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# United Nations Development Fund for Women

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## MUNSA XVI

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Agenda item 1

### **Assessing the impact of the prevalence of HIV/AIDS in the female population, considering the societal consequences of this infection.**

#### **Report of the Chair**

#### **I. Statement of the Problem**

1. Over the past twenty five years, HIV/AIDS has taken nearly 25 million lives.[1] The HIV/AIDS epidemic is a growing problem in developing and developed countries alike; an increasing amount of the the global population is becoming infected each year. Women in developing countries especially prone to the epidemic are being condemned within their societies, and violent abuse and the loss of property are common occurrences based on test results. In developed countries, women are likely to lose their reputation and marriage options, as well as their source of income or livelihood. Females with HIV/AIDS are discriminated against, regardless of what region of the world, making it hard to complete their daily activities.

2. HIV/AIDS takes a serious toll on the infected individual, as well as on their families and communities. Many women who tested HIV positive are automatically looked down upon due to the morality issues associated with this epidemic. HIV/AIDS is associated with certain behaviors, such as homosexuality, drug addiction, prostitution, or promiscuity. For this reason, those infected are likely to earn a reputation for the aforementioned behaviors, or can even be thought of as personally irresponsible. Irrational behaviors and misconceptions of personal risk often stem from inaccurate information on how HIV/AIDS is transmitted. HIV/AIDS has been prevalent in low and middle income countries, particularly in sub-Saharan Africa. 22.4 million of the 33.4 million infected, are living in sub-Saharan Africa, whereas an estimated 4.7 million people are infected in Asia. In South Africa, a girl is raped every minute; this contributes to the fact that South Africa has the highest number of people living with HIV/AIDS in any one country.[4] In many societies, men are encouraged to have more than one sexual partner, typically with younger women; this has been shown to lead to a tripled infection rate in young women compared to young men in some countries. Women are also

more likely to face barriers in obtaining treatment, care and health services. This is because of their lack of control over finances within a family, child-care responsibilities, limited mobility and restricted decision-making power. This takes place especially in African, Asian and Latin American societies.

3. The HIV/AIDS epidemic is of concern to the global community. Many countries, especially those located in Africa, Asia and South America, with a large HIV/AIDS positive population, do not have the resources or the hard infrastructure to treat the infected population, or to educate people on the topic as a means of prevention. Violence against women is a key driver in the spread of HIV/AIDS, especially due to the fact that women fearing or experiencing violence will be less likely to negotiate for safe sex, get tested for HIV, or share their HIV/AIDS status in order to access treatment.[3]

4. Should the global community fail to realize the importance and urgency of the issue at hand, the HIV/AIDS epidemic will continue to take lives across the globe. Furthermore, the end to violence against women and gender inequalities will be more necessary yet harder to meet than ever. The United Nations Development Fund for Women must address this pressing issue of HIV/AIDS, especially within the female population. UNIFEM must also keep in mind the concerns of violence towards those infected and the fear of rights being stripped from females with the infection.

## **II. History of the Problem**

5. It is believed that between the years 1884 and 1924, HIV, the virus that causes AIDS, was transferred to humans from a species of monkey in Africa. The disease was spread to Haiti around 1966 and to the United States by 1970. By 1985, AIDS had been detected in all parts of the world. There had been a total of 38,000 cases reported in 85 different countries. The first cases were among homosexual men, and not long afterwards, cases were reported among injecting drug users. However, by 1983, AIDS was reported in non-drug using women as well as children. AZT, the first drug to treat AIDS, was approved in 1987, and by 1994, infant infections were dropping due to the use of the drug.

6. Throughout the 1990s, many developing countries were having trouble accessing AZT for their populations, and it was incredibly expensive when they were able to attain limited amounts of the drug. By 2006 only 28 percent of the population who needed the drug were actually receiving it. For the past couple of decades, many groups have formed to combat HIV/AIDS with education. The Joint United Nations Programme on AIDS (UNAIDS) and The Aids Support Organization (TASO) were among these programs.[1]

7. As long as HIV/AIDS has been known to human beings, women who have contracted it have been undergoing unfair treatment within their societies. Violent abuse against females is both a cause and a consequence of HIV/AIDS. Country studies indicate that the risk of HIV among women who have experienced violence may be up to three times higher than among those who have not. After contracting HIV/AIDS, though, women lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This forces women to adopt strategies of survival that increase the chances of them spreading HIV/AIDS.[2]

## **III. Potential Resolutions**

8. This issue, being complex and somewhat complicated, must be resolved as quickly and efficiently as possible, in the hopes that fewer lives are lost to the HIV/AIDS epidemic. Goal number six of the United Nations Millennium Development Goals is Combating HIV/AIDS.

