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WHITE PAPER: Women and HIV/AIDS

“We are breadwinners, homemakers, activists, mothers, daughters, counselors, lesbians, community members, leaders, sexual beings, fighters and survivors. We are doctors, domestic workers, accountants, un-employed. We are white, black, Christian, Muslim. Because of these realities some of us are more marginalized than others. We are NOT victims ... cases, clients, target groups, beneficiaries ... we are all unique.

As women living with HIV we experience many of the same things but we also experience living with HIV and AIDS differently. The lives of rural and urban women are not the same ... often the expectations placed on women by society echo our traditional role as women. We are seen as only caregivers—to our partners, children and families. We are expected to always put the needs of others before ourselves. This is not good for us, for our health and wellbeing. It means not only are we fighting a virus, but we are also challenging the system which sees the needs of our children and our partners as more important than our needs as women.”

***Our Realities, Our Rights
International Community of Women Living with
HIV/AIDS
www.icw.org***

The Feminization of AIDS

Two decades ago, AIDS¹ first came to the world’s attention as a mysterious infection among gay males. Today, AIDS has the face of a woman. The disease now infects and affects more women than ever before, accounting for nearly half the 40 million people living with HIV worldwide.²

The number of women and girls living with HIV continues to steadily increase worldwide. In 2008, 15.7 million women were living with HIV/AIDS compared to 15.4 million in 2007³ and with 13.8

¹ HIV (human immunodeficiency virus) is the virus that causes AIDS. A person with HIV simply means that he or she has tested positive for the virus. It does not become AIDS usually for 10 years or until immune system problems appear. Although a person may feel well, they are still infected with a virus that is fatal. For purposes of this paper, the terms HIV/AIDS, HIV or AIDS are used as dictated by organizations and their research.

² A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. (2004). Preface, iv. www.unfpa.org/hiv/women/docs/women_aids.pdf

³ Avert.org, *Worldwide HIV & AIDS Statistics* (2008). www.avert.org/worldstats.htm

million in 2001.⁴ The prevalence of HIV infection in women is most marked in sub-Saharan Africa where 60 percent of the people living with HIV are female.⁵

- HIV is the leading cause of death and disease among women of reproductive age (15-49 years) worldwide.⁶
- The proportion of women to men living with HIV in Asia rose from 19 percent in 2000 to 35 percent in 2008.⁷
- In Southern Africa, prevalence among young women aged 15-24 years living with HIV is on average about three times higher than among men of the same age.⁸

In the U.S., the decline in deaths from the disease has created a sense of complacency with many believing that AIDS is no longer a crisis.⁹ However, the changing picture of HIV/AIDS in the U.S. is a cause for growing concern among women and girls:¹⁰

- 70 percent of American women with HIV were infected with the virus through sexual contact with men, and another 27 percent became infected through injection drug use.
- In 2005, African-American and Latina women represented 24 percent of all U.S. women, but accounted for 82 percent of the total AIDS diagnoses that year.
- In 2006, teen girls in the U.S. represented 29 percent of AIDS cases reported among 13-19 year-olds. African-American teens represented 69 percent of cases reported among 13-19 year olds and Latino teens represented 19 percent.¹¹

While a variety of economic, legal, cultural, religious, political, biological and sexual factors make women more vulnerable to HIV/AIDS than men, pervasive gender inequality is at the root of the spread of the pandemic, especially in developing countries.¹² The many and varied links between this inequity and increased vulnerability to HIV infection among women and girls has been well documented.¹³ Furthermore, cultural and/or social norms often restrict women's access to basic information about sexual and reproductive health.¹⁴

⁴ UNAIDS WHO. *2007 AIDS Epidemic Update 07*. p. 8.

http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

⁵ UNAIDS. *Fact Sheet. Women, Girls and HIV*.

http://data.unaids.org/pub/FactSheet/2010/20100302_fs_womenhiv_en.pdf

⁶ World Health Organization. *Women and health: today's evidence tomorrow's agenda*. (2009). p. 43.

http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf

⁷ Ibid.

⁸ Ibid.

⁹ amfAR AIDS Research. *Women and HIV/AIDS Fact Sheet No. 2*. p. 1. October 2008.

www.amfar.org/about/hiv/article.aspx?id=3580&terms=fact+sheet

¹⁰ Ibid, p.2.

¹¹ The Red Pump Project. *HIV/AIDS and Women: Statistics to Know*. January 21, 2010.

<http://www.theredpumpproject.com/2010/01/hivaids-and-women-statistics-to-know.html>

¹² The New York Times. *The Feminization of AIDS*. Editorial. Dec. 13, 2004.

www.nytimes.com/2004/12/13/opinion/13mon1.html

¹³ UNAIDS. *2008 Report on the Global AIDS Epidemic. Chapter 3: Addressing the societal causes of HIV risk and vulnerability*. p. 67.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹⁴ Ibid.

Even if women have access to information, these gender norms (such as female genital mutilation [FGM] or that “good girls” aren’t meant to talk about sex) prescribe an unequal and more passive role for women in sexual decision-making; undermine women’s autonomy; make women vulnerable to sexual coercion; and prevent them from insisting on abstinence or condom use by their male partners.¹⁵ In addition, women bear the triple jeopardy of the disease: As infected-persons; as mothers of infected children; and as caregivers of partners, parents or orphans with AIDS.¹⁶

Unless the global and national communities respond immediately to the pandemic, women face a bleak future: more and more women infected and dying; more women exhausted from caring for the ill and dying; boys and girls continuing to be orphaned with the girl-child especially vulnerable to sexual exploitation; more women caring for orphans; widows driven from their homes, deprived of land and inheritance rights; and families, especially women, with little hope of escaping poverty.¹⁷

“It is very hard for a HIV-positive woman to access services if she lives in poverty, because not only does poverty weaken her body, but her mind and soul as well. For instance, I remember when I was still unemployed, facing family opposition and attacks, emotional and sexual abuse by the partner who was also the father of my children. It seemed as if the world was closing down on me. I had to depend on him for the food on my table, the child and my medical attention. I felt so trapped.”

Our Rights, Our Realities

International Community of Women Living with HIV/AIDS

www.icw.org

Factors Making Women Vulnerable

Unfortunately there are a number of factors that make women particularly vulnerable and at risk for HIV/AIDS including poverty, violence and biology. In order to end the scourge of HIV/AIDS, these factors must each be addressed.

Poverty. For the most part, AIDS has been treated as a medical problem that involves high-risk behavior, the sharing of infected needles by drug users, and unprotected sex within at-risk communities. It is becoming increasingly clear, however, that AIDS is a poverty issue. Poverty spreads AIDS and in turn, the widening AIDS crisis increases poverty.¹⁸

Because it is well documented that women and girls comprise the majority of the world’s poor, they are also the most impacted by HIV/AIDS. Of the 1.4 billion people living on a little more than one U.S. dollar per day, 70 percent are women.¹⁹ Women own a minority of the world’s land and yet produce

¹⁵ Ibid.

