CEDAW NGO SHADOW REPORT
Women and AIDS

Authored by Persons with HIV/AIDS Rights Advocacy Association of Taiwan
Yeh Chia-yu
(Contact:praatw@gmail.com)
Translated by Kathy Chien and Lynn Miles

Abstract

In 2006, the Taiwan government signed the Convention, thereby asserting its determination to eliminate all forms of discrimination against women. Thus was in contrast to the already formulated HIV legislation, the HIV Infection Control and Patient Rights Protection Act, highlighting the law's lack of gender equality. NGO experience and relevant research show that there is still plenty of room for improvement before Taiwan comes into compliance with the Convention provision to examine whether Taiwan has eliminated all discrimination against women in HIV prevention and treatment in the context of human rights.

The issue of women and HIV/AIDS has been one of the major policy concerns since the United Nations General Assembly established UN Women in July 2010. The empowerment of women and their rights allows women to protect themselves from HIV free from stigma, and to acquire better treatment and medical care. The publication *Women out loud: How women living with HIV will help the world end AIDS* points out that physical or sexual violence against women and HIV-related stigma still prevail in many countries and regions. The result of criminalization of HIV is that once women are identified as having HIV, they may be forced to divorce and be driven out of their family, coerced into having abortions and refused sufficient medical care. The topic of women and HIV/AIDS is to be found here and there in the Convention and even more in the General Recommendations. The HIV topics under discussion may differ according to the ethnic identity of the women concerned, but this makes it the collaborative responsibility and goal of all here in Taiwan to ensure that women living with HIV have access to HIV prevention, treatment and human rights. This NGO offers our field-based observations and academic research reports in the hope that by urging the government to put the spirit of the Convention into practice, this will allow women in Taiwan full access to adequate and appropriate HIV treatment, care and human rights so as to avoid gender inequality, sexual violence and discrimination, urban-rural differences and socioeconomic status.

I. Related Convention Articles and General Recommendations
A. Immigrant Women and HIV/AIDS:
1. CEDAW
Convention Article 5(b) and Article 16(b), (c), (d) and (f)
2. General Recommendations
General Recommendations No. 15 and 21
3. **Other international covenants — Articles in the Two Covenants**
The International Covenant on Civil and Political Rights (ICCPR)
Article 6 (1) The Right to Life
Article 23: The Family
ICCPR General Comment No. 19 Para 5: The right to found a family implies, in principle, the possibility to procreate and live together…. Similarly, the possibility to live together implies the adoption of appropriate measures, both at the internal level and, as the case may be, in cooperation with other States, to ensure the unity or reunification of families, particularly when their members are separated for political, economic or similar reasons.
General Comment No. 15 on the position of aliens under the Covenant, Para. 8: Once an alien is lawfully within a territory, his freedom of movement within the territory and his right to leave that territory may only be restricted in accordance with Article 12, Paragraph 3. Differences in treatment in this regard between aliens and nationals, or between different categories of aliens, need to be justified under Article 12, Paragraph 3. Since such restrictions must, inter alia, be consistent with the other rights recognized in the Covenant, a State party cannot, by restraining an alien or deporting him to a third country, arbitrarily prevent his return to his own country (Art. 12, Para. 4).
5. Article 12:
(1) Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence.
(2) Everyone shall be free to leave any country, including his own.
(3) The above-mentioned rights shall not be subject to any restrictions except those which are provided by law, are necessary to protect national security, public order (ordre public), public health or morals or the rights and freedoms of others, and are consistent with the other rights recognized in the present Covenant.
(4) No one shall be arbitrarily deprived of the right to enter his own country.

Traveling and going abroad for study and work seem to be the most basic freedom for many of us, but this is not the case for those who are infected with HIV, for whom such freedoms pose a real challenge. In Article 12 of the ICCPR, only for the purposes of national security protection, public order and public health can the freedom of movement and residence be restricted. **General Comment No. 20 (Non-Discrimination in Economic, Social and Cultural Rights), Paragraph 33 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) mentions that "The protection of public health is often cited by States as a basis for restricting human rights in the context of a person's health status. However, many such restrictions are discriminatory."**
The International Covenant on Economic, Social and Cultural Rights (ICESCR)

