**Women are increasingly becoming infected with HIV:**

In 1997, 41% of adults living with HIV/AIDS worldwide were women; by 2001, this figure had risen to 50%

**Proportion of Men, Women and Children Infected with HIV Globally (in millions)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>1997</th>
<th>2001</th>
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<tr>
<td>Men</td>
<td>19.2</td>
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<td>Women</td>
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<tr>
<td>Children</td>
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Source: UNAIDS Epidemic Update 2002

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- Article 14, Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, June 2001

**WOMEN: MEETING THE CHALLENGES OF HIV/AIDS**

Women and young girls are disproportionately vulnerable to HIV. Their physiological susceptibility - at least 2 to 4 times greater than men's - is compounded by social, cultural, economic and legal forms of discrimination. Information women and girls are fuelled by:
- Poverty, low status, and unequal economic and educational opportunities that can place women and girls at greater risk of sexual exploitation, trafficking and abuse.
- Gender power relations which limit women's ability to negotiate safe sex or refuse unwanted sex.
- Gender-based violence and sexual exploitation such as rape and abuse of young women and girls, especially in emergency and conflict situations.
- Older men who often seek younger sexual partners.
- Certain gender norms such as those that encourage men and boys to engage in risky, early or aggressive sexual behaviour increase the vulnerability of both men and women.
- Cultural practices that deprive women of the means to protect themselves from HIV infection, including early and forced marriages.

Adolescence is a time when girls and boys are choosing their identities, laying the foundation for the women and men they will become. To establish enduring patterns of healthy behaviour, values such as tolerance, respect for the opposite sex and equality must be instilled early on. Young women and girls, young men and boys, are the key to defeating the HIV/AIDS pandemic.
RIGHTS-BASED APPROACH

Human rights, gender equality, and women’s empowerment provide the foundation for combating HIV/AIDS and are at the heart of the international response outlined in the UNGASS Declaration of Commitment on HIV/AIDS.

The Declaration calls upon Member States to take measures to eliminate discrimination against people living with HIV/AIDS and marginalized populations at risk of infection. It stresses the need for national strategies that lead to the empowerment of women and increase the capacity of women and girls to protect themselves from HIV infection.

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— Kofi Annan, UN Secretary-General, “A World Free of Violence Against Women,” 1999

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Women and young women are the key to defeating the HIV/AIDS pandemic.

For more information:

- www.unfpa.org/hiv
- www.unaids.org
- www.unifem.org
- www.genderandaids.org

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Women: Meeting the Challenges of HIV/AIDS

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Addressing gender relations and power dynamics between women and men, and
how they impact on sexual relations and decision-making is critical for HIV preven-
tion. Empowering women to be able to control their sexual and reproductive lives and providing access to the means, including male and female condoms, to prevent HIV and unintended pregnancy, may con-
tribute significantly to quelling the HIV/AIDS pandemic. The female condom provides women with an option where they may have greater control in negotiating condom use.

As partners, fathers, friends, community members and leaders, men and boys can:

• Be role models for their families and society by advocating respect for women and protecting partners.
• Promote and practice safer and healthy sexual behaviors.
• Practice open communication to build an equal and safe partnership.

About 200 million women become preg-
nant each year, and about 7 million need
information, counselling and services to help
the 99% who are HIV-negative remain so, and
address the needs of those who are HIV positive.

By preventing HIV infection in pregnant women, transmission of infection to chil-
dren is assured.

Prevention and education

• Empower women to negotiate safer sex
  including condom use.
• Make high-quality affordable male and
  female condoms consistently available; address myths, misperceptions and fears
  about condoms including addressing gen-
  der perspectives of these attitudinal barri-
  ers.
• Increase women’s ability to access mater-
  ial and child as well as reproductive health
  services, including development of appro-
  priate programmes that prevent HIV transmis-
  sion to pregnant women, mother and their children.

