Women, Girls, HIV & AIDS

Advocacy Note,
World AIDS Day Campaign 2004
In 1988, the World Health Organization (WHO) declared 1 December as World AIDS Day. The day is now one of the most popular commemorative days, with people across the world raising awareness about a preventable disease that has struck over 50 million people. The year-long theme for 2004 is Women, Girls, HIV and AIDS. The World AIDS campaign aims to highlight critical gender issues, including the urgent need for effective prevention options for women and the burden borne by women from AIDS.

Abbreviations:

HIV: Human immunodeficiency virus  
A virus that attacks the immune system, causing AIDS after several years or more.

AIDS: Acquired immune deficiency syndrome  
A group of illnesses resulting from an immune system weakened after years of battling HIV. Without drugs, death usually occurs within several months.

STI: Sexually transmitted infections

The women have many more difficulties; they take care of everything including medicine, and all aspects of the sickness, then worry that their children’s sickness is incurable. The father, in fact, also loves the children but is still quite carefree, not like the mother.

Peer educator, 35, Viet Nam. (Men fly to heaven, Women go to hell, UNODC 2002.)

Web References

UNAIDS World AIDS Campaign 2004  
(Includes link to strategic overview and background note)  

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Global Campaign for Microbicides  
www.global-campaign.org/

Women, Children and HIV  
www.womenchildrenhiv.org/

International Women’s Health Coalition  
Women and HIV/AIDS:  
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Note

The photographs of people depicted in this booklet are not indicative of HIV-status and are not directly related to the text. 

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HIV/AIDS is the leading infectious disease to kill adults today. It has wrought untold suffering in some communities, reversing hard-won development gains. Life expectancy has dropped, poverty has intensified, health services put under pressure and families left shattered.

Clearly AIDS has a great social cost. And much of it remains unseen and unaccounted for – including how women are affected.

Women are vulnerable to HIV infection. Their biological susceptibility – at least two to four times greater than men’s – is compounded by social, cultural, economic and legal discrimination or inequities. AIDS affects the poorest, the most vulnerable, the most uneducated. And women often constitute the poorest of the poor, the most vulnerable due to their low status and the more likely to be illiterate than men.

Today, more women than men are infected with HIV globally. And the numbers are rising. In many areas, women are getting infected at a faster rate than men. Marriage and fidelity provide little protection. Many infected women in the region were faithful to their husbands. In Cambodia and Thailand, which have the highest HIV prevalence in Asia and the Pacific, the bulk of new infections occur through marital sex, invariably from husband to wife. Commercial sex, once the key driving factor, now accounts for only 21% of infections in Cambodia and 16% in Thailand due to successful HIV prevention work.

Women depend on their partners for protection – the correct and consistent use of condoms rests with the male partner. In a marriage, a woman can risk accusations of infidelity or even violence if insisting on condoms.

The advent of AIDS in a family inevitably impacts women, who are usually the caregivers. Recent research in Viet Nam on drug use, a driving factor behind the country’s AIDS epidemic, found that although associated with men, the issue greatly impacts women.

It is women who work harder to make ends meet when their sons or husbands use drugs or fall ill with AIDS. It is women who must beg or borrow for the family’s survival. It is women who suffer ill-health to care for others’ health.

For all these reasons, this year’s World AIDS campaign theme is Women, Girls, HIV and AIDS. The pandemic weighs heavily on women. And it is being driven by unequal gender relations. Combating AIDS requires that we face this age-old issue. Otherwise, all of us – men, women and children – will pay the price as our societies are ravaged by AIDS.

Shigeru Omi
Regional Director
WHO Western Pacific Regional Office
Women’s Vulnerability

In its two-decade-old history, AIDS has generally been associated with men. Without doubt, men’s sexual behaviour and habits have driven the epidemic. In the Asia-Pacific region, men account for the vast majority of HIV infections.

So why women? Why the theme Women, Girls, HIV and AIDS for the 2004 World AIDS Campaign? Because there is a face of AIDS in the shadows which needs to be recognized and is fast emerging. It is the face of women.

Not only are women vulnerable to the impact of AIDS, they are also susceptible to infection. Monogamous women, infected from their husbands, now account for the bulk of new HIV infections in Thailand and Cambodia. The numbers have spiralled and now, more women are HIV+ than men worldwide. In some areas, women are getting infected at a faster rate than men. And girls are far more at risk than male peers.

