

## Abstract

*Research from around the world has revealed how gender-related sociocultural norms and economic realities contribute to women's vulnerability to HIV infection, and how gender-related discrimination contributes to their vulnerability to the impact of AIDS. As the global response to the epidemic enters its second decade, the need for an expanded response to address the societal determinants of women's vulnerability to HIV/AIDS is widely accepted. However, public health has been ill-equipped to address the broader context of vulnerability. This paper analyzes the research on gender and vulnerability, including five key policy and programmatic responses that have emerged from the research, through the lens of human rights. Each recommendation will be presented in terms of the promotion and protection of enumerated rights under four human rights treaties, the realization of which can support the objectives of an expanded response to reduce women's vulnerability to HIV and the impact of AIDS.*

*Des recherches menées à travers le monde ont montré comment les femmes étaient plus vulnérables à l'infection par le VIH du fait des normes socioculturelles et des réalités économiques marquées par les différences entre genres, et comment la discrimination de genre contribue à leur vulnérabilité face à l'impact du SIDA. Alors que la lutte mondiale contre l'épidémie entre dans sa deuxième décennie, le besoin d'une réaction plus vaste aux déterminants sociétaux de cette vulnérabilité des femmes au VIH / SIDA est désormais largement reconnu. Cependant, la santé publique a été mal équipée pour traiter du contexte plus vaste de vulnérabilité. Cet article analyse, du point de vue des droits de la personne, les recherches sur le rapport entre genre et vulnérabilité, mettant en exergue cinq éléments clés de politiques et de programmes qui ont surgi de ces recherches. Chaque recommandation est examinée sous l'angle de la promotion et de la protection des droits établis par quatre traités sur les droits de la personne, et dont l'application peut aider à la mise en oeuvre d'une action élargie visant à la réduction de la vulnérabilité des femmes au VIH et à l'impact du SIDA.*

*Investigaciones de varias partes del mundo muestran cómo las normas socioculturales y las realidades económicas que afectan a las relaciones de género contribuyen a la vulnerabilidad de las mujeres frente a la infección de VIH, y cómo la discriminación de género contribuye a su vulnerabilidad en el impacto del SIDA. A medida que la respuesta mundial a esta epidemia inicia su segunda década, se reconoce extensamente la necesidad de una respuesta más amplia que trate los determinantes sociales de la vulnerabilidad de la mujer al VIH/SIDA. Sin embargo, la salud pública no ha estado equipada suficientemente para tratar el contexto más amplio de la vulnerabilidad. Este artículo, a través de una perspectiva de derechos humanos, analiza la investigación realizada en género y vulnerabilidad, incluyendo las cinco políticas y respuestas programáticas claves que han surgido a partir de la investigación. Se presenta cada recomendación en términos de la promoción y protección de los derechos que se enumeran en cuatro tratados de derechos humanos. Su realización puede contribuir a los objetivos de una respuesta amplia para reducir la vulnerabilidad de la mujer frente al VIH y al impacto del SIDA.*

# HUMAN RIGHTS APPROACHES TO AN EXPANDED RESPONSE TO ADDRESS WOMEN'S VULNERABILITY TO HIV/AIDS

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Since the inception of a global response to HIV/AIDS in the mid-1980s, the understanding of women's vulnerability to HIV/AIDS has evolved considerably, as have strategic approaches for reducing women's risk of contracting HIV, receiving adequate care and support once infected, and providing them with the resources to cope with HIV/AIDS-related illness in the family.<sup>1</sup>

The conceptual approach to HIV prevention throughout the 1980s and the early 1990s has emphasized individual risk reduction through the provision of information and services designed to assist individuals in identifying HIV risk and changing behaviors to reduce risk of infection. The concept of individual risk, or more appropriately, *individual vulnerability*, includes both cognitive and behavioral aspects. Cognitive aspects of individual vulnerability include what people know about HIV/AIDS, sex, and sexuality, whereas behavioral aspects refer to how people act and what they do in light of what they know. Behavioral issues also include skills regarding HIV risk reduction. The cognitive and behavioral aspects of individual vulnerability are strongly influenced by gender norms and expectations.<sup>2,3,4</sup>

