ADVOCACY

THE POLITICS OF AIDS: ITS IMPLICATIONS FOR WOMEN

Marilen J. Danguilan

AIDS is tough. It is tough on women, men, and children who are infected with the very elusive and baffling Human Immunodeficiency Virus. It is tough on their partners, lovers, wives, husbands, friends, families. It is tough on developing countries which can not even contain other infectious diseases such as malaria, tuberculosis, and measles. It is tough too on developed countries which give the highest priorities to arms spending, nuclear weapons, and militarization despite the increasing numbers of their homeless, their hungry, and their sick.

Globally, the World Health Organization (WHO) estimates that there are 1.3 million women, men, and children with AIDS and there are eight to ten million more infected with HIV. Of these infected, approximately three million are women (WHO, 1990).

In this country, the National Aids Prevention and Control Program of the Department of Health (DOH) has gathered statistics on the total number of persons who have acquired the HIV infection and developed full-blown AIDS from 1984 to August 31, 1991. These numbers point out that among the males, 70 are HIV positive and 42 have AIDS. Of these 42 males with AIDS, seven acquired the infection here in the Philippines. Among the females, 135 are HIV positive, 13 have AIDS, and ten of these got the infection locally. Most of the women tested were prostituted women (DOH, 1991).

But these are just numbers, and like other numbers, they do not make up the entire picture. Though seemingly neutral, these numbers mask the suffering, anguish, and torment of those who have been infected. They hide these people behind their condition so that we do not know what their stories are and how they are coping with what they have. How did they acquire the virus, for instance? What do they do for a living? Who takes care of them?

Are they the main income-earners in their households? Or are they among those who the World Bank categorizes as living in "absolute" or "relative" poverty? Who knows?

But then again, these numbers have inspired so much emotion in most of us — compassion, anger, frustration, fear even. They have also revealed the moral, sexual, and religious prejudices and bigotry of other sectors in this society. These numbers too have led us to question our traditional and western-based concept of health as an individual responsibility, an individualistic event, and not as something that is shared, or as something that reflects disturbances within the family, the community, or the economic, political, social, and physical environment we live in. These numbers have also forced us to look inward and made us put into our own context the issue of AIDS.

Just how have we as a nation responded to the challenge of AIDS anyway? And what are its implications for women? First, let us look at government and see how it has responded to AIDS. Second, let us look at women in the context of AIDS and raise issues at the same time.

Government and Women and AIDS

As far as I know, our government — specifically through its agencies, the DOH and the Commission on Immigration and Deportation (CID) — has made some efforts to control the spread of HIV and AIDS.

The DOH responded to AIDS way back in May 1983 when its Bureau of Research and Laboratories issued the very first copies of AIDS information to clinical laboratories and blood banks. From then on, a series of steps has been taken which include the screening of female sex workers in the Angeles City-Mabalacat area to the formation of the AIDS Prevention and Control Committee and the launching of the National AIDS Control Program (DOH,1989). The DOH's policy guidelines are contained in Administrative Order 57-A issued on January 4, 1989. These policy guidelines call for the prevention and control of HIV infection and Alds and are based primarily on information, education, and communication campaigns. No mandatory testing is required except for those persons already being tested under the existing law. Female sex workers, for instance, are required by the Sanitation Code of the Philippines to undergo regular medical checkups for STDs (DOH, 1989).

The CID issued Immigration Regulation Instruction (IRI) No. 21 or Guidelines for AIDS Clearance Requirement on April 18, 1988. This set of directives requires migrants to submit an AIDS Clearance Certificate. It exempts officials and members of the diplomatic and consular mission, officials of the United Nations and other international organizations, and the service members of the US Department of Defense (CID, 1988). So much more could be said about IRI No. 21.

But then, we're going ahead of the story. Let us take a look at our

government first and the context within which it has responded — or is capable of responding to AIDS.

Ours is a ravaged government. It has been ravaged not only by natural calamities but also by its very neocolonial framework, by the selfish and narrow interests of those in power, by their mediocrity, by an institutionalized system of graft and corruption in the different layers of the bureaucracy, and by their amazingly distorted sense of priorities.

What is most reflective of our government's neocolonial framework, parochial interests and warped priorities is our huge foreign debt. This foreign debt signifies our relationships with international agencies and our place in the New International Economic Order (NIEO). It is a painful reminder of our poverty and, at the same time, of the inequities of loan conditionalities imposed by international lending institutions such as the World Bank and the IMF. These conditionalities — or what is often referred to as "structural adjustments" — require us to pursue export-oriented industrialization, import-liberalization, inflationary policies; they encourage foreign investment or transnational corporations to come in. They require us to control our spending by streamlining the government bureaucracy which means retrenching employees in government. And in line with slashing budgets, they require us to decrease subsidies reserved for our social services. The gross effects of these are known to you. They are evident not only in the national or provincial levels but are also felt right in the household which is women's traditional sphere.