Why is this so? Biologically, women are twice as likely as men to contract HIV from a single act of unprotected sex. But there are other reasons why women are vulnerable:

My husband died six months ago and he suffered so much. I do not hate him. He made a mistake and he paid for it. But if he had not kept quiet for so long, his treatment could have started earlier and I would not have been infected with HIV.

Shukla, 26, Kolkata, India, resident of Sparsha support organization (Enabling Women to Fight HIV/AIDS, ActionAid India)

Biological

- The female reproductive tract is more susceptible to infection than the male, as a larger surface area of tissue is exposed to the partner’s sexual fluids.
- Semen has a higher viral content than vaginal fluids. Also, a greater quantity of fluids is transferred from men to women during sex.
- During sexual penetration, particularly forced sex, microtears can occur in vaginal tissue, which facilitate infection.
- Women are four times more vulnerable to acquiring other STI, which greatly increase the risk of HIV infection.

Sociocultural

- Cultural norms of sexual behaviour increase women’s vulnerability to HIV. Women are often monogamous while men may have multiple sexual partners, which in Asia is often through sex work.

Women’s low status makes it harder to demand fidelity from their partner, insist on condom use or refuse sex, even if they know their partner is infected. They may face violence, abuse or abandonment.

- Culturally, women are often expected to be unaware and submissive in sex, which makes safe sex negotiation harder.
- Many young women are coerced into sex or raped, which itself is a risk factor for HIV. Conflicts, trafficking and prostitution also increase female vulnerability.
- Younger women are more vulnerable to poverty, violence, abuse, dying in childbirth and are at greater risk of diseases, including HIV/AIDS.

Economic

- Many women lack the economic independence to leave relationships that put them at risk of HIV.
- With less education and prospects than men, women often have lower incomes and fewer resources to purchase condoms and treat STI.
- Unequal inheritance and property rights reduce women’s economic security. If women also lack child custody rights in divorce, they are more likely to endure abusive relationships. In some countries, even if these rights exist, the legal system may not uphold them.
- Unemployment, desertion, divorce or poverty can lead women to sell sex. Many sex workers support their families and remit money home. Sex may be exchanged for material favours or even daily survival.

Women’s Vulnerability

Behind the statistics, the epidemic weighs heavily on women. When infected men fall ill – sometimes the first indication of AIDS in the family – it is usually women who have to meet financial needs, manage households, care for the sick and suffer the stigma. It is women who bear the brunt of the disease. Sometimes, when these women themselves fall ill with AIDS, there is no one to care for them – and no money left too.

Despite the vulnerability of women, there is a dearth of programmes for them and even fewer for young women (see overleaf). Female sex workers are women at the highest risk of infection yet many have considerable difficulties accessing health services or HIV prevention. In China, more than one billion condoms are needed for the sex industry.

AIDS disproportionately affects women in other ways. When women get HIV, they often endure greater hardship than men. They sometimes lack rights to property, inheritance and child custody and suffer greater stigma.

As the caregivers, particularly in areas of poor public services, women have less time for income generation and productive tasks. Care-related costs can push a family further into poverty. AIDS, women and poverty are inextricably linked.

The need to accelerate the response for women and AIDS is thus urgent.

Once the child has AIDS, the mother is miserable, the father rarely accepts to do such work. From washing the body, making the bed, changing the clothes … all of these jobs are done by the mother.

Community member, Hai Phong, Viet Nam

(Men fly to heaven, Women go to hell, UNODC, 2002)
A Girl’s Epidemic

It has been said that HIV/AIDS is fast becoming a “girl’s epidemic.” Young people (aged 15-24) account for half of all new HIV infections, and of infected youths, two-thirds are female. In parts of sub-Saharan Africa, teen girls are six times more likely to be infected than male peers. The burden of care also falls on girls who may leave school to care for sick relatives.

At high risk

Girls and young women are highly vulnerable to HIV infection and STI.

• Their reproductive organs are immature and more likely to tear during intercourse.

• They often lack basic information and services to protect themselves. Culturally, girls are expected to be “innocent” and may be seen as immodest or promiscuous by broaching the subject of sex. Studies show girls’ HIV/AIDS knowledge is poor even in high prevalence countries.

• They lack negotiating power, due to their low status in society by gender and age, which puts them at risk of sexual exploitation and violence. Globally, between one fifth and half of all young women report that their first sexual encounter was forced.

