

Women and HIV/AIDS: Confronting the Crisis

To reverse the global spread of HIV/AIDS, the poverty and gender inequality that fuel the disease must be overcome. Greater efforts are required to address the concrete needs of women and girls and to increase the roles and responsibilities of boys and men. Since 1985, the percentage of women among adults living with HIV/AIDS has risen from 35 per cent to 48 per cent worldwide. Young women currently make up over 60 per cent of all 15- to 24-year-olds living with HIV/AIDS.

Globally, there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV/AIDS. Sub-Saharan Africa is the most devastated: 77 per cent of all HIV-positive women live in this region. In other regions, epidemics are spreading from particular population groups—such as sex workers or injecting drug users—into the general population, with women and girls increasingly affected.

Rising rates of HIV infection among women are a major cause for concern. When combined with the increasing workloads that women must assume in caring for AIDS patients, orphans and their own families, the situation becomes untenable. During the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, delegates from over 180 countries committed themselves to “intensify efforts to ... challenge gender stereotypes and attitudes, and gender inequality in relation to HIV/AIDS, encouraging the active involvement of men and boys”. This report is a call to live up to this commitment. It builds on the work of the Global Coalition on Women and AIDS, a new initiative to stimulate concrete action in several areas that are critical to an effective response: prevention, treatment, caregiving, education, gender-based violence and human rights.



FRONT COVER: An AIDS awareness activist at a World AIDS Day march in Calcutta.

Deshkalyan Chowdhury—AFP/Getty

PREVENTION:

Ensure that adolescent girls and women have the knowledge and means to prevent HIV infection

Girls and women are highly susceptible to HIV infection, both biologically and as a result of gender inequality and discrimination. Yet, in most countries, they know less than males about HIV/AIDS and how it is transmitted. Globally, more than 80 per cent of young women do not have 'sufficient' knowledge about HIV/AIDS. The silence surrounding issues of sexuality, the realities of gender inequality and the lack of education about sexual and reproductive health are putting girls and women at risk.

While the ABCs—Abstain, Be faithful and use Condoms—have been successful in some countries, there is mounting evidence that the approach needs to be expanded to meet the needs of women and girls. For many, it is not as simple as ABC, because they often lack social and economic power to negotiate fidelity or condom use and are subject to gender-based violence. The ABC approach will present viable options for girls and women only if it is part of a package of interventions that empower them to claim their rights.

Marriage, often viewed as a source of protection against HIV, can be especially risky for young women who marry older men. Recent studies in some countries in Africa indicate that young married women are at higher risk of HIV infection than their sexually active unmarried counterparts. Wives' inability to make demands on their husbands, especially those who are much older; increased frequency of sexual relations; and less use of condoms all play a role. Meanwhile, with no cure in sight, access to condoms and female-controlled methods of prevention—female condoms and, in the future, microbicides—are an essential means of reducing the spread of HIV/AIDS. All health-care settings, including sexual and reproductive health centres, should provide HIV prevention and treatment services.

TREATMENT:

Ensure equal and universal access to treatment

In sub-Saharan Africa, it is estimated that only about 3 per cent of people in need of antiretroviral

therapy (ART) received it in 2003. The '3 by 5' initiative of the World Health Organization and UNAIDS, to provide HIV/AIDS treatment to 3 million people by the end of 2005, has made it possible to imagine a world in which HIV/AIDS is no longer a death sentence in developing regions. Yet women frequently are not able to access or benefit from ART even when it is available. Families of limited means may choose to pay for treatment for men rather than women; the cost of transportation to clinics may be too high for women who do not earn an income or have access to resources; and lack of property rights for women may increase the incentives to keep men alive who will be more likely to be able to provide for their families.

Governments and policy makers must ensure that national programmes address the constraints that make it difficult for girls and women to access ART and stay on it in the face of opposition and stigma. Health services can provide mobile health clinics, reduce or eliminate fees, provide child care at health centres and offer care to everyone in a family so no one member is treated at the expense of others. PMTCT (preventing mother-to-child transmission) sites are attempting to provide long-term services to women and their partners, and these services must be expanded. The best results come about when the larger community is involved in treatment and is encouraged to help and support family members and neighbours.

CAREGIVING:

Recognize and support home-based caregivers of AIDS patients and orphans

Globally, up to 90 per cent of the care due to illness is provided in the home by women and girls. This is in addition to the many tasks they already perform, such as taking care of children and the elderly, cooking, cleaning and fetching water and firewood. Yet poverty reduction strategies and national AIDS plans seldom take women's caregiving responsibilities into account. In developing nations, poverty and the privatization of public services have combined with AIDS to turn women's care burden into a crisis with far-reaching social, health and economic consequences.

Caring for an AIDS patient can increase the workload of a family caretaker by one third.

Throughout Africa, as more people die from the effects of AIDS, households are sinking deeper into poverty. A recent study in South Africa found that households that had experienced illness or death in the recent past were more than twice as likely to be poor as non-affected households and were more likely to experience long-term poverty.