¹⁶ International Community of Women Living with HIV and AIDS. *Women and girls living with HIV/AIDS: Overview and Annotated Bibliography*. No. 18, p. 4. February 2007.
www.bridge.ids.ac.uk/reports/BB18_HIV.pdf

¹⁷ UNIFEM. *Transforming the National AIDS Response: Mainstreaming Gender Equality and Women’s Human Rights into the Three Ones*. (2008). Preface, p. iv.
www.unifem.org/attachments/products/TransformingTheNationalAIDSResponse_eng.pdf

¹⁸ Peter Mann. Why: Finding Answers for Hunger and Poverty. *Why is AIDS a Poverty Issue?* January 14, 2009. www.yhunger.org/news-and-alerts/why-speaks/486.html

¹⁹ UNAIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS* (2006). p. 11
http://data.unaids.org/pub/Report/2006/20060530_re_keepingpercent20thepercent20promise_en.pdf

two-thirds of the world's food.²⁰ In many societies, women are economically, financially and socially dependent on male partners and family members for survival. Without financial resources, many women are unable to leave a relationship, even if they know their partner has been infected or exposed to HIV.²¹

In addition, laws and social customs, especially in African countries, deprive women of an independent means to generate income, and permit husbands to abandon their wives if they are disobedient. As such, women often have little, if any, means to insist on abstinence or condom use by their husbands.²² Furthermore, in many developing nations women are designated as minors, lack their own earning power, are unable to obtain credit, and cannot own or inherit property.²³ Therefore, if a woman's husband dies from HIV/AIDS, she can be left with nothing.

HIV/AIDS also impacts women when the main breadwinner falls ill with the disease. The burden of care falls on women, who already have a heavy workload. At the recent Committee on the Status of Women meeting addressing care giving, UNAIDS Executive Director Michel Sidibé stated that the HIV/AIDS crisis has proven that women cannot provide unlimited, unpaid care. Sooner or later, women are likely to become sick themselves. This deprives the family of their means of production and, as a result, their income. Because they are ill and unable to work, women have even more limited access to health services. Thus, a vicious cycle of illness and poverty develops.²⁴

In addition, poverty in many villages and communities, especially in Africa and India, forces men to migrate to large, more populated areas for work. Not remaining monogamous, they often bring AIDS back into their home communities.²⁵

Poverty and economic inequality also drive many women to “survival sex”—selling or trading sex to support their families—and they end up contracting the disease.²⁶ Furthermore, poverty makes women/girls more vulnerable to sex trafficking. Impoverished and in need of financial income, women and girls are tricked or coerced into the promise of better jobs only to be trapped in the horrific situation of sex without protection. Sex-trafficked women and girls today face especially high risks of HIV infection, with unprotected sex (men refusing to wear condoms) the biggest risk factor for spread of HIV in several parts of Asia.²⁷ These high-risk behaviors that spread AIDS are responses to poverty that deprive women of choice.²⁸

²⁰ Ibid.

²¹ Marcy Bloom. The Issues Magazine. AlterNet. *What is a Woman Worth? The Feminization of AIDS*. June 9, 2008.

www.alternet.org/reproductivejustice/87423/what_is_a_woman_worth_the_feminization_of_aids/?page=entire

²² UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*. p. 67.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

²³ Marcy Bloom. The Issues Magazine. AlterNet. *What is a Woman Worth? The Feminization of AIDS*. June 9, 2008.

www.alternet.org/reproductivejustice/87423/what_is_a_woman_worth_the_feminization_of_aids/?page=entire

²⁴ Mohga Kamal Smith. *Gender, poverty and intergenerational vulnerability to HIV/AIDS*. p. 4.

www.oxfam.org.nz/imgs/whatwedo/hivaids/gendervuln.pdf

²⁵ Peter Mann. Why: Finding Answers for Hunger and Poverty. *Why is AIDS a Poverty Issue?* January 14, 2009. www.yhunger.org/news-and-alerts/why-speaks/486.html

²⁶ Ibid.

²⁷ UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*. p. 50.

Furthermore, the ongoing global economic crisis continues to impact women and increases their vulnerability to HIV/AIDS. Without resources, many more women today are being forced into sex work in order to survive. During times of economic crisis, violence against women also rises, which puts women at risk for HIV/AIDS.²⁹ The financial downturn also is impacting prevention and treatment programs in many countries and a serious negative impact on antiretroviral treatment (ART) is already being seen in a percentage of countries.³⁰ Tanzania was the first to announce a 25 percent budget cut in treatment and prevention programs early in 2009, and gender focus in relation to HIV/AIDS, which already receives the lowest budget allocation in most African countries, is suffering most.³¹

“When I was diagnosed I had a partner. The relationship became more violent—he said I brought a new problem into the family. The violence became more; he had other relationships. You get told off because you have HIV.”

International Community of Women Living with HIV/AIDS
“Violence against HIV positive women”
www.icw.org

Violence. Today, gender-based violence is one of the leading factors for HIV infection. According to a recent study—one of the first to show a firm link between violence and HIV—women who are “beaten or dominated by their partners are much more likely to become infected by HIV than women who live in non-violent households.”³² Studies show that the risk of HIV among women who have experienced violence may be up to three times higher than among those who have not.³³

Violence against women includes, but is not limited to: domestic violence, emotional, physical and sexual abuse and exploitation, rape, trafficking and forced prostitution, honor killings, female genital mutilation, and other practices harmful to women.³⁴ One in four women will experience sexual violence by their intimate partner in her lifetime.³⁵

Economic disruption, war or conflict also exacerbates gender-based violence when rape is used as a weapon of war.³⁶ Women who are raped by strangers do not have the possibility of protecting

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

²⁸ Ibid.

²⁹ United Nations Development Programme. *Governments must ensure women do not bear brunt of economic crisis*. June 26, 2009.

<http://content.undp.org/go/newsroom/2009/june/governments-need-to-ensure-women-do-not-bear-the-brunt-of-the-economic-crisis.en?sessionid=arOXCw1Mn6Ca?categoryID=1796994&lang=en>

³⁰ UNAIDS. *The Impact of the Global Economic Crisis on HIV Prevention and Treatment Programmes*. July 2009.

http://www.unaids.org/en/PolicyAndPractice/Global_economic_crisis_Impact_AIDS_response.asp

³¹ The Global Coalition on Women and AIDS. *Women’s Decade: Greater Attention to Implementation*. February 23, 2010.

<http://www.womenandaids.net/news-and-media-centre/latest-news/-women-s-decade---greater-attention-to-implementation.aspx>

³² A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p. 45. www.unfpa.org/hiv/women/docs/women_aids.pdf

³³ Ibid.

