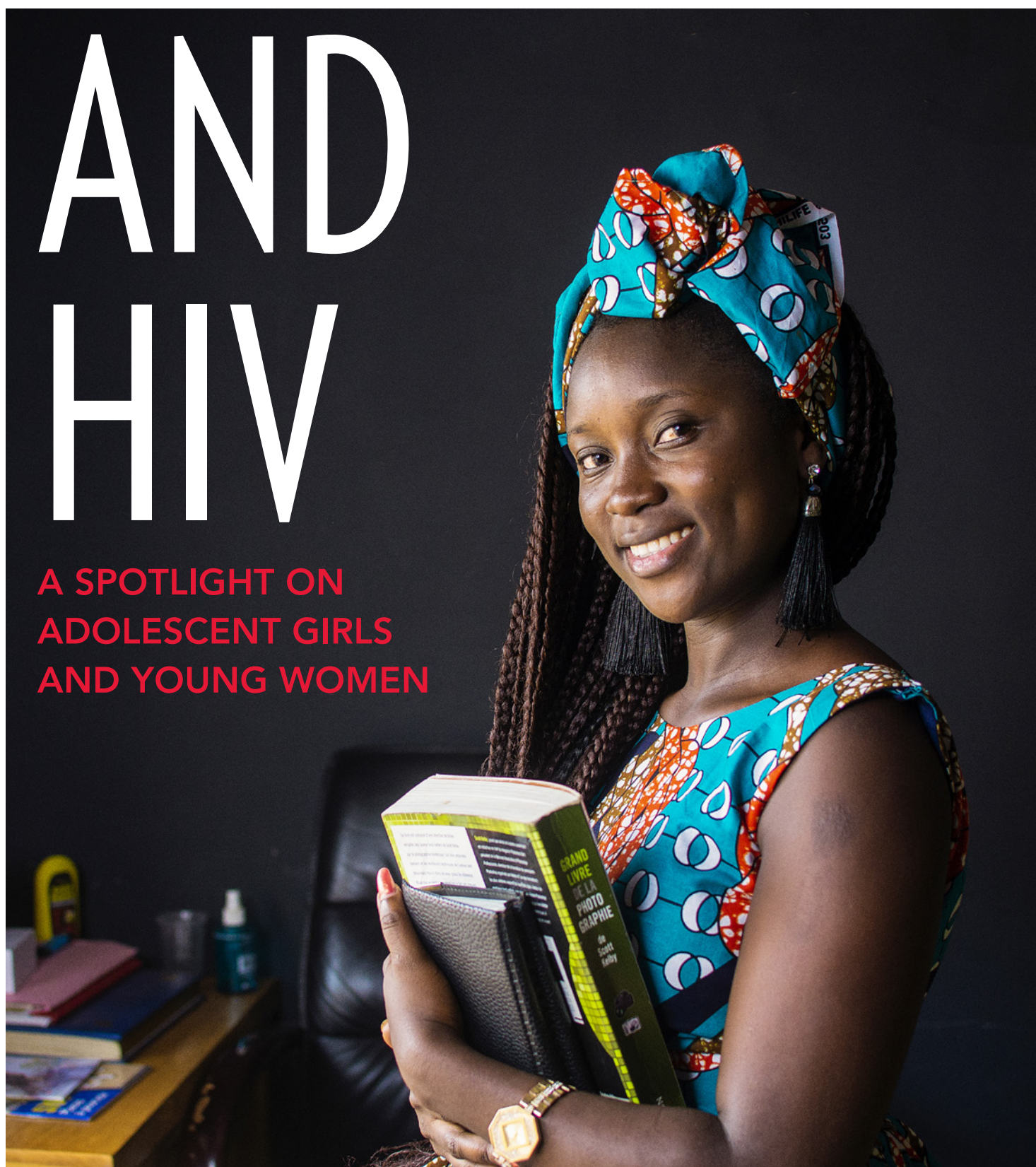


# WOMEN

# AND HIV

A SPOTLIGHT ON  
ADOLESCENT GIRLS  
AND YOUNG WOMEN







## FOREWORD

# IT IS TIME TO EMPOWER WOMEN AND GIRLS.

On International Women's Day, I am calling for the provision of HIV services and the protection of the rights of adolescent girls and young women to be stepped up.

Adolescent girls and young women are still disproportionately affected by HIV. In eastern and southern Africa in 2017, 79% of new HIV infections among 10–19-year-olds were among females. An estimated 50 adolescent girls die every day from AIDS-related illnesses. And each day, some 460 adolescent girls become infected with HIV.

Accountability is critical and we are far behind reaching the Fast-Track Targets for 2020 agreed by all countries in the 2016 United Nations Political Declaration on Ending AIDS.

