



BANGLADESH
CAMBODIA
LAOS
NEPAL

PAKISTAN

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VIET NAM

Focus on

Reproductive Health and HIV/AIDS

Living in the Shadow of HIV/AIDS

Since its discovery in the early 1980s, HIV/AIDS has rapidly grown into a worldwide epidemic. Within the next century, it may become the single greatest threat to continued global development, especially for countries that do not have adequate resources and are struggling to achieve social and economic parity. According to the UNAIDS/WHO estimates from December 1999, more than one-fifth or 1.3 of the 6 million adults and children with HIV/AIDS in South and South-East Asia were infected in 1999, of which more than half were people under the age of 25.

Due to the recognition that youths are especially at risk and that there is a growing need to concentrate on young people as a primary target, four countries within the framework of the EC/UNFPA Initiative for Reproductive Health in Asia (RHI) – Cambodia, Laos, Sri Lanka and Viet Nam – have chosen adolescent reproductive health as their country focus.

Sexual Behaviour

■ In order to understand the nature of risk behaviour associated with HIV/AIDS, it is necessary to study the prevailing culture, in particular with regard to sexual conduct.

The virginity of unmarried girls is of considerable social value in many Asian countries. Should a girl have sexual relations outside of marriage, her behaviour would encounter social ostracism, whereas the same would be tolerated and even legitimised for men. However, along with political, economic and social changes, many of these countries have experienced changing sexual behaviour patterns. Increasingly, girls have been experiencing premarital penetrative sex and the emergence of a new social phenomenon has been observed: that adolescents participate in sexual behaviour at a younger age than previous generations. This development has considerable implications for the spread of HIV/AIDS, as people are participating in unprotected sex with a variety of different partners over a period of time. For instance, in Viet Nam many youths today view sex as

an inherent part of romantic love, and consider premarital sex necessary to determine sexual compatibility. Simultaneously however, beliefs such as the high social value attached to the preservation of female virginity and son-preference continue to be expressed by many, including some of these young people. This could be an indication that social (moral) attitudes towards sexuality do not change as quickly as sexual behaviour itself. Thus, due to the relatively high level of social denial, sexual and reproductive health needs expressed by young people remain unmet, resulting in risky sexual behaviour, such as unprotected sex with different partners. Unmet need for RH services furthermore leads to a rising number of sexually transmitted

diseases other than HIV/AIDS, which tremendously increase the risk of HIV/AIDS infection.

Gender and HIV/AIDS

■ Currently, men are driving the epidemic in Asia, as infection rates among them are rising more rapidly than among women, and they are also more likely to pass on the infection to a wider group of people, than women (excluding sex workers) are.

Over time however, and as the example of Africa shows, this ratio can reverse. One of the explanations is that women are physically more vulnerable and have less power to protect themselves. In a patriarchal society, the female partner is mostly expected to play a passive role, unable to demand safer sex precautions and practices from her partner. Even if she does have adequate knowledge, she may find it difficult to use this knowledge in situations where she is not empowered to do so. Under these conditions, women and girls are more vulnerable to becoming infected.



Nevertheless, in the seven RHI-countries, men are still more infected than women, with their vulnerability partially being rooted in social attitudes, behaviours and also due to the lack of male-friendly sexual health services.

Therefore any prevention work needs to include men precisely because women are culturally expected to remain passive when deciding about safer sex precautions.

Commercial Sex Workers (CSW) and Injecting Drug Users (IDU)

■ Although prostitution has always existed in Asia, its prevalence has increased in recent times. The acute sense of poverty drives many individuals and increasingly younger people into commercial sex work. Governments often failed to recognise this, thus allowing the HIV/AIDS virus to flourish.

High mobility and migration, not only from rural to urban areas and vice versa, but also between different countries, has allowed the virus to spread more quickly. The increasing involvement of minors in the sex trade carries even more risks; for instance, in some places there is a belief that men can cure themselves of illnesses, including AIDS, by having sex with young girls who are still virgins. This reinforces the argument, that appropriate male-friendly sexual health services and education has to be strengthened.

The drug culture in many Asian regions reveals a trend that its young members are moving from inhaling towards injecting drugs. Injecting Drug Use (IDU) is now common amongst young people, with users often sharing needle equipment with others (for economic reasons), while they are very mobile at the same time. The chances of sharing equipment with someone carrying the HIV-virus is high, e.g. in Ho Chi Minh City, IDU persons testing positive increased from 1 percent in 1992 to 40 percent in 1996.

Knowledge

■ In most Asian countries there is a taboo on discussing sex-related matters, particularly before marriage. Parents are usually not approached with questions concerning sex, and information is often gleaned through peers or pornography, resulting in incomplete and incorrect knowledge and misconceptions. Knowledge on HIV/AIDS is often limited or incorrect. This holds especially true for ways of preventing infection and to an enabling environment where these practices can be used effectively.

According to a Cambodian survey of youths living in urban areas, most knew that AIDS existed in Cambodia, but 80 percent believed they would not be infected by the HIV virus. Half the respondents believed that AIDS

was transmitted via coughing, sneezing or mosquitos. Only ten percent identified HIV/AIDS as a sexually transmitted disease.

Condom Use

■ Currently, condoms are the only reasonably effective method available for the prevention of STDs, including HIV/AIDS. Yet, many Asian regions display very low levels of condom use. This can be explained partly from the unavailability; on the other hand, this may be due to a lack of knowledge that condoms not only help prevent pregnancy, but are also instrumental in making sex safer. In addition, in many South and South-East Asian countries, condom use is closely associated to commercial sex, thus limiting its acceptance and consequently its promotion. Additionally, feelings of embarrassment when purchasing or asking for condoms, perceived loss of pleasure, problems of disposal and scepticism regarding the quality of condoms contribute to its low acceptance. Further, given the considerable economic and social inequality between the sexes, women are often not in the position to request that their partner use a condom.

Discussion

■ Understanding sexual culture and behaviour is the key to understanding the nature of HIV/AIDS. The majority of adolescents are poorly and inadequately informed about sexual matters and risk behaviours, and therefore knowledge on HIV/AIDS is often limited or incorrect. There needs to be more awareness of the fact that most current sexual activity is unprotected and that this, together with increasing sexual activity at a younger age with a more frequent change of partners than in the past, contributes towards a higher risk environment for HIV infection. The need to target adolescents and young people in HIV/AIDS prevention programmes is therefore absolutely crucial.

Furthermore, there is a clear need to target young men and women separately with specific — even if linked — strategies appropriate to their different contexts.

Working together with other NGOs and foundations — local and European — the EC/UNFPA Initiative for Reproductive Health has committed itself to help create an environment supportive of the flow of relevant information on sexuality and risk prevention, in which reproductive health services, including effective protection against HIV/AIDS, can be made universally accessible.

References, Sources and Recommended Further Reading:
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