9. Specifically, Target 6.A is to have halted by 2015 and begun to reverse the spread of HIV/AIDS.[5] However, reaching this goal is easier said than done. Another part of Goal Number Six is universal access to treatment for HIV/AIDS for all those who need it. Potential solutions to realize these goals include, but are not limited to: scaling up funding from existing sources, as well as exploring potential new sources; educating populations on prevention of HIV/AIDS; and taking steps to combat violent abuse against women. Education and empowerment of women is a key point to remember when drafting your resolution. UNIFEM must find an effective, efficient way to stop not only the spread of HIV/AIDS, but to prevent women from contracting it in the future. This could possibly be done by finding an effective way to end violence against women and creating a sense of equality so as to discontinue the pattern of violence and rape leading to the contraction of HIV/AIDS. Womens safety and health are of UNIFEMs main priorities.

10. There is no more overlooking the problem at hand. The severity of this issue grows worse by the day, and it is up to UNIFEM to stop the cycle that has been repeating through the past few generations. It is up to delegates of UNIFEM to leave a Legacy and potentially end the HIV/AIDS epidemic. Although UNIFEM must work together in order to solve this problem, it is likely that there will be disagreement between delegates of different countries. For example, the most efficient, economic way for China to solve the problem is likely to be different from South Africas solution. Keeping in mind that there are different countries needing different things, make sure that your solutions maintain a true structure, but are also fairly flexible. Structure gives a country the basic idea of what must be done, how to enforce the solution. Flexibility, on the other hand, gives a sense of adaptability in order to be able to successfully implement such solutions in their own country, which has its own individualized needs.

#### **IV. Position and Research Tips**

11. When researching for your topic, keep these points in mind:

- Seeing as HIV/AIDS is a problem in every country of the world, how affected has your country been by the epidemic?
- Have there been any steps your country has taken towards prevention and reversal of the spread of HIV/AIDS?
- What is the status of women in your society? How are they treated and what is their role in society??
- Have women especially been prone to violence and abuse in your nation? How is this, or is it, being handled?
- Do women in your country have access to a free education? Education and empowerment of women can be a means to the desired end of HIV/AIDS in the female population.

#### **References**

- [1] "AIDS Timeline." *AIDS HIV Information from the AIDS Charity AVERT*. Web. 24 Apr. 2011. <<http://www.avert.org/aids-timeline.htm>.>
- [2] Piot, Peter. "Combating AIDS: What More Needs to Be Done?" *UN Chronicle. The United Nations*. Web. 24 Apr. 2011. <[http://www.un.org/wcm/content/site/chronicle/cache/bypass/home/archive/issues2007/themdgsareweontrack/combatingaidswhatmoreneedstobedone?ctnscroll\\_articleContainerList=1\\_0&ctnlistpagination\\_articleContainerList=true](http://www.un.org/wcm/content/site/chronicle/cache/bypass/home/archive/issues2007/themdgsareweontrack/combatingaidswhatmoreneedstobedone?ctnscroll_articleContainerList=1_0&ctnlistpagination_articleContainerList=true).>
- [3] "Women and HIV/AIDS - What Is HIV/AIDS?" *Women's Health Information Center — WomensHealth.gov*. Web. 24 Apr. 2011. <<http://www.womenshealth.gov/hiv/what-is-hiv/>.>
- [4] "Women, Girls and HIV." *UNAIDS*. 1 Mar. 2010. Web. 24 Apr. 2011. <<http://www.unaids.org/en/resources/presscentre/factsheets/>.>
- [5] "United Nations Millennium Development Goals." *Welcome to the United Nations: It's Your World*. Web. 24 Apr. 2011. <<http://www.un.org/millenniumgoals/aids.shtml>.>