



HIV/AIDS
MEDIA MANUAL
India 2007



30

51
KODAK E100G
52
KODAK E100G

Designed by Andrassy Design, produced by Black Health Agency; photography by Sarah Booker.
All photos used in this campaign are posed by models.

**LE VIH FAIT PARTIE
DE MA VIE MAINTENANT
LES RAPPORTS
SEXUELS AUSSI
C'EST POURQUOI J'UTILISE
UN PRESERVATIF.**

THE Gender DIMENSION



HIV/AIDS
MEDIA MANUAL
India 2007

WOMEN are often described as being relationship oriented. This is a positive quality in that it promotes the concept of family in the narrow focus and that of society in the broader view, in general helping to hold the world together. Yet, this very quality tends to boomerang on women when it comes to HIV/AIDS.

No one has a rational explanation for why research, theories and practices clung for many of the initial, crucial years to the belief that HIV/AIDS was a gay man's disease and ignored the fact that women are just as, if not more, vulnerable to the virus.

Unfortunately, this belief has resulted in the slow start of programmes and policies for women living with HIV/AIDS. This could have disastrous consequences for the world community for, today, it is reckoned that half of all adult PLHA (peo-

ple living with HIV/AIDS) are women. The *2006 Report on the Global AIDS Epidemic* published by UNAIDS estimates that out of 34 million adult PLHA (aged 15 and above) worldwide, 17.3 million (51%) are women.

Globally, 60% of PLHA in the 15-24 years' age group are women. In sub-Saharan Africa, where HIV is showing its most tormenting face, three out of four young PLHA are female.

In the capital cities of Botswana and Swaziland, one-third of all pregnant women aged 15-24 are HIV+. And when young women in the reproductive age group are at risk, the children they bear, too, are at risk. This has implications for the growth of the epidemic in the future.

Why are women more vulnerable to HIV/AIDS?

■ More at risk biologically

A large number of female PLHA report that they got the infection through heterosexual activity. Their very biologi-

 **TO LOVE
IS TO PROTECT**



Call 1-800-541-AIDS

to get a free HIV test and learn more about HIV and AIDS.

9108

New York State Department of Health

www.health.state.ny.us





**HIV/AIDS
MEDIA MANUAL
India 2007**

cal structure renders women more vulnerable to the infection. During unprotected sex, women are twice as likely to catch an HIV infection from men than men are from women, say several studies. The studies say this is why the women's HIV epidemic has caught up so rapidly with that of men. In fact, data from the Centers for Disease Control and Prevention (CDC) in USA reveals that teenaged girls accounted for more than half of the new HIV infections in 2001.

This is particularly true in India, where a huge majority of HIV transmission is caused heterosexually. Women account for nearly 40 per cent of India's HIV infections and most of these are believed to be monogamous women infected by husbands with multiple sexual partners.

■ **No right to say no**

In many countries, including India, society functions along patriarchal lines,

with marked gender disparities in relationships and power. This inequality extends to several areas — employment, education and relationship choices, especially in sexual choices.

Women in such societies often don't have the luxury of choice, whether in sexual or marital relations. It follows that they also do not have the power to enforce condom use, or take any precautions to avoid HIV infection, especially within a marriage. This is thought to partially account for the higher incidence and increasing prevalence of HIV among women.

A study in Zambia found that only 11 per cent of women believed that they had the right to ask their husbands to use a condom — even if he had proven himself to be unfaithful and was HIV+. The result is the rising incidence of HIV infection among women and, consequently, among children.

Many societies accept marital infidelity among men, but stigmatize women who have multiple sexual partners. Unfortunately, fidelity alone cannot protect a woman from HIV infection unless her husband, too, is faithful to her. Often, it has been found that when a woman discovers that she is HIV+, usually when she becomes pregnant, she is accused of infidelity. While her husband refuses to have himself tested for HIV, she is thrown out of the marital home and ostracized socially. Lack of economic power ensures her no recourse but to return to her parents, if they will have her. Sometimes, women in such situations are forced to take up sex work.