1. Article 12: The right of everyone to the enjoyment of the highest attainable standard of physical and mental health
(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
(2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
a. The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
b. The improvement of all aspects of environmental and industrial hygiene;
c. The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
d. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.
2. General Comment No. 14: The right to the highest attainable standard of health

B. Women Living with HIV and Women Migrant Workers
1. **General Recommendation No. 26** on Women Migrant Workers
2. General Recommendation No. 15: Avoidance of discrimination against women in national strategies for the prevention and control of acquired immunodeficiency syndrome (AIDS).
In clear violation of General Recommendation No. 25 and No. 26(c), (i), (iii), (d), (j), Taiwan should offer women migrant workers legal protection and appropriate measures. Moreover, General Recommendation No. 15 further notes that national strategies for the prevention and control of States parties shall avoid discrimination against women in AIDS.

C. Women and HIV Prevention
1. General Recommendation No. 15: Avoidance of discrimination against women in national strategies for the prevention and control of acquired immunodeficiency syndrome (AIDS).
2. General Recommendation No. 27 on older women and protection of their human rights in Paragraph 21: Information on sexual health and HIV/AIDS is rarely provided in a form that is acceptable, accessible and appropriate for older women.

II. The Current Situation and Analysis of Problems
A. Current Situation and Case Studies
In Taiwan, promoting HIV prevention, treatment and care and human rights have long been a difficult and arduous task. Owing to the HIV-related stigma and discrimination, most people tend to ignore the possibility of the HIV epidemic and give negative labels to those infected, attributing their HIV-positive status to bad luck. Such misunderstanding results from early HIV prevention implementation in Taiwan, which focused on high-risk groups, allowing many to overlook the fact that HIV/AIDS transmission involves high-risk behavior instead of high-risk groups. Moreover, since infected Taiwanese women account for only 8% of overall HIV-positive people in Taiwan, this leads to underestimation of the threat of HIV to women. The negligence in HIV/AIDS prevention for Taiwanese women can be seen

not only in the lack of gender issues in national HIV/AIDS strategies, but more often in distinct differences in treatment in the event of HIV-seropositive status of women in different classes and nationalities. As seen from the perspective of NGO groups as observers, we will discuss women living with HIV by breaking the issue down into three parts — Immigrant Women and HIV/AIDS; Women Migrant Workers and HIV/AIDS; and Women and HIV Prevention — in hopes of presenting the many faces of HIV/AIDS and discrimination in Taiwan and setting forth examples to bring out the fact that HIV prevention strategies in Taiwan violate norms established in the Convention and the Two Covenants.

Case one: a bride immigrant contracting HIV

Hsiao-mei, a bride immigrant from Southeast Asia, was found to be infected in an prenatal HIV diagnosis. Her baby was tested HIV-free, but afterwards the Taiwanese spouse was also confirmed HIV positive in a partner follow-up check. After receiving the HIV case through the hospital reporting system, the ROC Centers for Disease Control of the Ministry of Health and Welfare notified the Ministry of Foreign Affairs (MOFA) and the National Immigration Agency to void Hsiao Mei's stay and residence permit according to article 18 of the HIV Infection Control and Patient Rights Protection Act. Such action forced her deportation after her delivery within a month of beginning maternity care. The Taiwanese spouse filed for divorce in the district court out of an inability to maintain their marriage due to her repatriation.

In Taiwan, the law and regulations which have been legislated relating to foreigners with HIV/AIDS mainly originated from Articles 18, 19, and 20 of the HIV Infection Control and Patient Rights Protection Act. The above-mentioned case indicates that, once they are diagnosed with HIV in Taiwan, bride migrants shall not acquire the rights to which they would otherwise be entitled, including the rights of residence, of marriage, of family and of reproductive health.

In the current situation, HIV-infected bride immigrants may encounter the following difficulties.

1. When applying for a marriage visa, applicants country must submit a health certificate indicating HIV-negative status, and must also submit other test reports for HIV antibodies depending on the length of stay being sought on one’s residence application(see “Flowchart for the Application for Naturalization in Marriages between Foreign Nationals and ROC Citizens and Household Registration,”and “Flowchart for Mainland Chinese Spouses Coming to Taiwan from Getting to Household Registration”).
2. Once resident in the ROC, but not yet having established a household registration, should the bride immigrant test positive for HIV, she will be forced to leave the country within a certain period of time and her residence certificate cancelled, unless the submission of her application for stay of expulsion is filed in accordance with Article 20 of the HIV Infection Control and Patient Rights Protection Act (see “Directions Governing the Review of Application for Stay or Residence for HIV-infected Individuals"). As for re-entry criteria for those who fail to appeal, they must refer to Article 19 of the HIV Infection Control and Patient Rights Protection Act.

