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Violation of Human Rights of HIV Positive Women

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Abstract

Human rights are those minimum rights which are compulsorily obtainable by every individual as he/she is a member of human family. Human rights are broadly concerned with defining the relationship between individuals and the state. These rights are equal to all whatever community, religion, sex, colour and nation a person belongs to. Due to gender discrimination in our society there is a male domination and thus human rights of women are violated. The constitution of India guarantees the equality of rights of men and women but there exists a wide gulf between theory and practice. Indian society is a male dominated society where men enjoy all kind of freedom as compared to women like taking decisions in the family, working outside, access to education and access to medical care etc. Women have been neglected in all spheres of life. If women become ill or infected with some life threatening disease then situation becomes all the more worse both in the family and society. Likewise HIV/AIDS is such infection or disease which makes women's life miserable as they are marginalized group in our society. HIV positive women bear double burden of stigma and family responsibilities. It is irony that women in HIV/AIDS research, treatment, care, and prevention are last in the priority list. This lack of attention to women's health issues has led to a dramatic rise in the number of women living with HIV, as well as an increase in AIDS related deaths among women. In this paper an attempt has been made to highlight the plight of HIV positive women whose human rights are violated.

Keywords: Women, Violation, Human Rights, HIV/AIDS, Inequality.

Introduction

Human rights are the rights inherent to all human beings whatever nation, residence, sex, color or religion we belong to. When people lack awareness about their human rights then there is a possibility that discrimination, injustice, oppression and slavery will arise.

Thus Human rights are universal legal entitlements protecting individuals and groups against actions (or the lack of actions) that affect their freedoms and human dignity. Human rights are equal for all whether they are healthy or ill but in case of HIV it does not prove true. Mandatory HIV testing, testing of patient without consent, divulging a person's HIV status (principle of confidentiality), isolation of AIDS patient are some examples where violations of human rights are occurring. These groups are, however, lack awareness about their civil, political, economic, social and cultural rights. Among HIV/AIDS patients it is the women who are more vulnerable to HIV because of biological and socio-cultural reasons. There are a number of factors- biological, socio-cultural and economic, which make women and young girls more vulnerable to HIV and AIDS. Further lack of knowledge due to low levels of education, and poor access to health facilities makes them all the more vulnerable.

As compared to men, women are at a biological disadvantage in contracting HIV. Women living with HIV/AIDS are very frequently referred to as 'vectors', 'diseased' and 'prostitutes', but these terms are seldom used with infected men (Dixit, 2005; UNICEF, 2005; Zena and Kuhn, 1996). In a majority of societies around the world, women get less importance as compared to men. In India, there exist gender-specific disparities in HIV prevention and treatment. Indian women suffer disproportionate vulnerability to HIV/AIDS often because they lack HIV awareness, live in conditions of poverty, and experience gender inequity (Rompay et al. 2008). Because of the low socio-economic status and limited educational opportunities, women and girls often lack basic information about HIV and AIDS. In India, knowledge and awareness about HIV and AIDS is quite low among women. In our society where gender differences exist in all walks of life, evidences show that stigma and discrimination surrounding HIV and AIDS has strong impact on women.

According to UNAIDS in many parts of the world, HIV and AIDS is incorrectly perceived as 'women's disease' or 'prostitute's disease' preventing women from going in for HIV testing or seeking care to avoid being ostracized, abused, and viewed as promiscuous. In Government hospitals doctors write HIV test to all those who come for Antenatal checkup and it has been made compulsory/mandatory for women to get their HIV test done who come for Antenatal care which is against human rights of any person. Through this paper an attempt has been made to highlight the plight of women suffering from HIV/AIDS.

Population of HIV Positive Women

The number of women with HIV infection and AIDS has been increasing steadily worldwide. According to WHO (2008) women comprise 50% of the total population living with HIV/AIDS. In 2005 women represented 26 percent of HIV/AIDS diagnoses, as compared to 8 percent in 1985 (UNAIDS, 2005).

Sub-Saharan Africa

More women than men are living with HIV in Sub-Saharan Africa, accounting for 59% of people living with HIV. In Sub-Saharan Africa, young women aged 15–24 years are as much as eight times more likely than men to be living with HIV. Berkley et al. (1990); Gregson et al. (2000) and Laga et al. (2001) reported that in Sub Saharan Africa the number of HIV positive women is higher than men.

Asia-Pacific

In Asia, the proportion of women living with HIV compared to men increased from 20% in 1990 to 34% in 2002. Since then it has stabilized at about 35%. According to one estimate at least 50 million women in Asia are at risk of acquiring HIV from their male intimate partners who engage in high-risk behaviors, including paid sex, injecting drug use and unsafe male-to-male sex.

