during the course of the HIV epidemic. The recognition of women's right to knowledge is essential to their informed choice and action.

Rights

- The right to *liberty, security and freedom of movement*
- The right to *dignity*
- The right to *work*
- The right to *education*
- The right to *social security and services*
- The right to *equality* – equal protection before the law
- The right to *marriage and family life*
- The right to *health*

Universal Declaration of Human Rights, 1948

WHAT IS VULNERABILITY TO HIV?

HIV/AIDS is a gender issue because men and women are vulnerable in different ways. **Vulnerability** is influenced by the interaction of a wide range of factors, including:

- **Personal factors**

- Sexual history

- Ability to protect oneself and others

- Knowledge about treatment and support programs

- Skills to access and use them

- **Societal factors**

- Cultural norms

- Laws

- Social practices

- Health and healthcare beliefs

Risk versus Vulnerability to HIV

Risk is different to vulnerability as it refers to the probability that a person will acquire an HIV infection. **HIV risk reduction strategies** refer to measures designed to address the immediate risk-taking action and environmental factors affecting it. **HIV vulnerability reduction strategies** are measures designed to address the underlying factors.

Women are biologically more vulnerable than men to HIV infections and other Sexually Transmitted Diseases

BIOLOGICAL

Women are **two to four** times more likely to become infected with the HIV virus after intercourse with their male partner because:

- They have a larger surface area exposed to the virus.
- The amount of the virus present in semen is greater than in vaginal secretions.
- Semen may remain in the vagina for hours after intercourse.
- Women are more likely to have an untreated STD since the area of infection is hidden and often unnoticed. Having an untreated STD puts women at a greater risk of contracting the HIV infection from an infected partner.
- Women are more likely to be the recipients of blood transfusions due to anaemia and complications during childbirth.

Over 90% of women currently infected with HIV have been infected as a result of transmission through vaginal intercourse²¹

Tearing and bleeding from “rough sex”, rape or prior genital mutilation multiplies the risk of HIV infection. Throughout the world, women run a similar risk from unprotected anal intercourse. Sometimes preferred because it preserves virginity and avoids the risk of pregnancy, this form of sex often tears the delicate tissues and affords easy entry to the virus.

Young women - Vulnerable for many reasons

- According to UNAIDS, **60% of new infections** occur among girls and young women aged 15-24.
- Girls are vulnerable because their genital tract is not fully mature and therefore more likely to become infected.

VULNERABILITY

Gender-related **social norms** can also increase women's vulnerability to HIV/AIDS. For example, women are expected to have only one lifetime partner, whereas men are encouraged to have more. This double standard puts women in a vulnerable position. Studies in Asia and Africa have shown that many married women contract the disease from their one and only sex partner -- **their husband**.

Also pushing up HIV rates in girls and young women is age mixing. If the girls' sole sex partners were boys their own age, they would run little risk of becoming infected, as there are few HIV infections

among boys before the late teens. However, girls are more likely to be raped or coerced into sex by someone older, who is physically and/or more financially powerful. Men often believe that young girls are free of HIV infection.

The **high social value placed on virginity** in unmarried girls may also pressure parents and the community to ensure girls are kept ignorant about sexual matters. Female ignorance of sexual matters is often viewed as a sign of purity and innocence. This emphasis on 'innocence' prevents young women from seeking information about sex or services relating to their sexual health. Sexually active young women are also discouraged from discussing sex too openly with their partners for similar reasons, making it difficult for them to communicate their need for safer sex.

"7 to 8 years ago, I married a man and I had no knowledge about AIDS. I did not know what my husband would bring to me. However, I got HIV from him. Now up to this point, I think that if the government or any relevant party created awareness or knowledge about AIDS, we women would not be in this situation of having AIDS."

Narumon Buayen, Women's Friendship Group, Chiang Mai Province, Thailand

In many situations around the world, **women are economically dependent on men**. More than two-thirds of the world's women are illiterate and 70% live in poverty. Due to their socio-economic conditions, some women do not have autonomy or resources of their own. Their fear that their husband may abandon them makes it difficult for many women to negotiate safe sex.

For many women, **sexual intercourse is not a question of choice but rather a question of survival**. As a result, they have very little control over how and when they have sex. In many cases, women are not able to negotiate safer sex practices with their partners because they do not want to jeopardize the relationship. Marriage provides forms of economic and social support that would not be available to them if they were to remain single.

