



Women and HIV/AIDS

Women and girls continue to bear the burden of the HIV/AIDS epidemic. Based on the latest comprehensive WHO data, HIV/AIDS is the leading cause of death globally in women 15-44 years of age, and exacts an especially high toll in sub-Saharan Africa where the epidemic has hit hardest.ⁱ By the end of 2009, women made up slightly more than half of the adults living with HIV/AIDS globally.ⁱⁱ And in sub-Saharan Africa, women account for approximately six out of every 10 adults living with HIV.ⁱⁱⁱ

HIV infections among women and girls continue at an alarming rate. The infection rate among women and girls is unyielding in every region of the world. Everyday more than 3,000 women and girls become infected with HIV.^{iv} The most recent data show that in sub-Saharan Africa, for every 10 men infected with HIV, 13 women become infected with the virus.

Women are particularly vulnerable to HIV infection. Heterosexual sex remains the primary mode of HIV transmission in sub-Saharan Africa. A mix of biology and culture renders women more susceptible to HIV infection than men. In some parts of the sub-Saharan Africa, young women (aged 15-24) are three to eight times more likely to be infected than young men of the same age.^v

"Give women and girls the power to protect themselves from HIV. We are already facing a recession of care. We cannot allow HIV to contribute further to this burden."

Michel Sidibé
Executive Director, UNAIDS

Marriage, once thought to be a refuge from the epidemic, is no haven. Many new HIV infections occur in women who are married or in long-term relationships with one partner. In Kenya, many more married and widowed women are HIV positive than those who have never been married.^{vi} In Zambia, data suggest that 60 percent of people newly infected through heterosexual transmission became infected with HIV within their marriage or while living with their partner.^{vii}

The burden of caring for those with HIV falls to women and girls, making them even more vulnerable. Women and girls continue to carry the burden of care for people infected and affected by HIV/AIDS.^{viii} Many female caregivers have little time to earn an income, produce food, go to school or support families. These women and girls, along with their families, are more likely to be malnourished, in poor health, or economically destitute — all factors that further increase their risk for HIV infection.

There is an urgent need for new female-initiated prevention options. Current prevention strategies are not enough to stop the spread of HIV — particularly among women. Many women lack the power to negotiate with their male partners to use condoms or remain faithful. Abstinence is not a practical option for women who are married, who want to have children or who are at risk of violence. Researchers have been working for years toward the goal of developing safe and effective microbicides — products being developed to reduce the transmission of HIV to women during sex with an infected male partner. The knowledge accumulated over more than a decade has resulted in "proof-of-concept" that a vaginal gel or an oral tablet containing an antiretroviral (ARV) can offer women protection against HIV. A microbicide or other novel method to reduce the risk of sexual HIV infection would complement existing prevention methods, and promises to have a significant impact on the epidemic's future.

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ⁱ WHO, "The Global Burden of Disease, 2004 Update," 2008

ⁱⁱ UNAIDS/WHO, "Report on the Global AIDS Epidemic," November 2010

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Ibid.

^{vi} UN General Assembly Special Session on HIV/AIDS, "Country Report — Kenya," 2010

^{vii} UNAIDS/WHO, "Report on the Global AIDS Epidemic," November 2010

^{viii} UK Consortium on AIDS and International Development, "Gender and HIV/AIDS: UK Consortium on HIV/AIDS and Gender Working Group Briefing Paper," 2008