



# Women

## International Women's Day 2004



BACKGROUND

## Women and HIV/AIDS: Advocacy, Prevention and Empowerment

The global AIDS epidemic crossed a significant threshold in 2003 when, for the first time, according to new statistics, half of those living with HIV were women.

At the outset of the epidemic in the 1980s, women were considered marginally at risk from a virus that seemed to be confined to men who have sex with men, sex workers and intravenous drug users. Now, HIV has infected tens of millions, many of them women who contracted it from their husbands or partners. AIDS has become the worst pandemic in human history – one from which no one is immune, regardless of gender, race, class or sexual orientation.

Young people are especially at risk, and particularly young women who in many countries have limited access to information and public health services. Young women and girls are less likely to be educated than young men and more prone to coercion and violence in sexual relationships. Because of their unequal status, women and girls have unequal access to prevention, treatment and care programmes. In some countries with limited resources, treatment may be reserved for certain “priority groups” such as the military or civil servants.

More than a health crisis, HIV/AIDS is a global development challenge. Discriminatory property and inheritance rights, and unequal access to education, public services, income opportunities and health care, as well as ingrained violence, render women and girls particularly vulnerable to HIV infection. Women living with HIV/AIDS suffer the additional burdens of stigma, discrimination and marginalization.

In recognition of the devastating impact AIDS has on women today, the UN Inter-Agency Network on Women and Gender Equality decided that International Women’s Day, observed annually on 8 March, would in 2004 focus on women and HIV/AIDS.

### Biological Factors of Vulnerability

One of the apparent cruelties of the HIV/AIDS epidemic is that women are at a biological disadvantage relative to men in terms of contracting the disease. Male-to-female transmission is much more likely to occur than female-to-male. In fact, studies have shown that women are twice as likely as men to contract HIV. In the developing world at the end of 2003, more than half of those living with HIV were women, and in sub-Saharan Africa, young women aged 15 to 24 were 2.5 times more likely to be infected than young men.



Physiologically, women are more vulnerable to HIV infection because they are more likely to develop microlesions during sexual intercourse, and laboratory tests have shown that male semen contains higher concentrations of virus than female secretions per unit volume. Additionally, because the reproductive systems of young girls are underdeveloped, they are more prone to microlesions, especially when sex is coerced. As with all sexually transmitted infections (STIs), women are estimated to be twice as vulnerable as men, and the presence of untreated STIs is a further risk factor for contracting HIV.

While condom use and distribution have received widespread support and financing, microbicides and female-controlled protection methods have been under-researched and under-funded. Since women continue to be at a disadvantage in negotiating safe sex, more resources need to be channelled towards finding new methods of protection that are designed for and accessible to women.

### **Epidemic Fuelled by Violence**

Beyond the biological aspects of HIV and its rampant spread lie a series of social, economic and cultural factors that are equally challenging for and detrimental to women. One of the most important of these is violence, which violates women's human rights and increases their vulnerability to HIV infection.

Domestic violence is one of the most insidious forms of violence against women. It is prevalent in all societies and affects women of all ages. Ten to 50 per cent of women globally report physical abuse by an intimate partner at least once in their lives, and this is often accompanied by sexual violence. Domestic violence is one of the leading causes of injury to women in almost every country in the world.

In situations of armed conflict, women experience all forms of violence, including sexual assault. Recent examples from Bosnia and Herzegovina, Timor-Leste, and Rwanda, reveal systematic use of rape and sexual violence as tools of war. Clinical data from the Sudan reported that HIV rates among expectant mothers were 6-8 times higher in war-torn areas than in demilitarized zones.

Trafficking in women and sexual exploitation also put women at high risk of HIV infection, violence and abuse.

Even the threat of violence can seriously undermine AIDS prevention efforts. Fear of violence prevents women from seeking information about HIV/AIDS, testing, prevention of mother-child transmission, treatment and counselling.

### **Coercion – an Added Risk**

The high incidence of non-consensual sex and the inability to negotiate safer sex also contribute to the rapid spread of HIV among women. In one recent survey in South Africa, over one third of young women reported they were afraid of refusing sexual advances and over one-half admitted to having sex only because of a partner's insistence. An alarming number, between 20 and 48 per cent, reported that their first sexual encounter was forced.

Women often contract HIV from husbands or intimate partners who have multiple sex partners. Many societies tolerate and even encourage men to engage in such high-risk behaviour and deem promiscuity a sign of masculinity. The long incubation period of the virus before symptoms of AIDS develop can lead to a false sense of complacency.





All over the world, civil society and community groups are working to change practices, values and behaviours that discriminate against women, and to ensure that gender perspectives are incorporated into efforts to combat HIV/AIDS.

## Economic and Legal Barriers

Another factor contributing to the AIDS crisis among women is their economic and financial dependency on men. Issues of ownership of, access to and control over land, housing and other property acquire particular urgency for HIV-positive women or widows and children orphaned by AIDS. Many countries still have laws that discriminate against women or legal systems that give women unequal status.

When women lack title to land or housing, their economic options diminish and they are more vulnerable to poverty, violence and homelessness. Poverty can lead women towards desperate measures such as enduring abusive relationships or engaging in unsafe sex in exchange for money, housing, food or education.