Now, where does AIDS come in here?

With retrenchment, women and men workers are fired. With men jobless, women would have to work more. Studies have shown that women slept shorter hours and worked longer hours when their husbands were out of work. With women jobless, they have to seek other sources of incomes. Either they join the "underground" economy, or depend on their partners' incomes, or push their children to engage in work of any sort, including pedophilic activity, or they themselves are driven to sex for pay. Once they do the last-mentioned of the choices they become classified as "high-risk". All this is very probable. After all, it has been the women who have had to cope and devise survival strategies when household incomes fall.

With inflationary policies, prices of food and other basic commodities have skyrocketed way beyond the means of those who fall below the poverty threshold. Malnutrition has long been a chronic problem in this country. And it has been noted that female adolescents eat less than male adolescents because the larger and better food portions go to the males (Florencio and Aligaen, 1980; Valenzuela, et al, 1979). Malnutrition can lower resistance to disease by depressing the immune response. Abundant evidence points to the synergistic relationship between malnutrition and infection. Specific studies on the correlation between poverty and malnutrition on one hand and

susceptibility to HIV infection and progression from HIV to AIDS on the other hand still need to be done however (Turshen, 1989). These studies must be gender-differentiated to determine any particular effects on women.

With cuts in budgets for social services, provision of basic services in health, education, and welfare are impaired. In actual terms, this means infusing money first into priority programs such as immunization and control of the more prevalent infectious and parasitic diseases — amoebiasis, tuberculosis, and bronchopneumonia. This means AIDS would have to take the backseat because resources are scarce and much more pressing diseases have to be dealt with. This means rural health units are staffed by overworked midwives who do as much paper work as health care. AIDS information and education campaigns, AIDS surveillance activities would have to be carried out inadequately, considering the lack of resources. In the process, it is the women again who will have to carry the brunt of these dire consequences.

Consider this. In a press release issued by the National Aids Control Program, a Gallup survey conducted in this country in 1989 revealed that 78 per cent of the 2000 respondents are aware of AIDS. However, awareness is higher among males than females, among the more affluent and educated, and among the younger than the older groups. This survey showed too that people in the lower socio-economic classes, females, and those with lower education have a lot more misconceptions about AIDS than people from the higher income brackets, males, and those with higher education. This same survey revealed not surprisingly that actual and planned changes in behavior are higher among males who are more informed than females who are less informed (DOH, 1989).

So, there we are.

We are in a mess. Our economy is screwed up. We have a government that has been so beholden to the World Bank and the IMF despite evidence to the fact that what they have been imposing on us has not been good for us. We have other basic related problems besides — increased militarization, insurgency, landlessness, unemployment, poverty and its attendant ills.

I am not only talking about the material dimensions of these problems. I am also referring to the dehumanization, boredom, deprivation, and meaninglessness which poverty particularly brings — a situation when the most basic of human rights are not met: the right to food, housing, water, clothing. It is perhaps not too much to say that these are the conditions that force one to prostitution, to drug abuse and addiction, and even to the rise of AIDS in this country. With these conditions prevailing, is it a surprise then that our response to AIDS has been so weak and feeble?

Women and AIDS

AIDS as we all know now is not a "gay disease", as it was once thought

to be. Heterosexuals, both men and women, are just as vulnerable to it as are homosexuals and bisexuals. The modes of transmission are known and well documented. Medical science has seen to that.

But then, there are a lot of things medical science cannot see, especially in a disease as complex as AIDS. A study done in the United States concluded that women appear to transmit the virus to men less efficiently than men transmit it to women or other men (Turshen, 1989). Similarly, the WHO says that women are more socially vulnerable to AIDS than men. It attributes this to the subordinate position of women in the family and society. This subordination in turn has affected women's access to education, information, and health services (WHO, 1990). Before anything else, I would like to further support the World Health view that women are indeed socially more vulnerable to AIDS than men. In the process, I would also like to raise some issues.

First, let's look at the disease itself. The WHO again states that the clinical course of AIDS in women is far from complete because most of the research has been done on men who were affected in the early stages of the disease (WHO, 1990). This lack of knowledge already puts women at a clear disadvantage.

Second, let's look at the perception of the scientists and policy-makers towards women as they relate to AIDS. They are often talked about as "vessels of infection" and "vectors of perinatal transmission". As a result, attention is focused on women's role as health workers in the spread of HIV, the infection of fetuses during pregnancy, and pediatric AIDS. The problems that women face as infected persons are not extensively dealt with in scientific literature (Amaro in Fried, 1990).

