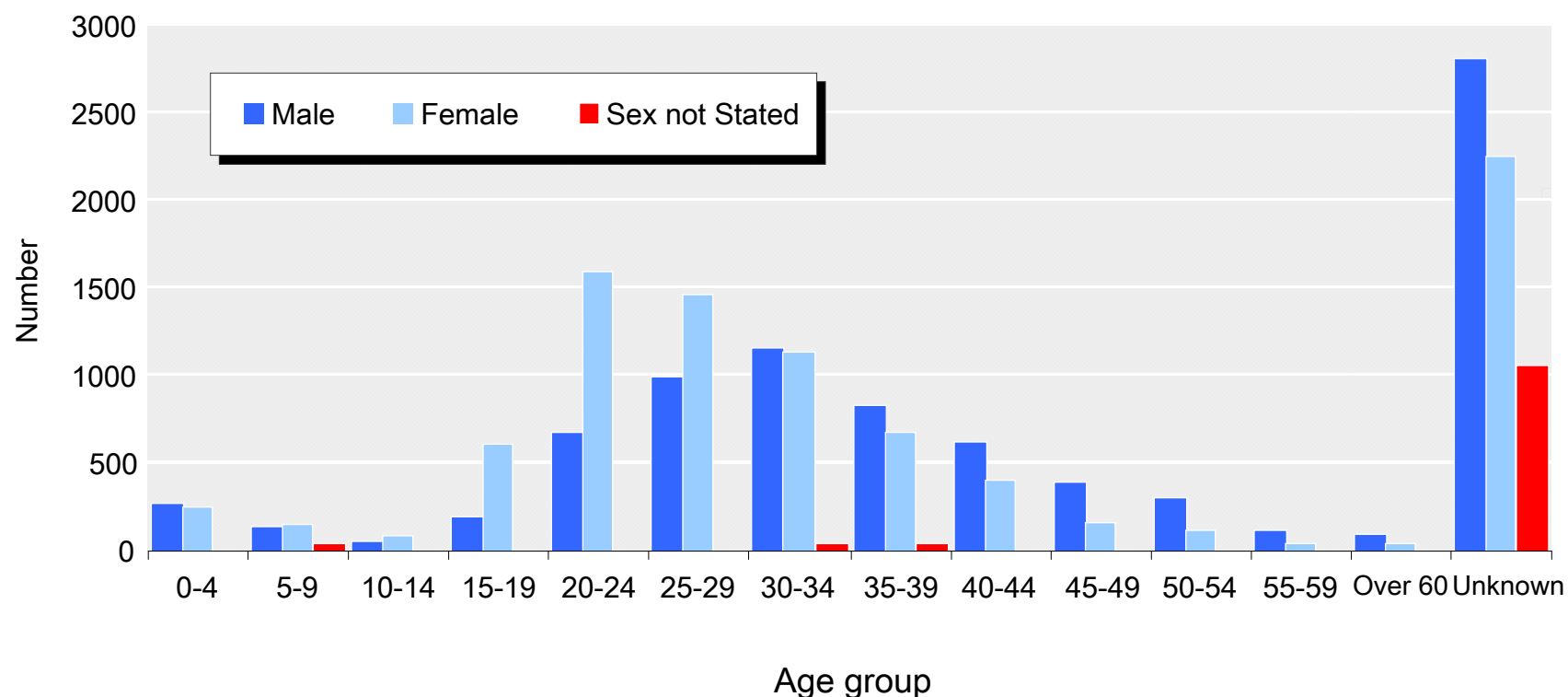


Gender inequality and its impact on women's risk of HIV and access to HIV services

Dr Jantine Jacobi
Team Leader, Women, Girls and Gender Equality
Director, Global Coalition on Women and AIDS
UNAIDS
jacobij@unaids.org

Source: Global Report, 2008, UNAIDS

HIV infections detected in Papua New Guinea, by age, 1987–2006



Source: Papua New Guinea National AIDS Council and Department of Health.

Figure 2.2

Unequal status

- HIV infection is often related to the unequal status of women, present in many parts of the world - similar trend for violence
- Societies have collective ideas about the status of women and men in relation to one another, including appropriate roles, rights, responsibilities and accepted behaviors (WHO)
 - These ideas vary within and between cultures
- Societal norms and rules are often hierarchal and unequal for women in general populations
- Women often don't have the same access to resources, power and influence in comparison with men.