A young region

The largest generation of young people in history are entering their reproductive years. The Asia-Pacific region is home to a massive young population of more than 700 million youths aged 10 to 19 years. In Cambodia, 55% of the population is less than 20 years. In Viet Nam, 53% of the population is under 20.

Many support their families and remit money home. Where women have limited livelihood opportunities, they may be compelled to exchange sex for survival.

Sexuality education programmes can delay start of sexual activity, and increase condom use and contraception for those adolescents already sexually active.

Dangerous Trade

Asia’s sex trade is expanding alongside migration and urbanization. More men are visiting sex workers and in a wider variety of settings and areas. Sex establishments vary from inns to hair salons, but are usually linked to entertainment establishments. Relatively high rates of HIV infection have been seen among sex workers in areas of Cambodia, Myanmar and Viet Nam.

Although female sex workers are women at the highest risk of infection, they often have considerable difficulties accessing health services or HIV prevention. In some areas, AIDS awareness and condom use are very low. It is believed most commercial sex encounters in Asia take place without condoms. Studies from China indicate that fewer than 20% of sex workers use condoms consistently.

Condoms should be available in outlets or areas where sex work continues. The “100% Condom Use Programme” had a tremendous impact in reducing HIV infections in Thailand and Cambodia.

The highest HIV risks for women occur in situations of extreme indignity, abuse and discrimination. In brothels where women were treated poorly and made to service many clients, HIV rates were higher. For example, HIV rates were higher among sex workers in Thailand and Cambodia, where sex partner exchange rates ranged from 18 to 33 per week during comparable stages of the epidemic, than in the Philippines and Indonesia, where the clients per week ranged from 7 to 14. HIV rates dropped drastically in Thailand and Cambodia due to condom promotion and better working conditions.

Most drunk partners and those who carry a gun sometimes threaten us. With drunken partners, we try to please them and then put a condom on for them. With gunmen threatening us, we sleep with them without using a condom because we feel worried about being shot.

Sex workers, Cambodia

Only 17% of sexually active young people use contraceptives. Many do not know that condoms can protect them from both HIV and pregnancy.

3. Cambodia Demographic and Health Survey 2000.
4. UNFPA Viet Nam, Situation at a glance Information Brochure.
Lao People’s Democratic Republic and the Philippines. All these countries have a relatively high maternal mortality rate. Effective, available contraception could prevent millions of unwanted pregnancies, much of the maternal deaths and about 15 million abortions in the region each year.

7 Condoms could be promoted as a tool to prevent pregnancy and HIV. Many cultures stress a woman’s chastity but allow men considerable sexual freedom. Commercial sex patronage is common in some countries. A 1993 survey found 40% of Thai men in their 20s first had sex with a sex worker.

But most women remain monogamous. Studies in Thai antenatal clinics show over 80% of infected women had only one sexual partner.

Promoting reproductive rights is critical for HIV prevention and women’s empowerment, and for preventing poverty, maternal and child deaths and STI. With good reproductive health, women feel more in control of their lives, are more productive, and tend to have fewer and healthier children.

Reproductive problems are the leading cause of ill-health for women. Pregnancy and childbirth are the major cause of death for women of reproductive years, followed by STI including HIV.

Women need to be given access to contraceptive options, including condoms. In some areas in the region, contraceptive use is very low. Only 16% of women in Cambodia and 11% of women in Papua New Guinea use contraceptives because of limited access. Low rates are also seen in the Lao People’s Democratic Republic and the Philippines. All these countries have a relatively high maternal mortality rate. Effective, available contraception could prevent millions of unwanted pregnancies, much of the maternal deaths and about 15 million abortions in the region each year. Condoms could be promoted as a tool to prevent pregnancy and HIV.

My name is Kuppu. My husband is living with another woman. I am now looking after my daughter’s (five) children… Their father was infected with HIV. My son-in-law was an irresponsible person… I have seen him beat up his wife – my daughter – in front of me. So many times I advised him not to do it… When my daughter was infected, I did everything for her… I saw all my daughter’s hair fall out. All her teeth fell out also. She died a horrible death. When [my son-in-law] was suffering from the sickness, I washed his clothes. I took care of him. A terrible smell came from his bed. I did the cleaning and everything for him… My son-in-law told me that I was his real mother… Even before the deaths of my daughter and son-in-law, I looked after their children. Till now, I am taking care of them. Who is going to help me?