By the early 1990s, approaches to HIV prevention began to recognize the wide array of social influences on individual behavior and its modification.<sup>5</sup> These influences, referred to here as *societal vulnerability*, stem from a confluence of socio-cultural, economic, and political factors that either create or foster individual vulnerability, or otherwise constrain or limit

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individuals' ability to reduce their individual vulnerability to HIV or effectively cope with the impact of AIDS.<sup>6,7,8,9,10,11</sup>

These contextual factors include gender roles, discrimination and marginalization of certain groups, illiteracy and lack of educational opportunity, poverty, income disparity, limited access to productive resources, and the political and legal environment. Among these, the most widely explored contextual analysis of vulnerability to HIV has involved economic conditions and policies, such as economically motivated migration (especially from rural to urban areas) and gender-related labor market segmentation.<sup>12,13,14</sup>

HIV/AIDS policies and programs that recognize the importance of addressing factors that contribute to both individual and societal vulnerability to HIV and the impact of AIDS form the core of what is called the *expanded response* to the epidemic. Despite the recent articulation of strategies designed to address sexual behavior, gender roles, and economic and social development as they relate to HIV/AIDS, the rhetoric of an expanded response is just now beginning to move into action through programmatic efforts and more responsive policies. However, many HIV prevention initiatives continue to be formulated within a traditional public health framework—a framework that lacks the tools necessary to address the determinants of societal vulnerability to HIV/AIDS. In order to more adequately address the challenges of vulnerability, a human rights approach has been developed. This approach is now understood to be the central insight, opening new pathways for effective prevention and impact alleviation policies and programs.

### **Human Rights Responses to Reducing Vulnerability**

In order to reduce vulnerability to HIV infection and alleviate the impact of AIDS, an expanded response can be thought to have two main objectives. The first is to transform existing personal vulnerability reduction programs and initiatives to ensure gender sensitivity, and to improve the quality, availability, and accessibility of services. The second is to address the broader societal context of vulnerability within a continuum of prevention, care, and support. To a certain extent, the objective of improving existing programs has already met with some success, although many of those

need to be evaluated and subsequently scaled-up.<sup>15</sup> The second objective, however, requires an enhanced and invigorated approach to defining, protecting, and promoting human rights as a necessary foundation for the creation of policies to reduce societal vulnerability to HIV and the impact of AIDS. With respect to women's vulnerability to HIV/AIDS, the concomitant demonstration of how women's inability to enjoy the full range of their human rights has both direct and indirect relationships to their vulnerability to HIV, and places ever greater importance on the promotion and protection of those enumerated rights which many believe lack substance or adequate definition of their "core content." The analysis presented below will demonstrate how more effective monitoring to ensure the progressive realization of, for example, economic and social rights has real-world meaning beyond the realization of enumerated rights for their own sake: namely reducing the incidence of new infections among women and easing the burdens placed on them by the epidemic.<sup>16</sup>

To exemplify how an expanded response to gender and HIV/AIDS can be supported through the protection and promotion of existing human rights documents, five core elements of policy and program responses that emerge from research on gender and vulnerability are presented below. Following each is an outline of the enumerated rights that are germane to each core element under four human rights documents: the International Covenant on Civil and Political Rights (ICCPR); the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); and the Convention on the Rights of the Child (CRC).<sup>17</sup>

Of relevance to all HIV/AIDS programs within a human rights approach to achieving the objectives of an expanded response to the epidemic are the right to health and the principle of nondiscrimination. The highest attainable standard of mental and physical health is guaranteed as a basic human right under Article 12 of ICESCR, Article 12 of CEDAW, and Article 24 of CRC. Specifically, ICESCR obligates States Parties to undertake all necessary steps for the prevention, treatment, and control of epidemic disease, such as HIV/AIDS.

However, beyond these rights and governmental obligations is a foundation of supporting rights necessary for the enjoyment of health by individuals and societies alike. These supporting rights will be discussed in detail below.

