

Zero Discrimination Day  
1 March 2020

# SPOTLIGHT

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## HIV-RELATED DISCRIMINATION AGAINST WOMEN AND GIRLS



**#ZERO DISCRIMINATION**  
**AGAINST WOMEN AND GIRLS**

# HIV-RELATED DISCRIMINATION AGAINST WOMEN AND GIRLS

Across the world, gender inequality, violence, poverty and insecurity continue to stoke excessive HIV risk among women and girls, especially those in marginalized and excluded communities.

## ENSURE EQUAL PARTICIPATION IN POLITICAL LIFE

The leadership and engagement of women at all levels of the AIDS response is crucial. Many countries have increasingly involved women and young people in developing HIV policies, guidelines or strategies. However, it's not clear to what extent their perspectives are actually taken into account when decisions are taken. Data reported to UNAIDS show that not all countries are respecting the rights of the most-affected communities to participate in national decision-making about HIV.

For decades, women's organizations have been at the forefront of the AIDS response, mobilizing communities to demand accountability and social justice for people living with HIV and for an inclusive, rights-based agenda. Their work and creativity have been vital for the progress made against the HIV epidemic and for upholding the rights of women and girls. These organizations, and the communities they serve, must remain at the heart of the AIDS response. If that happens and the Beijing Declaration and Platform for Action commitments are realized, the world will be able to end the AIDS epidemic as a global health threat.

## UPHOLD HUMAN RIGHTS AND LAWS THAT EMPOWER

While some countries have worked to enshrine and protect women's rights in laws and statutes, many others have been slow to act. As a result, laws that discriminate against women and girls remain widely in force, while laws that uphold the basic rights of women and protect them against unequal treatment are far from the norm. Removing discriminatory laws is a basic building block for an equitable society—and for an effective AIDS response.

Gender power imbalances fuel the epidemic and play out across all facets of the AIDS response. They undermine the ability of women to decide how, when and with whom they have sex. They shape their use of HIV and other health services. And they restrict the chances of women to lead lives free from gender-based violence and of finding redress when their rights are violated. The age of consent for an HIV test must be lowered to 15 years or younger.

Punitive laws limit the ability of sex workers to negotiate condom use with clients and avoid violence, and they undermine their access to HIV prevention and treatment services. It's not uncommon for police to regard the possession of condoms, for example, as evidence

that women are selling sex and as a basis for harassment, bribery, arrest or violence. The criminalization of drug use also disproportionately affects women who use drugs. In countries with harshly punitive laws, targeted communities have significantly lower rates of HIV testing.

Decriminalization works and is vital for successful HIV prevention. Studies suggest that between 33% and 46% of new HIV infections among sex workers and their partners could be averted over 10 years if legal reforms and other actions are implemented to create safer work environments and facilitate safer sex. Similarly, in countries where drug use is decriminalized and comprehensive harm reduction is available, HIV infection rates tend to drop sharply among people who use drugs.

## GUARANTEE ECONOMIC JUSTICE

Discrimination against women and girls in education systems and labour markets creates economic and social insecurity that undermines the agency and well-being of women. Many girls continue to be denied schooling if they are pregnant. Women are disproportionately represented in informal and unregulated sectors of the economy. Compounding those inequalities are the burdens of unpaid care and domestic work, unequal property and inheritance rights and limited financial autonomy, which shape the lives of women and girls around the world.

Gender discrimination restricts women's economic opportunities and limits their decision-making power within relationships and families, and thereby heightens their risk of acquiring HIV. Transactional sex, including between young women and older men, and maintaining multiple partners can be survival strategies for women living in poverty and those faced with limited livelihood opportunities. But those strategies also increase their risk of acquiring HIV.

Universal health coverage involves a push for equitable access to quality health care. It entails a wide range of improvements. Those changes include removing gender-specific barriers, eliminating stigma and discrimination, developing tailored strategies for adolescents and engaging diverse communities of women in decision-making and in monitoring access to their entitlements. Out-of-pocket expenses and user fees for health services, for example, deprive women and girls who lack economic means or autonomy the benefits of health care.

Countries with policies and programmes on assisted partner notification should ensure that such notifications are voluntary and confidentiality is protected, which is especially critical when pregnant and other women are diagnosed with HIV.

## END GENDER-BASED VIOLENCE

Gender-based violence is unacceptable, a breach of the most fundamental human rights of women, and must be ended. It is essential to strengthen the legal and policy environment to protect women and girls from gender inequality and violence, which create barriers to HIV services.