³⁴ Amnesty International. *Stop Violence Against Women. Women, HIV/AIDS and human rights*. p. 4. November 24, 2004. www.amnesty.org/en/library/info/ACT77/084/2004

³⁵ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p. 45. www.unfpa.org/hiv/women/docs/women_aids.pdf

³⁶ Ibid.

themselves from the diseases of their perpetrator, and thus, often must suffer the consequences of HIV infection in addition to the trauma of the sexual violence.³⁷

The disease has also placed many women at greater risk of further violence. As Peter Piot, former executive director of UNAIDS, explains: "Violence against women is not just a cause of the AIDS epidemic. It can also be a consequence of it ... of those whose infection status became known to others, many suffered direct violence at the hands of their husbands, families or communities."³⁸ Because of the increased threat of violence, women fear getting tested and seeking treatment.³⁹

Balabwa is a student from Cape Town, South Africa. She tested positive for HIV two years ago. "I was infected with HIV by my uncle who raped me when I was 19," she says. "People judged me — at first it was frightening and I lost my confidence. But I knew I was not the only one. Other girls like me have been raped by older men because of the belief that if older HIV-positive men sleep with young girls, the disease is cured. This is completely untrue and one of the many myths surrounding the spread of HIV here."

World Health Organization

"Women and AIDS: Have you heard us today?"

www.who.int/features/2004/aids/en/

Cultural Norms and Customs. In the developing world, especially in many countries of sub-Saharan Africa, local cultural practices harmful to women prevail. These traditional practices can interact with poverty and gender to produce much higher HIV rates in women and girls.⁴⁰ The myth that engaging in sexual relations with a virgin will cure an individual of AIDS has led to increased sexual violence in many parts of the world, especially Africa.⁴¹ As a result, targets of sexual violence have become younger, in order to ensure that they are virgins and that the "cure" will work.⁴² In some parts of Malawi, for example, girls as young as 10 or 11 are taken to a separate hut in a corner of a village where several men, who may be infected and not use condoms, have sex with them.⁴³

In addition, "widow cleansing," practiced in some communities in Africa and Asia, involves a widow having sexual relations either with a designated village cleanser or with a relative of her late husband.⁴⁴ It has traditionally been a way to break with the past and move forward, as well as an attempt to establish a family's ownership of the husband's property, including his wife.⁴⁵ Sexual activity is often coerced and unsafe, and the possibility that either the husband or wife was already living with HIV increases the risk of transmission of the disease.⁴⁶ In all these practices, condoms are rarely used, making women at high risk for HIV/AIDS.

³⁷ Amnesty International. *A Fact Sheet on HIV/AIDS, Women and Human Rights*. August 9, 2005.

www.amnestyusa.org/women/pdf/hiv aids.pdf

³⁸ Alexandra Ariaga. Human Rights Magazine. Women's eNews. *HIV/AIDS and Violence Against Women*. Summer 2002. www.abanet.org/irr/hr/summer02/arriaga.html

³⁹ UNAIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS* (2006). p. 10.

http://data.unaids.org/pub/Report/2006/20060530_re_keepingpercent20thepercent20promise_en.pdf

⁴⁰ Amnesty International. *A Fact Sheet on HIV/AIDS, Women and Human Rights*. August 9, 2005.

www.amnestyusa.org/women/pdf/hiv aids.pdf

⁴¹ Ibid.

⁴² Ibid.

⁴³ Julian Siddle. BBC News. *Cultural Norms Fuel HIV in Malawi*. Nov. 30, 2004.

<http://news.bbc.co.uk/2/hi/africa/4055527.stm>

⁴⁴ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p.

52. www.unfpa.org/hiv/women/docs/women_aids.pdf

⁴⁵ Ibid.

⁴⁶ Ibid.

Biology. Women are at least twice as likely as men to contract HIV from unprotected intercourse. Vaginal membranes are exposed to infectious fluids for hours after sex. Younger women are especially at great risk because the immature cervix is more vulnerable to damage and infection. In addition, an immature female genital tract is more likely to tear during sexual activity, creating a higher risk of HIV transmission.⁴⁷ In many women and girls, sexually transmitted infections (STIs) often go undetected and therefore untreated, with STIs increasing their vulnerability to HIV.⁴⁸

Lack of Education. Access to education is associated with the ability of women and girls to protect themselves against HIV infection.⁴⁹ Education slows and reduces the spread of AIDS by contributing to female economic independence, delayed marriage, family planning, and working outside the home.⁵⁰ However, in most developing countries, women and girls are less educated and less literate than men and boys⁵¹ and illiterate women are four times more likely to believe there is no way to prevent HIV infection.⁵² In west, central and north Africa, South Asia and the Middle East, girls are more likely to miss out on primary school than boys.⁵³ Often, girls leave school to care for sick relatives because the burden of care traditionally falls on females.⁵⁴ This undermines girls' rights to education and furthers the pervasive cycle of inequality.⁵⁵

Lack of Accessible, Affordable Health Care. Many women, especially in the developing world, do not have access to health information and health care. In addition, affordability of medical care remains a major hurdle in many developing and developed countries, where women do not have the income for drugs and treatments.⁵⁶ As to much-needed ARV treatment (antiretroviral medication designed to inhibit the reproduction of HIV in the body), only about 3 percent of people in sub-Saharan Africa have received it.⁵⁷ Most poor women in developing countries are denied treatment because of the high prices of medicines and the under-funding of health services.

Time and mobility also prevent women from accessing adequate and appropriate treatment and care.⁵⁸ A study in Rwanda found that many women who were receiving medication for HIV/AIDS stopped receiving these drugs because they could not afford transportation to the hospital.⁵⁹ In addition, women who are victims of sexual violence are burdened by shame and fear of social ostracism and therefore do

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p. 39. www.unfpa.org/hiv/women/docs/women_aids.pdf

⁵⁰ World Bank. *Girls' Education*. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:20298916~menuPK:617572~pagePK:148956~piPK:216618~theSitePK:282386.00.html>

⁵¹ UNAIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS* (2006). p. 20.

http://data.unaids.org/pub/Report/2006/20060530_re_keepingpercent20thepercent20promise_en.pdf

⁵² UNAIDS. *Fact Sheet. Women, Girls and HIV*.

http://data.unaids.org/pub/FactSheet/2010/20100302_fs_womenhiv_en.pdf

⁵³ Ibid.

⁵⁴ Amnesty International. *A Fact Sheet on HIV/AIDS, Women and Human Rights*. August 9, 2005.

www.amnestyusa.org/women/pdf/hivaids.pdf

⁵⁵ Ibid.

⁵⁶ United Nations. Carolyn Hannan, Division for the Advancement of Women. *Women and HIV/AIDS*, September 2003. www.un.org/womenwatch/daw/news/speech2003/CH-HIVandWomenPOPDIW2003Rev.pdf

⁵⁷ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p. 23. www.unfpa.org/hiv/women/docs/women_aids.pdf

⁵⁸ Ibid, p. 25.

⁵⁹ Ibid.

not seek medical attention.⁶⁰ Sex workers also are discriminated against in all parts of society and may not undergo medical treatment in order to avoid potential harassment and abuse.⁶¹ For women overall, access to life-preserving HIV prevention and treatment services remains scandalously limited.⁶²

“Even a married woman who has been infected by her husband will be accused by her in-laws. In such a male-dominated society no one ever accepts that the man is actually the one who did something wrong. It is even harder on women since it is seen as a fair result of their sexual misbehaviour.”

