

GENDER AND HIV/AIDS

1.4 million people are living with HIV/AIDS in Latin America; 30% are women (1)
420,000 people are living with HIV/AIDS in the Caribbean; 50% are women (1)

Women's increased risk of HIV infection

Throughout the world, the unequal social status of women places them at higher risk for contracting HIV. Women are at a disadvantage when it comes to access to information about HIV prevention, the ability to negotiate safe sexual encounters, and access to treatment for HIV/AIDS once infected. In accordance with these inequities, the HIV infection rate among women is rising faster than the infection rate among men in the Caribbean and Latin America.

In most societies, gender norms determine sexual roles and expectations for men and women (4). As a result, women and girls are supposed to be unknowledgeable about sex (and in many cultures they are not even supposed to be sexual/enjoy sex). Women seeking information about safe sex are considered promiscuous or adulterous (4). In cultures that place a high importance on virginity, some young unmarried women may engage in high-risk behaviors such as anal sex to maintain their virginity. In contrast, men are pressured to be sexually experienced at an early age in order to prove their masculinity. This often involves visiting sex workers and/or having more than one sexual partner, placing them and their partners at risk of HIV and other STIs (4).

Women often cannot choose with whom or under what circumstances they have sex. Gender inequities relating to the unequal distribution of power and economic and social resources play a large role in this. Women and girls are often forced to resort to sex work to support their families because they have no other income generating opportunities (5). Women and girl children also become more vulnerable to sex work when men supporting their households become too ill to work or die of AIDS.

Women's risk is further exacerbated because they are physiologically 2 to 4 times more susceptible to HIV (4). Women have a larger mucosal surface where micro-lesions can occur. Young girls and adolescents, whose reproductive tracts are not fully developed, are even more susceptible to STIs and HIV. Untreated STIs increase women's risk of HIV infection. (4, 5)

In many cultures, male dominance is demonstrated and maintained through sexual coercion or violence. Women who have been coerced into unprotected sex or raped are more likely to be infected with HIV since rough, forced sex causes more lesions in vaginal and anal tissue (4). In many situations, women who ask partners to use condoms risk being considered unfaithful, resulting in physical or emotional abuse, or being forced to leave the household. Studies have also shown that girls and boys who are victims of physical and/or sexual abuse during childhood are more likely to exhibit high-risk sexual behavior later in life (6), and decreased ability to negotiate safer sex due to lowered self-esteem.

Quick Facts

- With an average HIV prevalence rate of 2%, the Caribbean is the second most affected region in the world. (1)
- In San Pedro Sula, Honduras, HIV infection hovers between 2-5% in pregnant women (2).
- Because high-quality counseling is widely available in Argentina, almost all women choose to be HIV tested voluntarily and free anti-retroviral therapy is provided to all HIV+ persons (2).
- On Colombia's Atlantic Coast 25% of all HIV cases are women, and nearly 50% of these women say they are housewives with a stable partner (2).
- Five times more girls than boys age 15-19 are HIV-positive in Trinidad and Tobago (2).
- In a study in the Dominican Republic, ½ of young men, aged 13-24 used a condom at last sex, while only 17% of women said they had (2).
- 46% of sex workers are HIV+ in Georgetown, Guyana; 1/3 said they had never used a condom with a client (2).

Rates of HIV Infection among Women (15-49) in Selected Countries (3)

Country	#of Infected Adults	# of Infected Women	%
Argentina	130,000	30,000	23.0%
Bahamas	6,100	2,700	44.3%
Barbados	2,000	N/A	N/A
Belize	2,200	1,000	45.5%
Bolivia	4,500	1,200	26.8%
Brazil	600,000	220,000	36.7%
Canada	55,000	14,000	25.5%
Chile	20,000	4,300	21.5%
Colombia	140,000	20,000	14.3%
Costa Rica	11,000	2,800	25.5%
Cuba	3,200	830	26.0%
Dom. Rep.	120,000	61,000	50.8%
Ecuador	19,000	5,100	26.8%
El Salvador	23,000	6,300	27.4%
Guatemala	63,000	27,000	42.9%
Guyana	17,000	8,500	50.0%
Haiti	240,000	120,000	50.0%
Honduras	54,000	27,000	50.0%
Jamaica	18,000	7,200	40.0%
Mexico	150,000	32,000	21.3%
Nicaragua	5,600	1,500	26.8%
Panama	25,000	8,700	34.8%
Paraguay	51,000	13,000	25.5%
Peru	N/A	N/A	N/A
Suriname	3,600	1,800	50.0%
Trin & Tob	17,000	5,600	33.0%
United States	890,000	180,000	20.2%
Uruguay	6,200	1,400	22.6%
Venezuela	62,000	N/A	N/A