Some women are forced into sex work by economic necessity. Prostitution is sometimes the only means of support for deserted, separated, divorced or unmarried women.

Due to such an economic imbalance, men have considerable power over women, especially when it comes to sexual relations between males and females.

ECONOMIC VULNERABILITY

“... for many women – whatever the cultural context – to suggest to their husband or partner that he use a condom is seen as evidence of the woman’s infidelity or is felt by the man as defiance or insolence. The result is at best painful discussions and a breach in the relationship, or at worst the woman being beaten and abandoned.”

(R. Erben, World Health Organisation
Regional Office for the Western Pacific)

“A women I know, whose child had been raped by her partner, could not prevent that man from visiting her because she had no other way of feeding her children”

Dr. Sunanda Ray
quoted in "*Women,
The HIV Epidemic
and Human Rights*"

MOBILITY, GENDER AND HIV

Much of the discussion on the epidemiology of HIV/AIDS in the past has focused on specific issues such as unsafe sex and drug use. While these issues undoubtedly play a role in the spread of HIV and its impact on women, they do not identify the cause itself.

One of the **major factors** in the spread of HIV through East and Southeast Asia is the **mobility of its people**. If the spread of the infection is to be contained in the region, the factors that influence people's movement and high risk behaviours should be addressed. These factors are largely developmental: such as poverty, income differentials and landlessness, all of which impact severely on women.

The Need for Early Warning

Imagine for example that due to a drought, authorities in a certain province decide water resources must be redirected from farming to industrial and urban needs. Such a decision can have a domino effect, by preventing farmers from planting their second crop at the appropriate time. This can then trigger out-migration; young men might migrate to the sea as fishermen, to cities in search of work, or find solutions in crime. Young girls may also search for unskilled work, but many could end up in the commercial sex sector.

As this example illustrates, the chain of events is a complex one, but both **cause and effect** need to be acknowledged and identified as early as possible. An Early Warning system is one way to do this. Such a system can help governments, authorities and other organizations to identify emerging vulnerabilities, and also help them to prepare a suitable and timely response.

Poverty, Mobility and HIV

Poverty **can be the reason for women's movement**, forcing them to travel to find other work. Being dispossessed of land and other means of production at home, and without enough formal skills to participate in economic activities, affects both the vulnerability and the mobility of women.

Poverty, however, **can also limit mobility**. Lack of economic resources can force women to stay in situations where their physical and emotional wellbeing is at risk.

Poverty limits women's choices, and in turn their ability to protect themselves from the risk of HIV infection.

New Roads – New Risks

The Lao PDR is fast becoming the hub of land transportation for the Greater Mekong Sub-region. Newly built roads passing through Lao PDR link Thailand, Cambodia, China, Myanmar, Viet Nam and by extension, Malaysia and Singapore. Within these opening channels of communication lies an enormous potential for the rapid spread of HIV, whether it is via carriers such as workmen moving to previously isolated areas to build roads, or via the increasing numbers of truck drivers, businessmen and other individuals using the roads.

While there is considerable variation throughout the region, research on internal migration indicates that it is single, young women aged 15-29 who most often move into urban areas.²² When women migrate from rural communities to urban environments, the shift is more than simply geographic; **it can also change the form of their relationships**. For example, in rural Thailand social relations are likely to be expressed in terms of family relations, whereas in urban Thailand, social relationships are more contractual and sexual relations may become a mechanism for social mobility. This, coupled with the shift to heterosexual transmission as the dominant mode of transmission of HIV in most countries, increases women's vulnerability to HIV infection.

Men's Mobility Increases Women's Vulnerability to HIV

Current evidence suggests the environment in well-travelled **border crossing areas** and international **fishing ports** fosters more risk-taking behaviour than other towns. Moreover, females who live at cross-border locations are at a significantly higher risk of HIV as they are more likely to have sex partners who are mobile males, who, in turn are at high risk of carrying HIV.

Travel between the countries in the region is increasingly facilitated by new highways, growing trade and tourism, economic policies, and relaxation of requirements for travel documents which make countries more open than previously. In many border communities men outnumber women. This gender disparity and the fact that many men migrate alone creates an unusually **high demand for commercial sex**.

