Second Sex First

September 1, 2000 By Cynthia Cooper

A chilling picture of women and HIV emerges as you listen to the stories. Cynthia Eyakuze, Family Care International's program officer for Tanzania, quietly tells one to the group of assembled women about how some African men believe sleeping with a virgin girl will cure AIDS. Other men, she adds, think sex with a virgin is the easiest way to avoid getting HIV altogether.

This time, it isn't the lens of a global AIDS conference that focused attention on women with HIV. Eyakuze and those listening to her are among the 12,000 people, the vast majority of them female, who gathered in New York City in June for the 23rd special session of the United Nations General Assembly. The mammoth meeting was known as "Beijing+5," as it followed 1995's Fourth World Conference on Women, held in China. There, 187 countries signed on to a document affirming women's rights. This time, the UN session proper alone brought together some 2,000 government delegates and another 2,000 representatives from nongovernmental organizations; satellite gatherings around the city drew 8,000 more activists. In the face of soaring HIV infections among women, the diverse attendees—whose progress in most international meetings is deadlocked by fights over access to abortion and birth control—came together to place HIV at the top of their collective agenda.

Much has changed for women and AIDS in the last five years, and little for the better. The number of women with HIV worldwide has nearly doubled, from 8 million to more than 15 million. Women accounted for 41 percent of HIVers in 1995; now, 50 percent of the world's HIV positive people are women. In some parts of Africa, women's infection rates have outpaced those of men. And women are four times more likely to acquire HIV from a man than a man is to be infected by a woman, the World Bank reports.

But at Beijing+5, women fought back by focusing on the big picture—the enormous disparity between men and women and how the gender gap fuels AIDS. African feminists led the charge by speaking out about economic dependence and the threat of domestic violence, both of which erode the ability of women to exert control over sex.

And it's the world's girls and young women who are most at risk. According to the New York City–based Alan Guttmacher Institute, they're especially susceptible to HIV not only because they have a low level of protective antibodies and immature cervixes, but because they're often forced into sexual encounters.

Even when women move to the affluent United States, they may still struggle, said Sunni Rumsey

of Iris House, a women's AIDS center in East Harlem that serves many immigrants. Rumsey described one West African woman who tried to treat herself with traditional herbal remedies after her husband died of AIDS. He had never told her of his illness. The woman also died, leaving behind three children to join the 13 million AIDS orphans worldwide. "There is a crisis for women that statistics cannot convey," Rumsey said.

Jeanette Slootbeek, an International AIDS Society women's caucus member from the Netherlands, said that the relatively strong international women's health movement could make all the difference by naming HIV as a primary target. "The small number who have been working with women and HIV need more people to take this on," she said.

The women at Beijing+5 also sounded a call for massive investment in researching microbicides, topical gels that might protect women from HIV and whose usage, unlike condoms, they can control. Maryland's Center for Health and Gender Equity circulated a petition, originally drafted in 1998 and currently signed by some 7,000 women activists, calling for government funding for these compounds (add your name at www.genderhealth.org).

By the end of the conference, delegates had worked together to adopt a "platform for action," which calls on governments to face up to the unequal impact of HIV. The document also demands protections so that women can confidentially seek treatment and be free from violence and discrimination due to their status. While not binding, the Beijing+5 document gives activists a powerful weapon for effecting changes in their home countries. "There is language on HIV that is much stronger than in Beijing, as well there should be," said Kathy Hall Martinez of New York City's Center for Reproductive Law and Policy.

A review in 2005 will measure progress made. With any luck, stories such as those told by Eyakuze will not be heard as often when women gather again. Many advocates say the seemingly simple admission that all HIV is not created equal may be the biggest step yet.

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