Men who are perpetrators of violence against women tend to be at higher risk of HIV and sexually transmitted infections, and they use condoms less, which increases the risk of HIV transmission. Abuse during pregnancy makes it less likely that women will seek HIV testing or services to prevent vertical transmission to newborns.

Being HIV-positive can also trigger violence. Women living with HIV frequently report experiences of violence or fear of violence, including from intimate partners and family members. For many, the violence started or increased after being diagnosed with HIV. Women living with HIV are especially susceptible to institutional violence, mistreatment and reproductive rights violations in health-care settings, including forced sterilizations and forced abortions.

Violence and the fear of violence block access to HIV services and make it especially challenging for women to decide whether and with whom they have sex and to negotiate safer sex. Violence discourages many women living with HIV from disclosing their HIV status to partners, families and health providers, and it makes it more difficult for women and girls to stay on HIV treatment. Emerging evidence also suggests that the stress caused by violence may potentially undermine the efficacy of antiretroviral therapy.

## PROVIDE HEALTH CARE WITHOUT STIGMA OR BARRIERS

The right of women to control decision-making about their sexual and reproductive lives is fundamental and must be at the centre of the AIDS response. Laws and policies should protect these rights for everyone, without discrimination. People whose sexual and reproductive rights are violated should have access to justice and legal redress. Stigmatizing behaviour towards women living with HIV or young sexually active women prevents them from accessing health services and needs to stop.

# ADOLESCENT GIRLS AND YOUNG WOMEN

Age-appropriate comprehensive sexuality education, life skills education programmes and support for peer groups of women and girls must be provided. Adolescent girls and women from key populations require dedicated programmes that are community-led and provide services that have the trust of the communities they serve.

A large proportion of countries across all regions restrict access by adolescents to HIV testing and treatment. These kinds of laws and policies may also complicate or hinder access by adolescents to pre-exposure prophylaxis, a highly effective prevention tool.



In most countries, female sex workers, transgender women, women who inject drugs and women in prison have much higher chances of acquiring HIV than other women. Women living with HIV from key populations are particularly susceptible to violence, stigma and discrimination and require dedicated peer support.

Men should play an essential role in protecting their own health and the health of their partner and child and in ensuring that women are in a supportive environment throughout their pregnancy. Strategies that call on men to take responsibility for their health by getting tested and treated for HIV and to work to prevent violence against women and empower women are essential for improving maternal and child health.

## GIVE FREE PRIMARY AND SECONDARY EDUCATION

Free primary and secondary education for all young people, including young women and girls, is a game-changer for the AIDS response. Evidence from high-prevalence countries in Africa shows that keeping girls in school reduces their risk of HIV infection by half. The empowerment of women and girls through incentives such as cash transfers linked to school attendance has been shown to reduce new HIV infections and increase the likelihood of young women and girls staying in or going back to school.

Knowledge of HIV prevention among young people is alarmingly low. These knowledge gaps extend to other aspects of sexual and reproductive health as well, including sexually transmitted infections, contraception and misconceptions about menstruation among girls, that urgently need to be addressed. Age-appropriate comprehensive sexuality education should be provided for all.

## FIGHT FOR CLIMATE JUSTICE

Some groups, such as people living with HIV, women and children, and key populations at higher risk, such as transgender people, sex workers, people who inject drugs and prisoners, are more affected by HIV and their vulnerability is compounded in an emergency, disaster or conflict situation.

