

share of HIV/AIDS infections among women³

women and HIV/AIDS



fact sheet

data⁴

		Women living with HIV (15-49)		Total
			in %	
Sub-saharan Africa	2005	13,5 Mill.	57%	25,8 Mill.
	2003	13,1 Mill.	57%	24,9 Mill.
North Africa and Middle East	2005	220.000	47%	510.000
	2003	230.000	50%	500.000
South and South-East Asia	2005	1,9 Mill.	26%	7,4 Mill.
	2003	1,6 Mill.	25%	6,5 Mill.
East Asia	2005	160.000	18%	870.000
	2003	120.000	17%	690.000
Oceania	2005	39.000	55%	74.000
	2003	27.000	44%	63.000
Latin America	2005	580.000	32%	1,8 Mill.
	2003	510.000	32%	1,6 Mill.
Caribbean	2005	140.000	50%	300.000
	2003	140.000	50%	300.000
Eastern Europe and Central Asia	2005	440.000	28%	1,6 Mill.
	2003	310.000	26%	1,2 Mill.
Western and Central Europe	2005	190.000	27%	720.000
	2003	180.000	27%	700.000
North America	2005	300.000	25%	1,2 Mill.
	2003	270.000	25%	1,1 Mill.
Total	2005	17,5 Mill.	46%	40,3 Mill.
	2003	16,5 Mill.	47%	37,5 Mill.

facts and figures^{4,5}

- Worldwide, 40.3 million people are HIV positive, and about half of these (17.5 million) are women
- In 2005, 5 million people were newly infected with HIV/AIDS, and more than 3 million people (including 500,000 children) died from AIDS-related diseases
- More than half of newly infected persons are between 15 and 24 years old
- More than 0.8 percent of newly HIV-infected women contract the virus from their husbands or in long-term relationships with their first sex partners
- Only 10 percent of all people infected with HIV/AIDS have been tested and know that they are HIV-positive
- The risk of being infected with HIV is three times higher for young women than for young men
- 30 percent of pregnant women living in Botswana and Swaziland are infected with HIV/AIDS
- 77 percent of women diagnosed with HIV/AIDS are African
- In developing countries, only one out of ten persons in need of ART has access to it
- Only 42 percent of people at risk of acquiring HIV have access to condoms
- Families affected by HIV/AIDS become impoverished, and their household incomes fall by a range of 66 to 80 percent
- More than 14 million children under 15 years of age have lost one or both parents to HIV/AIDS

terminology⁶

- ABC-Approach:** A (Abstain from having sexual relations or, for youth, delay having sex); B (Be faithful to one uninfected partner) C (Condom use consistently and correctly)
- ART:** Anti-retroviral therapy
- Dual Protection:** Protection against unintended pregnancy and sexually transmitted infections, including HIV
- GIPA:** Greater Involvement of People Living with HIV/AIDS
- Microbicides:** Products which have the ability to prevent the sexual transmission of HIV and other sexually transmitted infections (STIs) when applied topically.
- MTCT:** Mother-to-child transmission during pregnancy, delivery and/or breast-feeding
- OVC:** Orphans and vulnerable children
- OI:** (26 AIDS-defining) Opportunistic illnesses, occur only after substantial damage to the immune system
- PLWHA/WLWHA:** Person or people/women living with HIV/AIDS
- Prevention:** Information related to transmission, VCT, consistent and correct use of condom, sexuality education etc.
- Safer Sex:** Any sexual practice that aims to reduce the risk of unwanted pregnancy and of passing HIV (and other STIs) from one person to another (e.g. non-penetrative sex or vaginal intercourse with a condom)
- SRHR:** Sexual and reproductive health and rights
- STI:** Sexually transmitted infections
- Treatment:** Treatment of OI with ART and harm reduction
- VCT:** Voluntary counselling and testing. An individual undergoes counselling enabling him/her to make an informed choice about being tested for HIV.

imprint

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status quo

Over the last ten years, HIV/AIDS has become one of the most devastating diseases of our time.

Since 1995, the number of persons suffering from HIV/AIDS has increased from 19.9 million to 40.3 million. In about 80 percent of the cases, the virus is passed on through any kind of unprotected sexual intercourse with an infected person or, in 10 percent of the cases, is transmitted from an infected woman to her baby during pregnancy, delivery and breastfeeding.