3. If diagnosed with HIV during pregnancy, the bride immigrant may have access to interim HIV treatment and medical care for the duration of her pregnancy.
When examined in the light of the provisions of the Convention, current Taiwanese laws and regulations reveal de facto discrimination and violate human rights against women with HIV.

1. HIV transmission is the sole reason for the government's blanket ban on other human rights.

According to Article 5(b) of the Convention "to ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it is understood that the interest of the children is the primordial consideration in all cases." Article 16(b), (c), (d), and (f) stresses that "in all cases the interests of the children shall be paramount" and that women should enjoy "the same rights and responsibilities during marriage." That an HIV positive woman may be facing deportation or cancellation of residence permit is clearly in contravention of the aforementioned provisions and disregards the interests of the children and the equality of rights and responsibilities during marriage. Moreover, General Recommendation No. 15(d) states that under Article 12 of the Convention all States parties must include in their reports information on the effects of AIDS on the situation of women and on the action taken to cater to the needs of those women who are infected and to prevent discrimination specifically targeting women with AIDS. Bride immigrants are subject to HIV testing as recommended by the Ministry of Health and Welfare (MOHW), and, if they are infected with HIV, antiretroviral drugs will be provided only for the duration of their pregnancy, not permanently. Since treatment will only be provided during the pregnancy, once it is over then whether she can stay in Taiwan and have access to treatment is very much in question. Also, according to General Recommendation No. 21, if a new immigrant with HIV fails to file an appeal, she will be deported, and obviously unable to maintain the conjugal relationship with her Taiwanese spouse or to have a hand in upbringing her offspring.

Likewise, of the two international covenants signed by Taiwan, in ICCPR Article 6 Paragraph 1, Article 23, and Paragraph 5 of General Comment No.19, "the right to found a family implies, in principle, the possibility to procreate and live together. (…) Similarly, the possibility to live together implies the adoption of appropriate measures, both at the internal level and as the case may be, in cooperation with other States, to ensure the unity or reunification of families, particularly when their members are separated for political, economic or similar reasons. According to Paragraph 8 of General Comment No. 15, "once an alien is lawfully within a territory, his freedom of movement within the territory and his right to leave that territory may only be restricted in accordance with Article 12, Paragraph 3. Differences in treatment in this regard between aliens and nationals, or between different categories of aliens, need to be justified under Article 12, Paragraph 3. Since such restrictions must, inter alia, be consistent with the other rights recognized in the Covenant, a State party cannot, by restraining an alien or deporting him to a third country, arbitrarily prevent his return to his own country (Art. 12, Para. 4)."

Traveling and going abroad for study or work seem to be the most basic freedoms for many of us. However, to those with HIV, such "freedoms" may pose a real challenge. In Article 12 of the ICCPR, only for purposes of national security protection, public order and public health, can the freedom of movement and residence be restricted. **In Paragraph 33** of General Comment No. 20 (non-discrimination in economic, social and cultural Rights), under the International Covenant on Economic, Social and Cultural Rights (ICESCR), "The protection of public health is often cited by States as a basis for restricting human rights in the context of a person's health status. However, many such restrictions are discriminatory." Both Article 12 of ICESCR (the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being) and General Comment No. 14 (the right to the highest attainable standard of health) ensure that foreigners in Taiwan share fundamental and equal rights to health.

Case two: Women migrant workers contract HIV from forced sex

In September 2012, after feeling ill following high-risk sex with her employer's son, an Indonesian caregiver staying in central Taiwan went to the hospital for medical treatment. She was later diagnosed with HIV and expelled from Taiwan. Investigation by the local health authorities revealed that the caregiver had been infected by the employer's son, now facing charges of violating the HIV Infection Control and Patient Rights Protection Act.