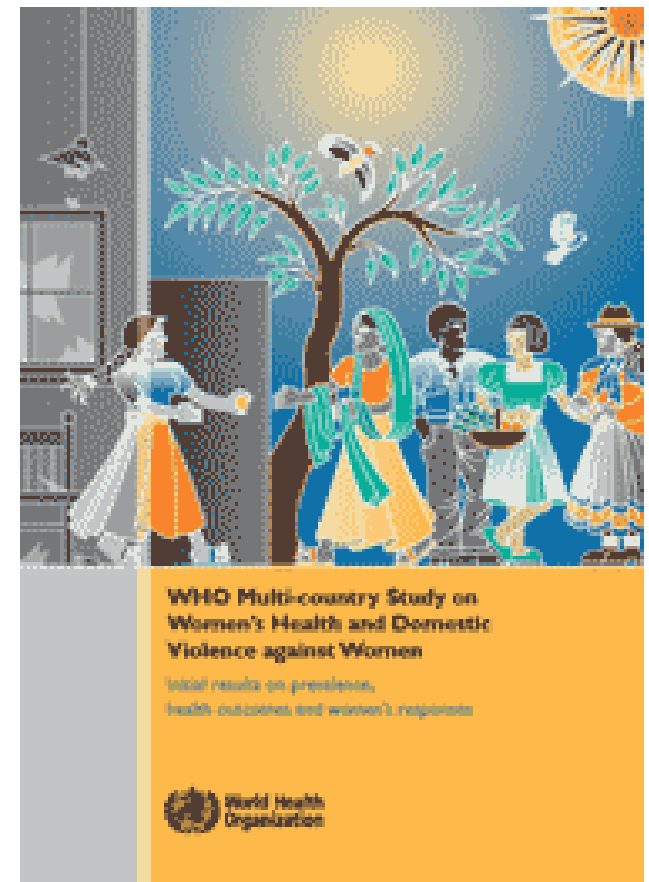
Clear link between gender inequality and women's risk of HIV

- Gender-based unequal power pose barriers to the adoption of safer sex practices in relationships (USAID 2009)
- Even with known risk of HIV/STIs, it is often not possible for women to insist on faithfulness or condom use in the relationship (Dunkle 2007)
- Recent data on violence against young women in South Africa shows that power inequity and intimate partner violence increase women's incidence of HIV (Jewkes 2010)



Violence affects women and girls all over the world

- A multi-country study revealed that between 15% and 71% of women (15-49) had experienced physical and/or sexual violence (WHO, 2005)
- Between 11% and 45% of adolescent girls report that their first sexual experience was forced.



Swaziland: 2007 study on sexual violence against adolescent girls

- 25% of girls 13-17 years of age reported experiencing some form of sexual violence
- 66% of young women 18-24 years of age years of age reported experiencing some form of sexual violence



Gender inequality and HIV testing

- Male partners influence women's uptake of HIV testing, especially in antenatal services (Bajunirwe 2005, Maman 2008)
- Women's perception of husband's approval was the strongest predictor of her willingness to accept a HIV test (Bunjunirwe 2005)
- Opposition from male partners was one of the major reasons for low uptake of HIV counseling and testing in some contexts (Sarker 2007)
- Women's fear of a negative reaction (violence) from her partner emerged as a key theme in a multi-study review of factors influencing pregnant women's HIV uptake