■ **Dealing in sex**

It is well known that poverty is the most common cause of women taking up sex work and putting themselves into a position of high risk to HIV infection. Women who need money for mere survival and to bring up children are not likely to insist on condom use. This poses a double threat — to themselves and to their



**They've been hit.
With AIDS, too.**

Get help.
Call 1-800-942-6906 (English)
1-800-942-6908 (Spanish)
24 hours, 7 days a week

New York State Office for the Prevention of Domestic Violence and New York State Department of Health

Women who suffer violence at home are more susceptible to HIV infection



www.health.state.ny.us

selves or their children.

Awareness plays a big role in preventing the spread of HIV/AIDS among sex workers in India. In Mumbai, in Maharashtra, which has India's largest sex industry, HIV prevalence among sex workers has not fallen below 52% since 2000 (NACO, 2004). Conversely, in Tamil Nadu, where awareness efforts have been heavy, 80-90% of the sex workers say they insist on condom use; the HIV prevalence rate among this group in the state is 9%.

In Mysore, in Karnataka, 26% of the sex workers live with HIV, according to a study conducted in 2005. Around 91% of the sex workers in the state say they never use condoms with regular clients; only about 14% insist on condom use on a consistent basis. To combat the problem, the state government has issued 'smart cards' to the sex workers. These cards contain their medical details and, to keep them valid, the women must go for a health check-up at least once in three months. The cards can be used to obtain discounts for food and clothes. This is an important effort at mainstreaming sex workers and one that raises their self-esteem and empowers them to insist on condom use.

The most laudable of the Indian initiatives, however, is the Sonagachi project in Kolkata, in West Bengal. The Sonagachi project is famous internationally and is

WE'RE all going to go crazy, living this epidemic every minute, while the rest of the world goes on out there, all around us, as if nothing is happening, going on with their own lives and not knowing what it's like, what we're going through. We're living through war, but where they're living, it's peacetime, and we're all in the same country.

— LARRY KRAMER

Founder member, Gay Men's Health Crisis, New York



**HIV/AIDS
MEDIA MANUAL
India 2007**



customers, who will then take the virus home to their families.

India sees sex work, and trafficking for sex work, on a larger scale than many other countries. Sex work is not strictly illegal here as long as a woman undertakes it of her own volition without any coercion or outside influence. Poverty, the break-up of a marriage and coercion are the main reasons why women take to sex work in India.

The Indian Government's moves to institute stricter regulation of sex work was opposed by the sex workers themselves. They claimed that the initiative would merely tuck the trade under the carpet and make it that much harder to regulate. Sex workers' organizations pointed out, rightfully, that it would make efforts to promote awareness about healthcare and HIV/AIDS that much more difficult. As it is, since sex work is frowned upon socially, sex workers can seldom access the healthcare services they need either for them-



**HIV/AIDS
MEDIA MANUAL
India 2007**

being used by the UN in other parts of the world as a best practice model.

The 1992 project relies on the three Rs — respecting the sex workers, relying on them to run the programme and recognizing their professional and human rights. Peer education about the importance of using condoms is a strategic pillar of the project. The results have been stupendous. Condom use rose from 27% to 82% from 1992 to 1995, and further to 86% in 2001. HIV prevalence among sex workers in Sonagachi fell from 11% in 2001 to less than 4% in 2004 (NACO, 2004).

Crimes and rituals

Most patriarchal societies display a high incidence of crime against women, facilitated by the women’s lack of economic power. Rape — whether within or outside marriage — is the chief and most common of these crimes and contributes to the spread of HIV. Of course, rape manifests itself also in societies where gender inequality is not so pronounced.

Other factors that contribute to the spread of the virus are baseless beliefs such as the one that having sex with a virgin will ‘cure’ a man of HIV and traditional rituals such as female circumcision and dry sex, both of which are still prevalent in Africa.

Areas of conflict

In some countries and in war-torn areas, among them Zimbabwe, Uganda and the Sudan, women are raped to deliberately infect them with HIV. Such rapes are also looked upon as a tool of ethnic cleansing. Obviously, the war waged using the virus lasts longer and is more deadly than any normal strife.

Maternal role

There is a 30-40% chance that an HIV+ mother will transmit HIV to her child at the time of birth. This risk can be reduced to 2% if the proper antiretroviral treatment is administered at the time of labour, but these medicines are unavailable to many expectant mothers in the world.

Another mode of mother to child transmission is through breast milk. Often, breast milk substitutes and the education to understand their proper use are lacking. The problem increases when poverty combines with unhygienic surroundings or lack of clean drinking water. Doctors face a dilemma in advising against breast feeding when they know that powdered milk made up with contaminated water is more likely to kill an infant than the possibility of infection through breast milk.

