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AS CHAIRPERSON AT THE REGIONAL STEERING COMMITTEE THEME
SESSION ON "REDUCING THE HIV VULNERABILITY OF RURAL AND
ISLAND WOMEN IN ASIA AND THE PACIFIC" AT THE 6TH
INTERNATIONAL CONGRESS ON AIDS IN THE ASIA PACIFIC (ICAAP)
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**"RSC-AP, ITS VISION AND GOALS IN ADDRESSING
THE HIV/AIDS EPIDEMIC"**

In the Name of Allah, the Most Gracious and the Most Merciful, we are gathered here today, at the 6th International Congress on AIDS in Asia and the Pacific, to discuss one of the critical issues confronting rural and island women in our region - their vulnerability to the HIV/AIDS epidemic. But first of all, let me take this opportunity to thank the 6th ICAAP for inviting members of the Regional Steering Committee Asia Pacific (RSC-AP) to participate in this Congress. Also a special thank you to Dr Peter Piot, the Executive Director of UNAIDS, for his continued guidance and support.

2. The participation of First Ladies here will hopefully help us to understand the ways and means of reducing the HIV vulnerability of women in the AsiaPacific region generally and that of rural and island women in particular. Our experience here will help us to create better awareness of the issues related to HIV/AIDS and how best to overcome barriers to effective responses to the pandemic in our region.

3. At the end of this session, RSC-AP will present our united stand, in a statement of commitment to help in the prevention of the rapid spread of HIV/AIDS, as well as help mobilise resources and support efforts towards the prevention, care, and treatment of those women infected and affected by HIV/AIDS.

4. The theme "Reducing the HIV Vulnerability of Rural and Island Women in Asia and the Pacific" is most pertinent and vital for us to understand, discuss, strategies and take actions. It is a critical issue especially in the context of rural and island women, whose vulnerability is intensified by their low social and economic standing. A large number of rural and island women in less developed countries have minimal education; they have less access to information and health services, including reproductive health services. They live in social environments that tend to be more traditional and conservative which limit their ability to break away from their prescribed gender roles, especially when such traditional practices pose threats to their health.

5. Allow me to give you a brief introduction to the background and the role of the First Ladies in the Regional Steering Committee for the Economic Advancement of Rural and Island Women Asia Pacific. The Geneva Summit for the Economic Advancement of Rural Women, which took place in 1992, was the first international

meeting organised to acknowledge the economic contributions of rural women to their families and their countries as well as to highlight poverty among rural women. The primary focus was to improve the living conditions of the 550 million poorest of the poor women in rural areas. An International Steering Committee comprising 16 First Ladies from five regions was set up as a mechanism to monitor the progress of projects aimed at poverty reduction amongst rural women.

6. In 1995, the RSC-AP was formally established in Beijing at the Fourth World Conference on Women. RSC-AP carries the mandate of the International Steering Committee and conducts activities at regional and sub-regional levels. At present, RSC-AP consists of 17 First Ladies as members, from three sub-regions, Central and South Asia, South-East Asia and the Far East, and Oceania and the Pacific. RSC-AP's long-term agenda focuses on three areas of activities, that is, poverty reduction amongst rural and island women, health, and decision-making and empowerment.

7. Since 1997, our activities have included training and seminars on poverty reduction through micro-credit programmes and scaling-up of women's micro-enterprises into small and medium-scale enterprises. In the year 2000, our emphasis has been expanded to include the health of rural women and adolescents, specifically focussing on Reproductive Health, which include STDs, drug abuse and HIV/AIDS.

8. Despite many developmental gains in the last two decades, the incidence of poverty continues to increase, particularly among women. In the Beijing Platform for Action(1995), the feminisation of poverty, especially among female-headed and female-maintained households, was ranked as one of the most critical areas of concern that needed to be addressed. Statistics on poverty indicate that out of 1.5 billion people living in destitution, under USD 1 a day, 900 million are women, out of which 70 percent are from rural areas.

9. Poverty particularly for women means more than income deficiency, as they are also disadvantaged by other forms of impoverishment in areas such as literacy and education, skills training, employment and livelihood opportunities. These diminish their human development capacities and undermine their health status directly and indirectly.

10. From analyses of health and poverty, it is evident that poor women lack access to modern health care and choose traditional medicine systems for reasons of cost, convenience and comfort. Inhibitory social roles and cultural norms further restrict their ability or willingness to seek health care. Such conditions predispose rural women to become vulnerable to HIV/AIDS.

11. It is therefore not surprising that the rate of infection among women globally has increased dramatically since the beginning of the pandemic. Out of 36.1 million people throughout the world who were living with HIV/AIDS at the end of year 2000, 47 percent or 16.4 million were women. In Sub-Saharan Africa, women constitute 55 percent of all adults infected with HIV/AIDS. Three million women died in the year

2000, while 5.3 million were newly infected.