The principles of nondiscrimination and equal treatment for men and women is outlined under Article 2 of ICESCR, Articles 2 and 3 of ICCPR, Article 2 of CEDAW, and Article 2 of CRC. The principle of nondiscrimination on the basis of sex and on the basis of other status (which has been understood to include health status) as outlined in each of these treaties is germane to all other enumerated rights guaranteed under each treaty.<sup>18</sup>

It also should be noted that under international law, some human rights can be curtailed or suspended to protect “national security, public order (*ordre public*), public health or morals.”<sup>19,20</sup> Many States have cited public health as justification for discriminatory HIV/AIDS-related policies, and the protection of public morals to limit HIV/AIDS-related information, education, and service provision. However, many international organizations (including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO)) and leaders in the field of public health have repeatedly stated that policies and laws that either manifest HIV-related discrimination or do nothing to remedy this discrimination actually constitute a threat to public health by discouraging HIV-positive and vulnerable populations from seeking out or accessing HIV-related prevention, care, and treatment programs. Thus, the suspension of rights cannot be considered legitimate due to the fact that they run counter to public health goals, and are often applied disproportionately or arbitrarily.

### **Access to HIV-related information, education, and skills**

Research on the gender dimensions of HIV prevention has indicated that there is a need to advocate and mobilize resources for the more widespread use of existing sexuality education curricula, and that if HIV/AIDS education programs are to be successful, the curricula must include basic and accurate information on reproduction, sex, and sexual health. Policies to support such efforts must ensure that priority is given to providing such information to women and adoles-

cent boys and girls, who have been found to be most vulnerable due to the lack of this information. An expanded response should also advocate for policies and programs to increase women's access to formal education by encouraging programs to work closely with national Ministries of Health and Education and with other associated governmental agencies to improve that access.

Furthermore, research suggests that in the absence of interventions designed to build skills in sexual communication and negotiation, information-only programs have little impact on reducing personal vulnerability to HIV. An expanded response must include skills-building workshops for women and men, and especially for adolescents and their parents or guardians. Additionally, as new gender-appropriate prevention technologies become available, programs should support the development of skills-building workshops for the use of these technologies, such as microbicides and the female condom.

The basic right to seek, receive, and impart information and access to information and resources for the benefit of individual and family health and well-being, including in the area of family planning, must be interpreted to include women's right to seek, receive, and impart HIV-related prevention and care information.<sup>21</sup> Furthermore, women's right to education should include the right to HIV-related education.<sup>22</sup> Finally, Article 15 of ICESCR guarantees to all the right to enjoy the benefits of scientific progress and its applications, which would include women's right to enjoy the benefits of new technologies for HIV prevention, such as the female condom and microbicides.

Protecting the following rights for adolescents (as enumerated in CRC) will provide them the tools they need to reduce their vulnerability and protect themselves from HIV infection: the right to seek, receive, and impart information of all kinds (Article 13); the right to education, including access to scientific knowledge (Article 28); and the inclusion in their education of the knowledge and information that will prepare them for a responsible life in a free society, with respect for equality of the sexes (Article 29).<sup>23</sup> Finally, in order to enable greater communication on sex, sexuality, and HIV/AIDS prevention between parents and children, States par-

ties must provide assistance to parents or legal guardians in the performance of child rearing activities.<sup>24</sup>

Article 5(a) of CEDAW can be interpreted to support the elimination of HIV/AIDS-related informational messages that reinforce negative gender stereotypes (e.g., that women are passive and ignorant, or that men are expected to be sexual predators). Article 5(a) states: "States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of inferiority or the superiority of either of the sexes or on stereotyped roles for men and women." To further enable women to negotiate safer sex and condom use in marriage and other relationships, CEDAW obligates States parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations, and to ensure the same rights and responsibilities of men and women during marriage and at its dissolution.<sup>25</sup>

### **Access to economic resources**

Economic conditions and realities have emerged as some of the most widely examined factors contributing to women's societal vulnerability to HIV infection and the impact of AIDS. Responding to economic vulnerability also emerges as one of the most challenging aspects of an expanded response to HIV/AIDS, insofar as it will be necessary for a broader array of policy and programmatic activity to advocate for changes in national legal and economic policies to improve women's access to economic resources, including employment, favorable conditions of work, land, formal and non-formal forms of credit, and property.

