SPECIAL EDITION FOR THE 8TH INTERNATIONAL CONGRESS ON AIDS IN ASIA AND THE PACIFIC (ICAAP 8)

WOMEN'S PROPERTY RIGHTS AS AN AIDS RESPONSE



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SPECIAL EDITION FOR THE 8TH INTERNATIONAL CONGRESS ON AIDS IN

Asia and the Pacific (ICAAPB)

The International Center for Research on Women (ICRW) conducted research in South Asia on emerging efforts in women's inheritance and property rights as an AIDS response. This special edition is for audiences of the International

includes a supplementary discussion on the current state of HIV and AIDS in Asia Pacific and the potential pathways of secure

situation Analysis

With the world's second largest number (5.9 million¹) of people living with HIV and AIDS, Asia Pacific has one of the fastest growing infection rates, coupled with 60 percent of the global population and massive mobility of people within and between countries. This region is struggling with an epidemic that threatens to further impoverish poor people and intensify the existing inequities related to gender, rights, governance, livelihoods and services.

Globally, Asia Pacific accounts for the largest number of new HIV cases-470,000 in 2006²-within a context of widespread isolation, fear, denial, stigma and discrimination of people infected and affected. HIV responses by and large remain health-centric in most of the region's countries in the absence of adequate political will and capacity to address the deeprooted socioeconomic factors that act as both the cause and consequence of the epidemic.

Worldwide, more adult women (15 years or older) than ever before are living with HIV. The number of women living with HIV in the world now stands at 16.4 million,³ representing around 40 percent of infections. The growing feminization of the epidemic can be directly attributed to women's unequal legal, economic and social status.

The initial drivers of the epidemic-injecting drug use and engaging in such high-risk sexual behavior as transactional sex-limited infection to specific populations. Like elsewhere, however, HIV infection rapidly is moving to new populations, currently the wives or partners of the clients of sex workers. In Thailand, up to 40 percent of the 18,000 new cases found each year are among housewives, who most often contract the virus from their husbands.⁴ In Nepal, the HIV infection rate among housewives between 2005 and 2006 had risen by 100 percent, according to Nepal's National Centre for AIDS and STDs.⁵ In the study on the socioeconomic impact of HIV in India involving more than 8,000 households in six high prevalence states across India, about 94 percent of women contracted HIV through heterosexual contact and more than 80 percent of the women widowed from HIV were infected by their husbands.⁶

¹ 2006, revised HIV estimates for Asia, UNAIDS.

² Ibid. ³ Ibid.

 ⁴'40% of new AIDS cases are housewives," Bangkok Post—July 5, 2007, Apiradee Treerutkuarkul.
⁵ Nepalese housewives 'vulnerable to HIV', National Centre for AIDS and STDs, 2006.

⁶ UNDP, NACO and NCAER. 2006. The socioeconomic impact of HIV/AIDS in India, household level study, 2006.

HIV AND WOMEN'S INHERITANCE AND

Property Rights

In Asia, there is growing evidence of links between women's rights to inheritance and property and vulnerability to HIV. Women who own property or otherwise control assets are better positioned to improve their lives and cope when they experience crises. This is particularly true when women's economic vulnerability increases due to HIV infection. For example, women who own property and are widowed are less likely to engage in risky behavior, such as transactional sex, in order to survive.

Women's ownership and control over assets also constitutes a household resource that women can use to deal with the social and economic consequences of HIV and AIDS, including costs of medicines, funerals and other associated expenses. Property also can serve as collateral for credit, enabling HIV/AIDS-affect-ed households to deal better with the personal and financial impacts of the disease.⁷ Moreover, the economic security that property ownership provides women allows HIV widows to keep their children in school longer; it is difficult for widow households to continue the education of children.⁸

Despite these clear benefits of property ownership and inheritance for women, the issue of establishing these rights for women goes far beyond the crucial challenge of establishing the necessary legal, policy and human rights frameworks that enable women to own and inherit land and property. The fact that women in general cannot own or inherit land and other assets is not just the consequence of inadequate statutory laws (or the unenforceability of adequate laws) but because some customary laws, traditions, attitudes, social beliefs, values and norms also are discriminatory. As the HIV/AIDS epidemic advances, more households are female-headed and, without equitable access to property and inheritance, they are often rendered homeless. In a recently concluded study on the socioeconomic impact of HIV and AIDS at the household level in India, it was found that 90 percent of women who were widows as a result of their husbands dying of AIDS had stopped living in their marital homes after the death of their husbands.⁹ Women and children who are assumed to

be HIV-positive are being shunned from traditional safety nets, however overstretched and frayed, and are often faced with choosing between orphanages and the street, forcing them into poverty and oftentimes such high-risk behavior as transactional sex to help make ends meet.