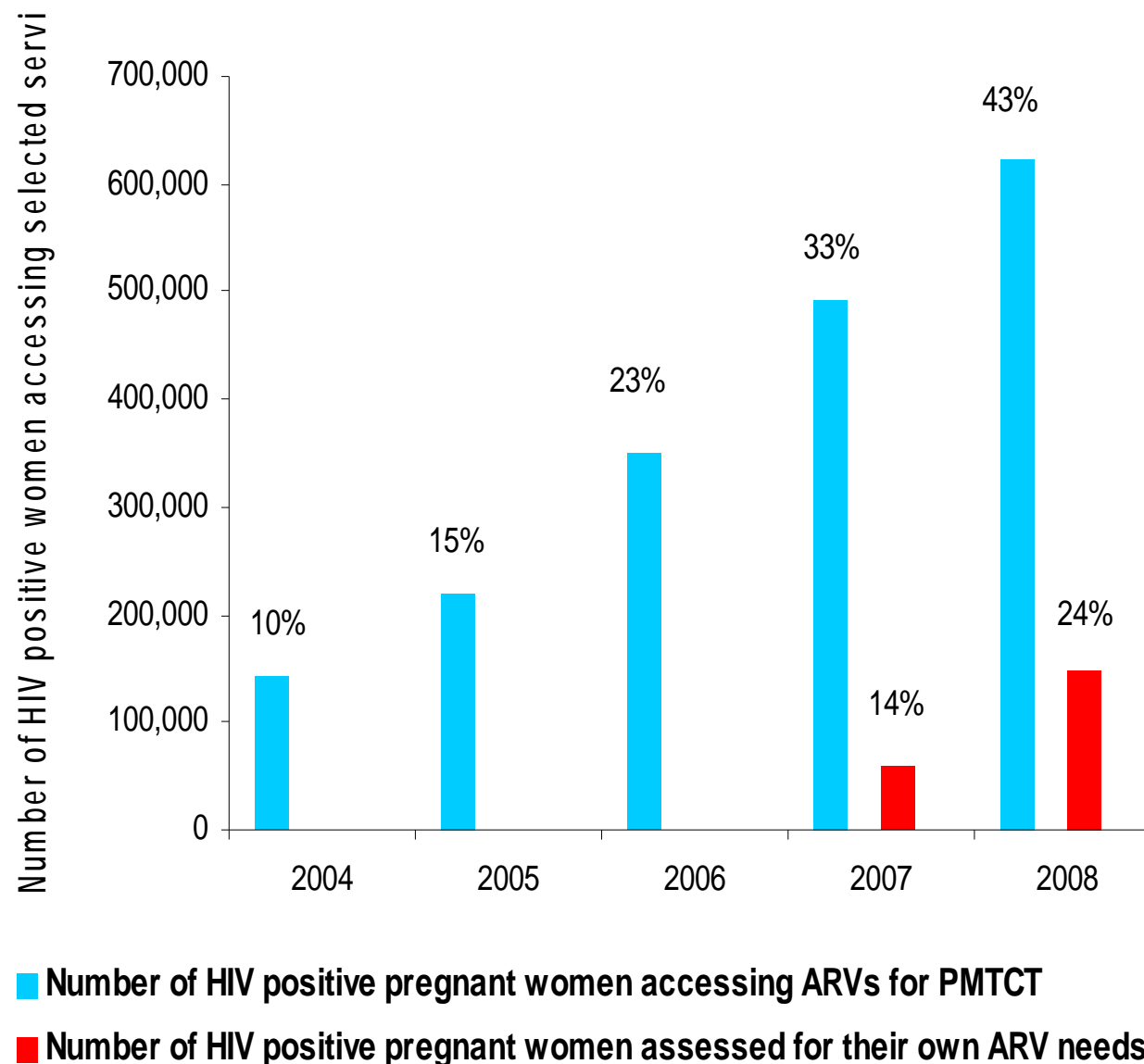
Disclosure and ART

- Between 16-51% of women in Tanzania, South Africa and Kenya cited fear of violence as a major barrier to disclosure (Medley 2004)
- Women may experience difficulty with adherence to ARV prophylaxis and treatment because of concerns related to disclosure (WHO 2009)
- The highest rates of disclosure-related violence were encountered in ANC, with violence reported to be an obstacle to ART (WHO 2004) (Human Rights Watch 2007)



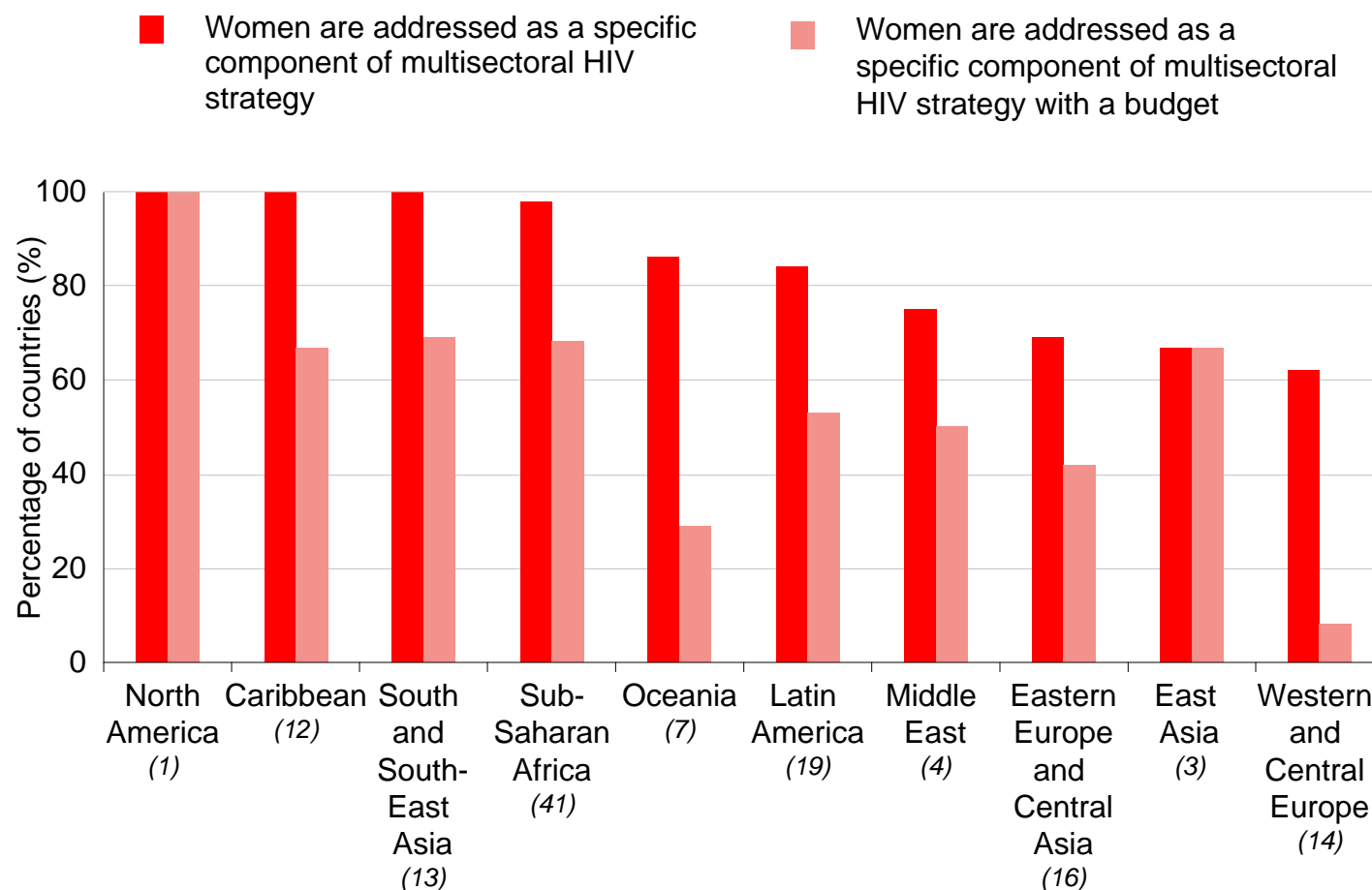
PMTCT increase:
43% in 2008
from 15% in
2005