Eastern Europe and Central Asia

Overall, women comprise about 35% [30–40%] of adults living with HIV in Eastern Europe and Central Asia. In Eastern Europe and Central Asia, the main drivers of the epidemic are injecting drug use and sex work. An estimated 35% of women living with HIV probably acquired HIV through injecting drug use, and partners who inject drugs probably infected an additional 50%.

Caribbean

In the Caribbean, women account for around half of all new HIV infections. Young women are approximately two and a half times more likely to be infected with HIV than young men are.

Latin and North America

More than 36% of adults living with HIV in the Latin American region are women. Whilst the region's epidemic is mainly concentrated among men who have sex with men, research reveals that more than 22% of men who have sex with men reported having sex with both men and women thus increasing the risk of the spread of HIV infection through heterosexual sex.

HIV increasingly affects women in the U.S. with the proportion of HIV/AIDS cases diagnosed in women increasing from 8% in 1985 to 25% in 2009. Women of color and sub-populations of women are most vulnerable sex workers, immigrants, incarcerated women, etc. In 2009, African American women accounted for 30% of the estimated new HIV infections among all African Americans. Most (85%) African American women living with HIV acquired HIV through heterosexual sex. The estimated rate of new HIV infections for African American women was more than 15 times as high as the rate for Caucasian women.

Middle East and North Africa

Women comprised an estimated 41% of adults living with HIV in 2010 (Universal Access progress report 2011) While HIV prevalence remains low in the region, Djibouti and Somalia are exceptions with epidemics driven by heterosexual sex where 50% of people living with HIV are women. The majority of women living with HIV in the Middle East and North Africa are infected by their husbands or partners who engage in high-risk behaviors and are mostly not aware of their status, 97% in Saudi Arabia and 76% in Iran (UNAIDS, 2011).

Causes for HIV/AIDS among Women

Women and girls bear a disproportionate share of the burden of HIV/AIDS because they are vulnerable in many ways. The infection passes more efficiently from an infected man to a woman than from a woman to a man. One of the main factors influencing India's HIV epidemic is a high rate of gender stratification, in which women experience extreme social disadvantage. Indian women suffer disproportionate vulnerability to HIV/AIDS often because they lack HIV awareness, live in conditions of poverty, and experience gender inequity (Rompay et al. 2008). Women face difficulties for a wide range of socio-cultural and economic reasons in assessing information and services to protect them from infection or to help them care for themselves once infected. Many married, monogamous women find themselves infected with HIV even when they themselves have not engaged in risky behavior.

Lack of Access to Awareness Programmes on HIV/AIDS

Women face problems regarding information on HIV and pregnancy. Women encounter difficulties with contraceptive use, negative attitudes towards childbearing from family and health care workers and problems in accessing safe legal abortions. Stigma attached with HIV also prevents women from getting information, education and counseling in spite of availability of these services. Women's relative lack of knowledge about own reproductive system (Grundfest, 1991) and women's relative lack of awareness of health risks (including HIV infection) involved in sexual activity (Oppenheim-Mason, 1994 and Topouzis and Hemrich,1994) makes them vulnerable. Young women are particularly more vulnerable if they lack of access to information, education and services related to health and prevention of infection. Chuttani (1991) conducted a survey among 669 men and 829 women in the villages in and around Delhi and Haryana. The study identified very less awareness (12%) on HIV/AIDS among the women than men (50%) did. Lobiyal (2008) reported that due to lack of awareness about HIV, many positive pregnant women pass the infection to their children.

Gender Inequality

Gender inequalities also reflect in the sexual relations between husband and wife. First, men are more likely to play a dominant role and more likely to initiate, dominate and control sexual interaction. Cultural taboos like speaking about sex or showing interest in or knowledge about sexual matters acts as a barrier to girls receiving HIV-related information from the elders or for that matter even from their peers. Dube (2000) stated that a woman is believed to be indecent if she seeks information about sexuality and sexually transmitted infection. She cannot ask her partner to use condom even if she fears of getting infection with AIDS or STDs.

Low Economic condition of women

A few studies report that a majority of women infected with HIV, belong to poor economic background. Women living in deprived urban settings (i.e. slum settlements) are engaged in riskier sexual behavior than their counterparts in less deprived areas (Zulu et al. 2002).

Lack of knowledge about the causes of HIV/AIDS

Due to lack of awareness of HIV, women do not know the value or importance of safe sex. They think that marriage is safe and there is no harm if they are having sex with their partner without taking precaution. Verma and Roy (2002) reported that a majority of the women do not have any risk factor other than being married to their husband. Chatterjee and Hosain (2006) found that women who are in a monogamous relationship have low self-perception of getting infection. They trust their husbands and believe that they do not have sexual partners outside their marriage. ICW (2005) found that married women do not consider themselves at risk of being infected with HIV and it is a barrier in HIV prevention efforts.

