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**Stigma and Social ostracism against girls and women:  
the economic aspects of HIV/AIDS in the Caribbean  
(New York)\***

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It is clearly impossible to cover all this in any depth in seven minutes, so I will have to be selective. Also there are others more qualified than I am to speak about the second part of this. The economic impact of HIV derives from the consequences of the infection to the individual and the society. Many of these have been well documented and while there may be queries about the magnitude of the effect, there is no doubt about its occurrence and the models of defining the impact are fairly well described. This is not the place to discuss the interesting proposition that gender based stigma is an important ingredient into the economic impact of HIV/AIDS. I prefer to spend the time discussing the first aspect –the issue of stigma, discrimination against and the resultant ostracism of girls and women.

The gender pattern of HIV/AIDS in the Caribbean has been well documented. The mode of transmission is now firmly heterosexual in all countries. I have said in many other fora that the AIDS epidemic is different from the great plagues that have afflicted mankind throughout the ages. The Black Death which decimated Europe in the fourteenth century and killed almost one quarter of the population-the influenza pandemic at the beginning of the last century that killed over twenty million persons-these were both equal opportunity killers. All age groups were severely affected. But AIDS is different. It is not an equal opportunity killer in that it is selective in whom it kills. It is predominantly a killer of young adults in their most productive years. But it is becoming clearer that that selectivity is becoming even narrower in that it is disproportionately affecting young women. The reasons for this are biological as well as social and it is the latter that concerns me more today, although any attempt to address the disease without taking account of both is inappropriate.

Most HIV infection takes place in early to late teens. Where data are available, such as from Jamaica, Guyana and Trinidad and Tobago, girls-age 15-19 years outnumber boys of the same age group 5:1 for new HIV infection. This is interesting and important, since surveys of adolescents in the Caribbean carried out by the Pan American Health Organization (PAHO) show that boys are much more sexually active and have their first sexual experience much earlier than girls. Data from the Bahamas show a predominance of females under therapy as at the end of 2002; of the 381 persons under treatment, 288 were female. Since boys are sexually more active earlier than girls, one

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would expect that they would show higher incidence than girls. The fact that the converse occurs must have some implications for the manner through which more girls become infected. One question is whether there are social constructs that give rise to this phenomenon. One of these that has to be considered is the stigma and discrimination that attend HIV/AIDS.

There are no quantitative data specific to the Caribbean as regards stigma, discrimination and ostracism against women and girls, but there are heart-rending accounts of the situation from individual women. Dr. Dorothy Blake pointed me to the website forum stigma-aids@healthdev.net where one can find accounts of the ravages of self stigma and the loss of the self esteem that accompanies it, leading to social paralysis. One Caribbean lady recounts the feeling of imminent death on being diagnosed with HIV and the shock that this had happened although she was in a monogamous relationship. She describes her depression and the severe ostracism by the community that was accentuated by the loss of her job. The bright side of the story was that she met another person who belonged to the Caribbean Regional Network of persons living with AIDS and through peer counseling could regain her confidence and become an activist for women living with AIDS.

I doubt that this is an isolated example, and the fact that there are very few data is a reflection of the fact that many women are so afraid of the stigma that they will not disclose their HIV status. But we can extrapolate from other circumstances that surround HIV/AIDS in the Caribbean. This region is intensely homophobic and by extension there is considerable ostracism of people who are known to be infected with HIV or who are assumed to have a life-style that would place them at greater risk of contracting HIV. This pervasive and pernicious stigma prevents persons from coming forward to be treated, and prevents the formation of support groups of PLWA in many of the countries. Given the gender discrimination that exists in other forms and the stigma attached to HIV/AIDS, it would be surprising if these were not combined to the detriment of females with HIV. I would not be surprised that the finding of a UNAIDS study relating to the gender differences in acceptance and treatment of AIDS was not relevant. This study showed that men with HIV were hardly questioned about how they became infected and were cared for. Women however, who were found to be infected were often accused of marital infidelity and received lower levels of support.

The Caribbean shows a remarkable paradox in terms of education and HIV. The standard dogma is that is the poor and ill-educated females who are more at risk of contracting HIV. As I have noted above, the HIV infection rate is increasing more rapidly among young females, yet it is females who are out performing males at all levels of the educational system. About 75% of the recent graduates of the University of the West Indies were women. When we look again at the data from the Bahamas, for every level of education there were more women under therapy than men. Whereas there were 24 female college and university graduates being treated, there were only 4 males in that category.

It would therefore appear that the gender discrimination that makes it difficult if not impossible for women to negotiate sex is not overcome by education. This may show the deep cultural bases for the discrimination that are not overcome by the acquisition of knowledge. Or possibly, the skills and knowledge women acquire in the formal education system are not sufficient to enable them to take control over other parts of their lives. The skills and knowledge may bring economic power, but it may come too late to prevent them from being the victim of unwanted or transactional sex as adolescents. This calls into focus the need for education to provide very early certain life skills that will enable the female to cope with these pressures. The vulnerability of the young female is shown by the fact that about half of them are forced into their first sexual encounter, as shown by the PAHO study of adolescent behavior mentioned above. It is interesting to note that the perception of invulnerability that is characteristic of adolescents was shown in the same study where only about one-third of them worried about AIDS.

I attended recently a UNAIDS initiative—the Global Coalition on Women and AIDS in which it was shown that the HIV efforts were failing women and girls globally. One of the issues stressed there was the need to declare zero tolerance for violence against women and enhance their economic capacity as in many cases these were associated with the vulnerability of women to infection with HIV. This coalition may represent an excellent vehicle for ventilating more aggressively the need for special attention to be paid to women in the national programs against HIV and that women's rights to safe sexuality and autonomy in matters related to choice in sexual matters is respected in word as well as in deed.

Since I speak here primarily in my capacity as a UN Special Envoy for AIDS in the Caribbean, I have to point out that this issue of stigma and discrimination against HIV and in particular against women and girls has to form an important part of my advocacy agenda. This is in part because of the sensitivity of the issue and the reluctance of persons in authority to ventilate the problem and not see it as crucial to the control of the epidemic. I hope that fora such as these will contribute to that ventilation.

I thank you.