

The  
**HIV/AIDS**  
**Epidemic**  
*An Inherent  
Gender Issue*



Commonwealth Secretariat



United Nations Programme on HIV/AIDS  
2000-2009  
2000-2009

# Did you know

*A decade ago women seemed to be on the periphery of the epidemic, today they are at the epicentre.*

- + Today 47 percent of the 36.1 million people living with HIV are women and this proportion is growing.
- + Of the 16000 new infections that occur everyday, up to sixty percent are now amongst women (ILO ).
- + Women now account for 52 percent of the 17.5 million adults who have died from the disease since the epidemic began (UNAIDS).
- + Since the beginning of the epidemic, over 9 million women have died from HIV/AIDS-related illnesses.
- + 55% of all HIV+ adults in Sub-Saharan Africa are women. In many southern African countries, teenage girls are infected at a rate five or six times greater than their male counterparts.
- + In one Kenyan study, over one-quarter of teenage girls interviewed had had sex before age 15, of whom, one in 12 was already infected.
- + A Zambian study confirmed that less than 25% of women believe that a married woman can refuse to have sex with her husband. Only 11% thought they could ask their husband to use a condom.
- + In Trinidad and Tobago, nearly 30% of teenage girls said they had sex with older men. As a result, HIV rates are five times higher in girls than in boys aged 15-19.
- + By the mid-1990s, more than 25% of sex workers tested in India were positive for HIV – by 1997 the prevalence rate had reached 71%.

# Why is HIV/AIDS a gender issue?

## Numbers begin to matter...

Although HIV/AIDS is a disease affecting both men and women, recent trends are showing that more and more women are becoming infected and at very young ages.

## Unequal Gender relations

Patriarchy is another important factor that increases women's vulnerability to HIV/AIDS along with poverty, illiteracy and unemployment. Social norms and cultural values encourage men to wield power and to impose their will upon others, especially women and children. The power often leads to violence and sexual coercion. Gender Inequality is not just a matter of justice or fairness. Gender inequality can be fatal.

## Men's behaviour makes a difference.

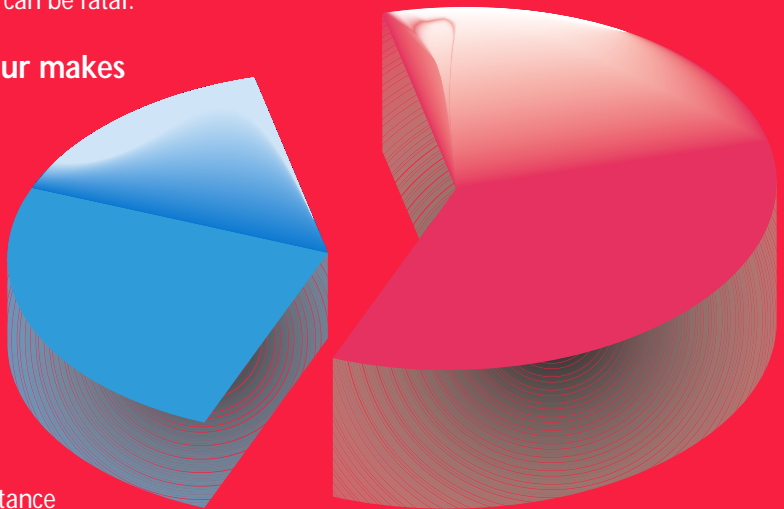
The promotion of behaviour change is an important element in preventing the spread of the epidemic as well as in minimising its impact. The tacit and explicit acceptance in many societies that men should have multiple sexual partners contributes to the spread of HIV /AIDS to women.

## The inability to say No

In many countries most women and particularly girls cannot refuse unwanted or unprotected sex; girls and women are more exposed to sexual harassment than men in all societies. If they depend economically upon men, they feel, and in reality experience, powerless.

## High health risks

Women living with HIV/AIDS also face special sexual and reproductive health risks but they do not always have access to care for STD's, cervical cancer and unwanted pregnancies.



*55% of all HIV+ adults in Sub-Saharan Africa are women (UNAIDS2000).*

■ Men □ Women

# The HIV/AIDS epidemic is taking its toll on everyone...

Demographics are changing, children are being orphaned, economies are being severely challenged, human resources are drastically affected

*... but women are impacted more.*

- + Social services are collapsing, with women subsidising the public sector by providing substitute services in caring for the ill.
- + Malnourished and anaemic pregnant women are facing the risks of being transfused with unsafe blood every time they give birth.
- + The epidemic has confronted the extended family. Women are now bearing an even greater burden in terms of their household responsibilities, as they are now caring for children, not only of their own family, but of other families as well.

