

# **Primer on Women and Global HIV/AIDS Disparities: An Overview of the UNAIDS/UNFPA/UNIFEM Joint Report: “Women and HIV/AIDS: Confronting the Crisis”**

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## **Background**

HIV/AIDS is no longer an epidemic that affects mainly men. Globally, young women are 1.6 times as likely to be living with HIV/AIDS as young men. In Sub-Saharan Africa, the region most heavily affected by the epidemic, women's infection rate has been increasing at a faster rate than men's since 1985. This is especially true for the younger age cohort (ages 15-24) in which women are now three times as likely to be infected as men.

At the heart of the differing rates of HIV infection lies gender inequality, making women less able to exercise control over their own bodies and lives. Just by filling their gender roles, as daughters, wives and mothers, women are more vulnerable to infection. Because many do not own property or have access to an inheritance and have fewer economic and educational opportunities, women depend on men for support. This dependence can lead to exploitative relationships, which render women unable to negotiate safe sex practices and place them at increased risk of infection. Poverty, and the ensuing lack of opportunities/alternatives, pushes women into risky sexual relationships, whether with commercial sex work, “sugar daddies” (men who pay for food, clothing and school fees for young women in exchange for sexual favors) or exploitative relationships with husbands/boyfriends. As the epidemic grows and illness increases, women bear the brunt of caring for ailing family members and supporting orphaned children, even while they are disproportionately suffering from the disease.

Many prevention and treatment policies/practices do not take into consideration the specific needs and circumstances of women. Violence, poverty, inequality and lack of basic rights, all of which disproportionately affect women, need to be addressed if HIV/AIDS is to be brought under control.

## **Prevention**

Prevention is essential to curbing the spread of the HIV epidemic. Adequate access to prevention services could prevent 29 of the 45 million new infections projected to occur by the end of the decade. Women need both the knowledge and the power to use knowledge to prevent HIV infection. Although they are three times more likely than their male peers to be living with HIV, young women know substantially less than young men about how to prevent HIV infection. In sub Saharan Africa 53% of young women know that a healthy looking person can be HIV positive compared to 64% of young men. One study reported that only 20% of women aged 15-24 could identify two ways to prevent HIV and the common misconceptions about the disease.

Even when women do know how HIV is transmitted and how to prevent infection they often do not have the ability to exercise this knowledge. In many countries women get married early to older men (viewed as more likely to provide security) or engage in sexual relationships with “sugar daddies” in order to ameliorate their poverty. Recent

studies have shown that being married is a significant risk factor for contracting HIV and the greater the age disparity between the husband and wife, the more likely the wife is to be infected. The higher prevalence of HIV among married women is due, in part, to their inability to employ prevention methods such as the ABCs (Abstinence, Be Faithful, Use Condoms). Women can rarely negotiate condom use with their husband for fear of being perceived as unfaithful or not trusting. Abstaining is not an option because sex is seen as part of a woman's marital contract. Finally, women can not control the extent to which their husbands are faithful because threatening to leave an infidel relationship is not always an option. Moreover, because many cultures condone or even encourage men to have multiple partners there is not much women can do to prevent HIV transmission through this route.

Voluntary counseling and testing (VCT) is increasingly being viewed as a strategy that is more likely to protect women from infection than ABC. Studies show that VCT can contribute to a reduction in unprotected sex, a reduction in partners, an increase in condom use, and more people choosing abstinence. This prevention strategy is also more applicable to married women because knowing his HIV status is one of the few things that will convince a man to use a condom, abstain with his wife, or limit his number of partners.

## **Treatment**

Women face formidable challenges in accessing HIV/AIDS treatment. HIV positive women experience more discrimination and stigma than HIV positive men. Where money is limited, families often choose to pay for medication for the men in the household rather than the women. This is especially true in countries where women are not permitted to hold property rights. Women also face greater stigma than men when revealing their HIV status and are often blamed and risk violence or abandonment when their partners find out. As a result of increased stigma and discrimination, women are less likely to want or be able to access treatment services.

In order to ensure universal and equal access to treatment for HIV positive women, programs that take the disproportionate levels of stigma and discrimination that women face into consideration must be developed. During VCT, counseling must be improved and increased to help women deal with the stigma that comes with revealing a positive status. VCT must also ensure that women are given referrals to additional resources when their status puts them at risk for abuse or abandonment. Counseling for stigma is also important because it has been shown to reduce the stigma of HIV in the first place and to help clients adhere more carefully to their ARV regimens.

