

HIV/AIDS as a human security issue: a gender perspective

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INTRODUCTION

The HIV/AIDS epidemic today is not simply a health issue. Its spread and impact cuts across all levels of society causing important consequences for human security. The scale of this epidemic has recently led the United Nations Security Council to make a historical move by adopting resolution 1308 which not only addresses a health issue for the first time, but specifically links the spread of HIV/AIDS to the maintenance of global peace and security.

Since then, in addition to its ongoing responsibilities in relation to HIV/AIDS as a whole, the UNAIDS Secretariat has been mandated to follow up this resolution and to open dialogue on HIV/AIDS as a security issue as well as to develop a global plan of action, focusing particularly on peacekeeping operations. As the Humanitarian Coordinator of the UNAIDS Secretariat, I look forward to the discussions in this meeting which I am sure will bear results that will be discussed in our own Expert Strategy Meeting next month.

The following presentation will be divided into two parts. In the first part I will discuss: (1) the ways in which HIV/AIDS threatens human security, (2) the negative synergy between HIV/AIDS and poverty, HIV/AIDS and conflict and HIV/AIDS and gender relations, and (3) the critical interaction between soldiers, youths and women. The second part will be devoted to recommendations and guiding principles that should direct us in our efforts to combating the HIV/AIDS epidemic worldwide.

BACKGROUND

HIV/AIDS and Human Security (see figure 1)

In what ways is HIV/AIDS a human security issue?

There are two main dimensions to HIV/AIDS and human security. One is the threat to socio-economic development and the other is the threat to human survival.

There is wide ranging evidence to prove that HIV/AIDS has destabilised all levels and sectors of society--ranging from the household to employment, to the health systems, to agriculture, mining, transport, etc.

At a macro-economic level the effects are as important, with severe consequences felt at the national economic level and with the general well-being of the people, including adverse effects on life expectancy and literacy rates. A nation can expect a decline of 1% of its GDP each year when more than 20% of the adult population is infected with HIV.

In certain regions, HIV/AIDS is killing people at such a massive rate that it even questions human survival. With 35% of the adult population infected in Botswana and 25% in both Swaziland and Zimbabwe, it is not surprising that several world leaders have defined the HIV epidemic as a national catastrophe as well as a threat to global security.

The security of women is particularly at risk. Whether it is economic security, food security, health security, personal or political security, women and young girls are affected in a very specific way due to their physical, emotional and material differences and due to the important social, economic, and political inequalities existing between women and men.

For a woman living in Uganda and heading a household, the risks of being infected by HIV/AIDS are high. Unless she already has adequate assets like land or income, her efforts to feed her family may put her in a

vulnerable situation where she is more likely to be coerced into sex in exchange for money and resources. This situation exposes her to HIV infection.

If she is infected, the whole household will be affected— less income will be generated, creating more vulnerability for the children of that household, especially girls who are most likely to be taken out of school (if they went in the first place) to care for more pressing needs at home, including the sick and the elderly. Furthermore, a loss is experienced with the traditional support processes, especially for the elderly who can no longer anticipate being supported by their children.

The HIV virus affects the very web in which certain societies are woven by breaking up the family and introducing a combined impact of stigma and economic burden.

This precarious situation has become commonplace during times of peace but is greatly aggravated during times of conflict.

In addition, leaders in several countries are concerned that HIV and other sexually transmitted infections compromise the readiness of uniformed services to uphold law and order. The loss of training capacity, experience and skills and the cost of replacement training all impact on military readiness. Any suggestion of diminished readiness in the security and defence establishment is a serious threat to peace and security.

Negative Synergy (see figure 2)

The HIV epidemic has a great capacity to magnify all the social problems of the environment in which it occurs. The destructive effects of AIDS on the protective social fabric are most evident in the relationship between AIDS and poverty as well as AIDS and conflict. This relationship has been described as a 'negative synergy.'

AIDS causes poverty even where it did not exist before but when AIDS hits those who are already poor its impact is more intense-- AIDS deepens and prolongs poverty. Poverty reduction is therefore an integral part of reducing vulnerability to HIV and reducing the impact of AIDS.

Similarly, in regions of war and conflict, populations are more at risk of HIV infection, from the presence of armies, the use of rape as a weapon of war and from social dislocation and insecurity. The spread of HIV is facilitated by conflict, but it also serves to prolong conflict as it places new strains on health and economic infrastructures and destabilises family and social structures.