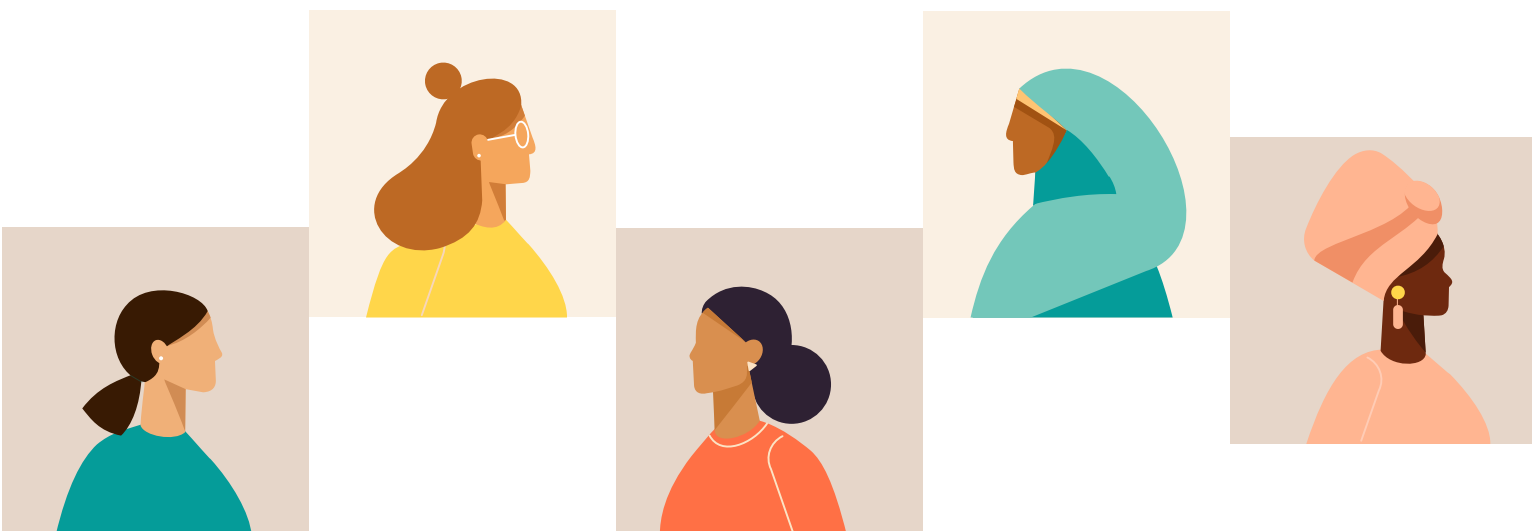
In addition to the challenge of continuity on HIV treatment, HIV-related stigma and discrimination has increasingly been reported as notably adding to the difficulties of people living with HIV during climate-related emergencies, making access to services such as health and education and basic needs such as food and shelter much more difficult. The climate crisis will give rise to increased migration, undermining access to HIV prevention, care efforts and continuation of treatment. Migration crises further undermine traditional community safety nets.

# HIV AND WOMEN AND GIRLS

## KEY DATA

EVERY WEEK,  
AROUND 6000  
YOUNG WOMEN  
AGED 15-24  
YEARS BECOME  
INFECTED WITH  
HIV. THAT'S 860  
EVERY DAY.

- Globally, in 2018 an estimated 18.8 million women aged 15 years and older were living with HIV. That is 52% of all people aged 15 years and older living with HIV.
- The world is still a long way from achieving the global target of reducing new HIV infections among adolescent girls and young women to fewer than 100 000 by 2020: in 2018, that number stood at 310 000 [190 000–460 000], three times higher than the target.
- Every week, around 6000 young women aged 15–24 years become infected with HIV. That's 860 every day.
- Globally, adolescent girls and young women accounted for 60% of the estimated 510 000 [300 000–740 000] new HIV infections in that age group in 2018.
- In sub-Saharan Africa, the region with the largest HIV epidemics in the world, women accounted for 59% of new infections among adults (older than 15 years) in 2018.
- AIDS-related illnesses remain the leading cause of death among women of reproductive age.
- Nearly 82% [62– >95%] of pregnant women living with HIV worldwide were receiving antiretroviral therapy, which also prevents transmission of HIV to their child, in 2018.
- Intimate partner violence has been found to increase the risk of women acquiring HIV by 50% in areas with high HIV prevalence.
- Female and transgender sex workers are 11 times more likely to be living with HIV than other women. Women in prison are five times more likely than other women to be living with HIV. Women who inject drugs are 17 times more likely than other women to be living with HIV.



- Surveys in low- and middle-income countries with data for 2013–2018 show that fewer than one in three young people had accurate knowledge about HIV transmission and prevention. In sub-Saharan Africa, seven in 10 young women do not have comprehensive knowledge about HIV.
- In 2019, adolescents younger than 18 years needed explicit parental consent in 105 of 142 countries in order to take an HIV test, and in 86 of 138 reporting countries they needed such consent to access HIV treatment and care.
- Sex work is criminalized or otherwise punished in at least 88 countries.
- Transgender people are criminalized and/or prosecuted in 19 countries.
- Same-sex sexual relations are criminalized in at least 66 countries and are punishable by death in at least 10 countries.
- Laws criminalizing HIV transmission, non-disclosure or exposure existed in 82 of 119 reporting countries in 2019.
- Six countries reported that vertical transmission of HIV remains a criminal offence.
- Thirteen countries reported they have laws, regulations or policies in place on mandatory HIV testing for marriage in 2019.
- In 2019, only 45 of 106 reporting countries had needle–syringe programmes for people who inject drugs, and only 48 (of 134 reporting countries) provided opioid substitution therapy.
- There were 2.57 million people living with HIV affected by humanitarian emergencies globally in 2016, at least half of whom were women.

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 AFFECTED BY  
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