The trafficking of girls and women into prostitution is another form of violence against women which places them at risk for HIV infection and unwanted pregnancy. Because many of these women enter countries illegally and commercial sex is usually illegal, they are not protected by law, experience social stigma, and have almost no access to social and medical services. (7,8)

As migrant laborers leave their homes to seek other sources of income and employment, many do not have access to health information or services. Migrants may engage in unprotected sexual activity with sex-workers or others, exposing themselves and by association their partners to HIV infection. These factors also apply in periods of forced migration, or internal displacement, but they are compounded by the psychological trauma and stress associated with crisis situations, be they conflict or natural disaster. The trauma and tension occasioned by a crisis, together with persistent gender-based inequalities act to increase the incidence of physical and sexual violence against women and children, a notable risk factor for HIV/AIDS.

Women Infected and Affected by HIV/AIDS

Gender influences the effects of HIV/AIDS prognosis and treatment in women and men. (8) Women's differential access to health and medical care, counseling, and information means that they are less likely than men to receive accurate prognosis and treatment of HIV. Consequently, women who have HIV/AIDS have a shorter life expectancy than men. (8)

In households where both men and women are infected, family resources are more likely to be spent on the treatment of the male head of a household. Men's and children's nutritional needs are usually placed above women's, which weakens HIV-positive women's immune systems. Women are likely to continue taking care of family and household needs, even when they are sick themselves. Both infected and non-infected women are usually the principal care-givers in the vast majority of homes and carry the greatest psychosocial and physical burden of care of HIV/AIDS-infected individuals (4). Women carry-out an inestimable amount of un-remunerated health work, taking care of family members, friends and community members (9). Women and girls are often forced to leave their paid jobs and schooling in order to be care-givers (8).

People living with HIV are often stigmatized, leading to the loss of housing, employment, denial of health care and insurance, and rejection by family and community. The stigma surrounding HIV/AIDS causes many people to choose not to be tested, even if they are in a high risk group. Men and women who do know they are HIV+ may not be willing to disclose their status for fear of stigma and rejection.

HIV+ positive women face particularly difficult challenges and choices, such as whether to breastfeed their children or not. Breastfeeding offers the best nutrition for a newborn, but also increases the risk of mother-to-child transmission (MTCT) by 10-15%. If a woman chooses not to breastfeed to reduce the risk of transmission, she may be identified as HIV+ and stigmatized by her family/community (10).

Challenges and opportunities

- Expand HIV prevention programs to include discussions on gender roles and expectations, relationships, and sexuality. Adolescents should be specifically targeted to develop more equitable personal and sexual relationships. Engage men in discussions about HIV, gender, and relationships.
- Expand and integrate HIV/STI services into existing health services. Voluntary testing and counseling should be offered, as well as treatment of all STIs. Prophylaxis for the prevention of MTCT should be offered to all HIV-positive pregnant women. Women who accept and receive prophylaxis to prevent MTCT should be the first to receive HAART therapy when prioritizing candidates since they have already been exposed to medications that can create a resistance.
- Protect women's right to safe sex and physical autonomy at all times. Advocate for women's human rights and their protection against violence as stated under the Declaration on the Elimination of Violence against Women (DEVAW - 1994) (11).
- Promote economic independence for women. Promote education and employment opportunities as economic alternatives to risk behaviors that make them vulnerable to infection (such as sex-work).
- Promote equity in access to treatment and provide support to care-givers.

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