

CHAPTER 2

ertain aspects of women's physiology make them more susceptible to the virus (for example, women have a larger mucosal surface exposed to abrasions during sex, and semen has a higher concentration of HIV/AIDS than vaginal fluid does). But it is important to recognize at the same time that discriminatory cultural practices can significantly increase a woman's chance of infection. Scarification caused by female genital mutilation increases the incidence of trauma and tearing during sex and childbirth, and unsterile instruments may be used in the ritual itself. Other cultural practices, such as the use of drying agents in the vagina, also increase the likelihood of the tears and abrasions that give the virus access. Because the mucosal surface of the pre-pubescent vagina is not fully developed, young girls are especially endangered in cultures that allow, or fail to prevent, older men having sexual access to them. The failure to properly diagnose and treat sexually transmitted diseases in women, and the belief that pain and suffering in connection with pregnancy and reproduction is normal, mean that many women are in a state of chronically poor reproductive health, with lesions and wounds left untreated.

RESPONDING WITH CEDAW

The Women's Convention addresses these problems through its articles guaranteeing equal rights in relation to health and education, including access to sexual and reproductive education and health services, and the elimination of discriminatory cultural practices, and the CEDAW Committee's General Recommendations on violence against women and on female circumcision.

To meet their obligations under the Convention, States parties should consider measures to improve women's sexual and reproductive health, including by ensuring access to prompt and appropriate treatment for sexually transmitted diseases. They should take legislative and other measures to eliminate female genital mutilation and other dangerous cultural practices. Measures taken to combat violence against women should include a focus on the sexual abuse of girls by older men. Also, steps should be taken to ensure that information about specific threats to women's reproductive health is incorporated into health education that is extended to men and women, and boys and girls.

WHAT THE CONVENTION SAYS

- As discussed above, the Convention's articles on health and education require States parties to ensure that women have equal access to health services, and to information and education relating to their sexual and reproductive health.
- In its General Recommendation on women and health, the CEDAW Committee has requested States parties to report on how their policies and measures on health care address the health needs of women from the perspective of women's needs and interests, and how they address distinctive features and factors that differ for women in comparison to men, such as higher infection rates for sexually transmitted diseases, and the sexual abuse of girls by older men.
- The Committee has also requested in this General Recommendation that States parties report on diseases and health conditions that affect women differently from men, and provide information on possible intervention.
- Article 5 requires States parties to take all appropriate
 measures to modify social and cultural patterns of conduct
 with a view to eliminating customary and other practices
 based on the idea of the inferiority or superiority of either sex
 or on stereotyped roles.
- In its General Recommendation on violence against women, the CEDAW Committee has identified **female genital mutilation** as one such practice. In its General Recommendation on female circumcision, the Committee has recommended that States parties take appropriate and effective measures with a view to **eradicating the practice**.