Right- based approach

• Protect the human rights of women
  including equal rights to legal capacity and
  equality within the family in matters such as
  inheritance, divorce, custody, care
  and property and employment rights.
• Combat sexual and economic exploita-
  tion of women and girls.
• Combat stigma and discrimination in
  relation to gender, poverty and
  residence, gender, and sex.

The workplace provides an opportunity to
address HIV infection within the work
environment. Employers can effectively
instill positive norms and standards to safe-
guard employees from HIV infection and
instigate strategies, oriented especially to
male perspectives of these attitudinal barri-
ers, to avoid work patterns that
prolong the period of time; providing education as
HIV/AIDS, enforcing non-discriminatory
labor practices and ‘zero tolerance’ policies
on violence or harassment against women;
supporting HIV diagnoses and treatment;
and providing antidrug tools to workers and their families.

The goal is to

• Emphasize gender differences.
• Focus programmes on measures that
  prevent HIV, while also providing ser-
  vices to help those who are infected or affected with
  HIV/AIDS.
• Support continued development of pre-
  vention methods including microbicides.

Women confront a number of gender-based obstacles to prevent becoming infected with
HIV and if positive, to prevent transmission to their offspring:

• Fear of rejection, stigmatization, violence
  or abuse may prevent women from utiliz-
  ing HIV voluntary counselling and test-
  ing services, discouraging their HIV status,
  accessing HIV prevention programmes targeted
  at pregnant women, mothers and their
  children, or engaging in safe infant
  feeding practices.

Digital Stock Photo:

Pharmaceutical companies; governments; nongovernmental organizations;
and communities can:

• Increase women’s access to income-generat-
  ing possibilities including economic provi-
  sion for information on HIV/AIDS.
• Make high-quality affordable male and
  female condoms consistently available; address myths, misperceptions and fears
  about condoms including addressing gen-
  der perspectives of these attitudinal barri-
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• Increase women’s ability to access mater-
  ial and child as well as reproductive health
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Research

• Incorporate gender dimensions into
  monitoring and evaluation efforts
  including development of appropriate
  gender-sensitive indicators and context
  and analysis of data disaggregated by age
  and sex.
• Support continued development of pre-
  vention methods including microbicides.
WOMEN TO PREVENT HIV/AIDS

EMPOWERING MEN AND ADOLESCENTS

BURDEN ON WOMEN

WOMEN, WORKPLACE AND HIV/AIDS

TREATMENT, CARE AND SUPPORT

RIGHTS-BASED APPROACH

HEALTH AND ACCESS TO SERVICES

PREVENTION AND EDUCATION

THE WAY FORWARD

MULTIDISPLINARY BUREAU ON WOMEN

Addressing gender relations and power dynamics between women and men, and how they impact on sexual relations and decision-making is critical for HIV prevention. Empowering women to be able to control their sexual and reproductive lives and providing access to the means, including male and female condoms, to prevent HIV and unintended pregnancy, can contribute significantly to quelling the HIV/AIDS pandemic. The female condom provides women with an option where they may have greater control in negotiating condom use.

As partners, fathers, friends, community members and leaders, men and boys can:

• Practice open communication to build equal and safe partnership.

Women confront a number of gender-based obstacles to prevent becoming infected with HIV and if positive, to prevent transmission to their offspring.

Women outline a number of gender-based obstacles to prevent becoming infected with HIV and if positive, to prevent transmission to their offspring.

Women may be unable to negotiate safe sexual practices, including condom use to prevent infection and/or unwanted pregnancies.

Women may be unable to access pre-natal health services at their partners often control the household financial or transportation arrangements, as they cannot take time off work, or because they cannot leave their dependents to travel to a clinic or hospital.

Fear of rejection, stigmatization, violence or abuse may prevent women from utilizing HIV voluntary counselling and testing services, disclosing their HIV status, accessing HIV prevention programmes targeting pregnant women, mothers and their children, or engaging in safe infant feeding practices.