Cultural Resistance against Condom Use

There is perhaps a worldwide resistance across cultures to condom use amongst heterosexual couples, however, throughout Asia and Africa there appears to be a particularly strong cultural resistance to condom use amongst heterosexual couples, particularly within marriage (UNAIDS, 2004). They feel difficult to talk about sexual relations and contraceptive use. Traditional gender norms are also a barrier in using condom. WHO (2006) also reported that it is seen that women have less power to say no for sex to their partner or ask them to use condom for safety purposes.

Consequences of HIV/AIDS

Women tend to experience greater stigma and discrimination than men, are more likely to experience its harshest and most damaging forms, and have fewer resources for coping with it. Stigma is attached with the disease which obstructs HIV positive women to access to treatment and also affect employment opportunities, housing facility and other rights. Liamputtong et al. (2009) reported that stigma associated with HIV/AIDS as a sexually transmitted disease is more related to women than men and is often accused of promiscuity. For this reason, many women do not seek voluntary counseling and testing, they will try to keep their HIV status a secret. Kimberly et al. (1995) found that it is very difficult for women to disclose their HIV status. Women are always in dilemma whether HIV status be disclosed or not to be disclosed to their family members and friends. Serovich et al. (1998) studied that the reactions of family members at the disclosure of women's HIV status is often complex, multifaceted and diverse.

Violation of Human Rights of HIV Positive Women

The rights of HIV positive women are violated because of their presumed known HIV status. They bear the burden of the disease and consequential loss of other rights.

Violation of Women's Right to Life

Right to life is one of the most basic of human rights, but in India it is often denied to women and to the girl child. Parents of boy even knowing his HIV status gets him married to HIV negative girl for the sake of keeping up the good name of their family. They hardly bother about the life of that girl whom they make infected by hiding the facts related to HIV status of their son.

Lack of Reproductive Rights

According to UNAIDS (2009) in many countries around the world women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex. Kistner (2003) stated that many women lack decision making power in their sexual relationships regarding whether and when to have sex, to use contraception, and to have children. UNAIDS (2008) found that discriminatory cultural practices are also responsible to limit women's access to get educated and have information on sexual and reproductive health which are necessary to protect themselves from STIs, including HIV, and unwanted pregnancies. Generally, and culturally, sex continues to be defined primarily in terms of male desire with women being the relatively passive recipients of male passion.

According to Convention on the Elimination of all forms of Discrimination against Women (CEDAW) Committee Report (1999), the coercive sterilization of HIV-positive women is an egregious affront to these women's dignity. Batterink et al. (1994), Batterink & de Roos (1994), Chase (2001), Pivnich (1994) and Saveliena (2000) studied the reports from some countries: India, Russia, Thailand, Ukraine and USA and found that some health care providers have put pressure on HIV positive women to undergo abortions and sterilization. About 10% of HIV positive women in a study were forced into abortion or sterilization (Paxton et al., 2005).Women's dignity and autonomy are abused during the delivery of reproductive health services, because the doctrine of informed consent is not enforced or is misapplied (Dickens, 1985).

Lack of Access to Productive Resources

Women often lack access to productive resources and therefore have weaker negotiating power (including during sex) and hence higher vulnerability to HIV. These practices secure women's financial, material and social dependence on men. Research has shown that women who raise the issue of condom use with the men on whom they are economically dependent risk violent conflict, loss of support, or even abandonment (Basett & Sherman,1994). Dependent women are reluctant to leave risky relationships, as they fear dire economic consequences. Women's economic condition, gender inequality, poverty and social discrimination make

women more vulnerable to HIV infection and their inability to attain good reproductive health. Bruyn (1992) and WHO (2006) reported that due to low socio economic status of women and their lack of power results in difficulty of taking preventive measures from HIV.

Poor Health Related Quality of Life

Cederfjall et al. (2001) found that women with HIV status do not possess the support given to HIV positive men and thus have decreased health related quality of life. On the other hand these women blame themselves for not protecting themselves from HIV contraction, causing feelings of guilt that could also account for the discrepancy by gender. Zijnah et al. (1998) stated that women face different forms of discrimination in hospitals include refusal of treatment, discriminatory precautions and lack of confidentiality. Doctors often refuse to do the delivery of a positive pregnant woman despite minimal risk of contracting the infection (ILO, 2003). In a study in Mumbai and Bangalore, many healthcare providers and facilities were found to deny care, treat patients poorly and stipulate conditions for agreeing to treat patients (Bharat et al., 2001). Mclyntyre (1999) reported that HIV pregnant women face many complications during pregnancy as compared to HIV negative women. They face the problems of genital and urinary tract infection, premature delivery and low birth weights, blood loss, anemia and bacterial pneumonia.

