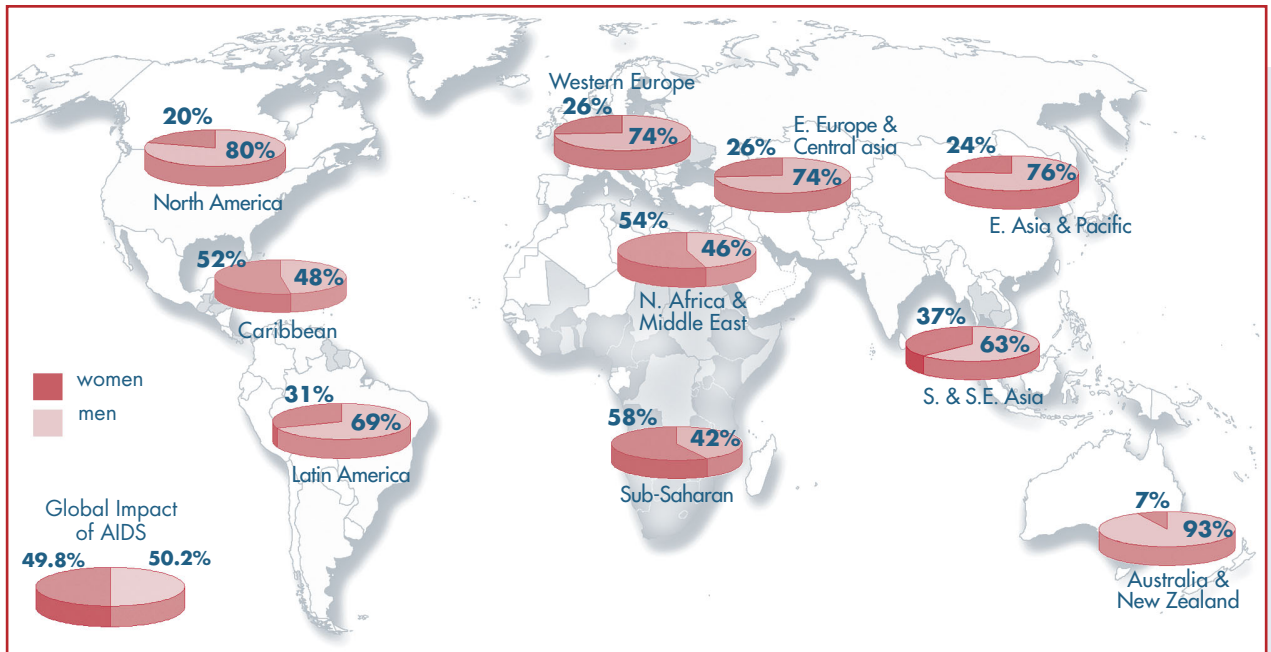




# Empower Women, Halt HIV/AIDS

While HIV/AIDS is a health issue, the epidemic is a gender issue. Statistics prove that both the spread and impact of HIV/AIDS are not random. HIV/AIDS disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable. The figures are alarming: 18.5 million of the 37 million adults (aged 15 to 49) living with HIV/AIDS are women. In Sub-Saharan Africa, 58 per cent of the HIV positive adults are women; in the Caribbean, the proportion has reached 52 per cent. Globally, the incidence of HIV/AIDS among women has risen at a shocking rate. In 1997, 41 per cent of HIV infected adults were women and this figure rose to **49.8 per cent** in 2001<sup>1</sup>. Women's empowerment is one of the only HIV vaccines available today. As the only women's fund at the United Nations, UNIFEM is determined to ensure that gender equality does not remain a lofty ideal, but becomes a guiding principle in the fight against HIV/AIDS.

# GENDER & HIV/AIDS



## MAP with Statistics of Infected Women Worldwide

Region	Adults 15-49 living with HIV/AIDS	Women 15-49 living with HIV/AIDS	% of Women infected
Global	37,100,000	18,500,000	49.8%
Sub-Saharan Africa	26,000,000	15,000,000	58%
East Asia & Pacific	970,000	230,000	24%
Australia & New Zealand	14,000	1,000	7%
South & South East Asia	5,400,000	2,000,000	37%
Eastern Europe & Central Asia	1,000,000	260,000	26%
Western Europe	540,000	140,000	26%
North Africa & Middle East	460,000	250,000	54%
North America	940,000	190,000	20%
Caribbean	400,000	210,000	52%
Latin America	1,400,000	430,000	31%



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# Addressing The Gender Dimensions of HIV/AIDS

The international community is increasingly recognizing that the gender dimensions of HIV/AIDS can no longer be ignored. A critical turning point was the General Assembly Special Session on HIV/AIDS in June 2001, where 189 countries signed a Declaration of Commitment acknowledging that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS." The Declaration established a set of targets to be met by 2003 and 2005, which constitute a road map for governments seeking to translate words into action. Women are central to a number of these targets:

◆ By 2005, National Strategies should empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection.

