

Women with AIDS: Commonwealth casualties



Alice Welbourn

International Community of Women
Living with HIV/AIDS (ICW)

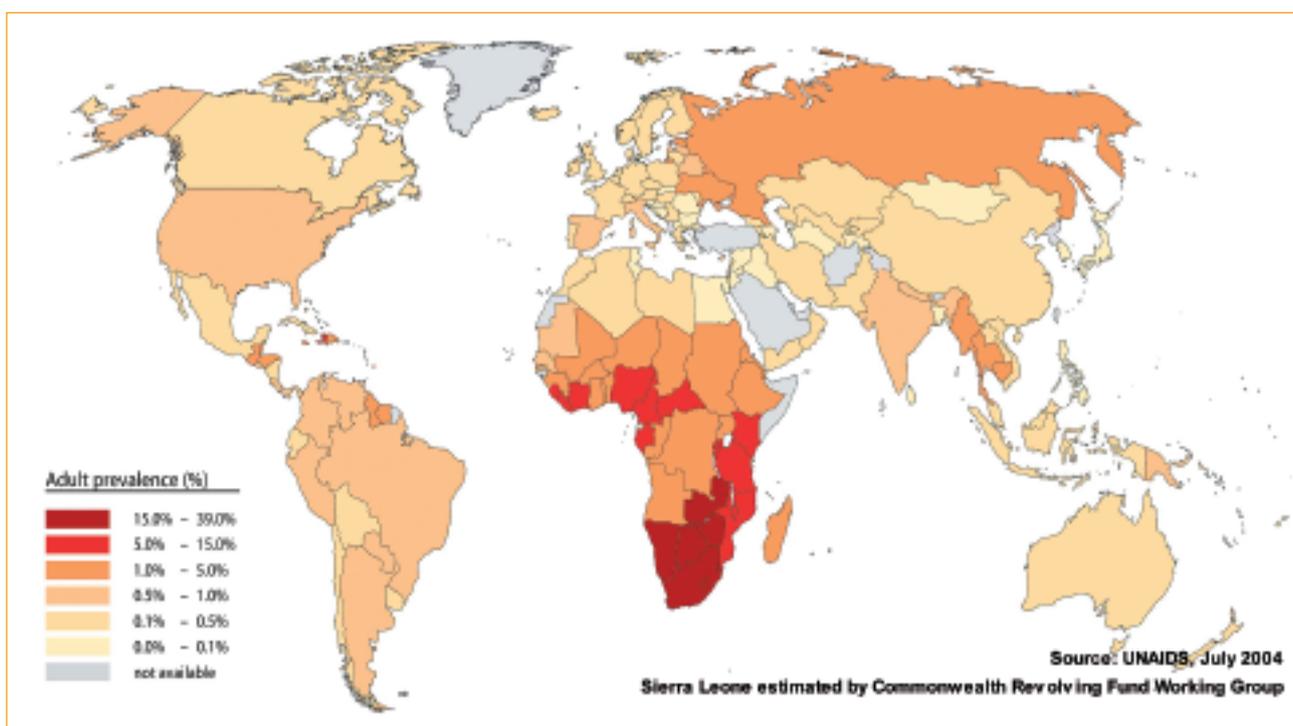
Around 40.3 million people were living with HIV in the world at the end of 2004. Around two-thirds of them, myself included, are citizens of the Commonwealth. I've been HIV-positive now for over 16 years. I'm fit and healthy, thanks to good medical, dental, nursing and pharmaceutical care, enough food and support from my friends and family; since March 2000, I have been on anti-retroviral therapy – luckily with few side-effects. But my story is very different from the stories of most of the 17 to 19 million HIV-positive women in the world – including many in the UK.