Services for adolescent girls and young women are especially failing to reach those who are falling the furthest behind—adolescent girls and young women who experience gender-based violence, who are sexually exploited or who use drugs, among others.

Fuelled by gender inequalities, adolescent girls and young women face discrimination that compounds their vulnerabilities to HIV. They are largely invisible, underserved and underrepresented in policies, services and investments.

When girls can't uphold their human rights—especially their sexual and reproductive health and rights—efforts to get to zero exclusion, zero discrimination, zero violence and zero stigma are undermined.

It is time to break the vicious cycle of gender inequities, gender-based violence and HIV infection, once and for all. Oppression and power imbalances must be reversed and harmful masculinities must be consigned to the history books.

It is time to empower women and girls.

Let's start now.

**MICHEL SIDIBÉ**

UNAIDS EXECUTIVE DIRECTOR

# COMMITMENTS FOR ADOLESCENTS

In the 2016 United Nations Political Declaration on Ending AIDS, countries made commitments for adolescent girls and young women. However, the world is currently off-track in reaching those commitments.

- ▶ **Commitment: reduce the number of new HIV infections among adolescent girls and young women from 390 000 in 2015 to below 100 000 in 2020.**
  - In 2017, there were 340 000 new HIV infections among adolescent girls and young women (15–24 years old), well short of the target for 2020.
  - Between 2010 and 2017, there was a 19% decline in new HIV infections among adolescent girls (10–19 years old) globally, and a 25% decline in eastern and southern Africa. In western and central Africa, the number of new HIV infections has remained stable since 2010.
  
- ▶ **Commitment: ensure that 90% of young people have the skills, knowledge and capacity to protect themselves against HIV.**
  - An alarming seven in 10 young women in sub-Saharan Africa do not have comprehensive knowledge about HIV.
  - Knowledge about HIV prevention among young people has remained stagnant over the past 20 years. Only one in three young people globally can demonstrate accurate knowledge about HIV prevention and transmission.<sup>1</sup> Comprehensive sexuality education programmes are often limited.
  - Only 36.4% of young men and 29.8% of young women in sub-Saharan Africa have basic knowledge about how to protect themselves from HIV.<sup>2</sup>
  - In western and central Africa, both knowledge about HIV and condom use are low among young people (aged 15–24 years), with fewer than one in three (30.7%) young men and one in four (23%) young women possessing comprehensive and correct knowledge about how to prevent HIV.
  
- ▶ **Commitment: 90% of young people in need have access to sexual and reproductive health services and combination HIV prevention options by 2020.**

While recent years have seen important progress, critical gaps remain:

- In the majority of countries with available data, adolescent girls (aged 15–19 years) have lower rates of satisfied demand for family planning than all women aged 15–49 years.
- In sub-Saharan Africa, more than 50% of rural young women (15–24 years of age) have been pregnant before their 18th birthday.<sup>3</sup>
- Two hundred million women and girls living in developing countries who want to avoid pregnancy are not using modern methods of contraception.<sup>4</sup>
- Globally, cervical cancer claims the lives of an estimated 300 000 women each year.<sup>5</sup> Nine out of 10 of those women live in low- and middle-





income countries. Cervical cancer is preventable with the human papillomavirus vaccine, which is most effective when administered in adolescence before initiation of sexual activity.<sup>6</sup>

- Women living with HIV face a fourfold to fivefold greater risk of invasive cervical cancer than women who are not living with HIV. Access to quality integrated sexual and reproductive health information, counselling and services that include prevention of HIV and for sexually transmitted infections and unwanted and early pregnancy are critical for the empowerment of adolescent girls and women and achieving gender equality.

## ADOLESCENT GIRLS DISPROPORTIONATELY AFFECTED BY HIV

Gender discrimination and gender-based violence fuel the HIV epidemic. Gender norms in many cultures combined with taboos about sexuality have a huge impact on the ability of adolescent girls and young women to protect their health and prevent HIV, seek health services and make their own informed decisions about their sexual and reproductive health and lives.

The vulnerabilities of marginalized groups of adolescent girls and young women are compounded by multiple forms of discrimination.<sup>a</sup>

In various contexts, adolescent girls are also the unpaid care workers for younger siblings, the ill, the elderly or people living with HIV.

---

<sup>a</sup> Discrimination can include discrimination against people living in poverty, against people living with HIV, against people living with disabilities, against survivors of gender-based violence and of early or forced marriage, against people who are sexually exploited, against people who use drugs and against migrants, domestic workers and young widows. Discrimination can also be based on sexual orientation.