Many women have been socialized through religion, cultural taboos and other social mechanisms to accept sexual subordination and even sexual oppression. Therefore, they are often precluded from the most basic means of prevention: *safe sex*.

Lack of knowledge and bargaining power with their sexual partner is one of the many factors preventing many women from negotiating the use of male and female condoms, which can effectively prevent the transmission of HIV/AIDS.

## UNIFEM calls for:

- Community training programmes to enhance women's ability to negotiate safe sex.
- Wide distribution of affordable female condoms, the only current female controlled barrier method, with information for women on how to use them.
- Increased funding for microbicides, an HIV/AIDS prevention method that kills the virus.

### The Knowledge Gap

UNIFEM-sponsored community studies in Mexico found that 33% of the women interviewed only discovered their HIV status after their husbands were diagnosed, 28% when they were sick and 39% when they were pregnant. A similar study in India revealed that 98.5% of respondents did not know the symptoms of AIDS.

◆ By 2005, make significant progress in implementing comprehensive care strategies to strengthen family and community-based care.

Worldwide, women's and girls' unpaid labour, such as childcare, household maintenance and care for the sick and the elderly has enabled economies and societies to function. According to the Human Development Report, women's unpaid or underpaid work accounts for 11 trillion dollars of the global economy each year.<sup>2</sup> When AIDS enters the household, this work becomes untenable. Yet women have no option but to continue to care for their sick and dying family members, even when sick themselves. In too many countries women fill the vacuum left by inadequate and unaffordable health care and support services at the family level. Additional public resources need to be allocated to ensure the provision of such services and alleviate the tremendous strain on women. In addition, women's work needs to be recognized in National Systems of Accounts and their contribution to the economy and to society valued.

### UNIFEM calls for:

- The investment of public resources in care, such as social protection mechanisms, pensions and other benefits, for families that are caring for AIDS patients and/or orphans.
- Programmes to counter the widespread withdrawal of girls from school to support the increased tasks and responsibilities in the household.
- Innovative measures to transform gender relations so that men participate in the provision of care for people infected with HIV/AIDS within the household.
- Provision by employers for workers to take time off to attend to sick relatives, participate in funerals and attend clinics without endangering their jobs and livelihoods.

### Women Affected by HIV/AIDS

*Just how heavy is the burden of care on women and girls?*

A UNIFEM survey of women in a Zimbabwe village revealed that, on average, 24 buckets of water were needed per day to care for a patient with full-blown AIDS. Women lose countless hours daily to perform these and other strenuous tasks, particularly where water is not easily accessible. Moreover, the heavy burdens placed on women caring for AIDS patients often result in loss of income and food security.

The same study showed that children were withdrawn from school, not only to assist in taking care of HIV patients, but also due to the lack of finances to pay for fees. The study revealed that out of the 46 children who had been taken out of school, 70 per cent were girls.

◆ By 2005, ensure the implementation of policies to promote and protect women's human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.

Violence against women is fuelling the spread of HIV/AIDS. Rape and sexual abuse are used as a weapon of war and are putting millions of women at risk of HIV infection. Women who disclose their HIV/AIDS status are also subjected to physical and psychological violence. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a critical tool for assisting all of us to understand what gender equality and the elimination of discrimination will require. It is a powerful mandate for bringing about concrete changes to realize women's human rights. Adopted in 1979 by the UN General Assembly and ratified by 169 governments, CEDAW sets up an agenda for national action to end gender-based discrimination. CEDAW can be applied in designing responses to HIV/AIDS in order to protect the human rights and fundamental freedoms of women and their families.

### UNIFEM calls for:

- Inclusion of information on stigma and discrimination faced by women living with HIV/AIDS in government reports to the CEDAW committee.
- Use of CEDAW as the framework to review laws that provide a legal basis for stigma and discrimination against women living with HIV/AIDS.
- New laws and strengthened implementation of existing laws against gender-based violence and harmful traditional practices.