HIV-positive woman, Lebanon

AVERTing HIV and AIDS

www.avert.org

Marriage Issues. Today, more than four-fifths of new infections in women occur in marriage or in long-term relationships with primary partners who are not monogamous, may coerce sex or refuse to use condoms.⁶³ In Ghana, for example, married women are almost three times more likely to be living with HIV than women who have never been married.⁶⁴ In Africa and Latin America, more than 80 percent of young women ages 15-19 who have had unprotected sex are married.⁶⁵

In addition, arranged marriages of young girls are still common in many parts of the developing world. Many will marry before they are 18—60 percent of girls in Nepal; 76 percent in Niger; and 50 percent in India will be married by that age.⁶⁶ All too often they marry older, sexually experienced men who may already be infected, or who may be unfaithful, or both. These young girls know very little about sex, HIV or how to protect themselves. Because they are young and live in patriarchal societies, they have little power in the relationship and are unable to negotiate condom use.⁶⁷

Consequences of HIV/AIDS

The impact of HIV/AIDS extends beyond those living with the virus, as each infection produces consequences that affect the lives of the family, friends and communities surrounding an infected person. Some of the consequences include:

Economic Rights. AIDS is destroying the skills, experience and networks necessary for the economic survival of communities, especially in Africa.⁶⁸ Because AIDS kills people in the prime of their working and parenting lives, it represents a serious threat to development. By reducing growth, weakening governance and destroying human capital, AIDS “erodes the foundations on which countries

⁶⁰ Amnesty International. *A Fact Sheet on HIV/AIDS, Women and Human Rights*. August 9, 2005.

www.amnestyusa.org/women/pdf/hiv aids.pdf

⁶¹ Ibid.

⁶² The Global Coalition on Women and AIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS*. (2006). p. 16. http://data.unaids.org/pub/Booklet/2006/20060530_FS_Keeping_Promise_en.pdf

⁶³ UNFPA. *State of World Population: The Promise of Equality: Gender Equity, Reproductive Health and the MDGs* (2005). www.unfpa.org/swp/2005/english/ch4/chap4_page1.htm

⁶⁴ UNAIDS. *AIDS Epidemic Update*. December 2006. p. 22.

http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf

⁶⁵ Shelley Clark, Judith Bruce and Annie Dude. International Women’s Health Coalition. *Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage*. International Family Planning Perspectives. June 2006. www.iwhc.org/index.php?option=com_content&task=view&id=2693&Itemid=446

⁶⁶ International Women’s Health Coalition. *Women’s Vulnerability to HIV/AIDS: An Overview*. (2008).

www.iwhc.org/index.php?option=com_content&task=view&id=2200&Itemid=536

⁶⁷ Ibid.

⁶⁸ Amnesty International. *A Fact Sheet on HIV/AIDS, Women and Human Rights*. August 9, 2005.

www.amnestyusa.org/women/pdf/hiv aids.pdf

seek to develop their societies and improve their living standards.”⁶⁹ As household earnings shrink, families, livelihoods and entire communities disintegrate.⁷⁰ As a result, AIDS will continue to impede efforts to reduce poverty—even in countries where the prevalence of the disease is relatively low.”⁷¹

“If men are still young and they indulge in play and get infected [with HIV], that’s the general story of society. If a girl gets this disease, no one would like to get close to her because it is a problem of her morality. It is not tolerated in females compared to males.”

Female community counselor in Vietnam
International Center for Research on Women
www.icrw.org

Stigma and Discrimination. HIV-related stigma and discrimination is a “process of devaluation” of people either living with or associated with HIV and AIDS.⁷² Women tend to endure more HIV/AIDS-related stigma than men.⁷³ In Ethiopia, Tanzania and Zambia, women with HIV tend not only to be more stigmatized for “having failed as proper women,” but also are blamed for “bringing” HIV into a family or marriage. As an HIV-positive woman in Zambia explained, “The word ‘disgrace’ is used more on women ... people say women are the ones who bring sickness most of the time. They are the ones who start [the illness].”⁷⁴

As a whole, women are often blamed for acquiring HIV, even if they have remained monogamous, which can lead to sexual and domestic violence, abandonment by families and communities, dismissal from employment, and loss of livelihood and places of residence.⁷⁵ Stigma and discrimination on the basis of HIV status can lead young women to neglect their health needs, fail to access necessary information and postpone seeking medical treatment and care.⁷⁶

Education. Lack of basic education is a cause of women and girls becoming more vulnerable to HIV/AIDS, but it is also a consequence, further perpetuating the spread of the disease. An investigation by the Girls’ Education Monitoring System found that children’s participation in formal schooling is decreasing in African countries with the highest prevalence of HIV.⁷⁷

Poor girls are usually the first to leave school early. Families without enough money to educate all their children often keep girls at home to care for family members, prepare food and gather cooking fuel and water, or to supplement family income.⁷⁸ In addition, AIDS impacts education by decreasing the supply of teachers and other staff who have become infected and affected by the disease, as well as

⁶⁹ UNAIDS. *Q&A Part I. Facts about the AIDS epidemic and its impact*. p. 5. (2006).
http://data.unaids.org/pub/GlobalReport/2006/20060530-Q-A_PartI_en.pdf

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² International Center for Research on Women. *HIV/AIDS Stigma: Finding Solutions to Strengthen HIV/AIDS Programs*. p. 2. (2006). www.icrw.org/docs/2006_stigmasynthesis.pdf

⁷³ Ibid. p.6.

⁷⁴ Ibid.

⁷⁵ International Community of Women Living with HIV and AIDS. *Women and girls living with HIV/AIDS: Overview and Annotated Bibliography*. No. 18. p. 4. February 2007.
www.bridge.ids.ac.uk/reports/BB18_HIV.pdf

⁷⁶ Ibid.

⁷⁷ UNICEF. *Girls, HIV/AIDS and education*. www.unicef.org/lifeskills/index_8657.html

⁷⁸ Global Health Council. *School Safety: Protecting Girls from Violence and HIV/AIDS*.
www.globalhealth.org/reports/report.php3?id=274

jeopardizing the quality of education where teachers are affected by a family trauma or AIDS-related illness themselves.⁷⁹

Girl Orphans. The AIDS pandemic has increased the number of orphans, especially in Africa, to unprecedented levels. It is estimated that by 2010 there will be 50 million AIDS orphans in Africa.⁸⁰ Orphan-hood exacerbates gender inequalities. The risk of violence and sexual abuse is higher among girls who are orphaned by AIDS, many of whom face a heightened sense of hopelessness along with a lack of emotional and financial support.⁸¹ In a study in Zambia, Human Rights Watch found that among girls who had been orphaned by AIDS, hundreds were being sexually assaulted by family members or guardians or forced into sex work to survive.⁸²

