## INTRODUCTION

here is now, at last, a growing recognition that women's disempowerment is largely responsible for the speed at which HIV/AIDS has spread in countries across the world, for the unconscionably high death toll, and for the devastating impact the disease is having on affected communities. But what needs to be perceived more clearly is that it is **inequality** which has produced this result. Women are not increasingly represented among the vulnerable, infected and affected simply because they are women, but because of the discrimination and inequality that distorts and impairs virtually every aspect of their lives.

The pandemic has deep roots for women. Responses will not be effective unless they take into account the myriad ways in which power imbalances between men and women - in family structures, in education, in the economy, in cultural norms and expectations, and in governance

## WOMEN IN THE PANDEMIC

As of 2000, an estimated 21.8 million people have died of AIDS:

- 9 million adult women
- 8.5 million adult men
- 4.3 million children

There were estimated to be 36.1 million people living with HIV/AIDS in 2000:

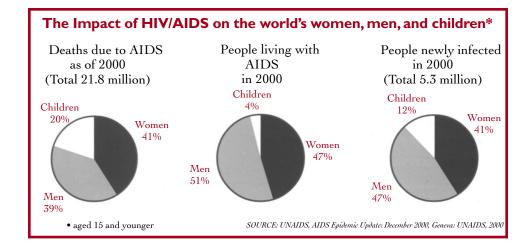
- 16.4 million women
- 18.3 million men
- 1.4 million children

In 1997 women represented 41% of adults infected with HIV – by 2000 this figure had increased to 47%

Source: UNAIDS 2001, Gender and AIDS Almanac, fact sheet - have allowed HIV/AIDS to secure such a powerful grip. What is at issue is not women's right to health in any narrow sense, but every dimension of the denial of women's right to equality and freedom from discrimination.

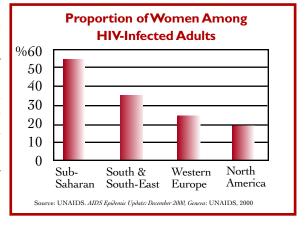
Women face greater danger of HIV infection for biological reasons, but also socially. Cultural norms of sexual ignorance and purity for women block their access to prevention information. Gendered power imbalances make it difficult for women to negotiate safer sexual practices with their partners, and economic dependence and the fear of violence can effectively force women to consent to unprotected sex. Women are receiving inadequate care and treatment both because it is being directly withheld from them, and because what is provided is inaccessible and unsuited to their health needs. The burden of caring for their

dependents and themselves has become overwhelming, sinking families into poverty and destitution, because women do not have equal access to economic resources and because the lack of Government support for



those in need hits them the hardest. Strategies to respond to the HIV/AIDS crisis have consistently failed to include a gender perspective and, most crucially, this is because there has been a failure to place women at the forefront of policy formation and implementation.

CEDAW speaks to these key gendered aspects of the pandemic by identifying the discrimination and inequality that has



brought them into being, and providing guidance for making the changes that are so urgently needed. It also helps clarify why certain groups of women, such as girls, rural and minority women, women working in the commercial sex industry, and refugee and internally displaced women are especially vulnerable and are being heavily affected by the impact of the disease, and how responses can be better designed to serve them.

The Convention requires the elimination of discrimination in all aspects of women's lives. It specifically targets inequality in relation to health services, education, family relations, employment, violence against women, stereotypes and harmful cultural practices, child bearing, rural women and political representation. The obligations that States parties to the Convention have undertaken in these areas can provide the building blocks for creating more effective strategies. The following provides an overview of some of the most important ways in which the Women's Convention, as it has been interpreted and understood by the CEDAW Committee, can assist women to turn the HIV/AIDS tide.