

Gender Equality, Women and HIV/AIDS

Global Statistics

- Slightly more than 50% all people living with HIV are women and girls. Globally in 2001, 50.94% of women were living with HIV, in 2009 that percent has increased to 51.62%¹.
- Globally, the percentage of men living with HIV continues to decrease².
- 26% of all new infections are among young women ages 15-24³.
- HIV is leading cause of death among women of reproductive age⁴.
- The proportion of pregnant women in low- and middle-income countries who received an HIV test reached 26%, up from 21% in 2008 and 7% in 2005⁵.

Regional Statistics

Africa

- Women and girls comprise 60% of all Africans living with HIV⁶

Sub-Saharan Africa

- About 40% of all adult women with HIV are living in South Africa.⁷
- In Sub-Saharan Africa in 2001, 58.92% of women were living with HIV, in 2009 that percent has increased to 59.61%⁸.
- In sub-Saharan Africa, more women than men are living with HIV, and young women aged 15-24 are at least 8 times more likely than men to be HIV positive. Protecting women and girls from HIV means protecting gender-based violence and promoting economic independence from older men.⁹
- Botswana, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe showed a significant decline in HIV prevalence among young women or men in national surveys.¹⁰
- In East and Southern Africa, 68% of pregnant women living with HIV received antiretroviral medication to prevent mother-to-child transmission in 2009 (up substantially from 15% in 2005). In West and Central Africa, however, coverage lags at 23%.¹¹
- One half of people living with HIV globally are women and 76% of all HIV-positive women live in sub-Saharan Africa.¹²

¹ UNAIDS. 2010. *Report on the Global Aids Epidemic*, pg 10.

² Ibid, see appendix

³ UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroads*.

⁴ UNAIDS. 2011. Press release *AIDS at 30 Report: Nations at the Crossroads*.

⁵ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 78

⁶ UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroad*, pg 80.

⁷ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 28.

⁸ Ibid, see appendix

⁹ Ibid, pg 10.

¹⁰ Ibid, pg 19.

¹¹ Ibid, pg 78.

¹² Ibid, pg 130.

Asia

- In Asia overall, women account for a growing proportion of HIV infections: from 21% in 1990 to 35% in 2009¹³.
- In 2001, 98,000 women were living with HIV, in 2009 that number increased to 220,000¹⁴.
- In 2001, 28% of women were living with HIV, in 2009 that percentage increased to 29%¹⁵.

Eastern Europe and Central Asia

- By 2009, an estimated 45% of people living with HIV in Ukraine in 1990 were women, compared with 41% in 2004 and 37% in 1999. An estimated 35% of women living with HIV probably acquired HIV through injected drug use, while an additional 50% were probably affected by partners who inject drugs¹⁶.
- As the epidemic spread from predominately male populations who inject drugs to their sexual partners, the proportion of women living with HIV is also growing¹⁷.
- In 2001, 180,000 women were living with HIV, in 2009 that number increased to 240,000¹⁸.
- In Eastern Europe, prevalence of HIV among men has dropped by more than 5%¹⁹.

Caribbean

- In the Caribbean region, in 2009, an estimated 53% of people living with HIV were female (in 2001, the percentage was the same)²⁰.
- The Caribbean remains the only region, besides sub-Saharan Africa, where women and girls outnumber men and boys living with HIV²¹.
- In 2009, women comprised about 26% of all people living with HIV in North American and 29% of those in Western and Central Europe²².
- 7000 women needed treatment to prevent vertical transmission but only 4000 received it²³. In other words, only 57% of HIV-positive women receive treatment.
- A study conducted in Botswana and Swaziland showed that food insecurity was associated with inconsistent condom use with a “non-primary” partner: women reporting food insufficiency in the previous 12 months had 80 percent increased odds of selling sex for money and resources, 70% odds of engaging in unprotected sex and reporting lack of sexual control and 50% odds of intergenerational sex²⁴.