The focus on preventing HIV transmission to newborn babies is vital, but policy makers often forget to place as much stress on the mothers and their quality of life. Equally huge amounts of national funds and national energy will need to be used up in caring for HIV/AIDS orphans if their parents die an



Recognize!

Recognize your strength. Recognize your power. Recognize your potential. Take care of yourself.

Copyright ©2005 Pro-Choice Public Education Project. Reproduce with permission. Art and Design by Tuffy.

untimely death. According to a UNAIDS/WHO estimate, there were 15.2 million AIDS orphans in the world in 2005, up from 12.6 million in 2003.

Also forgotten are women who are not pregnant, but are HIV+ nevertheless. Since the bulk of HIV/AIDS care work for women happens through antenatal clinics, this large section of women and its healthcare needs go unnoticed.

■ The burden of care

Women and girls are the natural care providers in a family and, therefore, in a society. They will undertake all the jobs that are necessary to sustain their families, but in many situations, this is at the cost of their education, skill building and financial independence. This loss of independence is accompanied by less access to healthcare, less awareness and more vulnerability to infections like HIV.

■ Medical inequalities

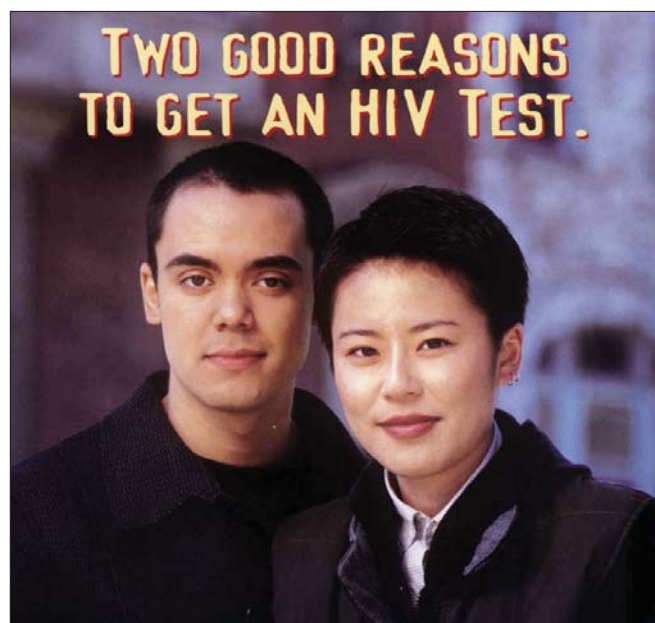
Women are usually the last in the chain for healthcare. If a husband and a wife are both HIV+, it has been found that the husband will get quicker and better access to medicines, care and nutritious food than the wife.

The wife often becomes destitute when she is thrown out of her marital home once the husband dies, all the care she has given him notwithstanding. This pattern increases the rate of spread of HIV and hastens the onset of AIDS in women.

In addition to the HIV infection symptoms experienced by both men and women, HIV+ women suffer from medical conditions that are quite different from those experienced by men. One of these is severe pelvic inflammatory disease, which increases risk of cervical cancer. Women may also need a different ART (antiretroviral therapy) regimen from men because they react differently to the therapy.

■ Females having sex with females

Lesbians, or females having sex with females, are the invisible group in the world of HIV/AIDS. A lot of debate and energy has been devoted to MSM (males having sex with males), but no one talks about their female counterparts. The risk is real because HIV can



be found in vaginal fluids and menstrual blood. So, the belief that lesbians cannot get an HIV infection is false.

The CDC has indeed documented a handful of cases of female to female HIV transmission. But few published studies examine the risks for this group of women. The CDC does not routinely include female to female transmission in its reports.

The CDC's first attempt to fund a research project on female to female HIV transmission came as late as in May 1999, after the HIV Epidemiology Research Study of HIV Positive Women (HERS) found that 18% of the women reported having sex with women. Another study — by the National Institutes of Health — examines lesbian injection drug users (IDUs) to determine if their risk is higher than that of heterosexual female IDUs. ●



HIV/AIDS
MEDIA MANUAL
India 2007

www.health.state.ny.us