12. In the Asia Pacific region, more than 7.6 million people are currently living with HIV/AIDS, a pandemic that is still in its infancy. If no urgent action is taken now, in the coming decades the numbers of people living with HIV/AIDS in Asia and the Pacific will far exceed the numbers we have seen up til now. Many of these new infections will be women.

13. Women are particularly vulnerable to HIV infection. Seventy to eighty percent of transmission of HIV among women occurs as a result of unsafe sex. Apart from biological reasons, women's vulnerability is mostly due to social and cultural factors. It is no coincidence that large numbers of women have been infected by HIV predominantly in countries where there are great disparities between the sexes. Gender inequality places women at greater risk of infection because they are unable to have control over their own bodies and do not have the power to negotiate for safe sex with their partners.

14. In addition to their particular vulnerability to HIV, women are expected to be caregivers. This creates additional stress for women who not only have to care for infected relatives but also worry about caring for the rest of the family. They are often forced to find work in order to provide food for their children. Sometimes the work itself makes them vulnerable to infection, as many have no choice but to resort to sex work.

15. Women are also particularly vulnerable to HIV infection due to violence. For instance, the use of rape as a weapon of war in recent years has meant that women have been infected at levels that would not have existed otherwise. Similarly, the trafficking of women and children, certainly one of the worst results of gender discrimination, also puts them at greater risk of HIV infection than men.

16. Rural and island women face great difficulties in protecting themselves from HIV infection. Their low levels of education prevent them from accessing information about the disease while some traditions and cultural norms ensure that subjects such as sex are taboo and cannot be discussed. Further, when they are infected, they are unable to access treatment because of the stigma and discrimination associated with the disease, their inability to pay for medication and their own obligations to their children and families.

17. In my country Malaysia, out of the 45,152 reported cases of HIV/AIDS, women are a small but growing number of infections. From 1.2% of HIV infections in 1990, women now constitute 9.4% of infections in the year 2000. Among reported AIDS cases however, over ten years women have increased from no cases in 1990 to 8.3% in 2000. Most of these women have been detected through the Ministry of Health's Prevention of Mother to Child Transmission programme which provides treatment for both mothers and babies.

18. In the UN Special Session on HIV/AIDS held in New York in June this year, Governments of member states have declared their commitment to address the HIV/AIDS crisis, which include a call for strong and visionary leadership at all levels of society, to be complemented by full and active participation of civil society, the business community and the private sector, in combating HIV/AIDS.

19. RSC-AP members, who occupy very prestigious positions as First Ladies, can participate as advocates and leaders, to guide and inspire all parties concerned, including civil society, to implement national strategies for prevention, treatment, care and support for persons living with HIV/AIDS. We will give our commitment as patrons to mobilise programmes that specifically address gender inequality. We will advocate for smart-partnership with the Government agencies, the private sector and the NGOs for resource mobilisation, monetary as well as human, or organisations to intensify programmes to reach women and adolescents.

20. We will help promote the creation of a positive environment in confronting the stigma and silence attached to HIV/AIDS, so that those affected can openly seek help that they very badly need. At the regional and sub-regional levels, RSC-AP will continue to collaborate at regional and sub-regional level to support programmes addressing the prevention of transmission of HIV; treatment, care and support. This will include the mobilisation of resources, technical and monetary, so that member countries can exchange best practices and new approaches and strategies to confront stigma, silence and denial, and elimination of discrimination towards people living with HIV/AIDS.

21. The RSC-AP must continue to strengthen and intensify our existing efforts to empower rural women to ensure access and control over their resources by eradicating poverty, by ensuring access to productive resources such as land, credit, technology and training; as well as information and services on health, including STDs and HIV/AIDS.

22. We in RSC-AP shall redouble our efforts and commitment to eradicate gender bias and prejudice towards women so that women can have equal opportunity to access and enjoy resources, as well as participate fully in society. Towards this end, the First Ladies will act as catalysts in promoting gender sensitisation programmes that will increase greater understanding of the different needs and relationship between men and women. Gender barriers need to be removed so that women can be empowered to have greater control over their bodies and health.

23. As members of the RSC-AP, we are determined to break down the barriers that are preventing rural women from forming an integral and vital force in the socio-economic development of nations. Therefore, in our efforts to mitigate and reverse the impact of HIV/AIDS, we must ensure that the full and active participation of the rural and island women themselves in the development and implementation of HIV/AIDS programmes is part of all national responses. This is our vision and goal in addressing the HIV/AIDS epidemic.