In this instance, the protection and promotion of economic rights is critical to reducing women's differential access to economic resources. ICESCR guarantees to all the right to work; the right to just and favorable conditions of work; and the right to an adequate standard of living.<sup>26</sup> More specifically for women, CEDAW enumerates the right to be free from all forms of discrimination in employment, and the right to employment protections for pregnant women; the right to family benefits, bank loans, mortgages, and other forms of

financial credit; the right of rural women to access all forms of economic resources; the same rights for both spouses to choose a profession and an occupation; and the same rights for both spouses in respect to the ownership, acquisition, management, administration, enjoyment, and disposition of property, including on dissolution of marriage.<sup>27</sup>

The advancement of human rights can also play a critical role in alleviating the impact on women of AIDS-related morbidity and mortality by protecting the rights to employment and social security of women and girls.<sup>28</sup> The effective monitoring and enforcement of these rights is crucial to the elimination of harassment, discrimination, and segregation in the workplace, as well as arbitrary denial of social security or other employment benefits that women living with HIV/AIDS may face. For those countries in which domestic disability legislation exists, HIV/AIDS should also be considered a disability.<sup>29</sup>

### **Appropriate services and technologies**

Both urban and rural women suffer from lack of access to HIV-related services and technologies due to the failure of governments to provide them to women, discrimination in access to services that do exist, and cultural, religious, and social barriers to access. Therefore, an expanded response to the prevention, care, and support needs of women must not only ensure that services are available, but that they also are designed to reduce gender-related barriers to access—such as favorable hours, integration of reproductive health, family planning, and HIV/AIDS services with other health services, condom availability, STD diagnosis and treatment, and community outreach to lessen the barrier of distance. More specifically, programs should promote and facilitate the availability and affordability of female-controlled prevention technologies in developing countries.

The human rights basis for promoting the availability of, and access to, appropriate services and technologies can be found in those rights in CEDAW concerning women's access to information and advice on family planning (Article 10 (h)), access to health care services, including those related to family planning (Articles 12 and 14 (b)), and access to information, education, and the means to enable them to exer-



cise their right to decide freely and responsibly on the number and spacing of children (Article 16(e)).<sup>30</sup> Furthermore, as stated earlier, under Article 15 of ICESCR, everyone has the right to enjoy the benefits of scientific progress and its applications.

Although these enumerated rights contained in CEDAW are contextualized within the realm of family planning, the Platforms for Action of the Fourth World Conference on Women (Beijing 1995) and the Programme of Action of the International Conference on Population and Development (Cairo 1994) expanded the concept of rights related to reproductive health by defining reproductive health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes” and reproductive *health care* as “the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.”<sup>31</sup> Through the articulation of these terms in specific language within documents agreed upon by the international community, both the Cairo Programme and the Beijing Platform recognize “sexual and reproductive rights as human rights, thereby affirming them as an inalienable, integral, and indivisible part of universal human rights.”<sup>32</sup>

### **Access to social support**

In the context of HIV/AIDS, “support” refers to the “resources men and women need to alleviate the economic and social consequences of the impact of HIV/AIDS, including interacting structures of social relations that promote or prevent men and women from accessing those resources.”<sup>33</sup> Social science research and research on the formulation of policy has stressed the importance of community participation, mobilization, and local, national, and international networking as keys to designing and implementing successful HIV/AIDS programs. Nevertheless, women are often prevented from such political and community participation in HIV-related policy formulation and implementation due to discrimination and cultural, social, and religious barriers.

In order to facilitate women's inclusion in these processes, HIV/AIDS policy makers must support and host fora at the national and international levels at which community-based organizations (CBOs) and AIDS service organizations (ASOs) can meet to share their views of AIDS as a development issue and discuss the feasibility of integrating HIV/AIDS services into other development programs, many of which are key to building successful interventions to reduce the vulnerability of women that is fostered by societal factors. More specifically, policies and programs must strengthen national and international networks of women infected with or affected by HIV/AIDS.

The key rights relevant to such participation are: women's right to freely pursue, *inter alia*, their social development; the right to enjoy the benefits of scientific progress and its applications; freedom of expression, including freedom to seek, receive, and impart information, regardless of frontiers; the right to take part in the conduct of public affairs; the right to participate in the formulation of government policy and in its implementation, and to participate in non-governmental organizations and associations, as well as to participate in the work of international organizations.<sup>34</sup> Additionally, because many countries have adopted restrictions on the mobility and association of people living with HIV as a poorly conceived attempt to control the spread of the epidemic, it is also relevant to mention the protection of their rights to enjoy freedom of movement and freedom of association as necessary preconditions to the enjoyment of their rights to participate in the design of gender-sensitive policies and programs.<sup>35</sup>