Young Women (15-24) Statistics:

- An estimated 5 million young people are living with HIV– 23%, which down by 12% since 2001, where 5.7 million young people were living with HIV²⁵.
- Young people make up an estimated 41% of new infections. Most of them live in sub-Saharan Africa, most are women, and most do not know their status²⁶.
- Young women make up more than 60% of all young people living with HIV²⁷.

¹³ Ibid, pg 34.

¹⁴ Ibid, see appendix

¹⁵ Ibid, see appendix

¹⁶ Ibid, pg 39.

¹⁷ Ibid, pg 39.

¹⁸ Ibid, see appendix

¹⁹ Ibid, see appendix

²⁰ Ibid, pg 42.

²¹ Ibid, pg 43.

²² Ibid, pg 50.

²³ UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroad*, pg 88.

²⁴ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 76.

²⁵ UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO, and World Bank. *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood*.

²⁶ Ibid

²⁷ Ibid

- In sub-Saharan Africa, the number jumps to 72%²⁸.
- Swaziland has the world's highest HIV prevalence among people aged 15-49 at about 26 per cent. Here, women aged 15-19 years old have a 10% chance of HIV infection. By age 20-24, the figure more than doubles to 38%. It reaches 49% by age 25-29²⁹.
- In several regions, the number of adolescent girls aged 10-19 living with HIV is about double that of adolescent boys. In Eastern and Southern Africa, an estimated 760,000 girls are living with the virus, compared to 430,000 boys. In West and Central Africa, the figure is 330,000 for girls and 190,000 for boys³⁰.

Human Rights and Gender Equality:

- Human rights and gender equality are critical to effective responses to HIV³¹. Although gender relationships, practices and HIV epidemic differ around the world, power imbalances, harmful social gender norms, gender-based violence and marginalization clearly increase the vulnerability of both women and men to HIV infection.

HIV Prevention, Treatment, Care and Support

- Efforts to promote universal access to HIV prevention, treatment, care and support services require a sharper focus on women and girls³².
- 74% of young men know that condoms are effective in preventing HIV infection compared to just 49% of young women³³.
- 53% of HIV-positive pregnant women received PMTCT treatment in 2009³⁴.
- More than 50% of pregnant women who tested positive for HIV in 2010 were assessed for their eligibility to receive antiretroviral therapy for their own health³⁵.
- Only 15% of HIV positive pregnant women whose HIV status is detected while accessing maternal and child health services also receive antiretroviral therapy for their own health³⁶.

The HIV epidemic is intertwined with sexual and reproductive health.

- A review of maternal mortality data revealed that HIV-related causes contributed to at least 20 percent of maternal deaths³⁷.
- Countries with high HIV prevalence among young women are equally challenged by high teen pregnancies rates, and the consequences of unintended pregnancies in terms of unsafe abortion³⁸.
- According to WHO, each year about 16 million women 15-19 years old around the world give births, with most living in sub-Saharan Africa. In addition at least 2.5 million adolescents have unsafe abortions every year.³⁹ Recent research carried out by civil society on sexual and reproductive health policies, undertaken in 12 countries in sub-Saharan Africa, Central and South America, the Caribbean, South-East Asia,

²⁸ Ibid

²⁹ Ibid

³⁰ Ibid

³¹ UNAIDS. 2010 Report on the Global Aids Epidemic, 122.

³² UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 121.

³³ UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroad*, pg 52.

³⁴ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 76.

³⁵ Ibid

³⁶ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 76.

³⁷ Ibid, pg 134.

³⁸ Ibid, pg 133.

³⁹ Ibid, 134.

and Eastern Europe by GESTOS, Brazil (43) confirms that countries have reproductive and sexual health policies oriented towards women in place but generally fail to translate these into comprehensive services, leaving many sexual and reproductive health needs unmet⁴⁰.

Violence and HIV infection are often associated and require integrated responses.