Establishments Frequented by Mobile Men

Ban Ko Noy in Lao PDR is an ethnic Lue village located 14 kilometres west of Route 13. Nang P runs a roadside beer garden in the village frequented mostly by men from a nearby construction camp and occasionally truck drivers. Girls are available at her establishment on request. Nang P is 20 years old and not married. She has been to a lecture on AIDS but was reluctant to discuss the issue as the main point was a demonstration of condom use with a banana. The average age of the girls at her hotel was 17-18. Most have little awareness of AIDS. Condoms are used entirely at the discretion of the man. Free condom distribution has been prohibited by the province.

HIV Vulnerability and Population Mobility in the Northern Provinces of the Lao People's Democratic Republic (UNDP SEAsia HIV and Development Project)

Women's vulnerability is also influenced by male labour migration. When mobile men return to their rural households they re-establish sexual relationships and increase the possibility that HIV/AIDS will be transmitted to rural women.

This problem has been demonstrated recently in Thailand, Indonesia and Malaysia. Many young men who migrated from the countryside to the cities during the economic boom, were forced to return home during the economic crisis of the late 90s by unemployment. With higher HIV and STD rates in the cities, this reverse-migration may bring HIV into previously untouched areas and homes.

Trafficking

Unfortunately not all human migration is voluntary. Another well documented form of migration is human trafficking, which is rapidly increasing in Southeast Asia.

Whilst there is no single victim stereotype, the majority of trafficked women are under the age of 25, with many in their mid to late teens. The fear of infection from HIV has driven traffickers to recruit younger girls, some as young as seven, erroneously perceived to be too young to have been infected.

Women trafficked into sex work are particularly vulnerable to HIV. They tend to work in lower class, often underground brothels, where conditions are worst. They may be forced to service several clients each day, and often have no power to insist on condom use, even if they understand the risk of HIV/AIDS and other STDs.

Human trafficking is increasing in all countries in the Mekong Sub-region. Since trafficking is an underground criminal enterprise, there are no precise statistics on the extent of the problem. But even conservative estimates suggest the scope of the problem is enormous, with the largest number of victims trafficked internationally coming from Asia. The numbers are rising steadily.

Causes of the Rise in Trafficking

- The high demand, worldwide, for trafficked women and children for sex work, cheap sweatshop labour, and domestic workers.
- The inadequacy and inconsistency of laws and law enforcement in most origin, transit, and destination countries.
- The continuing subordination of women in many societies.

Mother-to-Child Transmission of HIV/AIDS – A Question of Rights

The transmission of the HIV virus from mothers to infants can occur before or during birth, or during breastfeeding. Since the start of the epidemic, an estimated 4.3 million children below the age of 15 years have died of AIDS worldwide. Another 1.4 million children are currently living with AIDS.²³ More than 90% of these children were born to HIV-infected women.²⁴

This raises complex issues surrounding a pregnant woman's right to choose freely whether to be tested for HIV, and the right of women who know they are infected to make independent, informed choices about childbearing and breast-feeding.

The focus on Mother-to-child transmission should be shifted to reflect the true path of transmission, which is often men-to-women-to-child

Women at childbearing age and HIV

Currently, almost **14 million** women of childbearing age throughout the world are HIV positive. In the worst affected countries, the virus is spreading fastest among young people below the age of 24 years -- **at the peak of fertility.**

Should HIV-positive mothers be told not to breastfeed?

Breastfeeding has been the cornerstone of child health and survival strategies for the past two decades, and has played a pivotal role in reducing infant mortality in many countries. Even in the era of AIDS, breastfeeding remains the best choice for women who are HIV-free or who do not know their HIV status. However, for women who are HIV positive and breastfeed there is roughly a 15 percent chance of transmitting the virus to their infants. Therefore, **all HIV-infected mothers should receive counseling and information on the risks and benefits of various feeding options.** It is also the individual mother's right to decide how she will feed her child; any attempt to influence her decision, no matter what the circumstances or motives, is an abuse of her human rights and freedom of choice.

Do HIV-positive Women Have the Right to Have Children?

It is every woman's fundamental right to decide for herself, without coercion, whether to have children. The responsibility of the government and health services is to **provide HIV-positive women and their partners with comprehensive information** and education about the risks to ensure that they have real choices of action.

No matter how good the information, counseling and services a woman has access to, the decision may still present her with agonizing dilemmas. In many parts of the world bearing children is of paramount importance, and may be a woman's only path to social status and self-fulfillment. On the other hand, if prejudice against people with HIV/AIDS is strong -- as it still is in many societies -- she may also risk her personal safety through a decision not to have children by raising suspicion that she is infected.