Caregiving. Women often assume the major share of care-giving in the family, including for those living with and affected by HIV. This is often unpaid and is based on the assumption that women “naturally” fill this role. Globally, up to 90 percent of the care due to illness is provided in the home by women and girls.⁸³ In many of the hardest-hit nations—and increasingly in all countries affected by HIV/AIDS—women and girls continue to take on the major share of care work by nursing the sick and taking in AIDS orphans, all while trying to earn an income.⁸⁴ Women often face reduced earnings and job losses because their duties as caregivers interfere with work outside the home. In addition, girls are more likely than boys to be expected to leave school to care for the sick and tend the home. This puts them at a disadvantage for future employment prospects.⁸⁵ Throughout Africa, in particular, as more people die from the effects of AIDS, women become heads of households and sink deeper into the poverty that disproportionately affects female-headed households.⁸⁶

Mother-to-Child Transmission. Another consequence of the disease is infection from an HIV-positive mother to her child during pregnancy, labor, delivery or breastfeeding through mother-to-child transmission (MTCT).⁸⁷ An estimated 430,000 children were newly infected with HIV in 2008, the vast majority of them through MTCT.⁸⁸ Without intervention, there is a 20-45 percent chance that a baby born to an HIV-infected mother will become infected.⁸⁹ MTCT is almost entirely preventable. However, the treatment and prevention levels are remarkably low in most resource-limited countries.⁹⁰

⁷⁹ Ibid.

⁸⁰ Commission on HIV/AIDS and Governance in Africa. *Impact of HIV/AIDS on gender, orphans and vulnerable children*. November 2004. p. 7. www.uneca.org/CHGA/Cameroon/cameroon_orphans.pdf

⁸¹ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. p. 46. (2004). www.unfpa.org/hiv/women/docs/women_aids.pdf

⁸² Ibid.

⁸³ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). Chapter 4. www.unfpa.org/hiv/women/report/chapter4.html

⁸⁴ Ibid.

⁸⁵ health24.com. *The burden of HIV/AIDS on women*. October 2, 2006.

www.health24.com/medical/Condition_centres/777-792-814-1759,23099.asp

⁸⁶ Ibid.

⁸⁷ WHO. *Mother to Child Transmission of HIV*. <http://www.who.int/hiv/topics/mtct/en/index.html>

⁸⁸ health24.com. *The burden of HIV/AIDS on women*. October 2, 2006.

www.health24.com/medical/Condition_centres/777-792-814-1759,23099.asp

⁸⁹ Avert. AVERTing HIV and AIDS. *Preventing Mother-to-Child Transmission in Practice*. February 20, 2009. www.avert.org/pmtct-hiv.htm

⁹⁰ WHO. *Mother to Child Transmission of HIV*. www.who.int/hiv/topics/mtct/en/index.html

Solutions

In order to reverse the spread of AIDS among women and girls and lessen the effects of the disease, women and girls must have greater control over their decisions, bodies and lives, as well as a greater say in their governments and public policies.⁹¹ As such, realistic strategies that address the triple challenge of poverty, gender inequality and HIV/AIDS must be found. These include:

- addressing women's social and economic disempowerment;
- ending violence against women;
- eliminating stigma and discrimination;
- educating women and girls;
- involving men and boys;
- preventing and treating the disease;
- researching;
- increasing international cooperation.

Addressing Women's Economic and Social Disempowerment. In order to break the cycle of poverty, gender inequality and vulnerability to HIV, women and girls need to be empowered economically by providing them with access to credit and business and leadership skills.⁹² Women who own property or control other economic assets have higher incomes, a secure place to live and greater bargaining power within their households.⁹³ With a better sense of self-efficiency, women are better able to remove themselves from domestic violence, or to leave a relationship that threatens them with HIV infection. In addition, with greater ownership and control over their economic assets, women are more empowered to negotiate abstinence, fidelity and safer sex. They also can avoid exchanging sex for money, food or shelter.⁹⁴

In addition, where women lack title to land or housing, they suffer restricted economic options, violence and homelessness—contributing to both their and their children's impoverishment.⁹⁵ In several African countries, grass-roots organizations help women navigate the legal process and train paralegals and others in the enforcement of women's property, inheritance and legal rights.⁹⁶

Greater international support is also needed for women-focused microfinance initiatives that provide direct financial support for women's economic independence.⁹⁷ Finally, marriage laws (e.g. child marriage, disinheritance of property) need to be reviewed so they do not contribute to the violation of girls' rights and to exposing them to a higher risk of HIV.⁹⁸ Legislative and community reform needs to be undertaken in these areas, as well as traditional customs that are harmful to women, such as wife

⁹¹ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. p. 1. (2007). www.unfpa.org/hiv/women/docs/women_aids.pdf

⁹² Ibid, p. 58.

⁹³UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 74.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

⁹⁴ The Global Coalition on Women and AIDS. *Economic Security for Women*. Issue No. 3. p.1.

http://data.unaids.org/pub/BriefingNote/2006/20060308_BN_GCWA_en.pdf

⁹⁵ Ibid.

⁹⁶ UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 74.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

⁹⁷ Ibid.

⁹⁸ Ibid.

inheritance.⁹⁹ Overall, countries need to enhance women's rights under the law and end retrograde traditions that relegate them to second-class citizen status.¹⁰⁰

Ending Violence Against Women. To help break the link between gender-based violence and HIV/AIDS, some steps are being taken. All across South Africa, for example, small, community-based organizations help domestic violence victims. They provide safe housing, counseling, legal and medical assistance, among other services, to women who have been abused.¹⁰¹

But more needs to be done. Governments must lead the fight against sexual violence against women, and put laws in place that deny sanctuary to the perpetrators of violence and punish rapists and abusers.¹⁰² However, laws are one thing and enforcement still another. Mexico's 2007 anti-violence law, for instance, aims to integrate federal, state and local programs and agencies to combat violence against women, but a related penal code is still being developed. No punishment now exists for violations of the new law, widely hailed when it was passed last year.¹⁰³

Since men are instigators of violence, they are essential to the solution, "a reality that is recognized by both men's and women's groups in many parts of the world."¹⁰⁴ Another hopeful resource, then, is the involvement of men who are working in anti-violence projects. Men in sub-Saharan Africa, for example, are beginning to organize effectively against violence against women by examining their own attitudes and behaviors.¹⁰⁵

In the United States, the International Violence Against Women Act (IVAWA) is an unprecedented effort by Congress to address violence against women globally. IVAWA would be the first of its kind to comprehensively incorporate U.S. foreign assistance programs to help stop gender-based violence and poverty, promote economic opportunities for women, halt violence against girls in schools, and ultimately empower women.¹⁰⁶

In addition, in response to the earthquake in Haiti, UNAIDS called for immediate and intermediate AIDS response needs. There were an estimated 120,000 people living with HIV in Haiti before the earthquake, with women an estimated 53 percent of people living with HIV.¹⁰⁷ With more than 1

⁹⁹ Amnesty International. Stop Violence Against Women. *Women, HIV/AIDS and human rights*, p. 4. November 24, 2004. www.amnesty.org/en/library/info/ACT77/084/2004

¹⁰⁰ The New York Times. *The Feminization of AIDS*. Editorial. Dec. 13, 2004. www.nytimes.com/2004/12/13/opinion/13mon1.html

¹⁰¹ OXFAM America. *Inequality makes women vulnerable to HIV/AIDS*. June 17, 2005. www.oxfamamerica.org/whatwedo/where_we_work/southern_africa/news_publications/hivaids/feature_story.2005-06-17.6415735376//print.html

¹⁰² Ibid.