### Millennium Development Goal

The Millennium Declaration, adopted during the 2000 Millennium Summit and signed by 189 UN Member States, sets forth an ambitious goal: to halt and begin to reverse the spread of HIV/AIDS by the year 2015. Governments adopted as an explicit goal the reduction of HIV infection rates in persons 15 to 24 years of age – by 25 percent within the most affected countries before the year 2005, and by 25 percent globally before 2010. They also set explicit prevention targets: by 2005 at least 90 percent, and by 2010 at least 95 percent, of young men and women must have access to the HIV-preventive information and services. Moreover, governments urged every seriously affected country to have a national plan of action in place within one year of the Summit and called for an end to all forms of violence against women and for the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

### Learning about CEDAW

Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS Epidemic is a UNIFEM publication that provides a guide to the use of CEDAW articles addressing the HIV/AIDS epidemic in different contexts, including violence against women.

To obtain a copy of Turning the Tide, visit UNIFEM's website at [www.unifem.undp.org](http://www.unifem.undp.org)

## UNIFEM: A Commitment to the World's Women

UNIFEM calls upon the global community to work with a collective resolve to recognize women's human rights and mirror them in all policies, plans, legislation, decision-making and representation needed to meet the targets set forth in the Declaration of Commitment on HIV/AIDS.

To address the gender dimensions of HIV/AIDS, UNIFEM has developed a Global HIV/AIDS Framework, which lays the foundation for activities that address empowering women to prevent transmission and mitigate impact. The Global Framework has six objectives:

1. To strengthen legal and policy frameworks within the context of CEDAW<sup>1</sup> that promote gender equality, women's empowerment and stigma reduction for those infected by, affected by, or at risk of HIV/AIDS.
2. To demonstrate that gender sensitive community based initiatives can provide a basis for advocating at the grass roots level for improved prevention, treatment and care strategies that both mitigate the impact of the epidemic and transform gender relations.
3. To promote the participation of women living with and at risk of HIV/AIDS – including young women and adolescents – in the decision-making about, and formulation of HIV/AIDS policies and programs.
4. To collaborate with and support the UN system at the inter-agency level in mainstreaming gender and women's human rights into all HIV/AIDS-related programmes, strategies and policies.
5. To strengthen the capacity of non-governmental organizations, governments and UN agencies to advocate for responses to HIV/AIDS that take gender and human rights into account, with particular focus on women's roles within the care economy, and on adolescent girls and young women.
6. To continue to promote women's human rights, economic security and leadership in settings affected by HIV/AIDS.

### *Endnotes*

<sup>1</sup> *Report on the Global HIV/AIDS Epidemic 2002 (UNAIDS, July 2002).*

<sup>2</sup> *1995 Human Development Report, p. 97 (UNDP, 1996).*

## About UNIFEM

The United Nations Development Fund for Women (UNIFEM) is the women's fund at the United Nations. It provides financial and technical assistance to innovative programmes and strategies that promote women's human rights, political participation, and economic security worldwide. UNIFEM works in partnership with UN agencies and non-governmental organizations (NGOs) to link women's issues and concerns to national, regional and global agendas.

UNIFEM was created in 1976, in response to a call from women's organizations attending the 1975 UN First World Conference on Women in Mexico City. Today, UNIFEM works in over 100 countries and has 14 Regional Programme Directors and a network of affiliated gender advisors and specialists in Africa, the Arab States, Asia and the Pacific, Central and Eastern Europe and the Commonwealth of Independent States, Latin America and the Caribbean.

For more information, visit [www.unifem.undp.org](http://www.unifem.undp.org)

### At Work around the World

- UNIFEM recently launched a three-year programme to put the gender and human rights dimensions of the HIV/AIDS epidemic at the center of strategies and policies in ten countries, with support from the U.N. Trust Fund for Human Security. UNIFEM will build national capacity to review existing laws and policies related to HIV/AIDS prevention, care and treatment in order to identify revisions that need to be made to ensure gender equality. It will also work with National AIDS Councils and key policy makers to increase their understanding of the impact of HIV/AIDS on women. At the community level, UNIFEM will work towards equality between men and women in an effort to lower HIV/AIDS prevalence rates and transform gender relations based on power.
- UNIFEM is spearheading "Gender Equality Zones," which seek to promote more equal power relations between men and women at the community level. UNIFEM has begun to work with railway workers in India by introducing gender sensitive sex education curriculum in railway schools. It will also offer gender sensitive counseling for young adults and promote dialogue between policy makers and trade unions to jointly develop policies and practices to increase prevention and treatment on an equal basis for women and men. Similar initiatives are planned for Zimbabwe and Honduras.



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