**Gender equality is not simply a matter of justice or fairness. Gender inequality is fatal.**

- + Female-headed households are increasing. In instances where the male head of household has died, women can face a tragic set of circumstances in terms of loss of social support from family members, ostracisation from the community, and lack of legal protection to inherit land and property.
- + Poverty exposes women and girls to abuse and to higher risk behaviour. Sexual exploitation of girls and women and become a family survival strategy.
- + Women, and in particular girls, often lack the bargaining power to make decisions that will affect their own lives, especially with respect to sexual issues.
- + Poverty is not only a cause; it is also a result of HIV/AIDS. Families with people living with HIV/AIDS become poor not only because their incomes decline, but because their health care expenses increase. Poorer families spend disproportionately more of their incomes on such expenses women, and women head a growing number of these households.

# What can be done?

## Promote awareness about gender dimensions of HIV/AIDS

It is essential to address the need for gender equality and women's empowerment in order to begin to reverse the epidemic. Gender should be integrated into existing national AIDS strategies. National AIDS commissions should be gender sensitised.

## Change existing policy & attitudes

Policy makers, health care providers, the mass media, development assistance agencies and others concerned with stemming this pandemic must take account of gender relations and power dynamics in order to devise effective solutions. CEDAW provides an effective instrument for this work.

## Focus on strategies for men and boys

Promotion of condom use is critically important. However, unless women are able to say "NO"! and be both heard and respected, the effects of such campaigns will be limited. In order for this to happen, prevailing gender relations need to be realigned and male behaviour and attitudes that sustain such relations need to be transformed, for which men's involvement and support is essential.

## Provide Equal Access to Anti-Retroviral treatment

Access to treatment in general is a privilege that men enjoy far more than women. As health services begin to work out ways to

distribute drugs, differential access to treatment and care needs to be taken into account.

## Ensure economic empowerment of women

Women need economic independence so that they can escape from high-risk situations, sustain their families and negotiate 'whens' and 'hows' of their sexual lives. Micro credit and productive employment programs can provide effective support.

## Undertake Legal Reform

Existing legal and policy need to be reviewed with a sensitive lens to ensure positive sustainable changes in laws relating to inheritance, marriage and cultural practices. Ensure CEDAW recommendations related to HIV/AIDS and women's legal rights are implemented and monitored.

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# Women triumphing over the fact of HIV/AIDS

In **Mexico**, 33 out of the 46 women living with HIV/AIDS who were interviewed who spoke of their valuing of life and adopting healthier lifestyles since their diagnosis. A community based research undertaken in the country pointed out that this state of well being was a result of access to good counselling services, solidarity by the community, employment and access to anti retro viral treatment.

In rural **Haiti**, poor women affected by the virus are telling the story of a woman living with HIV through a video presentation, using this as a means to educate the community. Proud of their success in being able to break the myths around the epidemic, the women have been speaking of their experiences at a number of meetings.

In **Zimbabwe**, caregivers in the community are moving like the angels of care. They are the apparitions of strength, the shock absorbers bathing, feeding, cheering the sick, doing their laundry, talking about death to the

children, helping in writing wills and all this with no monetary remuneration whatsoever!

Surveillance testing in urban areas of **Uganda** over the past five years reveals a 40% drop in HIV prevalence among pregnant women. This decline in HIV infection is particularly striking in

2.7 percent in 1992 to 81.7 percent in 1996. Above all HIV/AIDS prevalence levels plateaued at 5 percent when other red light areas in the country were recording a rate of 55 percent.

In **Thailand**, surveys in young men showed both substantial reductions in risk behaviour and decreases in HIV infection levels.



young women and is associated with delayed first sexual intercourse, increased condom use, and fewer sexual partners.

In **India** in Sonagachi, a group of 5000 sex workers in partnership with their clients are working against patriarchy not against men, questioning existing beliefs and practices. Condom usage shot from

Between 1991 and 1995, visits to sex workers reported by these men were cut by almost a half; and those who reported not using a condom on the last visit dropped from nearly 40% in 1991 to slightly over 5% in 1995. HIV prevalence among this group has gone down as a result – from 8% in 1992 to less than 3% in 1997.

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