The Declaration of Commitment on HIV/AIDS "Global Crisis – Global Action", adopted during the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, emphasizes that gender equality as well as the empowerment of women are fundamental elements in reducing the risk for women and girls of being infected with HIV/AIDS.

However, when the results achieved through the implementation of the above mentioned declaration were examined, it was found that women and girls are increasingly affected by HIV/AIDS. HIV/AIDS as well as the poor sexual and reproductive health of women and girls is responsible for 25 percent of female diseases worldwide.

HIV/AIDS – a female disease?

Worldwide, about 50 percent of persons living with HIV/AIDS are women. Over the last five years, the number of women infected with HIV/AIDS has significantly increased, and this trend continues. Especially in Eastern Europe, Asia and Latin America, HIV/AIDS infection rates have risen dramatically, and more and more young people between 15 and 24 years are infected or live with HIV/AIDS. In Southern Africa, the worst-affected region in the world, 76 percent of young people infected with HIV/AIDS are girls.

The main reasons for these trends are, for example:

- female poverty
- the consequences of gender-specific discrimination, and
- often widespread poor female access to health information and care

Therefore, anti-AIDS-campaigns such as the widely promoted ABC* strategy (this strategy aims at bringing the HIV/AIDS epidemic under control by promoting abstinence, being faithful, and condom use) can, for socio-cultural and economic reasons, very often not be implemented in some regions as women are deprived of fundamental human rights.

why are especially women at risk?

- Girls and women are especially at risk as they are biologically more vulnerable to HIV infection than men.
- Girls and women receive little information on HIV/AIDS as sexuality is put under taboo in many societies.
- The low social status of girls and women affects their partner relationships. In most cases, married women are infected with HIV by their husbands who regularly engage in unprotected extramarital intercourse. Very often, women are deprived of the right to discuss or make decisions about sexuality. Therefore, it is usually the men who decide whether they want to have safe or unprotected sex, whether sex is coerced or desired, or whether it is a painful or pleasant experience for the women. Generally, women are expected to be uninterested in sex and to remain passive. If they refuse sex or request condom use, they often risk abuse, as men often suspect infidelity. Besides, men usually refuse to use condoms as they want to father as many children as possible.
- Girls and women who are victims of trafficking, genital mutilation, coerced prostitution, rape, child marriage etc. are at a high risk of contracting HIV/AIDS.
- As women are considered inferior in many societies, they are very often discriminated against as far as the access to VCT* and HIV/AIDS treatment is concerned.

what is important?

In the fight against HIV/AIDS, it is of crucial importance to consider gender aspects and, especially, the concept of sexual and reproductive health which is based on women's human rights. The 2001 Declaration of Commitment on HIV/AIDS confirmed the action programmes of the World Women's and World Population Conferences, in the course of which SRHR* were defined. The realization of these rights (as, for example, a woman's right to have control over her own sexuality and to decide freely and responsibly on matters related to her sexuality) contributes to fight the spreading of HIV/AIDS in girls and women.

Given the predicament of women and children affected by HIV/AIDS, strategies considering the interaction between gender inequality, sexual and reproductive rights and HIV/AIDS are of great necessity.

In order to improve women's health regardless of age, religious belief, cultural background, ethnic origin and sexual orientation, it is necessary to take specific actions, to make use of possible synergy effects and to reassess current health care structures.

HIV/AIDS – a female disease?

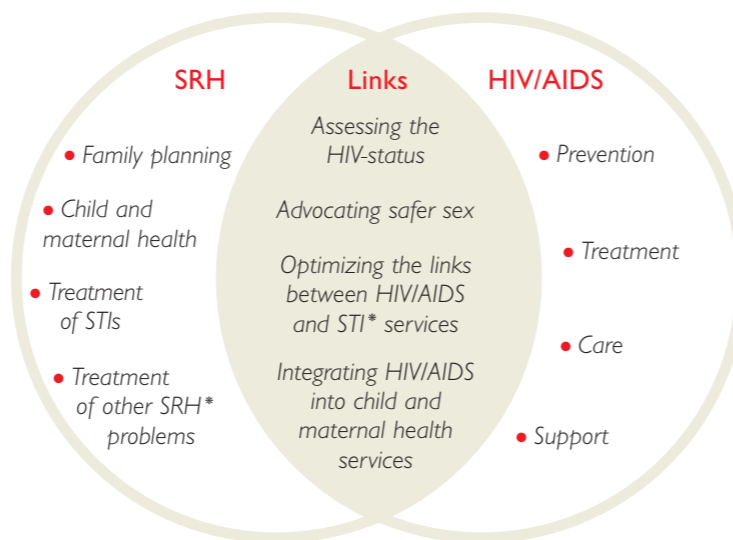


why are separated health care structures problematic?