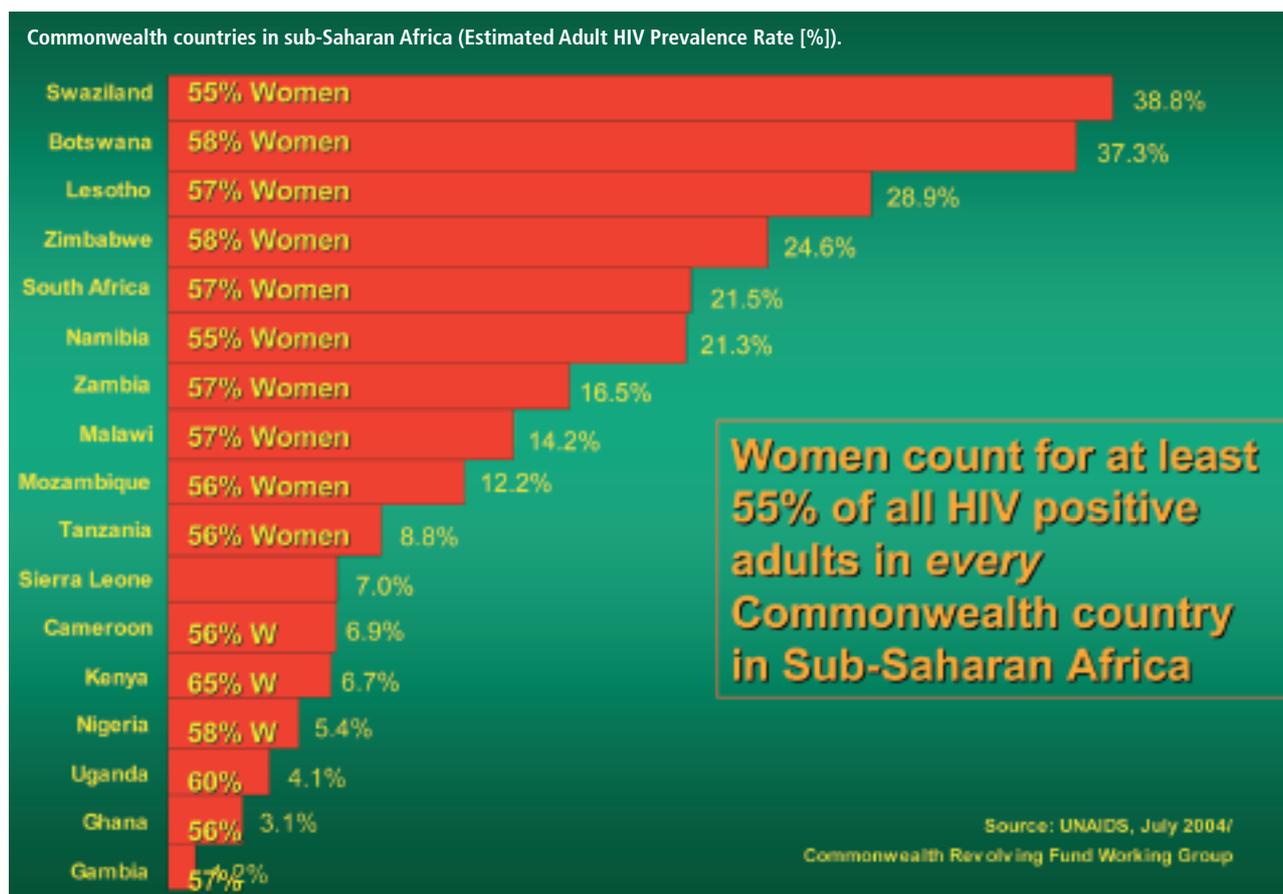
Clearly, citizens of many Commonwealth countries have been deeply hit by HIV and AIDS. If you take away the countries of the Commonwealth from Africa, for instance, you haven't got much high HIV prevalence left. At least nine out of 18 Commonwealth countries in sub-Saharan Africa have adult prevalence levels of over ten per cent. This figure demonstrates the vast scale of the issue for the Commonwealth and how it requires a commensurate Commonwealth response.

Those statistics are bad enough. But if you dig deeper into them and look at HIV-positive women in

Commonwealth countries, the results are even worse. First, women count for at least 55 per cent of all HIV-positive adults in every Commonwealth country in sub-Saharan Africa. The figures aren't far behind in the Caribbean and India, with 48 per cent and 38 per cent, respectively. In the UK, women make up 30 per cent. The proportion of women is rising everywhere, year on year.

Moreover, if we look even deeper, those UNAIDS figures also reveal that 72 per cent of all women globally who are HIV-positive are citizens of the Commonwealth.





Reference: Presentation made by Alice Welbourn at Commonwealth Health Symposium, Malta, November 2005

Let's look at some more UNAIDS facts:

- Marriage is now a risk factor for HIV for women in many parts of sub-Saharan Africa, Asia and Latin America;
- New HIV-positive women daily totals 7,000;
- Around 60 per cent of HIV-positive people in sub-Saharan Africa are women;
- Most new infections are young women; and
- In sub-Saharan Africa, 76 per cent of all new HIV infections are among young women.

The International Community of Women Living with HIV/AIDS (ICW) questions what the Commonwealth is doing to understand why women and girls are so badly affected by this pandemic.

