Women and the Global HIV/AIDS Epidemic

Many women who are infected or at risk of becoming infected with HIV do not practice high-risk behaviors but are frequently married or in a monogamous relationship. They are vulnerable largely due to the behavior of others and gender inequalities beyond their control.[1]

As of April 2005, approximately half of all people living with HIV worldwide—nearly 20 million—are female, and increasingly young and poor. The number of HIV infected women and girls is on the rise in every region of the world; in sub-Saharan Africa, women constitute 57 percent of adults living with the devastating disease—with the rate among young women being 76 percent. Human rights violations, gender inequalities and poverty are contributing factors for women's and girls' increased vulnerability to HIV and AIDS.[2]

Many women around the world are unable to attain adequate levels of economic security needed to gain social independence. Violations of their human rights to employment, equal ownership of land, access to credit, education, political participation and social assistance force millions of women and girls into marriage and/or sexual relationships to escape poverty, placing them at higher risk of contracting HIV.[3] In many situations, women who insist that their husband or partner be faithful, use a condom, or get tested for HIV risk disapproval, rejection or violence—factors that also prevent women from getting tested for HIV themselves.[4]

More than 51 million girls in the developing world are child wives, promised into marriage by parents for economic reasons or to "protect" girls from premarital sex and pregnancy.[5] Child brides experience greater barriers to education, social, economic and political development and higher risks of early and frequent childbirth.[6] Young girls, as young as 10 years old in some countries, who are married to much older men are even less empowered than adult women to negotiate safer sex and are at greater risk of contracting HIV and sexually transmitted diseases.[7] Early marriage also can mean that girls are forced to have sex with their husbands before their bodies are fully developed, increasing their risk of vaginal tearing and abrasions, which make them more vulnerable to HIV infection.[8]

In Kenya and Zambia for example, married girls are up to 65 percent more likely to be HIV-positive than unmarried sexually active girls.[9] And in India, 80 percent of HIV infections in women occurred in those who were both married and monogamous.[10]

Other societal factors also increase the risk of HIV infection for women and girls. The myth that sex with a female virgin will cure HIV results in young girls being forced into unprotected sex with HIV-positive men. Violence against women, such as trafficking, forced prostitution, incest, female genital mutilation, and rape all put women at higher risk of HIV infection.[11]

A majority of the world's young women and girls still do not know how to protect themselves from HIV and cannot get the sexuality education and reproductive health information they need.[12] Unprotected heterosexual sex is the single most important factor in the transmission of HIV across the globe, yet U.S. AIDS funding continues to promote ineffective abstinence-only prevention and education programs that ignore the reality of the lives of women and girls.

women engaging globally

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The Face of AIDS in the United States: Increasingly Women of Color

Women account for 27 percent of newly diagnosed AIDS cases within the United States, up from 8 percent in 1985.[13] Girls now account for the majority of new HIV infections among teens. While African-American women make up only 13 percent of the U.S. population, they account for 67 percent of new female HIV infections.[14] HIV mortality rates are highest for African American women; in 2001, HIV was the leading cause of death for African American women ages 25-34, compared to the sixth leading cause for women overall in the U.S.[15]

Like their counterparts around the world, a majority of women in the U.S. are infected through heterosexual sex, are in monogamous relationships, and experience increased risk of infection due to poverty, lack of health care services and limited access to comprehensive reproductive health information. Rates of HIV infection among American women have risen most dramatically in the South, exacerbated by factors like poverty and lack of health care.[16] HIV-positive women in the U.S. are less likely to receive appropriate HIV treatment than men and are more likely to postpone care than men.[17]

President Bush, in his fiscal year (FY) 2006 budget, requested $192.5 million in federal funding for abstinence-only education and prevention programs, up 50 percent from FY 2004, while funding requests for HIV/AIDS research, prevention through national institutions, and the Minority AIDS Initiative all decreased.[18] Religious-based groups supporting virginity pledges among young women are also on the rise. However, studies conclude that young women and men receiving abstinence-only education and taking virginity pledges are more likely to engage in high-risk oral and anal sex, less likely to use condoms or contraception, and less likely to be tested for sexually transmitted infection and HIV/AIDS.[19]

HIV/AIDS among women is a global epidemic and connections between women's and girls' risk factors in the U.S. and countries worldwide must be recognized. Subordinate economic and social status, along with restrictive U.S. foreign and domestic policies on sexuality education and health care services, place women in every country at risk of HIV infection and death from AIDS. American women must continue to demand comprehensive and medically accurate sexuality education programs, access to the full range of contraceptives, and full funding for global HIV/AIDS programs for the well being of all women at home and abroad.