Because discrimination against women, gender stereotypes, women's domestic responsibilities and restrictions on their access to resources make it difficult for them to access health care unless they are pregnant, services need to be expanded to ensure that young women and women who are not pregnant are able to utilize a country's healthcare system. To counteract these disadvantages, health services must reach out to women by providing mobile health centers, reducing or eliminating fees, providing child care at health centers and offering care to everyone in the family so no one is treated at the expense of others.

## **Caregiving**

Globally, up to 90% of the care due to illness is provided in the home by women and girls. In many of the hardest-hit nations – and increasingly in all countries affected by HIV/AIDS – women and girls take on the major share of care work by nursing the sick and taking in AIDS orphans, while trying to earn an income and/or grow crops, which may be the family's only means of survival. Throughout Africa, as more people die of AIDS, women become heads of households and sink deeper into the poverty that disproportionately affects female-headed households. Much of this poverty is attributable to the care giving responsibilities of women. Needing to care for their children and adopted orphans as well as AIDS patients, women have little time to devote to income-generating activities. Caring for an AIDS patient alone can increase the workload of a family caretaker by one third. As the crisis deepens, therefore, girls are being taken out of school to provide home-based care, which further limits their future opportunities.

In order to alleviate the extra burden that is placed on women and girls as a result of the HIV epidemic, programs must be developed that recognize and support home-based caregivers of AIDS patients and orphans. One way to accomplish this is through community-based programs that pay women to provide basic care for AIDS patients. This type of program provides a means of income for women and the families that are increasingly relying on them and also reduces some of the burden on families and health care facilities that are struggling to provide care. Training and support programs should also be developed that equip women and girls with the resources, skills and psycho-social support they need to care for ailing family members.

## **Education**

Education is key to an effective response to HIV/AIDS. 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. New analysis by the Global Campaign for Education suggest that if all children received a complete primary education, 7 million new HIV cases could be prevented over a decade. This study also determined that primary level education is the “minimum threshold needed to benefit from [health information] programs.” Unfortunately, in Sub-Saharan Africa, 54% of girls do not complete primary school. In general, countries with unequal access to education, with fewer girls attending school than boys, have higher infection rates among both men and women than similar countries with more equal schooling.

In order to be most effective in reducing the impact of HIV/AIDS, not only do schools need to take up and retain more students (especially young girls), but the education systems must be transformed. Schools' mandate must include imparting more than pure knowledge. They should challenge gender stereotypes and misinformation, train girls in skills that can provide economic opportunities, reinforce girls' participation and empowerment and promote knowledge of sexual and reproductive health, including ways to prevent unwanted pregnancy, STI's and HIV/AIDS. Many countries have taken important steps such as eliminating school fees and incorporating HIV/AIDS education into the curriculum but the great majority still offers neither of these basic preventative measures that could drastically curb the spread of the epidemic.

## **Violence**

Violence against women is both a cause and consequence of HIV/AIDS. The true extent of violence against women is unknown but current research indicates that one in four women will experience sexual violence by an intimate partner in her lifetime. Controlling for other factors, women who are beaten or dominated by their partners are approximately 50% more likely to become infected by HIV than women who live in non-violent households. Furthermore, if their HIV-positive status is known, many women face an even greater risk of being beaten, abandoned or thrown out of their homes. Fear of violent repercussions prevents women from accessing prevention and treatment services, or complying with services when they do utilize them. Women are also at greater risk of being infected during times of war/conflict because of the greater incidence of rape and the dissolution of police, judicial and health services. In the Democratic Republic of Congo, some 60% of the militia who roam the countryside raping, torturing and mutilating thousands of women and girls are believed to be HIV-positive, and virtually none of the victims have access to services and care.