What is being done?

ICW members, HIV-positive women and mostly Commonwealth citizens, are spread across 130 countries or more. Most of our members never thought themselves to be at risk of HIV and, of those that did, most had no power to reduce their risk – they had no control over their sexual partners, their frequency of sex or their protection from sex.

Most of these women acquired this virus through the gender inequities that govern all our societies and, thus, through unprotected sex. But why do women and girls lack so much power?

There are many factors that our members have told us about. Many of these factors affect women in the UK,

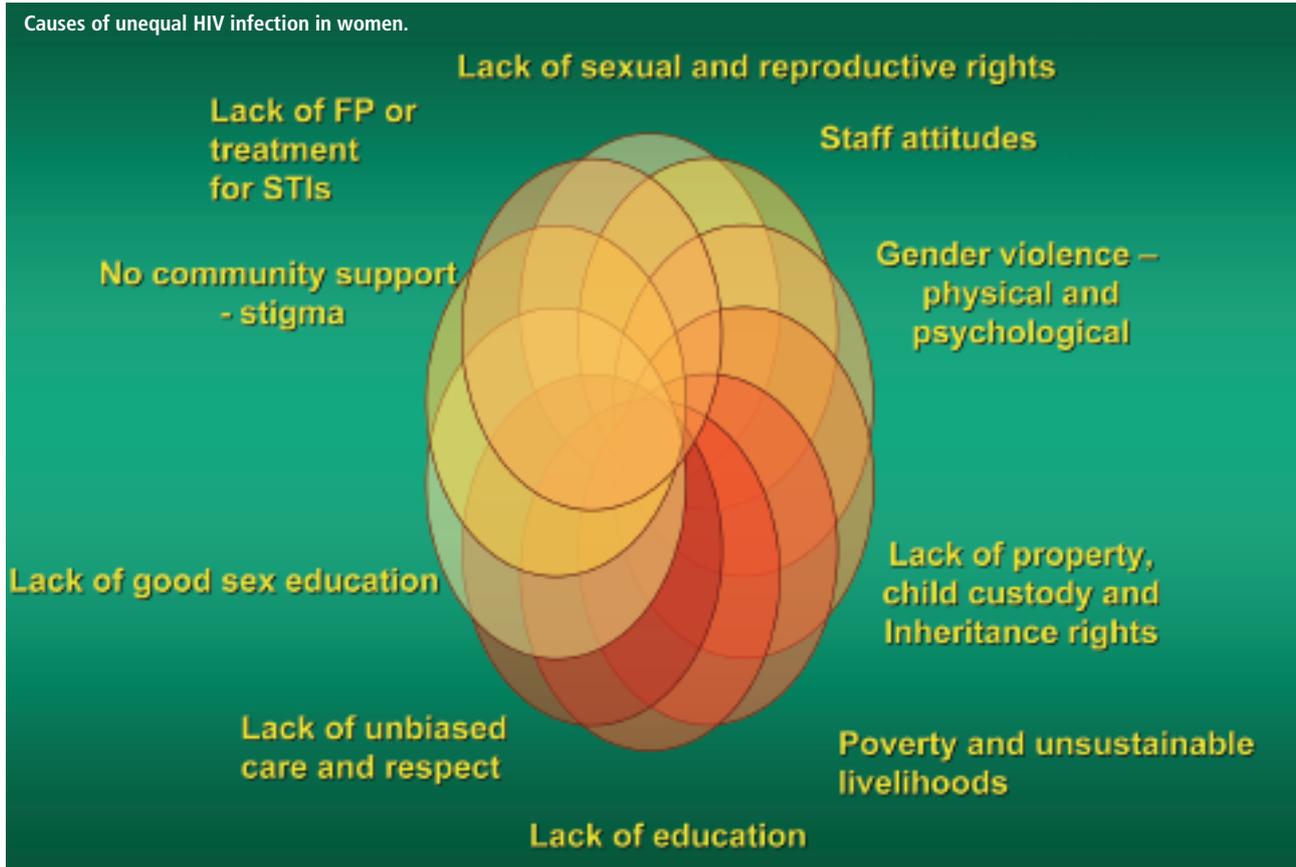
Canada, Australia and New Zealand too. And, on top of all this, young girls with immature bodies are married off to older men in many parts of the world before they want to get married or have children. UNAIDS says that the rates of HIV infections amongst young married women are often higher than amongst their unmarried, sexually active peers.