Also in September 2012, the local news reported that a female migrant worker had contracted HIV as a result of having high-risk sex with a Taiwanese man. It was further reported that the man had intentionally tried to infect her with HIV, but the situation of the woman was barely touched upon. According to the HIV Infection Control and Patient Rights Protection Act and the Immigration Act, except for those who have submitted their review applications in accordance with the Directions Governing the Review of Application for Stay or Residence for HIV-infected Individuals, foreigners with HIV will have their residence permit cancelled or voided, and will be ineligible for HIV treatment in Taiwan. The caregiver, an Indonesian, was deported under the related regulations without any medical care or compensation for psychological distress. Besides, whether the Taiwan government had assisted her in securing HIV medical treatment upon repatriation from Taiwan has yet to be verified.

Both cases indicate that female immigrants in Taiwan have had their fundamental rights sacrificed under the current laws and regulations. No matter the cause — whether through force, rape or sexual abuse — if the outcome is that they have become infected, they are denied antiretroviral therapy and the usual related human rights guarantees such as legal residence in Taiwan.

Furthermore, according to the current Regulations Governing Management of the Health Examination of Employed Aliens, all migrant workers must be subjected to HIV testing regularly, with those who test positive having their employment contracts terminated, resulting in deportation. Based on observation and the experience of migrant worker groups, the test results will be handed over to the

agents and employers rather than to the worker herself, and the cost of the testing will be at the worker's expense. All that is required of the employer is to have the mandatory health testing completed within the stipulated period of time. That is to say, current regulations only see to it that the migrant worker's health is monitored, but does not provide for welfare measures for migrant workers (and especially those who have contracted HIV).

As compared to the Convention, current Taiwanese laws and regulations are indeed discriminatory towards, and violate the human rights of, HIV-positive migrant women.

1. **Rife with racial discrimination, Taiwan HIV prevention and treatment programs have reinforced the HIV stigma against women migrant workers.**

CEDAW General Recommendation No. 26:

In countries of destination Paragraph 17: Women migrant workers are sometimes subjected to sex-discriminatory mandatory testing for HIV/AIDS and other infections without their consent, followed by provision of test results to agents and employers rather than to the worker herself. This may result in loss of job or deportation if the test results are positive. And in Paragraph 24 of the recommendations to States parties regarding responsibilities specific to countries of origin, "countries of origin must respect and protect the human rights of their female nationals who migrate for purposes of work. Measures that may be required include, but are not limited to, the following: (d) Health services: States parties should ensure the provision of standardized and authentic health certificates if required by countries of destination and require prospective employers to purchase medical insurance for women migrant workers. All required pre-departure HIV/AIDS testing or pre-departure health examinations must be respectful of the human rights of women migrants. Special attention should be paid to voluntariness, the provision of free or affordable services and to the problems of stigmatization (articles 2 (f) and 12)."

2. No AIDS legal support is guaranteed or provided to female migrant workers.

General Recommendation No. 15 refers to avoidance of discrimination against women in national strategies for the prevention and control of AIDS. Yet, Taiwan, as one of the States parties, has neither laws enacted covering the HIV-related tests which female migrant workers have to take nor protections provided against violence, rape or for undocumented workers. Female migrant workers find it difficult to access free legal resources. Although legal support is available from the Legal Aid Foundation, HIV-infected migrant workers in Taiwan are immediately repatriated, depriving them of the opportunity to avail themselves of timely support. So Taiwan has obviously violated General Recommendation No. 25 and No. 26(c), (i), (iii), (d) and (j), stipulating that women migrant workers must be provided legal protection and appropriate measures. Moreover, General Recommendation No. 15 further calls for "avoidance of discrimination against women in national strategies for the prevention and control of acquired immunodeficiency syndrome (AIDS)." The above cases indicate the blatant fact of discrimination in Taiwan against women migrant workers, where no strategic safeguards are provided infected female workers, whether their HIV condition was caused by violence, rape or gender inequality in the working place.

Case three: Women as victim of myths about HIV prevention and treatment

Hsiao-hua, age 40 and married, met Hsiao-ming five years ago. Hsiao-ming then worked in the construction business, which inevitably engaged him in social activities, especially in the red light district. Before they started dating, she had inquired about his previous sexual encounters, to which he had replied that his only prior involvement was in a steady relationship with a bar hostess, and as for his knowledge of widespread sexually transmitted diseases, he had not always used condoms. Worried about STDs and HIV, she would examine him for any telltale physical abnormalities before sleeping with him. Reassured by the absence of any such abnormalities, she continued to date him. In the fifth year of their relationship, he was diagnosed with late-stage HIV infection and passed away due to delayed treatment. That's when she came to realize that HIV infection cannot be determined from mere appearances.