Another area of social support that has been affected by the epidemic are the right to found a family, equality within the family and within marital relations, and more specifically the right to decide freely and responsibly on the number and spacing of children.<sup>36</sup> As a result of the epidemic, some countries or jurisdictions may require pre-marital HIV testing before granting a marriage license and, in some cases, may deny the license to couples if one partner is HIV-positive. Similarly, non-consensual HIV testing is often performed on women who seek pre-natal care, and those who test positive may be coerced into abortion and/or involuntary steriliza-

tion. Regarding the equal rights and responsibilities of spouses, women who lose their husbands to HIV/AIDS, or are abandoned because of their own HIV status, often lose their only means of support for themselves and their children—or may lose custody of their children—due to discriminatory marital, property, inheritance, and child custody laws. The promotion and protection of these rights can play a substantial role in slowing the cycle of vulnerability experienced by women infected with or otherwise affected by HIV/AIDS.

### **Changing social norms**

Of overarching concern to the success of all HIV/AIDS programs is a commitment to the development and implementation of HIV/AIDS-specific mass media campaigns that promote more caring and respectful gender relations. This includes the need for HIV/AIDS programs to create guidelines and gender-sensitive media messages, and to issue strong sanctions against messages that reinforce damaging stereotypes of masculinity and femininity.

Beyond specific HIV/AIDS messages, policies should strive for the elimination of societal attitudes that reinforce negative gender stereotypes and the unequal gender-power balance between men and women in sexual and familial interactions. Such efforts should be viewed as part and parcel of efforts to reduce gender-related sexual violence and coercion inside or outside of marriage, and trafficking of women and girls for the sex trade. Despite research that demonstrates how violence increases the risk of HIV infection for women and girls, violence is often condoned within a society and ignored at the governmental level.

Governments have an obligation to ensure that women and girls are able to enjoy their right to be free from cruel and inhuman treatment and the right to liberty and security of person, and that girls are protected from all forms of sexual exploitation and abuse.<sup>37</sup> In support of these rights, and in order to facilitate the elimination of social norms that promote the invisibility of gender-related violence, are enumerated rights under CEDAW which obligate States parties to refrain from engaging in any act or practice of discrimination against women, and to take all appropriate measures to eliminate discrimination against women by any person, organiza-

tion, or enterprise.<sup>38</sup> Presumably, these would include practices within the media, popular culture, or within HIV/AIDS and other reproductive health mass-media campaigns, many of which have relied on fear or violence-inducing messages that demonize women as the “reservoirs of HIV infection” or the cause of AIDS.

There are very specific instances where vulnerability to HIV is directly tied to the failure of governments to meet the obligations of a treaty. For example, States parties to CEDAW are to “take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.”<sup>39</sup> In addition, using a human rights approach to reducing vulnerability to HIV and the impact of AIDS can also provide specific meaning to otherwise vague articles within a human rights treaty. For example, as stated before, States parties to CEDAW are obligated to “take all appropriate measures to modify the social and cultural patterns of conduct of men and women...” in order to achieve the goal of eliminating gender-related prejudices.<sup>40</sup> From the standpoint of an expanded response to HIV/AIDS, governmental support and commitment to HIV prevention programs that seek to eliminate gender stereotypes, in addition to providing information and condoms, could be considered as working towards meeting this obligation.

### **Strategies for Action**

This article has explored the interdependency of various enumerated rights through an analysis of women’s vulnerability to HIV and the impact of AIDS. As we consider the purpose and meaning of an expanded response to HIV/AIDS, there are many avenues to achieve the goal of vulnerability reduction through the use of a human rights framework. Although many actors are involved and several mechanisms need to be mobilized in order to promote and protect human rights as a means for reducing vulnerability to HIV/AIDS, the main focus here will be on three critical actors: UNAIDS and its co-sponsors, the UN Human Rights Treaty Monitoring Bodies, and the NGO community.<sup>41</sup>

As the international body charged with preventing the spread of HIV and alleviating the impact of AIDS, UNAIDS is in a unique position to advocate for human rights ap-

proaches to the work they do in ensuring that the co-sponsors' objectives of economic and social development are achieved with women's full participation. Through its country-level networks, UNAIDS can encourage the development of systematic monitoring of HIV-related human rights issues at the national and regional levels and encourage development institutions, human rights NGOs, and AIDS service organizations to integrate HIV-related human rights issues into their work.