- In some countries, more than 60% of women have experienced physical or sexual violence from their most recent spouse or co-resident partner⁴¹.
- Nearly 20% of women in Namibia who participated in discussions and interviews with the International Community of Women Living with HIV (ICW), reported that they had been coerced or forced into sterilization⁴².
- Women living with HIV are more likely to experience violence due to their HIV status⁴³.
- Research from Africa and India has consistently found that women who have experienced partner violence are more likely to be infected with HIV⁴⁴.
- WHO found in a multi-country study, that between 15% and 71% of women reported physical or sexual violence by a husband or partner⁴⁵.
- 1 in 3 women globally will be sexually or physically or emotionally abused in her lifetime⁴⁶.
- In Swaziland, which has one of the highest levels of HIV prevalence, a 2007 study showed that 33% of females 13-24 years old reported experiencing some form of sexual violence before reaching 18 years of age⁴⁷.
- In a 2010 study in South Africa, power inequity in relationships and intimate partner violence increased the incident risk of HIV infection among young South African women. Prevalence of population-attributable risk was 14% for power inequity in relationships and 12% for intimate partner violence. Few countries have undertaken action to prevent violence and empower survivors of violence. It is notable that countries might have laws in place to punish rapist but few have legislation that penalizes domestic violence⁴⁸.
- The NGO, GESTOS undertook research which found that few countries have undertaken focused actions to prevent violence or to empower women survivors of violence. This finding is confirmed by the recent WHO/UNAIDS publication, indicating that effective programmatic models such as Stepping Stones, IMAGES, and Sasa! have so far only been incorporated to a limited extent in the HIV response.
- It is notable that countries might have laws in place to punish rapists, but few have legislation that penalizes domestic violence. The prevalence of violence against women can be as high as 50% in some countries. The limited availability of epidemiological data on violence underlines the urgent need for additional evidence to guide policy and programmatic action to address it⁴⁹.
- In Rwanda, women who had been sexually coerced by male partners were 89% more likely to be HIV positive⁵⁰.

⁴⁰ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 134.

⁴¹ UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroad*.

⁴² Ibid

⁴³ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 134.

⁴⁴ UNAIDS & WHO. 2010. *Addressing Violence Against Women and HIV/AIDS, What Works?*

⁴⁵ WHO. 2010. *Preventing Intimate Partner and sexual Violence Against Women, Taking Action and Generating Evidence*.

⁴⁶ UNAIDS. 2007. *AIDS Epidemic Update*.

⁴⁷ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 138.

⁴⁸ Jewkes et al. 2010. *Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study*. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60548-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60548-X/fulltext)

⁴⁹ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 136.

⁵⁰ UNAIDS & WHO. 2010. *Addressing Violence Against Women and HIV/AIDS, What Works?*

- In India, women who had experienced both physical and sexual violence from intimate partners were over three times more likely to be HIV positive than those who had experienced no violence⁵¹.
- A study in Rwanda showed that women with few, if any, sexual risk factors for HIV but who have experienced sexual, physical or emotional abuse within their marriages were between 1.61 and 3.46 times more likely to test HIV-positive⁵².
- VAW is acceptable in many countries⁵³.
- In Tanzania, women seeking voluntary counselling and testing who had experienced violence were more likely to be HIV positive. Among women under 30 years, those who had experienced violence were about 10 times more likely to be HIV positive⁵⁴.
- In South Africa, women seeking routine antenatal care who had experienced physical or sexual violence were 53% more likely to test HIV positive. Women experiencing high levels of gender power inequality in relationships were 56% more likely to test HIV positive⁵⁵.

Significant strides in mother-to-child transmission

- Worldwide, 53% of women in low- and middle-income countries received antiretroviral medication to prevent mother to child transmission of HIV in 2009, versus 45% in 2008 and 15% in 2005⁵⁶.
- The proportion of pregnant women in low and middle income countries who received an HIV test reached 26%, up from 21% in 2008 and 7% in 2005⁵⁷.
- 15% of pregnant women living with HIV whose HIV status were detected while accessing maternal and child health services were also provided antiretroviral therapy for their own health at the same time⁵⁸.