The vulnerability of women is greatly exacerbated by conflict. There are several factors that contribute to the spread of HIV/AIDS in emergency situations and which subsequently effect gender relations: (see figure 3)

Sexual Violence: As just mentioned, rape is used many times as a weapon of war and women are often perceived as bounty during conflicts (personal experience in refugee camps where refugee women were raped while going to get firewood for cooking)

Breakdown in Social Structure and Legal Protection:

Sexual relationships become transitory, involving a greater number of partners. Young people are involved with sex and marriage at a much earlier age in absence of leisure, education and employment opportunities. In such circumstances women and young girls are often sexually abused and not protected from sexual violence, leading to a vicious circle of impunity (personal experience of woman whose husband died of AIDS and who was subsequently abandoned by society as well as by the state since she had no more legal rights)

Health Infrastructure:

The lack of health infrastructures means that access to condoms is limited, STDs are not treated and drugs are not available to avoid mother-to-child transmission. Also, and especially in temporary health care facilities, there is a lack of trained staff, a lack of confidentiality and privacy and a lack of care and support for HIV infected persons. Furthermore, soldiers and uniformed services are more likely to be provided with health care and treatment than their families. (Example: 50% of beds in military hospitals in Ethiopia are allocated to AIDS cases which makes one wonder about the wives or partners of those soldiers and how

they are being provided for) It is a fact that women have less access to health facilities and confront more public discrimination because of the absence of medical and social support.

Basic Needs and Economic Opportunities:

As we have seen previously, Women and children exchange sex for food, resources, shelter, protection and money.

Education and Skills Training: The lack of education and skills training increases the dependency of women and children to get involved in risk behaviour.

The military and peacekeeping forces: They tend to have higher rates of HIV infection than the population at large. They often have power that they use to get what they want from refugees, women and children.

They 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 which needs to be taken into account when examining gender relations and the interaction between the different groups at risk.

Interaction between groups at risk (see figure 4)

HIV/AIDS is the leading cause of death in Sub-Saharan Africa—a region suffering from both poverty and instability. More than two-thirds (70%) of the world population living with HIV are in Sub-Saharan Africa. It kills many more young men and women than the wars and conflicts devastating the region. The majority of those infected are women (55%). Half of the HIV infections occur in people under the age of 25. In addition to women and youths, there is yet another group that is highly at risk. Soldiers are said to have up to 5 times higher rates of infection than the population at large. During conflict, the rates are much higher.

The interaction between these three groups should be emphasised. Firstly, soldiers are recruited at a young age when they are sexually active. According to the Graça Machel report on the impact of armed conflicts on children, and I quote,

"Adolescents are at extreme risk during armed conflict. They are targets for recruitment into armed forces and armed groups; they are targets for sexual exploitation and abuse; and they are at great risk of STDs, including HIV/AIDS."

Secondly, because of their social and economic vulnerability, young girls are more exposed to coercive sex, especially in conflict situations. In some countries, one young girl in four between the ages of 15 and 19 is living with HIV, compared to 1 in 25 boys in the same age group. Understanding the correlation between the military, youths and women is critical in dealing with this pandemic in a comprehensive and realistic way.

(II) RECOMMENDATIONS

Empowering Women

In many of the countries most affected by HIV/AIDS, it is the women that make up the majority of those infected. There is only one way to remedy this situation. Whether in a development setting or a humanitarian setting, the importance of empowering women and girls at every level cannot be over emphasised. If real efforts are made in this direction, it will reduce vulnerability and exposure to HIV/AIDS.

I will not elaborate on empowerment for this audience, since you are all experts. I will simply note the importance of legal protection and law enforcement in this regard. As you know, gender must be looked at in terms of differences (physical, emotional and material) and in terms of inequality at all levels. It is thus essential that national laws be gender sensitive:

- (1) by providing equal access to property, education, employment, economic opportunity and
- (2) by protecting women's reproductive and sexual rights.

Rwanda, a country that has been dominated by poverty and conflict and whose rate of infection is more

than 11%, has recently passed a law allowing women to inherit land. This is an important step forward, but only if this law is effectively enforced by the state as well as by the society.

Training Soldiers

Soldiers are a high risk group both during peacetime and during conflicts. The military (and other uniformed services such as peacekeepers, peace observers, police, etc) must incorporate a gender sensitive approach to training and education on HIV/AIDS. This should be integrated in a code of conduct promoting respect for women and young girls.

Good examples of addressing risk behaviour with soldiers exist in Botswana, Chile, Philippines, Thailand and Zambia. They provide prevention education, condom distribution, STD treatment and voluntary testing along with counselling services. There are also several approaches that have been used to address the vulnerability factors of soldiers. These include changes in posting practices, changes in military culture, and changes in military attitudes towards civilian population.

Efforts should be directed towards reducing attitudes of aggression and power and emphasis should be put on notions of controlling conflicts and protecting people. It is crucial for soldiers and peacekeepers to re-think their role as responsible individuals and as important advocates in the prevention of the spread of HIV/AIDS.

Strengthening International Commitment

The UN Security Council Resolution 1308 has opened the way to examining HIV/AIDS as a security issue, particular in peacekeeping operations. Women need to be integrated in these efforts. Just a few weeks ago, the UN Security Council adopted resolution 1044 on the impact of armed conflicts on women which, and I quote,

"requests the Secretary-General to provide to Member States training, guidelines and materials on the protection, rights and the particular needs of women, as well as the importance of involving women in all peacekeeping and peacebuilding measures, invites Member States to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment, and further requests the Secretary-General to ensure that civilian personnel of peacekeeping operations receive similar training."

In closing ,UNAIDS and other agencies, through the UN Resident Coordinator system, must use the existing networks within each country, including the different national ministries, to reach deep into the roots of the HIV/AIDS epidemic.