¹⁰³ Theresa Braine. Women's enews. *Violence linked to rapid rise of AIDS in women*. August 8, 2008. www.womensenews.org/article.cfm?aid=3697

¹⁰⁴ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis* (2004). p. 47. www.unfpa.org/hiv/women/docs/women_aids.pdf

¹⁰⁵ Ibid.

¹⁰⁶ Amnesty International USA. *IVAWA Background and Resources*. <http://www.amnestyusa.org/violence-against-women/international-violence-against-women-act/i-vawa-background-and-resources/page.do?id=1051154>

¹⁰⁷ UNAIDS. *International support needed to help Haiti rebuild its AIDS response*. February 26, 2010. http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2010/20100226_PR_Haiti.asp

million people living in temporary shelters, women are at greater risk for sexual violence and programs are urgently needed to reduce vulnerabilities to HIV and ensure protection.¹⁰⁸

Eliminating Stigma and Discrimination.

While the elimination of stigma around gender and HIV/AIDS is far from a reality, a variety of interventions can help. For the general population, as well as health workers, co-workers and caregivers, these include focused information dissemination, counseling, acquiring coping skills and direct contact with a woman living with HIV/AIDS.¹⁰⁹ Greater investment is needed by governments and communities in educational campaigns that not only provide the public with accurate information about the transmission and prevention of HIV, but that also address all aspects of HIV stigma. These awareness campaigns should promote a more supportive and empowering environment for women living with HIV/AIDS by countering negative stereotypes and discriminatory attitudes.¹¹⁰ In addition, the enactment, strengthening, and enforcement of legislation, regulations, and other measures to eliminate discrimination against people living with HIV/AIDS should be a top priority.¹¹¹

Educating Women and Girls. Access to education increases the ability of women and girls to protect themselves from HIV infection.¹¹² Educated young women are more likely to delay sex and use condoms once they are sexually active.¹¹³ In fact, girls who complete primary education are more than twice as likely to use condoms, while girls who finish secondary education are between four and seven times more likely to use condoms and are less likely to be infected with HIV.¹¹⁴

National governments and the international community need to make schools safe places for girls by protecting them against sexual intimidation and ensuring a gender-friendly environment.¹¹⁵ In addition, sexuality, reproductive health and HIV prevention information should be made part of life-skills curricula in all schools.¹¹⁶ In Ethiopia and a number of other countries, there is a strong national commitment to push toward meeting the goals of the global “Education for All.” This movement began in 1990 at the World Conference on Education for All in Senegal where governments pledged to achieve quality basic education by 2000, with special attention to girls education.¹¹⁷ With many countries far from having reached this goal, the international community met again in Dakar, Senegal, in 2000, and affirmed their commitment to their original goals of achieving Education for All by the year 2015.¹¹⁸ Meeting those goals has been associated with a significant narrowing of educational gaps

¹⁰⁸ Ibid.

¹⁰⁹ South African Medical Research Council. *HIV/AIDS and stigma*. June 2007. www.mrc.ac.za/public/facts17.htm

¹¹⁰ amFAR AIDS Research. *Fact Sheet: Women and HIV/AIDS*. October 2008. www.amfar.org/about/hiv/article.aspx?id=3580&terms=fact+sheet.

¹¹¹ Ibid.

¹¹² The Global Coalition on Women and AIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS*. (2006). p.22. http://data.unaids.org/pub/Report/2006/20060530_re_keepingpercent20thepercent20promise_en.pdf

¹¹³ Ibid.

¹¹⁴ UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 70. www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹¹⁵ The Global Coalition on Women and AIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS*. (2006). p. 22. http://data.unaids.org/pub/Booklet/2006/20060530_FS_Keeping_Promise_en.pdf

¹¹⁶ Ibid.

¹¹⁷ UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 71. www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹¹⁸ Ibid.

between girls and boys.¹¹⁹ The Millennium Development Goals (MDGs) also look at a 2015 timeline for meeting Goal 2: Achieve Universal Primary Education. In 2000, 189 UN member countries, including the United States, pledged to achieve eight MDGs by 2015, in order to achieve a “more prosperous and just world.”¹²⁰ Without increased financial commitments, however, many poor countries will fail to achieve this MDG.¹²¹

In addition, in parts of Africa, the elimination of school fees has led to dramatic increases in girls’ primary school enrollment.¹²² And in India, young women who participated in skills building and vocational training, and who received referrals to comprehensive age-appropriate reproductive health services, were more likely to delay marriage until age 18, to report more consistent condom use and to show stronger health-seeking behavior.¹²³ In Brazil, when HIV prevalence rates for teenage girls ages 13-19 shot up 75 percent from 1991 to 2000, government officials turned to the secondary schools to build awareness of HIV and modes of transmission. Teens now learn about HIV prevention, often in same-sex classes, so they can feel free to discuss fears and concerns about intimacy and sexuality without embarrassment.¹²⁴

Involving Men and Boys. The empowerment of women is a crucial element in the response to HIV/AIDS. New evidence, however, points to another important element in the equation: addressing the role of men and boys in promoting gender equality as a way of helping to prevent HIV-infection.¹²⁵ Delegates at the Fourth World Conference on Women, convened by the U.N. in 1995 in Beijing, prepared a Platform for Action that aimed at achieving greater equality and opportunity for women.¹²⁶ In speaking of gender equality, the Platform explicitly states that it will only be accomplished if men and boys are actively involved and encouraged in all efforts.¹²⁷

At times, men refuse to be responsible for their sexual behavior and put women at risk for HIV infection. However, programs such as Engender Health’s Men as Partners Program in South Africa show that men can be open to changing their attitudes on gender and that men’s behaviors need not be fixed or resistant to change.¹²⁸ The program uses many approaches to address gender inequalities, such as holding interactive, skills-building workshops that confront harmful stereotypes of what it means to be a man. Brazil’s Instituto Promundo also reports significant improvement in gender perspectives among young men participating in its courses.¹²⁹ Through programs like these, men are made aware of

¹¹⁹ Ibid.

¹²⁰ Save the Children. *Millennium Development Goals: Benefits to Children*. p. 2.

www.savethechildren.org/publications/MDG_4-Child_Mortality.pdf

¹²¹ Ibid.

¹²² UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 71.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹²³ Ibid.

¹²⁴ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. p. 41.

www.unfpa.org/hiv/women/docs/women_aids.pdf

¹²⁵ International Labour Organization. *HIV/AIDS prevention. How empowering men and boys to promote gender equality can help*.

www.ilo.org/global/About_the_ILO/Media_and_public_information/Feature_stories/lang--en/WCMS_075584/index.htm

¹²⁶ Ibid.