Pung, Thailand:

"It all happened with my first pregnancy when I had a blood test. The nurse asked me some questions and finally told me I was infected with the HIV virus...The nurse suggested aborting the child and added it would be free of charge. I talked to my husband and we both agreed to have an ultrasound to see if our child was healthy...The technician said the child was healthy and strong. Then she looked at my HIV status and suddenly replied: 'No, no you cannot keep the child'; her voice was so threatening. 'You must abort the child', she insisted....I had my child aborted, with a special deal: abortion with sterilization – free of charge. But I still don't know what kind of sterilization I got. I have no way of knowing what has been done to my own body"

"Living with HIV"
Nontburi:NAAM-CHEWIT Project

What can be done to prevent babies from acquiring HIV from their infected mothers?

Three complementary strategies can prevent mother-to-child transmission of HIV:

- Taking steps to protect girls and women from becoming infected with HIV in the first place.
- Provision of efficient and accessible family planning services to avoid unwanted pregnancy and births.
- An integrated package of measures consisting of voluntary HIV counseling and testing, the provision of anti retro virals (ARV's) to HIV-positive pregnant women and their babies together with counseling on infant feeding options.

MEN'S ROLE in the Fight Against HIV/AIDS

Men's relationships with women vary tremendously within and between countries, but it is undeniable that **male violence against women drives the spread of HIV** and adds to the vulnerability of women and girls in a number of direct and indirect ways:

VIOLENCE IN THE HOME

Domestic violence reduces women's control over their exposure to HIV. In settings where violence is regarded as a man's right, women are in a poor position to question their husbands about their extramarital encounters, negotiate condom use or refuse to have sex. According to studies carried out worldwide, between a third to half of married women say they have been beaten or otherwise physically assaulted by their partners.

SEXUAL ABUSE OF WOMEN AND CHILDREN

Violence against women outside the home is also depressingly common. It runs the gamut from overtly violent rape to the coercive exploitation of female sexuality.

RAPE IN WAR

Rape is often used to humiliate and control the behaviour of civilian populations and/or to weaken an enemy by destroying the bonds of family and society. Women raped by military personnel are exposed to a far higher risk of HIV and other sexually transmitted infections than they would be through other unprotected sex, not just because rape can result in torn tissue and hence create an easy entry-point for HIV, but because their rapist has a higher risk of being infected. In most countries combined STD and HIV infection rates among the military are two to five times greater than those in civilian populations.

The 21st Special Session of the UN General Assembly held in 1999 drew attention to the role of gender equality and equity as a key determinant of success in the struggle against AIDS. Urgent steps need to be taken to enhance women's ability and knowledge, and to empower them to take informed action.

But men too must be encouraged to take responsibility for their sexual and reproductive health, and that of their partners. All over the world, women find themselves at risk of HIV because of their lack of power to determine when, where or even whether sex takes place. What is perhaps less often recognized is that cultural beliefs and expectations can also heighten men's vulnerability.

Men are less likely than women to:

- seek health care
- pay attention to their sexual health

Men are more likely than women to:

- inject drugs, risking infection from needles and syringes contaminated with HIV

The Use of Condoms

Male condoms are the primary prevention technology available to protect against HIV transmission during sexual intercourse. While they are very effective when used consistently and correctly, there are many gender-related barriers that limit their use. In cultures where condoms are associated with illicit sex and STDs, women who attempt to introduce them into a relationship encounter problems such as being perceived as unfaithful or "over prepared". Condom use may conflict with their own, or their partner's desire, to conceive. Among both women and men, barriers to condoms also include perceptions that they reduce pleasure and intimacy, and the fear that suggesting them would insult their partners.

Men Make a Difference

“You can’t have a program for women unless you also work to change the behaviour of the other half”

Wendy Githens-Benazerga, AIDSCAP PVO

Men need to be encouraged to adopt positive behaviours and to play a much greater part in caring for their partners and families. Numerous studies worldwide show that men generally participate less than women in caring for their children. This has a direct bearing on the AIDS epidemic, which has left over **11 million children orphaned**.

In March 2000 UNAIDS launched a two-year campaign '**Men Make a Difference**'

focusing on the role of men in the HIV/AIDS epidemic. The campaign’s objectives include motivating men and women to talk openly about sex, drug use and HIV/AIDS, and encouraging men to take care of themselves, their partners and their families.

