Men and women everywhere infected with HIV, or who have AIDS, face emotional trauma, physical pain, and sometimes the threat of discrimination at home, at work, and in society at large. But AIDS presents an additional set of problems for women the world over, and these demand our attention, compassion and support.

WHO estimates that 1.5 million women worldwide are infected with HIV. Around 1.25 million of these women are in sub-Saharan Africa and parts of Latin America, where HIV is transmitted most often through heterosexual intercourse. In North America, parts of Latin America, most of Western Europe, Australia and New Zealand, where HIV is transmitted mainly through homosexual intercourse and intravenous drug use, an estimated 200,000 women are HIV-infected. And in the countries of Eastern Europe, North Africa, Eastern Mediterranean, Asia and most of the Pacific, where relatively few cases of AIDS have been reported to date, an estimated 50,000 women are infected with HIV.

AIDS has serious and often painful implications for women in their role as actual or potential mothers. A woman with AIDS will be hindered by ill health in looking after her children. The physical pain she suffers will be compounded by emotional stress if she is unable to find someone to assist in caring for her children — whether a partner, hired help, a relative or friend, or adoptive parents.

Such stress is exacerbated even further by the fears that the children will not be cared for after the mother’s death. And a painful situation is worsened where a woman infected with HIV passes infection on to her infant — evidence suggests that between 25 and 40 per cent of infants born to HIV-infected mothers will be infected. Tragically, most children born with HIV infection will die before their fifth birthday. Looking after such children is particularly stressful for women who are themselves infected with HIV or who have AIDS.

Many of these problems can be reduced where women are given psychosocial and practical support from the people around them. But in some cases, women with HIV are rejected by their partners, rather than given the necessary support. Such rejection carries the prospect of homelessness and poverty in cases where women are financially dependent on their partners. The threat of rejection can be particularly acute for prostitutes, as it can lead to a loss of income and, if no alternative sources of income can be found, the attendant problems of poverty and homelessness. This is particularly problematic for the many female prostitutes who have children to support.

Professional counselling is one means by which to reduce the emotional and psychosocial pain involved in learning that one is infected with HIV. However, women who rarely venture out of their domestic surroundings, and who therefore have little contact with sources of public information, may not be aware of the availability of HIV and AIDS counselling.

The AIDS epidemic also carries a special set of problems for women not infected with HIV. Firstly, women who are based in the home may not have access to information about how HIV is and is not transmitted, because they may not receive AIDS prevention materials which are often distributed in public places such as workplaces, social organizations, or schools.

Secondly, even women who are informed about how HIV is spread may have difficulties in protecting themselves against infection. A woman needs to be confident and assertive to ensure that her sexual partner uses a condom. But in practice, many women are dependent on their male partners for financial or other support, and so may be forced to engage in unprotected sexual intercourse where the alternative is having financial and social support cut off. Many female — and often male — prostitutes face this dilemma on a regular basis, as their livelihoods are directly dependent on engaging in risk behaviours. The absence of alternative sources of income may inhibit them from persisting in the request that their clients use condoms.

Schoolgirls in Uganda are informed about AIDS and AIDS prevention.
Thirdly, women who do not engage in risk behaviours may be at risk of infection because their partners have engaged in such behaviours. A woman whose regular partner has had, or continues to have, multiple partners places himself and his partner at risk. The same is true of drug users who share injecting equipment without ensuring that it is sterilised. Men face the possibility of becoming infected through the risk behaviours of their partners, too, but in most societies it is especially difficult for women to challenge their partners' behaviour because of their social and economic status.

New challenges

AIDS presents new challenges to women in their role as care providers. Called upon to care for family members and friends with AIDS, they face physical, emotional and social stress from watching a loved one, often in the prime of life, weaken and then die. Professional care providers working with people with AIDS are subject to similar pressures, as testified by the cases of "burn out".

WHO is working with other international organizations, national governments, non-governmental organizations and community-based groups to prevent and control the AIDS epidemic, and this includes addressing the problems it presents for women. At the UN Economic and Social Council's Thirty-third Session of Commission on the Status of Women, held in Vienna last March, the WHO Global Programme on AIDS stated clearly that "the Global Programme on AIDS stands ready to collaborate with women's organizations in their mobilisation against AIDS and in support of women."

In the long term, an improvement in women's social, economic and political status would alleviate many of the AIDS-related problems which they face. More immediately, however, steps can be taken to reduce some of the adverse effects of the AIDS epidemic on women. A general increase and improvement in worldwide AIDS prevention efforts would benefit both men and women. More specifically, women's access to information about AIDS and HIV can be improved by, for example, distributing information where possible to domestic residences, to organizations with large female memberships and to other places where women can be targeted.

The involvement of women themselves in improving women's access to information - for example, through women's groups - could also be enhanced. As noted by WHO at the Commission, "It is vital that women around the world become knowledgeable about HIV infection and AIDS, to protect themselves, and to play their role in the protection of children and men."

Secondly, prevention efforts can be designed to address women's problems, whether directly or indirectly; for example, by informing women of support networks that could help them to cope with any adverse effects that might result from insisting that their partner use a condom. Similarly, effective marketing and distribution of condoms among men can be of great assistance to women.

Thirdly, men should be encouraged to share the responsibility of caring for people with AIDS.

Fourthly, improved access to counselling for women with HIV infection would help them cope with the psychosocial trauma of their infection. General practitioners' offices or religious institutions might be useful sources of information as to where counselling can be provided. The possibility of counselling in the home, or at local level, could be looked into.

Fortunately, it is possible to reduce at least some of the special difficulties facing women as a result of the AIDS epidemic, but this will require initiative, effort, commitment and cooperation from people in all societies.