



UNITED NATIONS SPECIAL SESSION ON HIV/AIDS

25 - 27 June 2001 New York

Fact Sheet

Gender and HIV/AIDS

Gender roles and relations powerfully influence the course and impact of the HIV/AIDS epidemic. Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV infection, the ways in which AIDS affects them, and the kinds of responses that are feasible in different communities and societies.

- Gender inequalities are a major driving force behind the AIDS epidemic. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves against HIV/AIDS and cope with its impact. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in all spheres of life.
- Gender-based inequalities overlap with other social, cultural, economic and political inequalities—and affect women and men of all ages.
- A variety of factors increase the vulnerability of women and girls to HIV. They include social norms that deny women sexual health knowledge and practices that prevent them from controlling their bodies or deciding the terms on which they have sex. Compounding women's vulnerability is their limited access to economic opportunities and autonomy, and the multiple household and community roles they are saddled with.
- Men, and especially young boys, are vulnerable too. Social norms reinforce their lack of understanding of sexual health issues and at the same time celebrate promiscuity. This vulnerability is further increased by the likelihood of engaging in substance abuse (such as alcohol and other drugs) and of opting for

types of work that can entail mobility and family disruption (such as migrant labour or the military).

The impact on women

- In most societies, girls and women face heavier risks of HIV infection than men because their diminished economic and social status compromises their ability to choose safer and healthier life strategies.
- The proportion of women living with HIV/AIDS has risen steadily in recent years. In 1997, 41% of HIV-positive adults were women. Three years later, that figure had risen to 47%. In sub-Saharan Africa alone, an estimated 12.2 million women carry the virus, compared to 10.1 million men.
- Women are often infected at an earlier age than men. For example, in 1998 most HIV-positive women in Namibia were in their 20s, while most men carrying the virus were in their 30s. In some of the hardest hit countries, girls are five to six times more likely to be infected than teenage boys.
- There is growing evidence that a large share of new cases of HIV infection is due to gender-based violence in homes, schools, the workplace and other social spheres. In addition, in settings of civil disorder and

war, women and girls are often systematically targeted for abuse (including sexual abuse). This dramatically increases their odds of acquiring HIV and other sexually transmitted infections, and of experiencing unwanted pregnancies.

- Research has shown that in up to 80% of cases where women in long-term stable relationships are HIV-positive, they acquired the virus from their partners (who had become infected through their sexual activities outside the relationship or through drug use).
- Women also find themselves discriminated against when trying to access care and support when they are HIV-positive. In many countries, men are more likely than women to be admitted to health facilities. Family resources are more likely to be devoted to buying medication and arranging care for ill males than females.
- All the while, the burden of caring for ill family members is made to rest mainly with women and girls. As the impact of the AIDS epidemic grows, girls tend to drop out of school in order to cope with the tasks of caring for siblings and ill parents.

Coming to grips with the challenges

- Experience shows that controlling the epidemic depends in large measure on communities' and families' abilities to confront the gender-driven behaviour that increases the chances of infection for girls and boys, men and women. That, in turn, calls for strong and coherent national policies, strategies and plans.
- The Convention on the Elimination of Discrimination Against Women (CEDAW) is a key basis for legal reforms and other steps aimed at countering the violation of women's human rights and protecting women who are infected and affected by HIV/AIDS.
- Comprehensive prevention and care programmes that take into account a wide range of social, economic, cultural and political factors are more likely to stem the epidemic. Such programmes should be marked by high-level political commitment for steps that tackle the

gender dimension of the epidemic in a variety of ways (including legal reforms, as provided in CEDAW, and national HIV/AIDS policies, plans and strategies).

- Such programmes would also ensure that health information, care and other services are improved and provided in ways that are culturally appropriate and gender-sensitive. As important is the development of sex-specific, gender-balanced information about HIV/AIDS and other sexually transmitted infections for different audiences in different settings (for example, for young people in and outside school, or for workers at home or in the workplace).
- Innovative activities targeting boys and girls are needed to promote more equitable and mutually respectful attitudes and behaviour, especially in sexual relationships. Also needed are targeted anti-poverty programmes that extend credit and other forms of support to both women and men in need, as well as measures that address the special needs of widows and child-headed households.