A monitoring body exists for each of the human rights treaties covered in this article. State parties are responsible for providing reports to these bodies concerning their level of compliance and any problems they have in implementing their obligations under the treaty in question. In their critical role in fostering the interpretation and evolution of human rights standards, principles, and law, the treaty monitoring bodies should take additional steps to elaborate the human rights standards that are critical to HIV/AIDS (e.g., non-discrimination on the basis of health status; cultural and religious barriers to the protection of women's human rights; the meaning of the right to privacy; the meaning of the public health exception; States parties' obligation to prevent human rights violations by non-state, private actors). Moreover, they should further define the core content of economic, social, and cultural rights, as well as the core content of national obligations to take steps, allocate resources, and realize these rights progressively.

Recent events have resulted in the "opening up" of the UN system to the participation of NGOs, as exemplified by the participatory nature of the major UN conferences of the 1990s (e.g., Cairo and Beijing). This window represents a critical opportunity to influence the work of the treaty monitoring bodies to promote and protect key rights necessary for vulnerability reduction. There have been important advancements in furthering the treaty bodies' understanding of the influence that the promotion and protection of rights can play in ensuring women's sexual and reproductive health. For example, in December 1996, a meeting was jointly convened by UNFPA, the UN High Commissioner for Human Rights, and the UN Division for the Advancement of Women (UNDAW) for the purposes of exploring human rights ap-

proaches to women's health, with an emphasis on reproductive and sexual health and rights.<sup>42</sup> As a result of that meeting, representatives of several organizations working in health, human rights, and HIV/AIDS were invited to attend a meeting of the Presidents/Chairpersons of each of the treaty monitoring bodies at their annual meeting in September 1997.<sup>43</sup> The presenters urged the treaty monitoring bodies to further consider the relationships between human rights and the HIV/AIDS pandemic in their work, including the drafting of general comments and their role in monitoring progress in the implementation of their respective treaties. In order to act on those recommendations, the treaty bodies' access to reliable information regarding the human rights dimensions of HIV/AIDS cannot be overemphasized.

In fulfilling its role as coordinator for all UN-sponsored HIV/AIDS research and programmatic activity, UNAIDS should encourage NGOs and intergovernmental organizations to provide the treaty bodies with more HIV-related information on national situations, including the situation of women, and encourage its co-sponsors to do the same within their mandates. As a UN program, UNAIDS should actively work with the treaty bodies on the elaboration of human rights standards that pertain to HIV/AIDS and, where possible, participate in the drafting of States parties' reports to the monitoring bodies, and should also provide feedback to the treaty bodies during the report-back procedure. It is at this point in its dialogue with the government in question that a monitoring body can bring additional input and information they have received from other UN agencies and NGOs to bear on the State party's performance.

These recommendations represent a small portion of the substantial amount of work required in utilizing a human rights approach to reducing women's vulnerability to HIV and the impact of AIDS. While recognizing that these are global efforts that require, in many instances, a substantial shift in thinking about economic, social, and political realities as they relate to HIV/AIDS, we should be encouraged by the many individuals and institutions that have already begun to address these challenges. By transforming human rights principle into practice, we will continue to make great strides in

achieving our common goal of bringing the pandemic of HIV/AIDS to an end.

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16. International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200 (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 49, U.N. Doc. A/6316 (1966), Article 2. The Economic Covenant obliges States parties to "take steps...to the maximum of its available resources, with a view to achieving progressively the full realization" of the rights enumerated in the Covenant, "by all appropriate means, including particularly the adoption of legislative measures." For a discussion of the character of these obligations, specifically with regard to women's health, see D. J. Sullivan, "The Nature and Scope of Human Rights Obligations Concerning Women's Right to Health," *Health and Human Rights* 1(4) (1995): 369-398.

17. International Covenant on Civil and Political Rights (ICCPR), G.A. Res. 2200 (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 52, U.N. Doc. A/6316 (1966). International Covenant on Economic, Social and Cultural Rights (ICESCR), G.A. Res. 2200 (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 49, U.N. Doc. A/6316 (1966). Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979). Convention on the Rights of the Child (CRC), G.A. Res. 44/25, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, U.N. Doc. A/44/49 (1990). In the interests of brevity, these treaties were chosen as those that have the greatest relevance to women and adolescents. There are many other human rights instruments—in particular, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the International Convention on the Elimination of All Forms of Racial Discrimination—that also have direct relevance to the relationships between human rights and vulnerability to HIV/AIDS.