“Engaging men as partners in fighting AIDS is thus the surest way to change the course of the epidemic.”

The Campaign has three broad goals:

- **Raise awareness** of the relationship between men’s behaviour and HIV.
- Encourage men and adolescent boys to make a strong **commitment to preventing the spread of HIV** and caring for those affected.
- Promote programmes that respond to the **needs of both men and women**.

By focusing on men, the campaign aims to complement prevention programmes for women and girls.

Can Men Change?

Yes and no, suggests research by Care International in Vietnam. When men are equipped with the right kind of knowledge and skills they will improve their behaviour. However, the deep-rooted gender inequalities that shape sexual encounters are more difficult to transform.

'Men In The Know', a Care International project in Vietnam, developed sexuality training for men to promote safer sex within relationships, and trialed the training package with 2000 men.

A participatory workshop focussed on two broad areas:

- a) **imparting knowledge** on the physiology of sex and
- b) **challenging socio-cultural factors** that shape sexual encounters.

A SPIRIT OF MUTUAL RESPECT

"Women face extra challenges in protecting themselves and their children from HIV infection. But this social vulnerability is hard for women to challenge as individuals, or through female solidarity alone. It will take an alliance of men and women working together in a spirit of mutual respect."

Michael Merson, former Executive Director,
WHO Global Programme on AIDS

A pilot component was also directed at men who visit sex workers. It tested the effectiveness of a new approach, '**social marketing**', in bringing about behavioural change through the communication techniques commonly used in commercial marketing.

The men responded very positively, pleased that they could now make responsible decisions. Partners were equally enthusiastic. However, **men still decided when and where sex would happen**. Although as a result of the workshop, men were perhaps more considerate towards their partners.

HIV, Women and Peace

The massive and rapid spread of HIV/AIDS is not just a health issue. It is a human development issue, an equity and equality issue and a significant threat to **international peace** and **security**.

HIV can spread rapidly where there is poverty, powerlessness and social instability – conditions that are often at their most extreme during conflict. In emergencies of war or civil strife, HIV/AIDS prevention and care services can be severely disrupted or break down altogether.

The **security of women** is particularly at risk. Whether it is economic, food, health, personal or political security, women and young girls are affected in many ways.

More than 75 % of displaced people are women and their dependant children.²⁵ Displacements, internally or across borders, is disruptive and dangerous. It deprives women of the security of their community and exposes them to hunger, disease, violence and sexual assault. They are affected because of their physical, emotional and economic differences and because of the important social, economic, and political inequalities existing between women and men.

“Sexual violence is the most obvious distinctive experience of women in armed conflict.... It has been said that women’s bodies are the fighting ground for the battle between men and since within many societies a woman’s chastity is a matter of family honour, rape is perceived to be the ultimate humiliation of the male enemy.”

Mary Robinson,
UN High Commissioner
for Human Rights (1998)

Several factors **contribute to the spread of HIV/AIDS in war and emergency situations** and subsequently effect gender relations and add to women's vulnerability:

- **Gender-based violence and sexual exploitation**

During armed conflict, women and girls are threatened by rape, domestic violence, sexual exploitation, trafficking, sexual humiliation and mutilation. Rape is increasingly becoming a weapon of war, and women are often perceived as bounty during conflicts. Women and children face a heightened risk in all settings, whether at home, in flight or in camps for displaced people.

- **Breakdown in social structure and legal protection**

During times of conflict sexual relationships become transitory, involving a greater number of partners.²⁶ In absence of leisure, education and employment opportunities, young people may be involved with sex and marriage at a much earlier age. In such circumstances women and young girls are often sexually abused and less protected from sexual violence.

- **Disarmament, demobilisation and reintegration**

Failure to consider women's participation in conflict means that disarmament, demobilisation and reintegration programmes are designed without taking into account women's special needs for physical and psycho-social support, vocational and skills training, and reproductive health care. Nearly all women abducted into armed groups are forced into sexual slavery, subjected to physical and emotional violence and forced to provide other personal services.²⁷ Sexual taboos in communities make it especially difficult for these girls and women to reintegrate, particularly those with children born from their sexual enslavement.