About 200 million women become pregnant each year and need information, counselling and services to help the 99% who are HIV negative remain so, and address the needs of those who are positive. By preventing HIV infection in pregnant women, transmission of infection to children is assured.

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Women, workplace and HIV/AIDS

The workplace provides an opportunity to outreach positive norms and standards to safeguard employees from HIV infection and for those who are infected or affected by HIV/AIDS. Employers can effectively address HIV infection within the work community by avoiding work patterns that separate workers from their families for protracted periods of time, providing education on HIV/AIDS, enforcing non-discriminatory hiring practices and ‘zero tolerance’ policies on violence or harassment against women, supporting HIV-positive employees, and providing antidrug treatments to workers and their families.

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DYSFUNCTIONAL SURGEON ON WOMEN
Behind every story of death and illness from AIDS, there is a care giver – usually a woman – who bears not only the impact of the loss of loved ones, but also the innumerable cost of time, energy and resources to provide care. HIV/AIDS creates a fur- ther distancing of gender inequalities both at the beginning and at the end of a woman’s life cycle. Loss of household income due to sickness and death forces older women to re-enter the productive sector, and adoles- cent girls to leave school to help the family or to supplement the household income. Loss of income, additional care-related expenses, the neglected ability of caregivers to work, and mounting medical and funeral expenses collectively push affected households deeper into poverty.

EMPowering MEN AND WOMEN TO PREVENT HIV/AIDS
Addressing gender relations and power dynamics between women and men, and how they impact on sexual relations and decision-making is critical for HIV preven- tion. Empowering women to be able to control their sexual and reproductive lives and providing access to the means, includ- ing male and female condoms, to prevent HIV and unintended pregnancy, must con- tribute significantly to quelling the HIV/AIDS pandemic. The female condom provides women with an option where they may have greater control in negotiating condom use. As partners, fathers, friends, community members and leaders, men and boys can:

• Be role models for their families and members and leaders, men and boys can:

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Women, men, and couples have an opportunity to prevent infection and/or unintended preg- nancy each year and about 200 million young people.

About 200 million women become preg- nant each year and about 200 million young people.

• Increase women’s access to income-generat- ing possibilities including economic provi- sions in relation to their sexual and repro- ductive lives; and providing access to in- formation, prevention and treatment services for HIV/AIDS.

• Make high-quality affordable male and female condoms consistently available; address myths, misperceptions and fears about condoms including addressing gen- der perspectives of these attitudinal barri- ers; and implement dual protection strate- gies, oriented especially to young people.

• Incorporate gender issues into HIV/AIDS education – its policies, management, resources allocation and curricula planning, and sex.

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Dynamics between women and men, and addressing gender relations and power dynamics is crucial.

Women to prevent HIV/AIDS

Empowering men and boys can:

- Practice open communication to build healthy relationships.
- Be role models for their families and members.
- Provide education and training for staff.

Men and women can:

- Provide social protection mechanisms, such as stipends, for caregivers or for families impacted by AIDS to help relieve women’s heavy burden of caring for sick and dying, and the poverty that often follows.

Research

- Incorporate gender dimensions into monitoring and evaluation efforts, including development of appropriate gender-sensitive indicators and collection and analysis of data disaggregated by age and sex.
- Support continued development of prevention methods including microbicides.

The Way Forward

Health and Access to Services

- Provide social protection mechanisms, such as stipends, for caregivers or for families impacted by AIDS to help relieve women’s heavy burden of caring for sick and dying, and the poverty that often follows.

Education

- Educate girls about HIV/AIDS, prevention methods including microbicides.
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www.unfpa.org/hiv
www.unaids.org
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For more information:

United Nations Foundation Fund www.unfpa.org

UNIFEM United Nations Development Fund for Women www.unifem.org

UNAIDS United Nations Programme on HIV/AIDS www.unaids.org


Children's Youth Fund www.childrens-youth.org

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UNFPA

Middle: Digital Stock

Bottom: UNFPA

Young people urgently need the knowledge, skills and services to protect themselves against HIV/AIDS.

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