However, in
2008, only 24%
women testing
positive for HIV
at ante-natal
clinics were
assessed for
their own
eligibility for
ARVs.



83% of countries report having women included as a specific “sector” in their multisectoral strategic framework

Only 53% report having a budget attached to programmes which address women’s issues

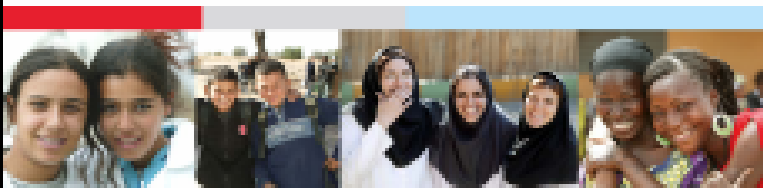


(Number of countries reporting)



Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

Operational plan for the UNAIDS action framework:
addressing women, girls, gender equality and HIV



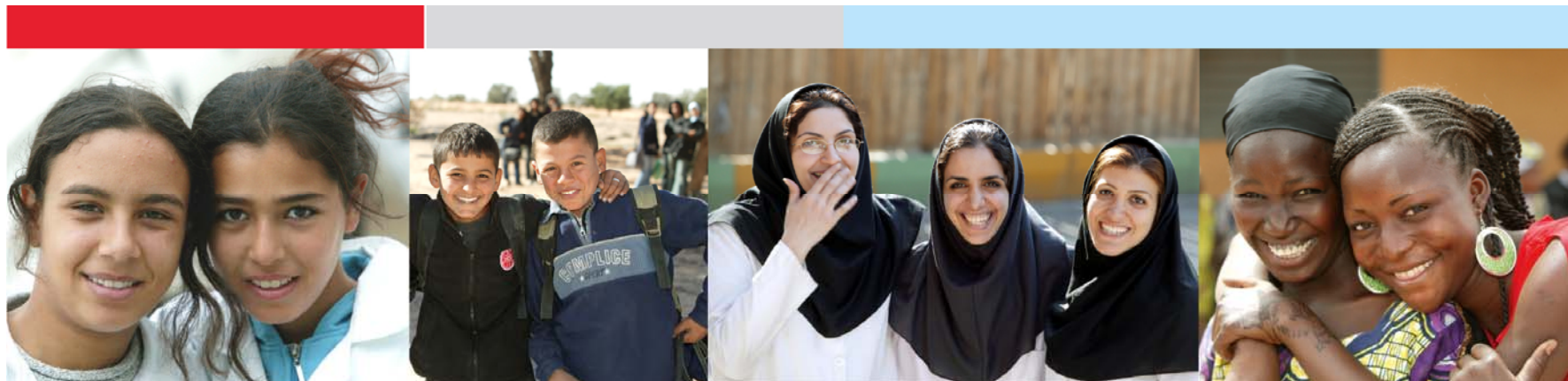
UNAIDS Agenda for Women and Girls

UNAIDS COMMITTED TO WOMEN AND GIRLS



Join UNAIDS Executive Director, Michel Sidibé and singer-activist Annie Lennox in making a difference with
"Agenda for Accelerated Country Action". Learn more at www.unaids.org





Thank you

Merci