

FACT SHEET

Women, girls, gender equality and HIV

Global epidemiological data

- Women account for 50% of people living with HIV.ⁱ
- Globally, young women aged 15-24, are most vulnerable to HIV with infection rates twice as high as in young men, and accounting for 22% of all new HIV infections.ⁱⁱ
- HIV is the leading cause of death of women of reproductive age.ⁱⁱⁱ
- In the absence of HIV, maternal mortality worldwide would be 20% lower^{iv}.

Gender Inequality is a key driver of the HIV epidemic

- Women can face barriers in accessing HIV prevention, treatment and care services due to limited decision-making power, lack of control over financial resources, restricted mobility and child-care responsibilities.
- Women and girls are often the primary care-givers in the family, including for family members living with and affected by HIV, which can limit their economic opportunities.
- Denial of property and inheritance rights for women means that many women lose their homes, inheritance, possessions, livelihoods and even their children if their partner dies. This may force women to adopt survival strategies that increase their chances of contracting and spreading HIV.
- Early marriage is still common worldwide, with young girls often forced into marriage and sexual relations resulting in school drop out and maternal health risks, including exposure to HIV.

Violence against women and girls is a cause and consequence of the spread of HIV

- Violence and the threat of violence hampers women's ability to protect themselves from HIV infection and/or to assert healthy sexual decision making.
- The proportion of women who have experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranges from 15% to 71%.^v
- The prevalence of forced first sex among adolescent girls younger than 15 years ranges between 11% and 48% globally.^{vi}
- Young women in rural South Africa who experienced sexual abuse in childhood had a 66% greater risk of HIV infection compared to young women who had not been abused.^{vii}

The needs and rights of women and girls are not being adequately addressed in the AIDS response

- Less than half (46%) of all countries allocate resources for the specific needs of women and girls in their national response to HIV.^{viii}

UNAIDS' vision: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

- Most countries do not comprehensively address the HIV and sexual and reproductive health needs of women and girls. Countries with high HIV prevalence rates among young women are equally challenged by high teenage pregnancy rates, and the consequences of unintended pregnancies in terms of unsafe abortion.^{ix}

Regional variations

Sub-Saharan Africa

- More women than men are living with HIV in sub-Saharan Africa, accounting for 59% of people living with HIV.
- In sub-Saharan Africa, young women aged 15–24 years are as much as eight times more likely than men to be living with HIV.
- Studies among women in sub-Saharan Africa show that fear of a partner's negative reaction, including abandonment, violence, rejection, loss of economic support and accusations of infidelity were the most commonly reported barriers to HIV testing and disclosure of HIV status.^x

Asia-Pacific

- In Asia, the proportion of women living with HIV compared to men increased from 20% in 1990 to 34% in 2002. Since then it has stabilized at about 35%.^{xi}
- It is estimated that at least 50 million women in Asia are at risk of acquiring HIV from their male intimate partners who engage in high risk behaviours, including paid sex, injecting drug use and unsafe male to male sex.^{xii}
- Sex work is the key driver of HIV in Asia Pacific; however the median reported coverage of HIV prevention services for sex workers in countries in the region was only 40%.^{xiii}

Eastern Europe and Central Asia

- Overall, women comprise about 35% [30–40%] of adults living with HIV in Eastern Europe and Central Asia.^{xiv}
- In Eastern Europe and Central Asia, the main drivers of the epidemic are injecting drug use and sex work. An estimated 35% of women living with HIV probably acquired HIV through injecting drug use, and an additional 50% were probably infected by partners who inject drugs.^{xv}
- Young women are especially at risk. HIV prevalence is twice as high amongst young women as amongst young men in this region.

Caribbean

- In the Caribbean, women account for around half of all new HIV infections.
- Young women are approximately two and a half times more likely to be infected with HIV than young men.

Latin and North America

- More than 36% of adults living with HIV in the Latin American region are women. Whilst the region's epidemic is mainly concentrated among men who have sex with men, research reveals that more than 22% of men who have sex with men reported having sex with both men and women thus increasing the risk of the spread of HIV infection through heterosexual sex.

- In 2009, African American women accounted for 30% of the estimated new HIV infections among all African Americans. Most (85%) African American women living with HIV acquired HIV through heterosexual sex. The estimated rate of new HIV infections for African American women was more than 15 times as high as the rate for Caucasian women.

Middle East and North Africa

- Women comprised an estimated 41% of adults living with HIV in 2010 (Universal Access progress report 2011)
- While HIV prevalence remains low in the region, Djibouti and Somalia are exceptions with epidemics driven by heterosexual sex where 50% of people living with HIV are women^[ii]
- The majority of women living with HIV in the Middle East and North Africa are infected by their husbands or partners who engage in high-risk behaviours and are mostly not aware of their status (97% in Saudi Arabia, 76% in Iran)^[iii]
- The ongoing weakness of monitoring efforts in the Middle East and North Africa makes it challenging to assess the impact of HIV on women and girls.

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UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.

ⁱ UNAIDS. UNAIDS World AIDS Day report 2011. 2011

ⁱⁱ UNAIDS. UNAIDS World AIDS Day report 2011.

ⁱⁱⁱ WHO. Women and health: Today's evidence tomorrow's agenda. 2009

^{iv} Murray et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. www.thelancet.com Published online April 12, 2010 DOI:10.1016/S0140-6736(10)60518-1

^v Garcia-Morena et al. WHO. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 2006; 368: 1260–69

^{vi} WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization, 2005

^{vii} R. K. Jewkes, K. Dunkle, M. Nduna, P. N. Shai, *Lancet*, published online 16 June 2010.

^{viii} UNAIDS 2010, Report on the Global AIDS Epidemic 2010

^{ix} UNAIDS 2010, Report on the Global AIDS Epidemic 2010

^x IBID

^{xi} UNAIDS 2011, HIV in Asia and the Pacific – Getting to Zero

^{xii} Commission on AIDS in Asia, 2008

^{xiii} HIV&AIDS data hub for Asia and the Pacific: <http://www.aidsdatahub.org/en/regional-profiles/key-affected-populations>

^{xiv} UNAIDS Regional Support Team for Europe and Central Asia and WHO Regional Office for Europe. Universal access to HIV prevention, treatment, care and support in Europe and Central Asia: 2011 progress report. Moscow, UNAIDS Regional Support Team for Europe and Central Asia, in press

^{xv}: http://www.who.int/hiv/pub/progress_report2011/en/index.html