Kuppu, grandmother to five children orphaned by AIDS, Malaysia

Carlo Urbani

About 40 million people are living with HIV/AIDS, about half of whom are female.

Infection rates have jumped 10% among women in Asia in the last two years. Women are getting infected at a faster rate than men in some areas, such as the Mekong region.

AIDS is the leading infectious adult killer in the world, causing more than three million deaths last year.

In Asia and the Pacific, there are roughly 1500 deaths a day. Women care for the vast majority of the sick.

In sub-Saharan Africa, women account for 60% of HIV infections. In South-East Asia, they account for 30% of adult infections and the numbers are rising. In Papua New Guinea, as many women are infected as men. And infections among young women outnumber those in men.

About half of all new HIV infections occur in young people (aged 15 to 24).

Of the 1 million people in the Asia-Pacific region who require antiretroviral treatment, only 5% receive it.

HIV rates among sex workers in parts of the region are rising. Nearly a quarter of sex workers in Ho Chi Minh City are HIV+, while prevalence among sex workers in Guangxi, China, rose to nearly 11% in 2000 from 0% in 1998.

The biggest HIV risk for many women is marriage.

Reproductive rights, better health

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**Low status, high risk**

Making women aware of their rights and providing opportunities to improve their lives helps address gender inequalities and supports HIV prevention. Education is a significant factor. In Kenya, a survey found condom use rose in direct proportion to educational levels – from 10% of those without education to 50% of those with higher education.9

- Girls denied an education are more vulnerable to poverty, violence, abuse, and dying in childbirth and at risk of diseases including HIV/AIDS, says UNICEF.10
- A survey of direct sex workers in Cambodia found 44% had not been to school.11
- There is great gender inequality in literacy – two-thirds of world’s one billion illiterate adults are female.12

It is rarely the case for women to have condoms along because we are not sex workers. That is why we usually have sex with sangsar [sweetheart] without a condom… If we take the condoms along and hand it to our partner, they will look down on us, saying that we have already been with a number of men.

Garment workers, Cambodia (Sweetheart Relationships in Cambodia, PSI, 2002)

- Women account for 70% of the 1.3 billion people who live in absolute poverty.13 Poverty is a key factor why many women enter the sex trade, studies in Asian nations show.14
- Globally, women earn on average two-thirds to three-quarters as much as men for the same work. There is also the unpaid work of housekeeping.15
- Violence in the home is a common problem – at least 10% to 50% of women globally report abuse by a partner at least once in their lives. According to Human Rights Watch, domestic violence is a leading cause of female injury in almost all countries.

- In most southern African countries, more than one in five pregnant women are HIV-infected. In Asia, HIV prevalence among pregnant women is much lower, but numbers are rising, and because of large population sizes, even a 1% prevalence can mean hundreds of thousands of women.16
- In Cambodia, HIV prevalence is about 2.5% among women attending antenatal clinics. The figure in Myanmar is 2.1%, according to sentinel surveillance, and 1% in Thailand.17
- HIV prevalence is at least 1% – even 3% in some sentinel sites – among antenatal women in the Indian states of Andhra Pradesh, Karnataka,

Mahrashtra, Manipur, Nagaland and Tamil Nadu. With populations of more than 30 million in some states, the numbers of infected women are considerable.18

- In Papua New Guinea, women account for nearly half of HIV cases. HIV rates among young women (aged 15-29) are much higher compared with male peers. Prevalence has risen among pregnant women in recent years, from 0.37% in 1998 to 1.35% in 2003.20
- A mere 1% of pregnant women in heavily affected countries have access to services aimed at preventing mother-to-child HIV transmission.

**Pregnant and positive**

Many women who get HIV are married and monogamous. Not uncommonly, they only discover their HIV status when pregnant, thus facing a double burden of HIV prevention of mother-to-child transmission by drug treatment urgently needs expansion.