Third, let's look at HIV positive women who get pregnant. What do these pregnant women face? If they want to terminate their pregnancies, what do they do? Abortion is illegal in this country. It is also unconstitutional. They have no other choice but to go ahead with the pregnancy. But if they continued with the pregnancy, there would be the problem of raising a child who has a 30 per cent chance of acquiring the virus. Do we have the support mechanisms to sustain both infected mother and child?

Fourth, let's look at condoms. The Philippine Development Report on Women shows that of a total of 712,843 new contraceptive acceptors, there are more pill-users (60.2%) than condom-users (14.6%) for the year 1989 (NCRFW, 1989). Pills are effective in preventing conception — not AIDS — but they are not free from causing adverse side effects. Condoms, on the other hand, have no biological side effects and have a relatively high success rate (88 and 98 per cent). The low rates of condom usage could be due to cultural conditioning or notions of the primacy of the male sexual experience (CARASA in Davies, 1988). Must our women put up with the importance of male sexual experience, despite the risk of HIV transmission, not to mention the marginalization of the full expression of her own sexual experience, or sexuality, for that matter?

Fifth, let's look at rape — marital rape, date rape, acquaintance rape and plain rape. I don't know what the figures are on rape in this country. But let me ask: when women demand a safe, nonpenetrative sexual encounter, how many of these women get what they stipulate? How many of these women have men who ejaculate into them or on them against their will? If AIDS education will have to go far, it should not only focus on safe sex between consenting couples. It should teach young boys not to rape and it should teach young girls to protect themselves and to be assertive. At the same time, TV, movies, and mass media should stop collapsing sexuality and violence as if they were the same thing. They should moreover stop portraying women as teases just waiting to be raped.

Sixth, let's look at figures again. It is observed that there are more HIV positive women than men and most of these women are prostituted women. This is tragic as they are one of the most disenfranchised and marginalized groups in society. It is also tragic because most have been forced into it by poverty. But then again, is it likely that there are other privileged women and men who may engage in high-risk behavior but who do not necessarily belong to any categorized "high-risk group"? Does this society view prostituted women as "deserving" of their fate, the just punishment, the wrath of God on a life misspent? And then again, are they being used as scapegoats by a society that is largely steeped in so much moral and religious righteousness and indignation? I hope not.

Conclusion

AIDS therefore is definitely more, much more than a biomedical issue. It surpasses the germs theory of medicine which holds that microbes and organisms cause diseases. It is an economic, political, social, and just as importantly, a gendered issue. As such, it cannot be reduced to biomedical terms alone.

If AIDS gets reduced to germs alone, a redefinition of what it really is should be undertaken. For there is so much that is at stake here. These are the eight to ten million lives infected by the virus — threee million women among these. These are the 1.3 millions who have AIDS. And we have not even counted their partners, lovers, children, families, and friends. It's tough, isn't it?

REFERENCES

Amaro, H. 1990. "Women's Reproductive Rights in the Age of Aids: New Threats to Informed Choice: in Fried, M (ed) *From Abortion to Reproductive Freedom: Transforming A Movement.* Boston, Ma: South End Press, pp. 245-254.

CARASA. 1988. "What is Reproductive Freedom?" in Davies, S (ed) *Women under Attack: Victories, Backlash and the Fight for Reproductive Freedom.* Boston, Ma: South End Press, 1988

CID. 1988. *Guidelines for Aids Clearance Requirement*, April 18, 1990 (mimeo)

DOH. 1991. *Cumulative Number of HIV Infection/AIDS, 1984 to August 31, 1991.* mimeo, 1991.

DOH. 1989. *Policies for the Prevention and Control of HIV Infection/AIDS in the Philippines, January 4, 1989.* mimeo, 1989

DOH. 1989. In press release on National Aids Prevention and Control Programme January 1, 1989.

DOH. 1989. *A Chronology of AIDS Activities in the Philippines: How the Government Responded to the AIDS Problem.* mimeo, 1989.

Florencio, C. and Aligaen, M. 1980. "Food and Nutrient Distribution in Filipino Urban Households" *Nutrition Reports International*, 21: 3, 375

Turshen, Meredeth. 1989. *The Politics of Public Health.* London: Zed Books Ltd.

Valenzuela, R.; Florencio, C.; and Guthrie, H. 1979. "Distribution of Nutrients Within the Filipino, Family". *Nutrition Reports International*, 19: 4, 593.

WHO. 1990 "The Global Aids Situation" *In Point of Fact*, No. 72, November, 1990.

WHO. 1990 "World's AIDS Day Interview with Dr. Michael Merson, Director, Global Programme on AIDS, WHO" *WHO Features*, No. 150, pp. 2.