Engaging men is crucial to effectively responding to HIV

- Despite evidence that beneficial behaviour change can be achieved, few HIV programmes engage men and boys⁵⁹.
- UNGASS reporting confirms that governments in only 60% of countries report having promoted greater involvement of men in reproductive health programs in information, education, and communication of reproductive health⁶⁰.

Women are included in HIV strategies but budgetary allocations are insufficient

- Governments in 80% of countries (137 of 171) reported that they include women as a specific component of a multisectoral HIV strategy, but the rate of inclusion of women differs by geographical regions. The number of countries with a specific budget for HIV activities related to women is considerably lower: 46% (79 of the 171 reporting countries). Among countries in sub-Saharan Africa, nearly all strategic plans include interventions benefiting women, and three quarters countries allocate budget

⁵¹ Gay, J. et al. 2010. *What Works for Women and Girls: Evidence for HIV/AIDS Interventions*. New York: Open Society Institute. www.whatworksforwomen.org. (Silverman, 2008)

⁵² Ibid (Dude, 2009)

⁵³ Ibid (Andersson et al, 2008)

⁵⁴ UNAIDS & WHO. 2010. *Addressing Violence Against Women and HIV/AIDS, What Works?*

⁵⁵ Ibid

⁵⁶ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, pg 78.

⁵⁷ Ibid, pg 78.

⁵⁸ Ibid, pg 99.

⁵⁹ Ibid, pg 121.

⁶⁰ Ibid, pg 136.

accordingly, indicating a greater awareness of the need for and benefits of women-centred AIDS responses⁶¹.

- Rwanda was ranked first in the world in 2009 with women comprising more than 50% of the representation in the national parliament, while in Angola, Burundi, Lesotho, Mozambique, Namibia, South Africa, Tanzania and Uganda more than a quarter of the representatives in parliament are women⁶².
- Include gender equity in national and regional legal frameworks, and in school curricula⁶³.

Stigma and discrimination

- In 2010, 91% of governments reported that they address stigma and discrimination as cross cutting issues in their national strategies. Further, from nongovernmental sources that have consistently reported on the National Composite Policy Index (NCPI) since 2006, reports of programmes to address stigma and discrimination have doubled in less than five years (92% in 2010 against 46% in 2006). This improvement indicates increased acknowledgement of the importance of working to eliminate stigmatization of, and discrimination against, people living with HIV. However, these reports refer only to the existence of such programmes. They do not confirm whether efforts are implemented at sufficient scale and of a quality to make real and sustained improvements to the lives of people living with HIV and other members of key populations at higher risk of exposure⁶⁴.

What Can Be Done

- To achieve universal goals toward HIV prevention, treatment care and support, the AIDS response needs to be women centered and include a dedicated budget to address their needs⁶⁵.
- Given that violence is widespread, there is a clear association between violence against women and the spread of HIV, national HIV responses must include specific interventions to address violence⁶⁶.
- All countries need to ensure that women have access to integrated quality HIV and sexual and reproductive health services that enable women to exercise their rights.⁶⁷
- Men and boys need to be engaged in innovative approaches to change harmful social and cultural practices and norms, as part of HIV prevention⁶⁸.
- Maternal and child health services must be strengthened so that all pregnant women living with HIV can access comprehensive services for preventing maternal and child mortality and infants from becoming newly infected and for providing antiretroviral therapy for mothers⁶⁹.

⁶¹ Ibid, pg 134.

⁶² UNAIDS. 2011. *AIDS at 30 Report: Nations at the Crossroad*, pg 80.

⁶³ UNAIDS, 2010. *Report on the Global AIDS Epidemic*, 87

⁶⁴ Ibid, pg 122.

⁶⁵ Ibid, pg 137.

⁶⁶ Ibid, pg 137.

⁶⁷ Ibid, pg 137.

⁶⁸ Ibid, pg 137.

⁶⁹ Ibid, pg 115.