A recent survey of Chinese sex workers found that while most knew HIV was transmitted through sex, they seldom knew condoms were effective in prevention (only 14% to 30% knew). Many did not consider themselves at risk but wanted more information.21

- AIDS awareness is very poor in China. One survey found at least 10% of respondents in major cities did not know what the disease was; of those who did, a third thought it could be transmitted via toilet seats or towels. Another study on Chinese students aged 12-18 years found only 58% knew two paths of transmission for HIV/AIDS.22
- A recent survey of Chinese sex workers found that while most knew HIV was transmitted through sex, they seldom knew condoms were effective in prevention (only 14% to 30% knew). Many did not consider themselves at risk but wanted more information.21
- Only 7% of married adolescents in India use contraception.23

A survey in Ho Chi Minh City found only 36% of adolescents used contraception during their first sexual encounter while more than 50% did not know what contraceptive methods were available or how to gain access to them.24

- In Bangladesh, a study on awareness of HIV prevention methods found more than 95% of teen girls (aged 15-19) did not know how to protect themselves.

Studies show about three-quarters of Chinese college students have never had access to sexual health education and knew little of contraception and STI, except HIV/AIDS. Among those sexually active, more than a third had not taken measures to prevent pregnancy or STI.25

**What Can Be Done? - Strategies for Women**

Over 75% of HIV infections are transmitted through sex between men and women. As women often have less capacity to protect themselves, a gender-based response is essential.

**HIV prevention strategies must be targeted to women’s unique needs. Common messages such as the “ABC” slogan – abstain from sex, be faithful or wear condoms – may have little control over sex, how can women insist on condom use?**

**Women need to be empowered to make decisions and take action to protect their reproductive and sexual health.** If women gained control in this area, and had access to contraception and relevant services, their health status would dramatically improve, with far less maternal deaths, unplanned births and STI.

**Measures that encourage equality, economic independence and education protect from HIV, mitigate the impact of AIDS and promote development. Upholding women’s rights – including property and child custody rights – and combating violence against women are also critical.**

**When I was taking the treatment course, nobody except my mother took care of me. My father kept thinking that I was grown up; I have to take responsibility for myself... Only my mother cared for me. She brought the bedpan, gave me medicine, fed me at night and massaged my limbs every night.**

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**The burden of STI**

- **Worldwide, the disease burden of STI in women is more than five times that of men.**
- **After complications of pregnancy and childbirth, STI are the leading cause of health problems among women of reproductive age.**
- **Some 340 million new cases of curable STI occur every year, almost half of which in the Asia and Pacific region.** This figure does not include HIV, herpes, genital warts and hepatitis B.
- **Every day, some 500 000 young people (mostly women) are infected with an STI.** Most of these women know little about STI or condoms, and are reluctant to seek treatment.
- **STI take an enormous toll on women’s health, causing infertility, pregnancy-related problems, pelvic inflammatory disease and eventually, cancer.** Cervical cancer is the leading cancer for women in nearly all developing countries.
- **Data from surveys in 2000 supported by WHO’s Western Pacific Region found increasing STI prevalence among high-risk groups and some low-risk groups in some areas in the Region, demonstrating the potential for rising HIV infection.**
  - 80% of sex workers in Kunming, Yunnan, China, had at least one STI.
  - Nearly one in five truck drivers in Tongling, Anhui, China (likely clients of sex workers), had at least one STI.

**The presence of an STI increases the risk of becoming infected with HIV by two to nine times.** The 100% Condom Use Programme in sex work establishments in Thailand brought a dramatic decrease in STI:

- **After condom use rates in the sex industry rose from 14% to 94% from 1989 to 1994, annual STI numbers fell from 400 000 to 30 000.**
- **Chancroid – which causes genital ulcers and greatly raises the risk of HIV transmission – was once common but is now rarely found.**
- **Gonorrhoea prevalence among sex workers treated at government clinics fell from 23% in 1987 to 1.6% in 1996.**

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**HIV/AIDS: Advocacy Note**

**Women, Girls, HIV/AIDS**

**The Situation: Facts & Figures**

**The Situation: Unaware and Unprotected**

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**Drug user with HIV, 25, Hai Phong, Viet Nam**

*Men fly to heaven, Women go to hell,* UNODC, 2002.


UNAIDS. STI Datasheet: http://www.unaids.org/ids07ch06.html


But ignorance increases vulnerability. Giving girls sexual health education and counselling empowers them to protect themselves and prevents unplanned pregnancies and unsafe abortions.