Ever since Taiwan's first female HIV case was identified in 1987, the cumulative total of Taiwanese female carriers has, as of the end of June 2013, climbed to 1,741, which is only 7.4% the number of male carriers. Among female carriers, whose main pathways of transmission include sexual activity and intravenous injection (such as needle sharing, syringe sharing and diluted liquid), 40[1] were found to be cases of mother-to-child vertical transmission. The risk of male-to-female sexual transmission of HIV is two to ten times that of female-to-male. Moreover, the number of male carriers who contracted the disease through having sex with a female is 6,372, suggesting the number of infected women in Taiwan should be higher than 1,741.[2] Further investigation of this issue has shown that, the low number of Taiwanese female carriers is not by virtue of excellent results in HIV prevention and treatment but because women are under-reporting their own infection status. An internet survey of sexual activity of Taiwanese women conducted by the Taiwan Lourdes Association in 2011 showed that 60 percent of women treat their own health lightly and would not actively seek HIV screening. 68.5 percent of women use condoms for contraception, and only 11.8 percent for HIV prevention, while 29.8 percent of women believe they won't get infected, so there's no need to actively seek HIV testing. These statistics shows the indifference and negligence seen in Taiwanese women's attitudes toward HIV suggesting that they are unaware that they are exposing themselves to the risk of HIV.

Why do Taiwanese women tend to overlook the risk of HIV transmission?

In its HIV media campaigns, Taiwan has long been stressing HIV-prevention among high-risk groups and emphasizing avoidance of multiple sex partners.[3] Moreover,

[1] Statistics from a 1984 to 2012 study conducted by the Taiwan CDC of the MOHW, Executive Yuan.

[2] Including 2,176 heterosexuals engaging in sexual intercourse.

[3] The definition of high-risk groups includes homosexuals, sex workers, and injection drug users.

most women consider the responsibility for active HIV prevention and treatment to be that of their partners. On account of the aforementioned propaganda and misconceptions about HIV/AIDS, most Taiwan women consider themselves as not belonging to a high-risk group, thereby lowering their guards in HIV prevention and treatment. In addition, domination of the weak sex means that their requests for condom use mainly have to do with contraception instead of STDs and HIV. According to a 2010 report on women and HIV hosted by ROC Centers for Disease Control (CDC), HIV policy and methods shall include medical care and the human rights of HIV-infected individuals, support for HIV-infected patients and their caregivers, mother-to-child transmission prevention, and measures to prevent transmission between spouses. However, the CDC only targets married women in both its prevention and post-infection treatment. As for HIV-negative women, especially for the younger ones, there is no HIV prevention strategy. Taiwanese scholar Ko Nai-ying states that nowadays the existence of gender inequality in past health researches can still be found in Taiwan's HIV research. Compared to HIV studies focusing on men, studies on women, specifically of reproductive age, remain incomplete. Although the CDC has observed such gender inequality in HIV prevention in 2010, the corresponding prevention strategies fell short of embracing a perspective that takes into account HIV prevention in women.

From General Recommendation No. 15 and No. 27 (on older women and protection of their human rights), we can examine the deficiencies of Taiwan's HIV strategies, as follows.

1. **HIV prevention is not a nationwide program, leaving women's issues unattended**
Our HIV prevention strategy has been regarded as a matter of the overall co-organization of the health-related departments of government, with Article 2 of the HIV Infection Control and Patient Rights Protection Act mandating the Department of Health (MOHW) with the task of leading the attack on HIV.[4] Since the critical responsibility has been defined as the routine job of the government's health-related agencies, the cross-departmental cooperation on HIV prevention may end up with nothing substantial as a result of the lower management level of the convener and the limited decision-making capability of the designated participants sent by each department or bureau.[5] Furthermore, implementation of HIV prevention lies with the CDC and MOHW. In HIV prevention strategies such as the 5th 5-year HIV Prevention and Control Strategic Plan,[6] despite the inclusion of gender-influences evaluation, but the

[4] 23 July 2013, the MOHW merged with the Department of Social Affairs, Ministry of the Interior.