- **Health infrastructure**

The lack of health infrastructure means that access to condoms is limited, STD's are not treated and drugs that might prevent mother-to-child transmission of HIV are not available. In temporary health care facilities, there is a lack of care and support for HIV infected persons. Women have less access to health facilities and confront more public discrimination because of the absence of medical and social support.

- **Education and skills training**

Women and children often have little or no access to HIV information, schooling and recreation. The lack of education and skills training increases the tendency for women and children to get involved in risk behaviour that can further contribute to the spread of HIV, such as unprotected sex or alcohol and drug abuse.

- **Military and peacekeeping forces**

These groups tend to have higher rates of HIV infection than the population at large. In peacetime, STD infection rates among armed forces are generally 2 to 5 times higher than in comparable civilian populations. ²⁸

Military and peacekeeping forces often lack knowledge on HIV/AIDS transmission and the use of preventive means during sex. This behaviour puts soldiers and the military at extreme risk of HIV infection. This should be taken into account when examining gender relations and the interaction between the different groups at risk.

- **Prostitution**

The need for money, food and other necessities is one of the major factors driving women into selling sex and encouraging others to do so. Prostitution very often becomes established in or around refugee camps and usually involves both the refugee and host communities.

Why are military and peacekeeping personnel at higher risk of exposure to HIV?

- Military and peacekeeping service often includes lengthy periods spent away from home, with the result that personnel are often looking for ways to relieve loneliness, stress and their sexual needs.
- The military's professional ethos tends to excuse or even encourage risk-taking.
- Most personnel are in the age group at greatest risk for HIV infection – the sexually active 15-24 year age group.
- Personnel sent on peacekeeping missions often earn more than local people, giving them the financial means to purchase sex.

UNAIDS

A study of Dutch sailors and marines on peacekeeping duty in Cambodia found that 45 % reported having sexual contact with sex workers or other member of the local population during a five month tour. -UNAIDS

Women at the Peace Table

Women have suffered, and continue to suffer at the hands of men during times of war. While there is a growing recognition that women have a right to participate in political structures and decision-making, official peace processes are almost exclusively dominated by men and little has been done to encourage women's equal participation. Women's priorities in countries suffering armed violence continue to be marginalized, mainly because women's voices are rarely heard at the peace table. If the gender implications of conflict and HIV/AIDS are to be properly addressed it is essential that women have a presence at the peace table.

International consensus has already been reached on the need to include women in all aspect of decision-making related to peace:

- The UN Security Council resolution on **Women, Peace and Security** was the first ever passed by the Security Council that specifically addresses the impact of war on women, and women's contributions to conflict resolution and sustainable peace.
- The **Beijing Platform for Action**, signed by 189 countries at the 1995 UN Fourth World Conference on Women, promotes women's equal participation at all stages of the peace process, including in decision-making.

WHAT IS BEING OR NEEDS TO BE DONE:

against women in national strategies for prevention and control of AIDS"

CEDAW 9th Session (1990) General Recommendation No.15 advocates "Avoidance of discrimination

Much work is being done in the region to tackle the spread of HIV, but little of it focuses specifically on gender or the needs of women. Even when women are the target groups, as in mother-to-child transmission programmes, the approach is often not gender sensitive and does not seek to empower the women. Thailand has the highest HIV incidence in the region, but Myanmar and Cambodia in particular, both with much smaller populations than Thailand, are fast catching up.

Since the mechanisms for the transmission of HIV infections are intimately embedded in gender relations, a gendered approach is required in all AIDS programming.

EFFORTS TO REDUCE INDIVIDUAL RISK

Given limited resources and the alarming rapidity with which HIV often spreads among the most vulnerable groups, typically priority has been given to designing individual risk reduction programmes for these groups such as prostitutes, homosexual men and highly mobile men.

Yet research shows that wider segments of society that are not epidemiologically identified as high risk, such as women and children, have become increasingly vulnerable. Risk reduction messages should be

with four specific recommendations for action, has been ratified by all countries in Southeast

Asia, except Brunei Darussalam, the Democratic Republic of Korea, and East Timor.

had as Strategic Objective C3, to "undertake gender-sensitive initiatives that addresses

designed for them as well. The key strategies for gender sensitive programmes to reduce individual risk to HIV/AIDS include:

Combat Ignorance

- Improve the access of girls to formal schooling.
- Ensure women and girls have information about their own bodies, education about AIDS and the other STD's, and the skills to say no to unwanted or unsafe sex.
- Promote gender awareness in HIV prevention programmes, and routinely provide sex-disaggregated figures for all service statistics and research.