¹²⁷ Stop Violence Against Women. *Beijing Declaration and Platform for Action*. April 24, 2007.

www.stopvaw.org/Beijing_Declaration_and_Platform_for_action.html

¹²⁸ Franciscans International. *The Role of Men and Boys in Achieving Gender Equality (HIV/AIDS)*.

www.franciscansinternational.org/docs/statement.php?id=216

¹²⁹ UNAIDS 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 71.

the adverse consequences of their dominance over women and come to understand the relationship of gender inequality and HIV/AIDS.¹³⁰ More projects like these need to be funded and promoted.

Preventing and Treating HIV/AIDS. Women's access to HIV prevention and treatment services has long been blocked by social and cultural barriers. As such, prevention of HIV/AIDS requires a multi-pronged approach that combines basic education; health education; social empowerment; provision of protective measures such as condoms; implementation of a program to provide antiretroviral (ARV) treatment; prevention of violence against women; and protection of human rights generally.¹³¹

Where HIV testing services are scaled up and ARV therapy is available, increasing numbers of women appear to be using them. This has been the case in Botswana, for example, where women are increasingly opting to undergo HIV testing.¹³² In addition, evidence shows that when treatment is free, women—especially younger women—overcome social stigma to access ARV therapy.¹³³

In addition, promoting the acceptability and use of the female condom should be a component of HIV prevention strategies, but other, more "user-friendly" female-controlled methods of HIV prevention are urgently needed.¹³⁴ Microbicides are another option, designed to help prevent the sexual transmission of HIV and other STDs. Formulated as a gel, film, sponge, lubricant or time-released suppository, a successful microbicide could provide primary protection to women and couples who can't or don't use condoms. Still in the process of development, microbicides could put the power of prevention directly into the hands of women.¹³⁵ This is necessary as Michel Sidibé, executive director of UNAIDS has stated, women should never need their partner's permission to save their own lives.

Other solutions include establishing public health services that are friendly and accessible to women, and run by women for women. The fear of violence and lack of confidentiality prevent many women from accessing services for HIV or other STDs that facilitate HIV transmission.¹³⁶

As for mother-to-child transmission (MTCT) of HIV/AIDS, UNICEF suggests, among other strategies, targeting already-infected women and demanding that HIV testing be integrated in maternal child health units, as well as counseling on best feeding options for the baby.

Conducting Women-Focused Research. Current HIV/AIDS research programs often ignore the biological differences that make women more vulnerable to the disease.¹³⁷ In addition, medical

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹³⁰ Franciscans International. *The Role of Men and Boys in Achieving Gender Equality (HIV/AIDS)*.

www.franciscansinternational.org/docs/statement.php?id=216

¹³¹ Amnesty International. *Women, HIV/AIDS and human rights*. November 20, p. 20.

www.amnesty.org/en/library/asset/ACT77/084/2004/en/dom-ACT77084en.pdf

¹³² A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. (2004). p. 25. www.unfpa.org/hiv/women/docs/women_aids.pdf

¹³³ Ibid.

¹³⁴ Susan Blumenthal. Huffington Post. *Pervasive Stigma Surrounds Women Living with HIV/AIDS*. April 1, 2008.

www.huffingtonpost.com/susan-blumenthal/pervasive-stigma-surround_b_94459.html

¹³⁵ The Global Coalition on Women and AIDs. *Background: Microbicides, Women and AIDS*.

http://data.unaids.org/GCWA/GCWA_BG_Microbicides_en.pdf

¹³⁶ Marcy Bloom. On the Issues Magazine. *What is a woman worth? The feminization of AIDS*, June 9, 2008.

www.alternet.org/reproductivejustice/87423/what_is_a_woman_worth_the_feminization_of_AIDS/?page=entire

practitioners lack knowledge of how HIV impacts women's bodies, nor do they fully know how AVR therapy or other technologies such as microbicides affect women's bodies.¹³⁸ "Women's experience suggest that physiological responses during pregnancy and breastfeeding may cause drugs to work differently than at other times—and that hormonal differences between women and men may mean that drugs have a different impact on women."¹³⁹ Existing HIV/AIDS prevention care and treatment programs should be re-evaluated to ensure that they address the needs of women and include outcomes that can accurately capture female-specific data.¹⁴⁰ Governments and international partners must increase funding to accelerate microbicide research, and fund development of large-scale clinical trials focused on women.¹⁴¹

Increasing International Cooperation. Globally, many organizations and networks are actively working to build solidarity among women living with HIV. In 2004, UNAIDS launched the Global Coalition on Women and AIDS, a worldwide alliance of civil society groups, governments, UN organizations and networks of women living with HIV/AIDS.¹⁴² The coalition's platform calls for education, literacy and economic rights for women; access to ARV treatment; access to sexual and reproductive health services; changes in harmful gender stereotypes; and zero tolerance for gender-based violence.¹⁴³

In Kenya, GROOTS (Grassroots Organizations Together in Sisterhood) is a network of women's self-help groups that works to build the capacity of women to protect their legal and economic rights.¹⁴⁴ In Nigeria, 150 women's groups joined together in August 2007 to launch the National Coalition on Women and AIDS.¹⁴⁵ While women are assuming leadership at the grassroots level, they remain under-represented in—and sometimes plainly absent from—the forums where AIDS policies are decided, strategies forged and funds allocated.¹⁴⁶ To be more effective, women—particularly women living with HIV—must have more seats at tables where decisions are made, especially within governments.¹⁴⁷ As such, more funds are required at national and community levels to build the advocacy and leadership skills of women, especially those living with HIV/AIDS, so they can participate effectively in the structures and programs that affect their lives.¹⁴⁸

¹³⁷ amfAR AIDS Research. *Fact sheet. Women and HIV/AIDS*. p. 5. March 2008.

www.amfar.org/uploadedFiles/In_the_Community/Publications/Fact%20Sheet%20Women%20and%20HIV%20AIDS.pdf

¹³⁸ The International Community of Women Living with HIV/AIDS. *Access to Care, Treatment and Support*. p. 4. March 1, 2005. www.genderandaids.org/modules.php?name=News&file=print&sid=503

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ The Global Coalition on Women and AIDS. *Keeping the Promise: An Agenda for Action*. (2006). p. 22. http://data.unaids.org/pub/Booklet/2006/20060530_FS_Keeping_Promise_en.pdf

¹⁴² Marcy Bloom. On the Issues Magazine. *What is a woman worth? The feminization of AIDS*. June 9, 2008.

www.alternet.org/reproductivejustice/87423/what_is_a_woman_worth_the_feminization_of_AIDS/?page=entire

¹⁴³ Ibid.

¹⁴⁴ UNAIDS. 2008 Report on the Global AIDS Epidemic. *Chapter 3: Addressing the societal causes of HIV risk and vulnerability*, p. 74.

www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

¹⁴⁵ Ibid, p. 76.

