

AIDS AND WOMEN

The rhetoric around AIDS, and the bias of clinicians, researchers, policy-makers and practitioners has made women the invisible presence in the AIDS crisis. 80 per cent of all women ^{in Canada} living with AIDS are in Québec. Currently, the number of women and gay men learning that they have AIDS is climbing at the same rate in this province. But, because the institutions dealing with AIDS are prepared to consider it a "gay disease" (it is neither) the information available around women and AIDS is limited and the numbers keep growing.

Women are first ignored in the research around AIDS. Information about sexual transmission of the HIV virus is uneven and inconclusive. Women have been the "innocent victims" of the virus. (A concept that suggests that other HIV infected people "deserved it".) The bias that AIDS is limited to the gay male, IV drug user, Haitian or hemophiliac (not that women do not fall into some of these categories) means that little has been researched around how women can potentially pass the virus, or what precautions are necessary. Condom use is stressed but dental dams are not widely recommended among heterosexuals as a way to stop the spread of HIV. Even where they are recommended (among lesbians, who, because they are also gay, are assumed to be at a higher risk for AIDS, although statistics show that lesbians tend to have a lower rate of STD infection on average.) little is mentioned about the fact that they have never been proven clinically to reduce the spread of the HIV virus. Even given that their use ^{for many} may be limited, few clinics provide dental dams and information about how to use them the way that condoms are made accessible.

That women are considered "victims" of the virus, although little information around women and transmission exists, further acts to take away the dignity and rights of women who test HIV positive. Otherwise, they are blamed for promiscuity, IV drug use or else simply tainted as being poor judges of character (as if HIV infection carried with it an obvious indication.) The major exception to this rule is women who work in the sex trade. Although 10 per cent of all women will work in the sex trade at some point in their lives, the assumption is that these women are responsible for the spread of the HIV virus. Prostitutes have always made safe sex their practice, because it is their business. What information that does exist around heterosexual transmission of the HIV virus suggests that women are more likely to get the infection than to pass it on. Yet no real programme exists in Québec targeting HIV information and education at women who work on the streets and the public notion that prostitutes willfully pass on the virus (at the expense of their own lives) persists.

If women do decide to take the HIV antibody test, they risk a false-positive result. It has only recently been learned that a high level of female hormones (given to women in birth control pills and some menopause treatments) can falsely indicate the presence of the HIV antibody. The fact that the test was not designed with this possibility considered has cost women anguish - if not their jobs, relationships or families. As prejudice and ignorance persist.

Once women discover that they are HIV positive, they are faced with the same paternalistic medical institutions that have told them when they can and can not have children, performed needless breast and gynecological surgery and tried to control them through over-medicalization. For women of colour and poorer women (who are more likely to contract the HIV virus) add to that the limited access to adequate health care (clinics over private practitioners, instruction over consultation.) Thus, they are faced with the barriers to proper treatment without benefit of the privilege to challenge the system and are more likely to slip through the cracks. This is multiplied globally as pharmaceutical companies and institutions have been notorious for dumping dangerous medications and treatments in developing countries when they are considered unsafe in the western world. The high incidence of AIDS in African countries invites this sort of abuse.

Women are once again being denied control over their own bodies in relation to HIV infection. Although the battle for reproductive rights in Québec has quieted down, the transmission of HIV from mother to child has reopened the debate on an uglier plane. Although transmission to an unborn child is not an absolute, women are being counselled against pregnancy in the case of HIV infection. Women considering pregnancy without knowing their HIV status, are encouraged to take the test. Thus, a decision to bring a child into the world can turn into a nightmare if a woman discovers she is HIV positive in the process.

The medical concentration on risk groups instead of behaviours means that women are ignored in other areas as well. Despite the fact that the number of women with AIDS is climbing, testing for treatments and drugs is still focussed on men. The standard has always been to test medications on male physiology and then transfer that knowledge onto women. Thus, medications that are appropriate to men are just assumed ok for women. In a situation like HIV infection, when women are affected, this practice is untenable. It has already been discovered that women have a lower tolerance for AZT, yet little is being done to test treatments appropriate for women.

Finally, whether women are HIV infected or not, the impact of AIDS in their lives is high. Women are traditionally considered the deliverers of care, education and support. Thus, women are dealing with AIDS on a daily level as nurses, social workers, counsellors and teachers. In the absence of adequate services and policy (as in Québec) women are called upon as a volunteer labour pool, ~~Support~~ ^{providing} emotional and physical support with neither adequate preparation or recognition for their roles. ~~XXXXXXXX~~ Women are also expected to educate their families and (as teachers) others, with confused and misleading information available to the public, this task is almost impossible

Thus, despite the enormous implications of HIV infection for women, their voices continue to be ignored. They are suffering directly from the lack of medical research and attention being spent on HIV transmission and women, not getting the information they need either to prevent infection or once they learn that they are positive. And the support work they provide is continuously ignored in the areas of policy and decision-making.