Addressing gender-based violence requires a multi-faceted approach. Effective interventions already in-place use a variety of approaches: utilizing the health-care system, human rights protection, education, legal reform and working with community groups. Involving men is also an important part of the transformation process. In several countries, health workers are being trained to recognize signs of gender-based violence and to provide medical care as well as counseling and referral services. Some clinics are also able to offer post-exposure prophylaxis for HIV. Legal reforms supported by a human rights agenda are also creating progress to end gender-based violence. In various countries, convictions for rapists have become more common, domestic violence has been criminalized, health professionals have been obligated to report violence and police have begun to treat it as a crime. In conflict settings these legal reforms make little difference and the rule of law is virtually nonexistent. Nevertheless, international relief organizations and NGOs are attempting to distribute kits to women that contain post-exposure prophylaxis, condoms and other medications that are a small but critical part of women's health care needs. Peacekeepers can also play a part in reducing the spread of HIV in these settings if they are educated in HIV/AIDS prevention, gender awareness and peer communication.

## **Women's Rights**

Women's rights are threatened both by traditional practices and discrimination in modern settings. HIV/AIDS makes the need to change practices such as early marriage, female genital cutting and 'widow-cleansing' more urgent. Despite laws in most countries establishing a legal age of 18 for girls to marry, 82 million girls, generally from poor families, will marry before their 18<sup>th</sup> birthday, and will be more likely to become infected than their peers who are not married.

One of the most serious economic effects of HIV for women has been the loss of property, as a result of traditions that prohibit women from inheriting her husband's possessions. This can be devastating for poor women whose only resource may be her husband's property. Human Rights Watch has called the problem of property rights in Sub-Saharan Africa "catastrophic," leading to women ending-up "homeless or living in slums, begging for food and water, unable to afford health care or school fees for their

children, and at grave risk of sexual abuse or exploitation.” Countries that have legal protection for women for property inheritance often fail to implement or enforce this protection. A study in Bangladesh found that only 32% of widows received their rightful (legally protected) share of an inheritance from their husbands. This is due, in larger part, to the fact that women are unaware of their rights.

International human rights instruments can give structure and direction to activists’ efforts to get legal frameworks protecting women’s rights created, implemented, and enforced. Internal political will is also crucial to making sure such policies are developed and enforced, and women’s rights activists can be critical in pushing for this awareness. Unfortunately, political will is easily deflected by economic concerns, military threats and limited resources. However, it has long been recognized that ensuring women’s human rights is essential to growth and development. Therefore, it is up to policy makers to ensure that these human rights have a place alongside more commonly acknowledged development goals.

### **Charting the Way Forward**

As this report shows, the growing impact of HIV/AIDS on women and adolescent girls has reached crisis proportion, particularly in Southern Africa. In order to address the crisis, the particular needs and vulnerabilities of women and girls must be addressed. Immediate action is needed in the following key areas.

- Ensure that adolescent girls and women have the knowledge and means to prevent HIV infection
  - Empower women economically
  - Increase access for women to both male and female condoms
  - Provide HIV prevention in all health care settings
- Ensure equal and universal access to treatment
  - Provide access to voluntary counseling and testing to address stigma, discrimination and gender-based violence associated with HIV
- Promote girls’ primary and secondary education and women’s literacy
  - Eliminate school fees
  - Promote zero tolerance of violence against and harassment of women and girls in schools
  - Incorporate education about HIV into the curriculum
  - Promote girls’ leadership and self-esteem in the classroom
- Recognize and support home-based caregivers of AIDS patients and orphans
  - Provide training, counseling, and psychological support to home-based caregivers and volunteers
  - Strengthen public health facilities to relieve caregivers workload
  - Develop community health workers programs that compensate women for providing care in the home setting
- Promote zero tolerance of all forms of violence against women and girls
  - Provide counseling services for women and girls who have experienced sexual violence
  - Ensure that humanitarian responses to crisis situations include sexual and reproductive health services and counseling

- o Actively involve men in campaigns to change masculine norms and behaviors
  - o Provide access to free post-exposure prophylaxis for HIV
- Promote and protect the human rights of women and girls
  - o Create and revise laws that promote the rights of women and girls
  - o Protect women's property and inheritance rights
  - o Provide free or affordable legal services

Strong leadership at all levels is required to address gender inequality as a central driver of the HIV/AIDS epidemic and reverse the spread of the disease. Governments and economic policy makers must redirect existing resources to address the needs and realities of women and girls and the international community must make new resources available. Without leadership and political will, and without the necessary funding, the situation for women and girls will continue to deteriorate and the HIV epidemic will spread faster and farther.