Why are women more vulnerable to AIDS?

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Around 33.6 million people living with HIV/AIDS allover the world, 14.8 million of whom are women while as many as 5 million adults newly infected in 1999, 2.3 million are women. About 2.1 million people died of AIDS in 1999, 1.1 million of whom were women and 12-13 African women currently infected for every 10 African men while half a million infections in children (under 15), most of which have been transmitted from mother to child.

About 55% of adult infections in sub-Saharan Africa are in women, 30% in SE Asia, 20% in Europe and USA. The AIDS epidemic in women is overwhelmingly heterosexual - almost entirely so in Africa and South and South East Asia.

In other areas, a proportion of women are infected through: sex with a bisexual or drug injecting partner, their own injecting drug use, heterosexual sex without these factors, blood transfusion (in developing countries where blood is not routinely screened).

Women are more vulnerable to HIV infection because of biological, economical, social and cultural factors.

Biologically: Larger mucosal surface; microlesions which can occur during intercourse may be entry points for the virus; very young women even more vulnerable in this respect. More virus in sperm than in vaginal secretions. As with STIs, women are at least four times more vulnerable to infection; the presence of untreated STIs is a risk factor for HIV. Coerced sex increases risk of microlesions.

Economically: Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex. Many women have to exchange sex for material favours, for daily survival. There is formal sex work but there is also this exchange which in many poor settings, is many womenís only way of providing for themselves and their children.

Socially and culturally: Women are not expected to discuss or make decisions about sexuality. They cannot request, let alone insist on using preventive measures. If they refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity. The many forms of violence against women mean that sex is often coerced which is itself a risk factor for HIV infection. For married and unmarried men, multiple partners (including sex workers) are culturally accepted.

Women are expected to have relations with or marry older men, who are more experienced, and more likely to be infected. Men are seeking younger and younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases. Why must the response be gender-based?

1. Unequal gender (social, economic, and power) relations are driving the epidemic

2. Women are disproportionately affected by the epidemic

They are highly vulnerable to infection. They bear the psychosocial and physical burden of AIDS care and they suffer particular discrimination; are often blamed for spreading infection

3. Sex differences in pathology. Clinical management, for too long based on research undertaken on men, must be tailored to womenís particular symptomatology, disease progression, HIV related illnesses etc.

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What will make a difference? Physical and material independence and security for women which is independent of the protection of a man or men. Women must be empowered so that they are able to control their own lives and in particular their sexual relations.

This implies a profound shift in social and economic power relations between men and women. It cannot be achieved tomorrow but action must start today, through: Increased educational and employment opportunities for girls and women along with Public education campaigns on the harmful - fatal, in the case of AIDS - effects of unequal gender relations.

Microbicides

The development of a prevention method, which is cheap, safe and effective and under womenís control, is essential. In the absence of a vaccine, this is a method likely to have an immediate and significant impact on the alarming rate of new infections in women. A massive investment in international research and development of a microbicide is required.

An issue, which must be dealt with is the desire for children. A microbicide for preventing both pregnancy and STIs including HIV (dual protection), and a microbicide, which is not also a spermicide must be developed.

Proven effective interventions. There are a number of proven interventions, which together, comprise key strategies to control the spread of the epidemic. They are particularly important for women.

Treatment and prevention of sexually transmissible infections: women are more vulnerable to STIs; the consequences are more serious, many STIs are asymptomatic in women, so go untreated, syndromic management of STI in women is more difficult than in men and stigma associated with STIs is greater for women (suggests promiscuity), so they are often afraid or unwilling to seek care.

Safe blood

Women and children are the chief recipients of transfusions; women - during and after delivery. The following action is required: Antenatal care and adequate nutrition to reduce some of the need for transfusion, Appropriate clinical use of blood to avoid unnecessary transfusion and screening of all blood as the ultimate aim.

Women as careers, Women are responsible for the health care of all family members. Care is only one of the many productive and reproductive activities of women which include farming, food preparation, collection of firewood and water, child care, cleaning, etc.

Care is provided free but has a cost! During illness, womenís productive labour is lost; this has serious impact on long term wellbeing of the household. Care doesnít end with death of husband/child/sister. Care of orphans lies with grandmothers and aunts. Women careers are often HIV positive themselves.

Making men more responsible as little attention has been paid to menís participation in efforts to protect women. Men are hard to reach and educate but some are concerned about sexual health - their own and their partners.

Raising awareness of their own risk has been shown to change certain behaviours. Interventions must be aimed at men (as well as at women) if women are to be protected.