U.S. Foreign Policy: Is the President's Plan Impeding Prevention and Progress?

The President's Emergency Plan for AIDS Relief (PEPFAR)

Announced by President Bush in 2003 and passed by Congress as the Global AIDS Act 2003, this five-year initiative was to provide a total of $15 billion to treat at least two million HIV-infected people with anti-retroviral therapy, prevent seven million new infections and care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children. PEPFAR focuses on the most affected countries in Africa, the Caribbean and Asia including: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.[21] However, PEPFAR has not been adequately funded by the Bush Administration and the President's budget request for 2005 also cut contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria by 64 percent and by another 14 percent in the 2006 requests.[22]

PEPFAR makes abstinence-only until marriage the centerpiece of its prevention strategy, despite the increasing rates of infection among married and monogamous women, and studies proving the success of comprehensive sex education in combating the spread of HIV/AIDS.[23] Bush's strategy assumes that marriage is a protective factor against HIV infection, when in

reality sexual violence, coercion and women's inability to negotiate safe sex—particularly within marriage—are among the contributors to HIV infection among women and girls.[24]

The "ABC" prevention model promoted by PEPFAR, stands for Abstinence (focused on youth), Being faithful (focused on married couples), and correctly and consistently using Condoms. However, the Bush administration places very little emphasis on condom use.[25] In addition, more than 60 U.S. scientists issued a joint statement and report in February 2004, documenting U.S. government distortions that falsely support the effectiveness of abstinence-only education programs and information on HIV/AIDS prevention, and cast doubt on the effectiveness of condoms in preventing transmission of sexually transmitted diseases.[26]

Current U.S. abstinence-only programs are reversing gains made by Uganda in their fight against AIDS. Due to U.S. policies, the Ugandan government has removed information about condoms, safer sex and risks of HIV within marriage and included false information on condom ineffectiveness in HIV prevention within youth education programs.[27]

Finally, while PEPFAR emphasizes the need to integrate HIV prevention, testing and counseling into reproductive health programs around the world, the Bush administration has severely restricted family planning services through the Global Gag Rule. The Global Gag Rule, signed into order by President Bush in 2001, denies foreign organizations receiving U.S. family planning assistance the right to use their own non-U.S. funds to counsel women on or refer them for abortions, or lobby for the legalization of abortion in their country. While HIV/AIDS programs technically are not covered by global gag rule restrictions, reports from several countries show that these restrictions *are* indeed being placed on HIV prevention groups.[28]

Notes

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Resources

Organizations

Black Women's Health Imperative *www.blackwomenshealth.org*

Center for Development and Population Activities (CEDPA) *www.cedpa.org*

Center for Health and Gender Equity (CHANGE) *www.genderhealth.org*

Center for Women Policy Studies *www.centerwomenpolicy.org*

Feminist Majority Foundation *www.feminist.org*

International Community of Women Living with HIV/AIDS *www.icw.org*

International Center for Research on Women *www.icrw.org*

International HIV/AIDS Alliance *www.aidsalliance.org*

International Women's Health Coalition *www.iwhc.org*

Population Action International *www.populationaction.org*

The Global Coalition on Women and AIDS *www.womenandaids.org*

United Nations Development Fund for Women (UNIFEM) Gender and AIDS Web Portal *www.genderandaids.org*

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WOMEN'S ENVIRONMENT & DEVELOPMENT ORGANIZATION 355 Lexington Ave., Third Floor, NY 10017 Tel: (212)973-0325 Fax: (212) 973-0335 www.wedo.org