[5] 17 January 2002, to promote the top-down implementation of HIV control, Taiwan CDC sent a letter of invitation to the county (city) governments, commissioning local heads to set up a working group on HIV prevention at the county (city) level. The group convenes meetings of related units, such as local departments of education, information departments, and military units. Following the methods of the government's cross-departmental AIDS control promotion council, the aforementioned cross-departmental working group calls for meetings on a regular or irregular basis for discussion and promotion.

[6] Document Executive Yuan Yuan Tai Wei Zi No. 1000048558, promulgated on September 21, 2011.

prevention strategies for women and children in the plan include: (1) strengthening the HIV/AIDS prevention and sex education curriculum targeting ethnic youth, delaying the age at which teenage girls first have sex, popularizing the notion of women taking the initiative to use condoms; AIDS prevention education workshops for specific groups, such as correctional institutions to strengthen AIDS prevention advocacy; (2) preventing the transmission from an infected male to his spouse; (3) stemming HIV transmission to bride migrants; (4) promoting women's participation in, and utilization of, the plan, with the number of women on the MOHW's HIV Prevention and the Rights for the Infected Advocacy Committee already having topped one out of three; (5) grounding HIV education and promoting the acquisition of knowledge about HIV prevention by children, starting with the fifth grade of elementary school and integrating the curriculum into the grades 1-9 curriculum guidelines. However, the reality is that neither were regular review meetings convened nor was supervisory work undertaken by the departments making up this multi-agency council tasked with implementing the 5-year plan.

2. With their bias towards gender mainstreaming, HIV prevention policies have long shown a serious deficit in feminist thought

The seemingly perfect female HIV-prevention strategies, however, are not so perfect after all in terms of both implementation and planning, inasmuch as most of the designing of HIV prevention materials exclude female perspectives. For example, the educational videos dealing with female HIV/AIDS prevention present the probabilities of HIV transmission as if the main culprit was female misconduct rather than risky sexual practices. Moreover, the welcome boost in number of female members on the inter-agency panel doesn't necessarily add up to advocacy of gender equality. If patriarchy is the guiding principle in policy making, none of the emphasis on female HIV control strategies will work, as they fail to achieve the focus on proper HIV/AIDS prevention regardless of gender.

3. Older women's long indifference to HIV prevention strategies have impeded awareness among youth

The appropriate HIV prevention education should be planned by women of different ages. Stemming from revelations in the HIV infection statistics showing a decline in infection with increase in age among women, the current HIV/AIDS policies highlight women between 18 and 35 years of age and young children, rather than women born in the 1950s through 70s (35 to 65 years old), who only know the usual HIV stereotypes, yet this group of women is the key to influencing and educating the next generation. For instance, a mother was told that sexual activity could lead to HIV transmission by her elementary school child who had gotten the "information" from the school's AIDS prevention curriculum. The mother immediately raised an objection with the school the very next day, saying the curriculum set a bad example for the pupils. Similar instances may also be found in the reaction to promotion of condom use. Notwithstanding provisions of Paragraph 21 of the General Recommendation No. 27, information on sexual health and HIV/AIDS is rarely provided in a form that is acceptable, accessible and appropriate for older women. AIDS prevention education in Taiwan should target everyone at the same time while being designed according to the particular needs of disparate groups. Moreover, it requires cross-departmental cooperation and a matching publicity campaign, such

promotion on the part of the former Department of Social Affairs and the Ministry of Education.

4. HIV infection statistics overlook the real latent potential for infection among women

According to Taiwan government statistics, the HIV infection rate among female "new inhabitants" is eight times that of Taiwan nationals. Therefore, the HIV prevention strategies for female new inhabitants are crucial. Nevertheless, the fact that the rate of infection among native Taiwanese women is relatively lower does not mean that it is more HIV-preventive than that of bride immigrants, which is to say that it is not owing to their better understanding of the pathways.