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So where does the Commonwealth stand on women's rights? The policies are there: for instance, in the Harare Declaration, gender equality is seen as a Commonwealth principle. The same declaration also emphasises the importance of strengthening family and community support and the needs of women and children.

But where are those policies being put into practice? As our members have seen for themselves – especially in the worst-affected countries – the HIV-related deaths of so many women result in more orphans, fewer farmers, fewer educators and broken communities.

Some people might say that treatment access is becoming a reality because around one million of the six million who need it are started on it. But our members know what most of the rest of the world is still taking a long time to realise: treatment access for women and girls is plagued by enormous challenges. There are all kinds of



health conditions out there where studies have shown distinct gender inequities in diagnosis and treatment – with women always at the back of the queue.

True, HIV is being *diagnosed* far more often in young women than in their husbands, because they are given HIV tests at pre-natal clinics and then face the brunt of all the shame and stigma that goes along with those tests. But the social and ethical injustices of pre-natal testing for women only – without their husbands – is a subject for another day.

Hurdles to care

Guilt

Often women can feel guilty because they are nursing their husbands who were infected before they were and therefore have more advanced HIV. But often the men haven't dared to go for a test. So women are perhaps able to access some treatment but they feel awful that their husbands are ill so they try, or in some cases are forced, to share their medicine with their husbands.

Access to protection

Women rarely have regular access to condoms, aciclovir as a herpes prophylaxis, anti-fungal treatment for thrush and support to treat other sexually transmitted infections because these issues aren't often considered as part of a comprehensive health care package.

Peer information

HIV-positive women rarely get support for self-help groups, such as those offered by ICW, which share treatment and side-effect information, offer advice about adherence and provide mutual support. Yet such practical

advice and psychological support can often make a massive difference.

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The key: support

We have many members who are health professionals too. We believe that much of the prejudice which our members face from health staff is because many of them also are, or fear they may be, HIV-positive. In a health centre in Kenya, researchers saw how male health staff accepted PEP after needle stick injuries, whilst female health staff did not. On enquiry, the female health staff responded: "What's the point? We are at risk in our own beds each night. What difference will a few needle stick injuries make to us?" HIV-positive health staff need care and support from their peers and managers. They need to be kept in their jobs, welcomed, cared for and respected. And all health staff need proper training about what HIV and AIDS really are and how they could affect their lives.

The issues outlined here represent a few of the many areas governing HIV and women, about which ICW campaigns. HIV is clearly not just a health issue. Positive workplace policies in health and other employment, so that HIV positive people can continue as productive contributors to society, are also a crucial part of an effective response to this pandemic.

International Community of Women Living with HIV/AIDS.

HARARE COMMONWEALTH DECLARATION 1991:

**the development of human resources,
in particular through education,
training, health, culture, sport and
programmes for strengthening family
and community support, paying special
attention to the needs of women, youth
and children**

Also, when you receive an HIV diagnosis, it completely knocks the stuffing out of you and you feel your whole world spinning out of control. People surround you and tell you what to do or what not to do, and you feel totally overwhelmed and powerless. Being able to feel in control of what is happening to you is a fundamental coping strategy. Moreover, so much of the HIV response so far has been built on moralising rhetoric and not on the lived experiences of our members. Reality, not rhetoric, is the foundation of truly effective responses to any major crisis. HIV is a uniquely complex global problem that demands a unique global response from us all, HIV-positive women included.

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truly effective responses to any major crisis.**

We can't do our work alone. We all need to be working together. If we all do our bit, we can all make the Commonwealth a safer place, for ourselves, our friends and families, our children, our citizens and, ultimately, for our common future.

ICW is the only international network of HIV-positive women. We were established in 1992 in response to the desperate lack of support, information, and services available worldwide to women living with HIV and to enable these women to influence and contribute to official policy development. Our members work with local, national, and international networks, organisations and groups supporting and campaigning for the rights of HIV-positive women and men.

Alice Welbourn is a trainer, writer and activist and has worked in international development since 1984 after PhD research in rural Kenya. HIV-positive for 17 years, through ICW she campaigns for the legal, sexual and reproductive rights of HIV-positive women and girls. She is a member of the Global Coalition on Women and AIDS Leadership Council.

International Community of Women Living with HIV/AIDS
International Support Office
Unit 6, Building 1, Canonbury Yard
190a New North Road
London N1 7BJ
United Kingdom

Tel: +44 (0) 207 704 0606
Fax: +44 (0) 207 704 8070
Website: www.icw.org