

Key affected women and girls include:

- Women and girls living with HIV
- Female intimate partners of men with high-risk behaviours
- Female migrant workers who may be vulnerable to HIV due to conditions by which they migrate

Singapore Country Brief HIV and Key Affected Women and Girls

Estimated number of women living with HIV (aged 15+):

1,000

Percentage of total adults living with HIV who are women:

30%

In 2011, **58%** of new female HIV cases were diagnosed when they already had late stage infection.



About the Country Briefs

➤ These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.

➤ A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:

- Epidemiology
- Modes of transmission
- Social and economic vulnerabilities
- Access to information
- Access to services
- Legal and policy environment
- Current international and regional policy guidelines
- Information gaps
- Recommendations

From the cover page

Estimated number of women living with HIV (aged 15+): 1,000¹

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Percentage of total adults living with HIV who are women: 30%.²

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

In 2011, 58% of new female HIV cases were diagnosed when they already had late stage infection.³

3 Ministry of Health: Singapore. *HIV Statistics: Update on the HIV/AIDS Situation in Singapore*. 2011. (http://www.moh.gov.sg/content/moh_web/home/statistics/infectiousDiseasesStatistics/HIV_Stats.html)

EPIDEMIOLOGY

- At the end of June 2011 the ratio of male to female HIV cases was 9 to 1.⁴
- There were 31 new HIV cases among females in 2011, comprising 7% of the total number of new cases.⁵
- In 2011, 42% of female HIV cases were aged between 30 to 49 years of age.⁶
- There were 12 AIDS cases among females in 2009, more than double the number of cases in 2008.⁷

MODES OF TRANSMISSION

Sexual transmission

- Heterosexual transmission accounts for 64% of all HIV cases.⁸
- 97% of females living with HIV in 2011 acquired HIV through sexual transmission.⁹
- Nearly half (45%) of the female cases of HIV diagnosed in 2011 were married.¹⁰
- The Health Promotion Board reports that the majority of men are infected through sexual contact with casual partners and sex workers, and the majority of women are infected with HIV through sex with their husbands or boyfriends.¹¹
- 99% of female sex workers report the use of a condom with their most recent client.¹²
- HIV prevalence among sex workers between 2010 and June 2011 was 0%.¹³

Injecting drug use

- As at the end of 2010, injecting drug use accounted for only 2% of all HIV cases.¹⁴
- In 2008, the Ministry of Community Development, Youth and Sport reported that 13.7% of people who use drugs were female.¹⁵

Vertical transmission

- In 2010 mother-to-child transmission accounted for 2 cases of HIV. The Ministry of Health reported that both these children were foreign-born.¹⁶
- In Singapore, it is mandatory for all pregnant women to be screened for HIV.¹⁷

SOCIAL AND ECONOMIC VULNERABILITIES

- In recent years, several female migrant workers have been deported from Singapore after mandatory HIV testing revealed they were HIV-positive. Testimonies from women who have been deported highlight stigma, discrimination and a lack of pre and post-test counselling.¹⁸
- In their concluding observations released in 2012, the CEDAW Committee expressed concern at the persistence of violence against women, in particular, domestic and sexual violence, which remains, in many cases, underreported. The Committee also welcomed amendments to the Penal Code in 2008 on the criminalization of rape of a spouse but expressed concern that the law only applies when the perpetrator and the victims are living apart and are in the process of terminating their marriage, and if the victim applied for a personal protection order.¹⁹

ACCESS TO INFORMATION

- According to surveys conducted by the Health Promotion Board, knowledge of HIV prevention has improved in recent years, from 36.6% in 2007 to 66.6% in 2010.²⁰
- HIV prevention programmes are largely focused on education. A sexually transmitted infection (STI) and HIV education programme entitled “Breaking Down Barriers” has been implemented in all secondary schools and aims to increase students’ awareness of STIs and HIV, including the correct way to use condoms, sexual negotiation, and decision-making.²¹
- Programmes exist for sex workers aimed at providing information on STIs and HIV, modes of transmission and to strongly promote the use of condoms.²²
- Specific educational programmes are in place targeting heterosexual men who are at higher risk of HIV infection and men who have sex with men (MSM) in collaboration with community-based organizations.²³

- The last National Behavioural Surveillance Survey (NBSS), conducted in 2007, reported that only 20% of young women aged 15-24 have comprehensive knowledge about HIV and were able to both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV.²⁴
- Misconceptions about HIV are common and levels of stigma are high. The 2007 NBSS reported that just 64% of females know that a person living with HIV can still look healthy. Only 19% of females aged 18 – 69 said they would be willing to share a meal with a HIV-positive person and only 52% of females aged 18 – 69 said they would take care of a close relative living with HIV.²⁵
- A 2010 study released by the Asia Pacific Coalition on Male Sexual Health and UNDP reported that HIV education materials were censored to eliminate references to same-sex intercourse.²⁶

ACCESS TO SERVICES

- In 2011, 61% of female HIV cases were detected in the course of medical care.²⁷
- In 2011, 58% of new female HIV cases were diagnosed when they already had late stage infection.²⁸
- The UNAIDS 2010 Global Report on the AIDS epidemic reported that only 7% of females from Singapore aged 15-49 had received an HIV test in the last 12 months and knew their results.²⁹
- Stigma and discrimination against people living with HIV, including women living with HIV, is high. A survey conducted in 2010 found that only 66.5% of respondents were willing to care for a close relative with HIV and only 40.7% were willing to share a meal with a person living with HIV.³⁰
- A study by Tan Tock Seng Hospital in Singapore carried out between 2009 and 2010 found that 8 in 10 inpatients refused to get tested for HIV. The top reasons they gave were that they were unlikely to be infected because they were old; they feared needles; and they could not afford treatment if they were discovered to be HIV positive.³¹
- While the cost of HIV medication in Singapore has reduced significantly in recent years, it still costs approximately \$300 a month. Those who have financial constraints are eligible to receive additional financial support from the government. There is some evidence to suggest that women living with HIV in Singapore have struggled to pay for anti-retroviral medications during their pregnancy.³²