2. Reproductive health services

Pregnancy and childbirth are still the topmost killers for adult women, followed by STI including HIV. Every minute, a woman dies from childbirth. Access to quality reproductive health services, including obstetric care and contraception, are of the highest health priority. HIV/AIDS prevention and care can be provided within the context of these services, which should include:

- **STI treatment and prevention** (see next section)
- **HIV voluntary counselling and testing**
- **Contraceptive services**
- **Maternal and child care**
- **Condom promotion and distribution**
- **STI treatment and prevention**
- **Conception services**
- **Condom promotion and distribution**
- **STI treatment and prevention**

3. STI treatment

STIs are a significant health burden. They can increase the risk of HIV infection from two to nine times. Women are especially at high risk because of their low status, biological vulnerability and poor awareness. Most marry and have children young, exposing them to reproductive risks early on, but knowledge about STI, HIV and contraception is low. Efforts are underway to improve the quality of the region’s blood banks.

4. Youth health services

Young people are highly vulnerable to HIV, accounting for half of all new infections. Hundreds of millions of young women are infected with an STI every day. Most young people do not have access to information and services to protect from HIV. Young women are at high risk because of their low status, biological vulnerability and poor awareness. Most marry and have children young, exposing them to reproductive risks early on, but knowledge about STI, HIV and contraception is low. Efforts are underway to improve the quality of the region’s blood banks.

5. Female prevention methods

Contraceptives are generally used by women – fewer than 5% of couples in most developing countries rely on male methods such as condoms and vasectomies. But for HIV prevention, women must depend on men for condoms. Women need easier, inexpensive preventive options such as microbicides and female condoms. Microbicides are being developed, but research is seriously underfunded. They could have a huge impact. One study found that even if they were only used by 20% of women already in contact with health services, some 2.5 million new infections could be averted in three years.

6. Stop the violence

Physical abuse and non-consensual sex are leading causes of female injury in many countries. Fear of violence may deter women from negotiating condom use or accessing HIV information and services. Sexual violence also affects many girls – globally, at least one fifth report that their first sexual encounter was forced. Awareness must be raised to create a legal and social environment that does not tolerate such violence.

7. Safe blood

Women are among the chief recipients of blood — before and after delivery. An estimated 200 million women become pregnant every year worldwide. Most countries do have routine HIV screening of blood and this is not a major problem. Efforts are underway to improve the quality of the region’s blood banks.

8. Make men responsible

The 2004 Campaign focuses on women, but men also have a role to play. Addressing practices, behaviours and beliefs of men that put women at risk is important. Men should be encouraged to treat women more equitably and with care. Awareness of their own risk can motivate behaviour change. Men practising safe behaviour can be positive role models.

9. Empowerment

As long as women have a low status and are denied their dignity, they will be vulnerable to HIV.

**Microbicides**

Microbicides work by killing or inactivating pathogens causing STI and HIV. They could become the most important innovation in reproductive health since “the Pill.”

Produced as a gel, cream, film, sponge, lubricant or ring that slowly releases its active ingredients, they are applied inside the vagina. They act as a barrier, stopping the virus entering cells. Their great advantage is allowing women to protect their reproductive health themselves rather than rely on their partners for condom use.

At least 11 possible products are being tested. The 2004 Campaign focuses on women, but men also have a role to play. Addressing practices, behaviours and beliefs of men that put women at risk is important. Men should be encouraged to treat women more equitably and with care. Awareness of their own risk can motivate behaviour change. Men practising safe behaviour can be positive role models.

10. Reducing poverty

Poverty can drive people to take risks. The poor may be unable to afford condoms or STI treatment. Sex work may be a means of survival. Some impoverished families have sold daughters to brothels. Generally, the people most likely to contract STI are the poor and uneducated. Policies need to take this into account.
Access to care and treatment

When AIDS strikes a family, it is usually women who provide the care, and women who are the last to receive care, particularly for costly treatments. About 90% of care for illness is provided in the home. The bulk of this burden is borne by women and girls, particularly where public services are poor. They often receive little material or moral support and struggle to make ends meet financially. This unremunerated caregiving takes a toll on the family and can deepen poverty.

Women need to have equal access to care and treatment, which includes treatment for opportunistic infections, psychosocial support and lifesaving antiretroviral treatment. Access to antiretrovirals, which dramatically boosts immune systems is very poor.

Some strategies for care:

- **Provide treatment information** – Many people with HIV/AIDS in developing countries know little of available treatments. In desperation, this makes them prone to using quack cures.

- **Subsidize AIDS care** – Home-based care is far less expensive than hospital care, particularly if programmes are initiated by and within the community. Outpatient AIDS clinics and hospice care are other options.