HIV Prevention

From a preventive angle, women who own property are less likely to face violence in the home. Research conducted by Panda and Agarwal in Kerala, India,¹⁰ shows that women's property ownership is linked with a substantially lower risk of marital violence: women who own land or a house are at significantly lower risk of physical and psychological violence both long term and current and are also able to exit violent relationships. Data show that among women without property, 49.1 percent experienced long-term physical violence and 84.2 percent experienced long-term psychological violence. In contrast, women who owned both land and a house reported dramatically less physical and psychological violence (6.8 percent and 16.4 percent, respectively). A multi-site study conducted by ICRW, found similar results in West Bengal, India.¹¹ Women with property reported less overall violence than those who do not own property, and house ownership, as opposed to land, was more critical. The reduction in violence is consistent across all forms and is most significant for sexual violence, with 20 percent of propertied women reporting violence, as compared to 35 percent of non-propertied

⁷ Strickland, R. 2004. *To Have and to Hold: Women's Property Rights in the Context of HIV/AIDS in sub-Saharan Africa*. International Center for Research on Women. Washington, D.C.
⁸ UNDP, NACO and NCAER. 2006. The socioeconomic impact of HIV/AIDS in India, household level study, 2006.

9 Ibid.

¹¹ Panda, P.; J. Gupta, I. Bulankulame; N. Bhatla; S. Chakraborty; N. Duwury. 2006. Property Ownership & Inheritance Rights of Women for Social Protection—The South Asia Experience: Synthesis Report of Three Studies. International Center for Research on Women. Washington, D.C.

¹⁰ Panda, P. and B. Agarwal. 2005. "Marital Violence, Human Development and Women's Property Status in India" in World Development v.3 (5).

women. Women with property were also better able to negotiate safe sex, thus potentially reducing their vulnerability to HIV. In exploring the pathways by which property ownership impacts violence, strong social support and the ability to have control over her property are some of the critical factors that must accompany property ownership for it to be truly effective.

GLOBAL AND ASIA REGIONAL Responses

In 2004, the Global Coalition on Women and AIDS identified seven priority areas for work with women and HIV for agencies to take forward. One priority area was women's inheritance and property rights, and the lead agencies identified were ICRW and U.N. Food and Agriculture Organization (FAO). In addition to the work of these two agencies, UNDP's regional HIV/AIDS program in Asia and the Pacific has been engaged on the issues in the region, following successful initiatives in Africa, particularly Ethiopia.

In Asia, a regional consultation aimed at exploring the linkages between HIV and women's inheritance and property rights was held in February 2007, jointly hosted by ICRW, UNDP and UNIFEM. One of the key outcomes of this consultation was the identification of obstacles that limit women's equitable access to inheritance and property in the region.

Based on group discussions, the perceived and real obstacles were plotted across the four domains of the Ken Wilbur framework for a comprehensive analysis of the situation. This mapping exercise conclusively revealed that prevailing responses are at the institutional level, while individuals, communities and societies continued to perpetuate the inequalities against women, calling for transformational shift in the norms and values of individuals and communities.

The groups recommended that specific initiatives be developed to address this challenge. These included in-depth research and interviews with women infected or affected by HIV who have been dispossessed of property and inheritance. This data would be used to strengthen and inform effective policy and program responses. The groups also recommended large advocacy events, such as the Regional Court of Women on HIV, Inheritance and Property Rights, where women could share their personal testimonies about the impact of dispossession and those who have overcome these challenges and secured safe spaces and livelihoods for themselves and their children could be celebrated.

Potential pathways between secure property rights and HIV/AIDS

Women's Secure Property Rights (WPR)



- Secure place to live/shelter
- Site for economic activity and means of livelihood
- Increased decision-making, negotiating power, social capital
- Reduced risk of IPV

Less vulnerable to social and economic shocks

- Greater Livelihood security
- Reduced exposure to risky behavior
- Reduced IPV

Prevention outcome



- Family violence
- Constraints on mobility
- Exclusion/alienation
- Secure resource base to deal with care, continuing medical treatment, and other consumption expenditures
- Better able to deal with social and economic shocks

Mitigation outcome

CONCEPTUAL Framework

Political, Legal, Institutional, Cultural, Economic

Mediating factors

The conceptual framework indicates the potential pathways

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