18. The Commission on Human Rights and the Sub-Commission on the Prevention of Discrimination and the Protection of Minorities have confirmed that no one should be discriminated against on the basis of their health status, including HIV/AIDS. Commission Resolution 1996/43 and E/CN.4/Sub.2/1996/L.21.

19. ICCPR, see note 17, Articles 4, 12(3), 19(3)(b), 21, and 22 (2). Note that Article 4 mentions derogation generally without any specific reference to public health. Article 12 deals with freedom of movement within one's own country, and the right to leave one's own country. Article 19 covers freedom of expression, including the right to seek, receive, and impart information. Article 21 guarantees the right to peaceful assembly. Article 22 guarantees the right to freedom of association.

20. CRC, see note 17, Articles 10(2), 13(2), and 15. Note that the public health and morals rationale for derogation from the obligations under Article 10 (which guarantees to children and parents the right to leave any country, including their own, and to return to one's own country) only applies to the freedom to leave any country.

21. ICCPR, see note 17, Article 19; CRC, see note 17, Articles 13, 17; CEDAW, see note 17, Articles 10(h), 14(b), and 16(e).



22. ICESCR, see note 17, Article 13; CEDAW, see note 17, Articles 10 and 14(d).
23. CRC, see note 17.
24. *Ibid.*, Article 18 (b).
25. CEDAW, see note 17, Article 16 (1)(c).
26. ICESCR, see note 17, Articles 6, 7, and 11.
27. CEDAW, see note 17, Articles 11, 13, and 14 (g, h).
28. ICESCR, see note 17, Articles 6, 7, and 9; CEDAW, see note 17, Article 11; CRC, see note 17, Article 26.
29. See note 18; the Sub-Commission confirmed that HIV/AIDS should be considered a disability for purposes of protection against discrimination, E/CN.4/Sub.2/1996/L.21.
30. CEDAW, see note 17.
31. Platform for Action of the Fourth World Conference on Women, paragraph 94, Report of the Fourth World Conference on Women, U.N. Doc A/CONF.177/20 (October 17, 1995); Programme for Action of the International Conference on Population and Development, Paragraph 7.2, Report of the International Conference on Population and Development, 5-13 September 1994, U.N. Doc. A/CONF.171/13.
32. M. J. Alcalá, *Commitments to Sexual and Reproductive Health and Rights for All: Framework for Action* (New York: Family Care International, 1995).
33. E.M. Ankrah, M. Schwartz, and J. Miller, "Care and Support Systems," in: *Women's Experiences with HIV/AIDS: An International Perspective*, (eds) E.M. Ankrah and L.D. Long (New York: Columbia University Press, 1996).
34. ICESCR, see note 17, Article 1; ICCPR, see note 17, Articles 1, 15 (1)(b), 19 (2), 25; CEDAW, see note 17, Article 7 (b, c), 8.
35. ICCPR, see note 17, Articles 12 (1, 2, 4) and 22.
36. ICCPR, see note 17, Article 23 (2, 4); CEDAW, see note 17, Article 16 (1), (1)(e).
37. ICCPR, see note 17, Articles 7 and 9; CRC, see note 17, Article 34.
38. CEDAW, see note 17, Article 2 (d, e).
39. CEDAW, see note 17, Article 6.
40. CEDAW, see note 17, Article 5.
41. The UNAIDS co-sponsoring agencies are: the World Health Organization (WHO); the United Nations Fund for Population Activities (UNFPA); the United Nations Development Programme (UNDP); the United Nations International Children's Emergency Fund (UNICEF); the United Nations Educational, Scientific, and Cultural Organisation (UNESCO); and the World Bank.
42. A meeting was convened for UN Specialized Agencies and the United Nations Human Rights Treaty Bodies, sponsored by United Nations Fund for Population Activities (UNFPA), United Nations Division for the Advancement of Women (UNDAW), and the United Nations High Commissioner for Human Rights (UNHCHR), New York, USA, December 1996.
43. The 8th Meeting of Persons Chairing the Human Rights Treaty Bodies, Geneva, Switzerland, September 1997.