- **Social protection mechanisms for caregivers** – This can help relieve the burden of care and alleviate poverty.

- **Provide access to antiretroviral treatment** – Treatment has now dropped to as little as $1 a day and drug regimens, tests and diagnostic tools have been simplified.

Mitigating the impact

AIDS can devastate a family and tear the social fabric of communities. Mounting medical expenses, funeral costs, reduced income and the inability to work push families into poverty. Families can sell their entire assets and go into debt to care for the sick. Financial worries, fear of the future and isolation from the community deepen the strain on women. Young girls may be pulled out of school to care for the sick. Providing support and social safety nets, and promoting education and women's rights can help alleviate the burden.

1. **Protect women’s rights**

   Protecting the rights of women in employment, property, inheritance and child custody gives women choices and control of their lives. In some countries, property is owned by men and when women become widows, they are thrown out by relatives and left homeless.

2. **Provide employment opportunities**

   Earning an income fosters independence and empowerment. Conversely, women with limited options for income are more likely to endure abusive relationships or have to sell sex for survival.

Both my sons are dying. I am too old to earn enough money to pay back the millions. I am afraid that before I die I won’t be able to pay the debts and people will blame me.

Woman, 73, two sons are drug users and HIV+, Hai Phong, Viet Nam

3. **Promote girls’ education**

   In countries with high HIV prevalence, girls’ enrollment in school has dropped in the past decade. Girls leave school to care for the sick, help run the household or support the family. This deepens the spiral of poverty. Their own children are less likely to attend school—and more likely to become infected. People with less education generally have less access to AIDS information and marry and become sexually active at younger ages.

4. **Community-based organizations**

   Community organizations and peer groups can provide solidarity and support. In Malaysia, KLASS is a lifeline to its HIV-positive women members who have broken their isolation by having a space to share experiences. In Thailand, widows found strength in the Doi Saket widows group (later the Women Friendship Group). In this way, communities can develop plans for action, assert their rights and support each other.

WHAT IS EMPOWERMENT?

- **Inner power**
- **Self-esteem**
- **Expressing oneself**
- **Defending one’s rights**
- **Making decisions for oneself**
- **Taking control over one’s life**
**Carrying the Campaign**

**Ideas for Action**

Many activities can highlight the many issues related to women and AIDS. Key issues include the vulnerability of women, the difficulty in controlling sex and condom use, accessibility of reproductive health services, the burden of care; the lack of rights and social and economic gender inequities.

Governments, organizations, workplaces, communities and the public can be encouraged to look at how gender norms increase women’s vulnerability. Do ideals of femininity – such as innocence and submissiveness – constrain women getting aware and taking action on their health and sexuality? Is self-reliance encouraged or dependence on men? How can women be empowered and protected? By tackling these concerns, the needs of women in relation to HIV/AIDS can be addressed.

1. **Media** - Issues, new developments or data on women and AIDS can be put to the media. How do age-old gender issues – such as equality and violence – relate to AIDS? The media can also be invited to report the stories and voices of HIV-positive women. (See WHO’s “Advocacy & Activity Guide” for details on working with the media).

2. **AIDS ambassadors** - Get women leaders to speak out on HIV/AIDS to catch media attention. Identify national celebrities and HIV-positive women willing to speak out.

3. **Stop the violence** - What is the situation regarding domestic and sexual violence? What approaches can help reduce the problem?

4. **Legal rights** - What are women’s rights by law in employment, child custody, inheritance and property? Does the law discriminate or protect women? Are there telling case examples?

5. **Religion** - Women can raise issue with religious organizations, which often play a critical role. Securing the support of spiritual leaders who carry moral authority can be very helpful.

6. **Workplaces** - Workplaces, businesses, community groups or any other organizations can contribute, by hosting events or providing funding.

7. **Reproductive health services** - Do women have adequate access to contraception, STI treatment and HIV testing? Events in partnership with antenatal clinics can reach mothers at home.

8. **Young women** - Young people need targeted messages. Youth clubs, social retreats, schools, colleges, universities may be good venues for events and partners for action. What health services and information are available for the young? Are they adequately aware?

**Preparing Activities**

- Set your objectives and target audience. What do you want to achieve? Does this activity work to that aim?
- Decide on the venue and time.
- What’s involved? What resources are needed? What preparation is necessary?
- Where can you get support? With whom can you work in partnership?