¹⁴⁶ The Global Coalition on Women and AIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS*. (2006). p. 26. http://data.unaids.org/pub/Booklet/2006/20060530_FS_Keeping_Promise_en.pdf

¹⁴⁷ Ibid.

¹⁴⁸ Ibid. p. 27

A critical global turning point, many believe, are the commitments established in 2001 in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS.¹⁴⁹ The declaration stresses that “gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS.”¹⁵⁰ Research in 16 countries, however, shows that seven years later governments still have failed to keep their commitments to promote gender equality and women’s sexual and reproductive health and rights, and end violence against women.¹⁵¹ The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) also provides an excellent human rights framework for approaching the gender perspectives of HIV/AIDS and focusing on the situation of women and girls.¹⁵² CEDAW, adopted in 1979 by the U.N. General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.¹⁵³

In March 2010, UNAIDS, together with artist/activist for women and HIV, Annie Lennox, launched an Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010-2014), developed to address gender inequalities and human rights violations that continue to put women and girls at risk for HIV infection.¹⁵⁴ The five-year plan was launched during the 54th meeting on the Commission on the Status of Women held in New York. It calls on the UN system to support governments, civil society and development partners in reinforcing country actions to put women and girls at the centre of the AIDS response, ensuring that their rights are protected.¹⁵⁵

Finally, in 2000, global leaders embraced a series of Millennium Development Goals (MDGs) that resolved to make the world safer, healthier, and more equitable. With a 2015 target date, the response thus far has been mixed and uneven.¹⁵⁶ Although Goal 6 specifically addresses the HIV epidemic, an effective HIV response will also support achievement of other Millennium Development Goals, including MDG 3, promoting gender equality and empowering women. The effects of gender inequality leave women and girls more at risk of exposure to HIV so progress in this goal is of fundamental importance in the HIV response.¹⁵⁷

¹⁴⁹ United Nations General Assembly. *Declaration of Commitment on HIV/AIDS*. August 2, 2001.

<http://www.un.org/ga/aids/docs/aress262.pdf>

¹⁵⁰ Ibid, p.9.

¹⁵¹ UNGASS Forum. *Monitoring Ungass’s Goals for the Sexual and Reproductive Health of Women* (2008).

www.ungassforum.wordpress.com

¹⁵² Carolyn Hannan. United Nations Division for the Advancement of Women. *Women and HIV/AIDS*. September 2003. p. 9. www.un.org/esa/population/publications/adultmort/HANNAN_Paper16.pdf

¹⁵³ U.N. Division for Advancement of Women. *Convention on the Elimination of All Forms of Discrimination Against Women*. www.un.org/womenwatch/daw/cedaw/

¹⁵⁴ The Global Coalition Against Women. *UNAIDS takes action to empower women and girls to protect themselves from HIV*. February 23, 2010.

http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100302_Women_HIV.asp

¹⁵⁵ Ibid.

¹⁵⁶ UNAIDS. *Achieving the MDGs: Why the AIDS response counts*. September 24, 2008.

www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080925_Achieving_MDG.asp

¹⁵⁷ Ibid.

Conclusions

A variety of reports from global organizations affirm that the growing impact of HIV/AIDS on women and adolescent girls has reached crisis proportions. “The time for action has not only come, it has passed. It is imperative to recoup lost time and to move ahead on a global scale.”¹⁵⁸

To be more effective, AIDS responses must address the factors that continue to put women at risk. The world’s governments have repeatedly declared their commitment to improve the status of women and acknowledge the linkage with HIV. But “many opportunities to stem the global AIDS epidemic have been missed.”¹⁵⁹ The actions and solutions discussed in this white paper must be taken seriously and begin without delay. The world can no longer afford to ignore them. Finally, women must not be regarded as just victims. In communities around the world, women are increasing knowledge about the disease and expanding access to sexual and reproductive health services as well as educational services. In many places, women are leading the way forward.

Soroptimist Working to Prevent HIV/AIDS

So many times, the issues that make women vulnerable are not ones they can control on their own: physical violence, sexual violence, early and forced marriage, harmful cultural practices. Or in the specific case of AIDS, women are often told to practice abstinence when their husbands do not and are the ones responsible for bringing AIDS into the family.

Progress on these issues requires partnerships with men. Men need to take responsibility for their role in oppressing women. It’s not to say that women do not have a role to play in bringing about their own equality—only that men and boys must be partners if true equality is to be realized.

In order to address these issues of equality and partnership in the context of HIV/AIDS, many Soroptimist clubs have focused on educating young people about the disease, prevention, and the responsibilities of both men AND women in staying safe. By focusing on young people, the hope is that they will enter adulthood and sexual relationships already armed with the knowledge to keep oneself and one’s partner safe.

This method has been particularly successful in Japan where clubs partner with other clubs and health organizations to bring this information to middle and high schools.

SI/Tonenumata, Japan, has been confronting HIV/AIDS by reaching out to young people through sex and HIV/AIDS education in five local high schools. As the members have stated: sex is everywhere and messages about sex are overwhelming—especially when accurate information about the risks that come with sex are not equally available.

SI/Matsue, Japan, has worked with students at a girl’s school to get them interested in the issue. Now those girls have started their own volunteer services including giving education workshops about AIDS and prevention of HIV to other students.

SI/Komatsu, Japan, sponsored lectures for junior high school girls with an HIV/AIDS specialist. The educational program focused on the importance of building strong, healthy and communicative relationships as a preventive measure. Issues of self-esteem and worth were addressed as key

¹⁵⁸ A Joint Report by UNAIDS/UNFPA/UNIFEM. *Women and HIV/AIDS: Confronting the Crisis*. (2004). p. 57. www.unfpa.org/hiv/women/docs/women_aids.pdf

¹⁵⁹ UNAIDS. *Keeping the Promise: An Agenda for Action on Women and AIDS* (2006). p. 6. http://data.unaids.org/pub/Report/2006/20060530_re_keepingpercent20thepercent20promise_en.pdf

components needed in the establishment and maintenance of healthy relationships, and stopping the spread of HIV.

Other clubs in Japan have partnered with organizations to spread awareness on World AIDS Day by distributing thousands of pamphlets and cards containing information about HIV/AIDS.

Other Soroptimist clubs have moved beyond awareness and education to help those living at risk or with HIV/AIDS. For example, SI/Peterborough, Canada, has partnered with St. Rita's, a girls' AIDS orphanage in Dunga, Kenya. St. Rita's provides the girls with the tuition support needed to attend school. However, due to a lack of sanitary pads, underwear and toilet paper, the girls miss 38-45 days per year because of their menstrual cycles. Such an accumulation of absences—on top of absences due to illness and disease—can lead to high drop out rates. To ensure that as many girls as possible stay in school, SI/Peterborough sends a supply of sanitary pads to St. Rita's each and every month.

Visit www.Soroptimist.org for more information on how Soroptimist works to improve the lives of women and girls in local communities and throughout the world.