Low Economic Condition

According to Babatunde Ahonsi Reproductive health (1999) the poor women face high risks, and thus are more likely to become infected. When a woman becomes infected with HIV/AIDS, gender inequalities in income and wealth invariably affects progression of the illness and possibly her survival chances due to financial issues. Women's economic dependency on men increases their vulnerability to HIV by constraining their ability to negotiate the use of a condom, discuss fidelity with their partners, or leave risky relationships. Further she is rebuked by her own family who accuses her of being of loose character and cursed for being alive. According to Rao (2002) due to low economic and social status men have more power over women's sexuality.

Lack of access to safe abortion

Bruyn (2003) reported that HIV positive women have little access to legal and safe abortion services. According to Centre for Reproductive Rights, CRR (2002), HIV positive women are often blamed for transmitting infection to child (Brettle and Leen 1991; Carovano 1991; Fletcher, 1990).

If HIV positive women wish to become pregnant, they may face highly negative attitudes in family, community and in health care sector. Women who wish to terminate unwanted pregnancies may find it difficult to obtain safe and legal abortion due to negative and discriminating attitude of health care workers. It is also seen that HIV test result is not given to the pregnant women but to their husbands or other family members because it is assumed that it is spouse who will decide whether to terminate pregnancy or continue it.

Recommendations

Human Rights activists recommend that Government should address gender inequity not only as an abuse in its own right but also as a central element of HIV/AIDS policy and programmes. Government needs to take action in three areas. They must take measures to (1) protect women and girls from sexual and domestic violence and ensure prosecution of the perpetrators of those crimes; (2) eliminate gender inequities related to property, inheritance, divorce, and other areas related to economic dependence; and (3) ensure equal access of girls and women to health and education services.

All of these measures should be regarded as important elements of national AIDS control efforts. Additionally following few recommendations are also suggested.

1. A gender perspective on HIV/AIDS and human rights must take into consideration the impact of the epidemic on women
2. Women should be provided education/information related to health, sex education, prevention methods and HIV/AIDS transmission.
3. Awareness campaigns on HIV/AIDS should have to be started on ground level so that middle and lower class people protect themselves from HIV infection.
4. An open and supportive environment for HIV positive women so that they may deal with their status more effectively by receiving treatment and psychological support.
5. Awareness of human rights in HIV positive women so that they may help themselves to improve their social and family status.
6. Training and sensitization of medical staff so that no HIV positive women should face discrimination in the hospitals and easily access the treatment.
7. Mandatory testing of Antenatal cases should be banned so that human right of an individual may be maintained.
8. For HIV testing in pregnancy, awareness programmes and workshops may have to be started in health care centers so that women encourage themselves getting their HIV test done.
9. Confidentiality of one's HIV status be maintained by medical staff and it should not be disclosed without permission of the client.
10. HIV positive women should be equally provided the benefit of insurance and employment as these benefits are given to HIV negative persons.

Conclusion

Many studies have been done on problems of HIV positive women but a very few have focused on violation of human rights of HIV positive women. Women constitute approximately 50% of the total population living with HIV/AIDS in the world. Physiologically, women are two to four times more susceptible than men to contracting HIV and social and cultural factors-including gender-based violence, entrenched gender stereotypes, power dynamics within relationships, and economic dependence-increase women's risk of contracting the virus. Women worldwide continue to struggle against a heightened risk of contracting HIV, and if they do acquire the virus, they face pervasive stigma and discrimination. HIV-positive women also experience delays and denials of healthcare in emergency and

sometimes life-threatening situations. Further Women's unequal social, economic, and legal status is increased by a positive HIV status, and vice versa. Therefore it is suggested that Governments need to take action in three areas. They must take measures to (1) protect women and girls from sexual and domestic violence and ensure prosecution of the perpetrators of those crimes; (2) eliminate gender inequities related to property, inheritance, divorce, and other areas related to economic dependence; and (3) ensure equal access of girls and women to health and education services.

Notes

HIV

HIV stands for Human Immunodeficiency Virus. HIV attacks the immune system. When HIV enters the body, its main target is CD4 cells. It attacks the CD4 cells, which are one kind of immune cells, which make the proteins your body needs to fight against germs and infections.

AIDS

AIDS stands for Acquired Immune Deficiency Syndrome. When HIV progressively damages the CD4 cells, the body becomes vulnerable to many opportunistic infections and fails to fight with these infections. When body diminishes its power to protect itself from outside infections then it takes the form of AIDS.

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