LEGAL AND POLICY ENVIRONMENT

- The National AIDS Control Programme comes under the central control of the Ministry of Health with active involvement from other relevant government agencies as well as community groups. The Programme focuses on HIV education and prevention for the general population as well as key populations at higher risk, to reduce the pool of undiagnosed HIV-positive individuals, and to provide care and support to people living with HIV and AIDS. In September 2008, the Ministry of Health established the National Public Health Unit which is responsible for maintaining and enhancing the National HIV Registry, carrying out contact tracing and partner notification for newly-diagnosed HIV patients, and conducting HIV-related public health research.³³
- There are no protective laws or regulations that protect people living with HIV or vulnerable subpopulations against discrimination.³⁴
- While Singapore lacks specific legislation prohibiting discrimination based on gender, article XII of its Constitution guarantees the equal protection of all people under the law, and therefore prevents discrimination based on gender, marital status, age, disability, or other such grounds including HIV status.³⁵
- Singapore updated its Infectious Diseases Act in 1992 to specifically criminalize unprotected sex without disclosure of one's HIV-positive status. There have been three reported investigations and two prosecutions, all since 2005. Only one, in 2008, resulted in a conviction and prison sentence. The same year, Singapore amended its public health law to make it a crime for a person with HIV who is unaware of the fact, but has "reason to believe" he or she could be infected to have sex without informing a sexual partner of the possible risk, or else to take "reasonable precautions" to protect the partner. The maximum penalty for breaking either of the laws was increased to ten years in prison.³⁶
- No HIV test is required for tourist or business visa applications of up to 30 days, but people intending to stay longer than one month, those applying for social visit passes, employment passes, long-term immigration passes and permanent residence, must have a medical examination, including HIV tests. Singapore's immigration law lists people living with HIV as "prohibited immigrants".³⁷
- Migrant foreign domestic workers in Singapore are subjected to mandatory tests for HIV and pregnancy.³⁸

- Singapore has not acceded to the Optional Protocol of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which allows the United Nations CEDAW Committee to receive complaints from individuals or groups.³⁹
- Rape within marriage is not recognized as a crime in Singapore.⁴⁰
- Sex work is not illegal per se, but most related activities are illegal, such as public solicitation, living on the earnings of a sex worker, and maintaining a brothel.⁴¹
- Singapore has strict drug laws that impose compulsory treatment for people who use drugs.⁴²
- According to a government report distributed in March 2009, people who use drugs can be arbitrarily detained for extended periods of time and caned if they relapse, even though relapse is a common milepost on the road to recovery.⁴³
- Narcotics laws established by the Misuse of Drugs Act under the Penal Code provides that “anyone caught with more than or equal to 15 g (0.5 ounces) of heroin, 28 g (1 ounce) of morphine or 480 g (17 ounces) of cannabis faces mandatory capital punishment, as they are deemed to be trafficking in these substances.”⁴⁴

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)⁴⁵;
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)⁴⁶;
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)⁴⁷;
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)⁴⁸;
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)⁴⁹;
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)⁵⁰.

INFORMATION GAPS

- Limited data is available on stigma and discrimination, HIV knowledge, risk behaviours, the national response, and the socio-economic impact of the epidemic particularly as it relates to key affected women and girls.⁵¹
- Although HIV prevalence data among key populations is available, it is difficult to establish trends over time due to limitations in data availability.⁵²

RECOMMENDATIONS

- Strengthen the legal and policy framework for protecting and promoting the health and human rights of people living with HIV and key populations, including key affected women and girls. This includes reviewing existing laws, regulations and policies that impact on women, girls and youth affected by HIV within a broader human rights framework in order to create an enabling environment for the national AIDS response. This includes strengthening laws that adhere to informed consent, confidentiality in pre and post-test counselling, and comprehensive referrals to treatment, care and support services.
- Review legislation that criminalizes HIV exposure or transmission. Evidence shows that criminalization of HIV exposure or transmission does not prevent new HIV transmissions or reduce women's vulnerabilities to HIV. In fact, criminalization has been shown to harm women rather than assist them whilst negatively impacting on both public health needs and human rights protections. Furthermore, key affected women and girls often lack adequate access to HIV prevention, testing, treatment, care, and support services. For some key affected women and girls this is directly a result of their existing 'criminalized' status. The criminalization of HIV exposure and transmission is likely to further stigmatize already 'criminalized' women and to constitute yet another barrier to healthcare and other services by posing a threat of double prosecution.
- Strengthen and scale up comprehensive referral services for migrants testing HIV positive in Singapore.
- Design, implement and enforce anti-discrimination (both gender and HIV status-based) laws and policies in institutional settings (workplaces, schools, healthcare settings, etc.) to combat stigma; minimize the threat of HIV-related income/ employment loss; and improve women's access to social protection, healthcare and psychosocial services.
- Strengthen national gender equality laws, including the criminalization of marital rape.
- Deepen gender analysis of national HIV programmes, indicators and data concerning the situation for key affected women and girls as well as prevention of intimate partner transmission of HIV.
- Promote greater male and youth involvement in HIV-prevention programmes to prevent HIV transmission and address stigma and discrimination.
- Take action to address the information gaps highlighted in this country brief.
- Ensure the meaningful involvement of key affected women and girls, including women and girls living with HIV, in the development of policies and programmes that affect them.

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WHO ARE “KEY AFFECTED WOMEN AND GIRLS” IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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