Governments and policy makers must address the health-care needs of people living with HIV/AIDS so that individual women are no longer solely responsible for their care. Paid community health workers must supplement the work of caregivers and relieve their burden. In Haiti, the HIV Equity Initiative (HEI) model, using paid *accompagnateurs* to provide in-home health services, has been successful at relatively low cost. Other programmes involve men as caregivers. All over the world, both paid and volunteer caregivers need counselling, support and training in basic medical skills.

EDUCATION:

Promote girls' primary and secondary education and women's literacy

Studies show that educated women are more likely to know how to prevent HIV infection, to delay sexual activity and to take measures to protect themselves. Education also accelerates behaviour change among young men, making them more receptive to prevention messages. Universal primary education is not a substitute for expanded HIV/AIDS treatment and prevention, but it is a necessary, complementary effort.

A recent analysis suggests that if all children received a complete primary education, the economic impact of HIV/AIDS could be greatly reduced and around 700,000 cases of HIV in young adults could be prevented each year—7 million in a decade. In Uganda, where students learn about AIDS in the classroom, the number of students aged 13 to 16 in one school district who reported they were sexually active dropped from more than 60 per cent in 1994 to less than 5 per cent in 2001. Yet a recent worldwide study found that more than 40 per cent of countries do not include information about HIV/AIDS in their curricula. To be effective in the fight against AIDS, education systems must eliminate school fees in order to keep girls in school,

challenge gender stereotypes and misinformation, emphasize life skills, reinforce girls' participation and empowerment, eliminate sexual harassment and abuse and promote knowledge of sexual and reproductive health.

VIOLENCE:

Promote zero tolerance for all forms of violence against women and girls

Violence against women is both a cause and a consequence of HIV/AIDS. Research indicates that the percentage of women who will be affected by intimate partner violence during their lifetime ranges from 10 to 69 per cent depending on the country. During the 1994 genocide in Rwanda, hundreds of thousands of women were raped, many by men who were HIV-positive. Globally, up to 2 million women are trafficked every year, many of them at great risk of sexual abuse and all at risk of HIV infection. Yet if their HIV-positive status is known, many women risk being beaten, abandoned or thrown out of their homes. Many are afraid to ask their partners to change their sexual behaviour or use protection.

While violence and the fear of violence make it hard for women to access prevention, treatment and care, the very fact that they are living with violence seems to increase their susceptibility to HIV. Research carried out among 1,366 South African women showed that women who were beaten by their husbands or boyfriends were 48 per cent more likely to become infected by HIV than those who were not. A study in Tanzania found that HIV-positive women were over two-and-a-half times more likely to have experienced violence by their partner than HIV-negative women.

Gender-based violence is now one of the leading factors in the increased rates of HIV infection among women. Unless the link between the two is broken, it will be hard to reverse the epidemic. Promising approaches include: strengthening the health-care system, human rights protection, education, legal reform and community mobilization. In conflict situations, efforts are being made to offer protection and prophylaxis through humanitarian agencies. Increasingly, men are taking an active stand against violence against women and girls.

WOMEN'S RIGHTS:

Promote and protect the human rights of women and girls

Protecting the human rights of women and girls also protects them from HIV/AIDS. More than any other disease in recent decades, HIV/AIDS has exposed the social inequities that make girls and women vulnerable to infection. Women need to know that they have rights, that they can act in their own self-interest and that they will be supported by their communities and nations. We have seen the power of this kind of awareness and action among women and girls living with HIV and AIDS, who are speaking out for their rights.

The link to HIV/AIDS has led women and communities to challenge practices such as early marriage, female genital cutting and 'widow cleansing'. The same holds true for discriminatory property and inheritance laws and practices, which leave many AIDS widows homeless. A study in Uganda of HIV-positive widows revealed that 90 per cent of the women interviewed had difficulties over property with their in-laws, and 88 per cent of those in rural areas were unable to meet their household needs.

While change is coming about slowly, the pace is likely to increase as the link between discrimination and HIV becomes clearer. International human rights instruments can give structure and direction to the efforts of activists and governments. With HIV/AIDS decimating nations, guaranteeing human rights is essential for survival.

CHARTING THE WAY FORWARD:

The growing impact of HIV/AIDS on women and girls has reached crisis proportions, especially in southern Africa. A massive, concerted effort at all levels is required to confront the poverty and gender inequalities that drive the epidemic. Increasing the involvement of boys and men is critical. The real challenge is building political will, commitment and accountability. Funding must be increased and channelled to gender-sensitive programmes. Women who are living with HIV/AIDS must be supported and AIDS money must be made to work for women and girls.

Heads of State, government officials, policy makers and community and religious leaders must speak out strongly and urgently on the need to protect women and girls from violence and discrimination and to make gender and HIV/AIDS a highly visible priority. We can no longer regard women solely as victims; it is time to recognize and build on their strengths. Strategies to reverse the AIDS epidemic cannot succeed unless women and girls are empowered to claim their rights.



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