Women and girls
Eliminating gender inequalities is critical to ending AIDS

Pervasive gender inequalities and unequal power relations are at the core of women’s increased vulnerability to HIV. Violence against girls and women is a perpetuation of gender inequality and is strongly associated with HIV in certain settings. Women who experience intimate partner violence are 50% more likely to acquire HIV than other women.¹

In 2014, more than 5000 young women and girls acquired HIV every week, the vast majority in southern Africa.²

AIDS-related illnesses remain the leading cause of death among women of reproductive age globally.³

The rights of women and girls

Socially, economically and politically empowered women and girls whose sexual and reproductive health and rights are fulfilled are more able to make safe and autonomous choices. This is important to prevent HIV and supports the well-being and dignity of women living with HIV.

Fulfilling human rights means ensuring that laws, policies and practices uphold the rights of women in all their diversity, including women living with HIV, sex workers, female injecting drug users, transgender women, indigenous women and women in conflict settings, so that their sexual and reproductive health and rights and HIV-related needs are met.

The rights of women and girls also means eliminating discrimination and abuse in the health sector, where women and girls, including women living with HIV, have reported violations of their rights, such as forced and coerced sterilization and abortion. It also means ensuring access to prevention, treatment and care throughout their lives.

“Ensuring that women and girls are empowered to protect themselves from HIV, to make decisions about their own health and to live free of violence, including violence related to their HIV status, will be crucial to ending the AIDS epidemic by 2030.”

Michel Sidibé, UNAIDS Executive Director⁴

The facts on the gender equality gap

Owing to gender inequalities and power imbalances, women and girls often have limited agency and therefore do not have full control to choose who to marry, when to have sex, when to have children, how to protect themselves against HIV and how to access health services.

In the majority of sub-Saharan African countries, less than 75% of young women report having a final say in decisions about their own health care.

Globally, approximately 7 in every 10 young women aged 15–24 do not have comprehensive and correct knowledge of HIV.⁵

Adolescent girls and young women in southern Africa acquire HIV five to seven years earlier than their male peers.⁶

Women from key populations (sex workers, transgender women, women who inject drug) are being left behind and are less able to access health services.

▪ HIV prevalence among sex workers is 12 times greater than among the general population.⁷
▪ In 15 countries surveyed, transgender women were 49 times more likely to be living with HIV than a non-transgender person.⁸
▪ Women who inject drugs not only have higher risk of infection and poorer access to services than men, but they also face gender-related stigma.⁹

The impact of violence on women and girls

Globally, one in three women report experiencing physical violence and/or sexual violence by a partner or sexual violence by a non-partner in their lifetime.¹⁰
Exposure to childhood sexual violence increases girls' risk of unintended pregnancy, alcohol use and acquiring HIV and other sexually transmitted infections.4

Intimate partner violence is higher among adolescent girls and young women than it is among older women. Child marriage is a risk factor for intimate partner violence and girls under 18 who marry are more likely to experience violence within marriage than girls who marry later.11

Additionally, the HIV infection rate among married adolescents is 50% higher than that among their unmarried, sexually active peers; this may be due to girls’ limited ability to negotiate condom use in such relationships.12

Worldwide, more than 700 million women alive today were married before their 18th birthday.13

Women living with HIV also report experiencing higher levels of intimate partner violence than other women. Adherence to antiretroviral therapy is lower among women who do not experience intimate partner violence, with consequences for their own health and onward transmission of the virus to their sexual partner and to children if they are pregnant or breastfeeding.14

Actions for transforming the lives of women and girls

Throughout the HIV movement, action by people living with HIV has been the catalyst for bold change and progress. Support is essential to movements of women and girls, who are at the centre of the demand for gender equality, empowerment to end the AIDS epidemic.

- When girls have access to secondary education, including comprehensive sexuality education, and stay in school, they are less likely to marry early and the risk of unintended pregnancies and HIV acquisition decreases.

- When women and girls are economically empowered, such as through cash transfers, transactional sex is reduced.15

- When programmes to reduce intimate partner violence in communities are taken to scale, HIV incidence is reduced.

- When laws and policies that act as barriers to the full realization of the sexual and reproductive health and rights of women and girls are removed, gender equality can start becoming a reality.

- When sexual and reproductive health services are integrated, it improves access to services for HIV-related illnesses, such as tuberculosis diagnosis and treatment and cervical cancer screening, prevention and treatment

- When comprehensive post-rape care services are available, accessible and promoted, they can prevent women and girls from acquiring HIV and other sexually transmitted infections, unintended pregnancies and psychological trauma.

Ending AIDS among women and girls

Empowering young women and girls and closing the gender gap is central in the UNAIDS 2016–2021 Strategy and to achieving the Sustainable Development Goals.

The sexual and reproductive health and rights of women feature prominently in the UNAIDS Fast-Track approach and are articulated in the following targets:

- 90% of women and girls live free from gender inequality and gender-based violence to mitigate the risk and impact of HIV.

- 90% of young people are empowered with skills, knowledge and capability to protect themselves from HIV.

- 90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services.

- Zero new HIV infections among children, and mothers are alive and well.

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1 Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council; 2013.


KEY FACTS

120 million
The number of girls worldwide who have experienced rape or other forced sexual acts at some point in their lives.\(^\text{16}\)

62%
Percentage of new HIV infections among adolescents in 2014 that occurred among adolescent girls globally.\(^\text{17}\)

15%
Percentage of young women aged 15–24 in sub-Saharan Africa who are aware of their HIV status.\(^\text{18}\)

5–7
Number of years on average that women acquire HIV earlier than men in sub-Saharan Africa.\(^\text{19}\)

1.5
Women exposed to intimate partner violence are 1.5 times more likely to acquire HIV in some regions.\(^\text{20}\)

2
Uneducated girls are two times more likely to acquire HIV than girls who have some schooling.\(^\text{21}\)

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\(^\text{17}\) 2014 UNAIDS estimates.

\(^\text{18}\) World Health Organization. Factsheet no. 345 May 2014 (http://www.who.int/mediacentre/factsheets/fs345/en/)


\(^\text{20}\) World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, p. 2; 2013.