5. Decriminalization of those infected by HIV (UNAIDS, 2013) and elimination of HIV-related stigma and discrimination (UNAIDS, 2007), which have been major barriers to HIV prevention

The willingness of women to proactively seek testing for HIV as well as their HIV awareness are both lower than men while their relatively diminished power in taking the lead in the culture generally, but also in sex education, makes them more vulnerable to sexual assault and abuse. HIV stigma and discrimination further reduce their willingness to seek voluntary HIV testing. In addition to HIV stigma and discrimination which hinder their search for multiple approaches to HIV testing and counseling, they also face laws which have criminalized HIV, leading the HIV-infected female to fear disclosure to their intimate partner, thus causing increased risk of transmission. The direction that legislation has been taking in recent years when it comes to crime and punishment is to impose ever-stiffer punishment on the HIV carrier, which not only impedes the elimination of HIV-related stigma and discrimination, but also affects their willingness to be tested.

III. Recommendations

A. Immigration Women and HIV/AIDS

1. Modify Article 16 and 18 through 20 of the Human Immunodeficiency Virus Infection Control and Patient Rights Protection Act, regarding HIV testing, treatment and stay or residence regulations pertaining to citizens of mainland China, and residents of Hong Kong and Macau, thereby ensuring full realization of HIV-infected people's fundamental rights to freedom of movement and residence.

2. Relax qualification requirements in the Directions Governing the Review of Application for Stay or Residence for HIV-infected Individuals, such as those applying to women who became infected through an act of violence, and relax the review period while dispensing with the requirement that they must possess valid stay or residence permits.

3. Delink HIV testing and migration border control, so that HIV status will no longer an essential condition for stay or residence.

4. Strengthen AIDS prevention education and advocacy among women's groups, especially among bride immigrants. The design of an immigrant assistance and guidance plan should include an education advocacy program covering epidemic disease prevention and control as well as related laws and regulations.

5. Add more educational programs on epidemic disease prevention and control for

transnational families, stipulating that families should attend at least five hours of HIV prevention programs, to help them understand the scope of HIV/AIDS rights and regulations covering treatment in Taiwan.

B. Women Living with HIV and Women Migrant Workers

1. For women who have contracted HIV as a consequence of sexual violence as mentioned in the Convention, the Taiwan government should provide free legal resources in assisting them to secure indemnity and free medical treatment. The Taiwan government should also ensure that their jobs, family and immigration status are not affected by, nor are they subjected to discrimination stemming from their HIV status.

2. Expand the scope of Legal Aid Act such that it also mandates the lending of support to unfortunate immigrants and migrant workers such as those who suffered from sexual violence, assault and deprivation, and make them eligible regardless of financial means.

3. No women migrant workers should be subjected to mandatory HIV/AIDS testing without their consent, and no test results should be handed over to employers or agents. The MOHW should establish a referral system to assist HIV-infected female migrant workers to gain easy access to medical support and legal resources.

C. Women and HIV Prevention

1. Since HIV/AIDS is a product of the culture and economy, therefore HIV-related policies need to be integrated into popular attitudes toward gender equality and gender diversity. An annual program of at least five hours of gender education for the competent authorities as well as cross-departmental units should be put into practice. In the process of developing HIV prevention policies, gender experts should be invited to participate if necessary so as to avoid the product of patriarchal thought.

2. In combination with focus on sexual health and HIV-related medical needs for older women and rural women, female HIV prevention education should be designed with various women's demographics in mind. Hopefully by doing so, gender and class differences in attitudes towards prevention may be reduced.

3. Decriminalize HIV, returning it to its proper status as a matter of disease prevention and control, and to ensure that HIV infection does not automatically come with a definition of criminality.

4. Respect women's rights to HIV health care and access to acquisition of HIV-specific services.

A high proportion of HIV-positive women are major caregivers or financial support in their family, but they ignore their health because they are busy taking care of their families or shouldering the financial burdens. At the same time, there is a lack of studies on women's health issues in clinical medical services, let alone among HIV/AIDS care groups. In the existing long-term care policy planning, the physical and psychological pressures as caregivers should be given consideration, and the infected women should be included in plans for raising the subsidy of long-term care programs.

5. Provide a woman-friendly HIV-screening environment and venue, and establish an HIV-screening zone in HIV/AIDS designated hospitals in Taiwan, and offer HIV pre- and post-test counseling.

6. Proactively show concern for and monitor gynecological diseases in women with HIV and introduce measuring standards for HIV-related gynecological diseases into the discussion at regular expert meetings hosted by the competent authorities and offer exemption from gynecological testing.