In many countries, women's rights to land and property are secured through marriage. If the marriage ends through abandonment, divorce or death, a woman's right to land or home may also cease. Frequently, poor and illiterate women have no practical resources available to appeal for help through the legal system.

These hardships are compounded in the case of women living with HIV/AIDS. The stigma and discrimination associated with AIDS can have a devastating impact on women and their families. When women are rejected by their families because of their HIV status, or widowed because of AIDS, they risk losing all claims to family assets, particularly in countries where traditional legal systems are in place. The relatives of a deceased spouse may claim inheritance rights, leaving widows and orphans vulnerable to destitution.

Protecting women's equal status through legal reform can mitigate the negative consequences of AIDS experienced by women and their dependants. Reforms such as upholding female property and inheritance rights can actually reduce the spread of HIV by promoting women's economic security and empowerment and reducing their vulnerability to domestic violence, unsafe sex and other AIDS-related risk factors.

## Educating Girls Is Critical

Girls account for 57 per cent of the estimated 104 million primary school-aged children not enrolled in school. Girls are also more likely than boys to drop out of school because of early marriage, pregnancy, economic hardship, or family duties.

In countries with high rates of HIV infection, the number of girls enrolled in school has decreased in the last decade. Surveys have shown that fewer girls than boys aged 15 to 19 have basic knowledge about how to protect themselves from HIV/AIDS and many misconceptions are common in areas with limited access to accurate information. Such misconceptions can lead to the creation of myths that are particularly harmful to girls, such as 'having sex with a virgin can cure HIV' and similar fallacies.

Educating girls is an effective way of empowering them to become more informed and equipped to succeed in life. It also prevents the spread of HIV and other STIs by giving them greater access to information. Girls who stay in school longer and obtain life skills and health education generally become sexually active later and have more awareness of prevention methods and the importance of testing.





Steps recommended to increase educational opportunities for women and girls include abolishing school fees and offering financial incentives to keep girls in school. More strategic investment and prevention policies are required at all levels to ensure that girls and women receive the education and protection they need to lead safer, more productive and healthier lives.

## Sharing the Care Burden

Around the world, women are the primary providers of domestic work and care for family members. The term ‘care economy’ is sometimes used to describe the many tasks carried out mostly by women and girls at home such as cooking, cleaning, fetching water and wood and caring for household members. The value of the time, energy and resources required to perform this unpaid work is rarely recognized or accounted for despite its substantial contribution to national economies and society in general.

The AIDS pandemic has significantly increased the care burden of many women. Poverty and inadequate public services contribute to making the burden unviable for many women with consequent social, health and economic implications. Women and girls pay a high price in lost opportunities when undertaking unpaid care for family members or others with HIV or AIDS-related illnesses since they are prevented from investing their time in other activities that generate income, improve education or impart skills. AIDS is contributing to the feminization of poverty and disempowerment of women, particularly in the regions hardest hit by the epidemic.

Women and girls who carry the burden of HIV/AIDS often lack adequate material and moral support. More needs to be done to provide them with training and health care materials, such as disposable gloves and medicines as well as supplemental food and means for paying school fees and other educational costs. Home care programmes also need to include counselling, and income generation opportunities for widows.

These programmes should involve men and boys to help change traditional attitudes and cultural beliefs about gender roles. Men and boys need to adopt responsible sexual behaviour and become involved in care and support. They need to practice egalitarian and consenting sexual relations and provide caring roles in relation to pregnancy, birth and child-rearing. Men have critical roles to play in promoting women’s economic rights and independence, including access to employment, appropriate working conditions, control of economic resources and full participation in decision-making.

Advocacy must be strengthened and awareness raised about the magnitude of women’s unpaid care work in terms of the social and economic costs and benefits involved, to themselves, their communities and society as a whole. The UN and its inter-governmental and non-governmental partners are encouraging policy-makers to extend social protection to caregivers through action at the global, national, community and household levels.

## Global Coalition on Women and AIDS

In February 2004, a UNAIDS-initiated group was established of women and men committed to mitigating the impact of AIDS on women and girls. The Global Coalition on Women and AIDS was launched to raise support and to energize and drive AIDS-related programmes and projects aimed at improving the daily lives of women and girls.





The Coalition identified seven key areas for action, namely:

- **preventing HIV** infection among girls and women;
- **reducing violence** against women;
- **protecting the property and inheritance rights** of women and girls;
- **ensuring women's and girls' equal access to care and treatment**;
- **supporting improved community-based care** with special focus on women and girls;
- **promoting access to prevention options** for women, including **microbicides and female condoms**;
- **supporting ongoing efforts towards universal education** for girls.

The Coalition is headed by a Global Steering Committee that represents a broad range of partners (UN agencies, non-governmental and civil society organizations) from all regions of the world. Members include women and men from a wide range of specialty areas: politicians, scientists, activists and celebrities. In recognition of the critical importance of involving HIV-positive persons in public awareness campaigns, around 20 per cent of the Steering Committee members identify themselves as HIV-positive. Meeting once a year and communicating regularly through a website, the Coalition is coordinated by UNAIDS.

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