"Sexual Knowledge, Attitudes and Behaviour in Cambodia and the Threat of Sexually Transmitted Diseases" (1997) was a study in Cambodia by Australian Red Cross and Cambodian Red Cross focused on attitudes and behaviour. Although it gathered data on the vulnerability of men and women in Cambodia, the usefulness of the report is severely limited by the failure to disaggregate the data by sex.

Provide Women Friendly Services

Exercise cultural and social sensitivity in the provision of health care, HIV/STD prevention services, condoms and STD care, making them available when and where women need them.

Positive Women Victoria, a support group for women with HIV/AIDS, is run by women living with HIV/AIDS. It has worked for greater attention for gender issues in HIV/AIDS, particularly in the areas of medical treatment, research and prevention education. Seventeen years after its inception, it remains the only group of its kind in Australia directly funded by government.

included ensuring the involvement of women infected with, or by, HIV/AIDS.

* The Beijing Declaration and Platform for Action at the first World Conference on Women (Beijing 1995)

sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues" Its plan for action

actions to "prevent, reduce the incidence of, and provide treatment

REDUCE SOCIETAL RISK

Although the bulk of studies show that the broader gender-related determinants of vulnerability have increased in importance since the late 1980s, responses to those factors have evolved slowly. Only a limited number of programmes have so far addressed gender and societal vulnerability. A wider recognition of the link between the socio-cultural and economic contexts of men's and women's differential vulnerability to HIV is needed:

Reinforce Women's Economic Independence

- Multiply and strengthen existing training opportunities for women, women's credit programmes, saving schemes and cooperatives, and link them with AIDS prevention.
- Provide alternatives to sex work, particularly in areas where migration of young women to enter sex work has become an established pattern, and in areas where sex workers operate.

The Daughters Education Programme is a community-based grassroots initiative in Mae Sai, Chiang Rai, with the three-fold aim of preventing girls from being forced into the sex industry due to outside pressure and a lack of educational and employment alternatives; improving the material, social and spiritual quality of life for these girls and their communities; and encouraging girls, especially those from hilltribe villages, to be proud of their culture and customs.

Involve Men

- Educate boys and men to respect girls and women, to engage in responsible sexual behaviour, and to share the responsibility for protecting themselves, their partners and their children from HIV and STD's.

such as infertility, with special attention to girls and women"

with and through the community, should promote a supportive and enabling

Mainstreaming a Gender Approach to AIDS in Infrastructure Projects

The Asian Development Bank Project on the East-West Transport Corridor (1999): The ADB is funding the building of a major highway from Vietnam to Laos. Gender and HIV/AIDS are being mainstreamed in the following ways:

- Any road building along the corridor has to include an HIV/AIDS awareness campaign explaining the nature and spread of the disease to workers and communities along the corridor.
- The project contract requires that all border officials be trained in issues regarding the trafficking of women and girls.
- Supervising contractors are required by ADB to provide information to local communities and workers on HIV/AIDS, STD's and use of condoms as part of their services.
- Supervising contractors are also required to bring in an independent consultant at various phases of the project to monitor the HIV campaign and its effectiveness.

Reduce Vulnerability Through Policy Change

- Policies from community to national level must be reshaped if women's vulnerability to HIV is to be reduced. Among other things, this means protecting women's human rights and fundamental freedoms and improving their economic independence and legal status. This cannot be achieved without a greater political voice for women.

Contradictions in policy and practice abound in relation to prostitution and the sex industry. In most countries, it is illegal yet tolerated. In Northern Lao for example, free distribution of condoms, although discouraged by some provincial administrators who fear it could be interpreted as advocating prostitution, is in fact being carried out by the Provincial Committee for the Control of AIDS.

The 2nd International Consultation on HIV/AIDS and Human Rights (Geneva, 1996): "States in collaboration

environment for women (and) children...by addressing underlying prejudices and inequalities through community

dialogue, specially designed social and health services and support to community groups;

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¹ UNAIDS figures from Dec 2000. Global estimate.

² All figures on this page take from WHO (2000): Fact Sheet 242: "Women and HIV/AIDS" unless otherwise stated.

³ UNAIDS Fact sheet

⁴ WHO (1998): "Gender and Health: Technical Paper"

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