Given the urgency of fighting the HIV/AIDS pandemic and of providing comprehensive treatment, specific HIV/AIDS programmes were launched, but often separately from existing basic health care structures and, especially, from reproductive health care services. The consequences of separated health care structures are problematic, as, for example, women have to go to one hospital to conduct a pregnancy test and to another to perform an HIV/AIDS test. Apart from the fact that this involves a lot of time and costs a lot of money, HIV/AIDS institutions often have a stigmatizing effect on potential clients who do not belong to high-risk groups (as, for example, sex workers and injecting drug users). For this reason, HIV/AIDS programmes have only partially been successful in reaching married women and young girls. However, girls and women living with HIV/AIDS are also in need of counselling on safer sex*, contraception, pregnancy and birth.

Through successful integration of sexual and reproductive health services and HIV/AIDS initiatives, a greater number of girls and women could receive a wider range of more adequate services and information provided for by a reformed health care system.

links between SRH & HIV/AIDS?



Statements² of UNAIDS, WHO, UNFPA and IPPF of 2005 call upon SRH organizations and HIV/AIDS-initiatives to strengthen programmatic links between SRH and HIV/AIDS.

how can the integration of SRH and HIV/AIDS services be implemented?

- *HIV status:* Adapting VCT to the needs of young people; extending VCT services to additional basic information on sexual and reproductive health; providing routine VCT and referring patients to ART* treatments through family planning authorities.
- *Safer and healthier sex:* Advocating the use of condoms in all programmes as they provide double protection against unwanted pregnancy and HIV/AIDS as well as other STIs; providing comprehensive sexual and reproductive health services for and through PLWHA; strengthening girls' and women's self-esteem in order to enable them to demand safer sex and access to health services; integrating organizations working with victims of violence.
- *HIV/AIDS clinics and STI clinics:* Integrating HIV/AIDS services into STI programmes; offering STI treatment for PLWHA* in all HIV/AIDS institutions.
- *Integrating HIV/AIDS into child and maternal health services:* Integrating HIV/AIDS services and syphilis screening and treatment into antenatal health care services; providing increased maternal health services for WLWHA* including HIV/AIDS treatment and care; offering contraceptive counselling for PLWHA and their partners.

Sources

- ¹ E. Lule, World Bank, Strengthening the Linkages between Reproductive Health and HIV/AIDS Programs, 2004
- ² WHO/UNFPA/UNAIDS/IPPF, A Framework for Priority Linkages, 2005
- ³ UNFPA, State of World Population, Report 2003
- ⁴ UNAIDS, AIDS Epidemic Update, December 2005
- ⁵ UNAIDS/UNFPA/UNIFEM, Women and HIV/AIDS: Confronting the Crisis, 2004
- ⁶ IPPF, Glossary on Sexual and Reproductive Health, 2004

which actions have to be taken additionally?

- Involving HIV-positive girls and women into the development and implementation of programmes (GIPA*)
- Investing in woman-controlled HIV prevention methods (such as female condoms and microbicides*)
- Providing care and support for AIDS orphans who become head of a household and have not only to fend for themselves, but are also responsible for the well-being of younger siblings
- Fighting against discrimination and stigmatization of PLWHA/WLWHA
- Supporting female education and promoting measures preventing young women from dropping out of school
- Among other things, promoting girls' and women's property/ inheritance rights and their right to health care and medical treatment
- Providing generic drugs and distributing indispensable drugs at production prices in order to reduce medical treatment costs
- Involving men in SHR
- Implementing comprehensive programmes on a large scale and providing necessary financial support

The more we are able to help girls and women gain life skills and control of their sexual and reproductive lives, the more we can help them gain financial and social empowerment, and the more we can help them protect themselves against HIV and other sexually transmitted infections.

Louise Frechette, United Nations Deputy Secretary-General

*See terminology