**In 2017:**

- ▶ One million adolescent girls were living with HIV.
- ▶ HIV was the leading cause of death for women (aged 15–49 years) worldwide.
- ▶ Globally, HIV was among the top 10 causes of death among adolescents (aged 10–19 years). HIV was also among the top five causes of death for younger adolescent girls aged 10–14 years. Every day, 50 adolescent girls died from AIDS-related illnesses and 460 adolescent girls became newly infected with HIV.
- ▶ More than 90% of deaths worldwide from AIDS-related illness among adolescents occurred in sub-Saharan Africa.
- ▶ Every week, 7000 adolescent girls and young women aged 15–24 years became newly infected with HIV.
- ▶ Three in every five new HIV infections among young people (aged 15–24 years) were among young women globally.
- ▶ In sub-Saharan Africa, adolescent girls and young women (aged 15–24 years) accounted for one in five new HIV infections, despite being just 10% of the population.
- ▶ In the hardest-hit countries, adolescent girls accounted for more than 80% of new HIV infections in their age group.

- ▶ For every three new HIV infections among young men (aged 15–24 years) in eastern and southern Africa, there were seven new infections among young women.
- ▶ In Malawi, Zambia and Zimbabwe, less than 50% of young people living with HIV were aware of their HIV status, compared to between 74% and 80% of adults aged 35–49 years living with HIV in the same countries.
- ▶ In western and central Africa, for every three new HIV infections among young men (aged 15–24 years), there were five new infections among young women.

## GENDER-BASED VIOLENCE AND HIV

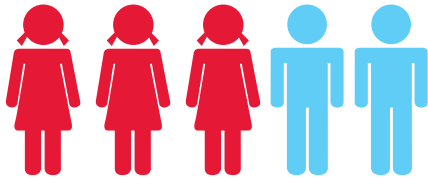
Violence against women and girls is both a consequence of and cause of HIV. Violence or the fear of violence can stop women and girls from negotiating safer sex, accessing HIV and sexual and reproductive health services and disclosing their HIV status to partners, family members and health providers.

Women and girls who are survivors of violence suffer a range of health consequences, including mental health issues such as depression and anxiety, higher use of alcohol, less control over sexual decision-making and poor sexual and reproductive health outcomes.

Studies show that women living with HIV who have experienced intimate partner violence were significantly less likely to start or adhere to antiretroviral therapy and had worse clinical outcomes than other women living with HIV. Women and girls who experience violence are also less likely to adhere to both pre-exposure and post-exposure prophylaxis.

- ▶ In some regions, women and girls who have suffered intimate partner violence are 1.5 times more likely to acquire HIV than women who have not suffered such violence.
- ▶ More than one in three women and girls worldwide have experienced physical and/or sexual violence, often at the hands of their intimate partners.
- ▶ A global review found women who have experienced violence are 16% more likely to have a baby with a low birth weight and almost twice as likely to experience depression.

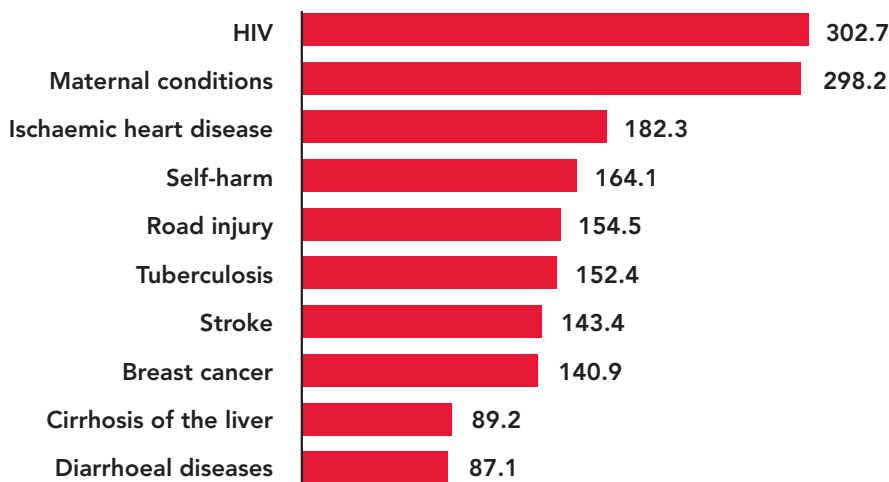
# AT A GLANCE



In sub-Saharan Africa, three in five new HIV infections among 15–19-year-olds are among girls.

Source: UNAIDS 2018 estimates.

## AIDS-related illnesses are the leading cause of death among 15–49-year-old females globally (hundred thousands)



Source: Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva, World Health Organization; 2018.

# 10X

HIV INCIDENCE IS 10 TIMES HIGHER AMONG FEMALE SEX WORKERS THAN AMONG THE GENERAL POPULATION

Source: UNAIDS, 2018.

# 52%

of adolescent girls and young women in rural areas are unable to make decisions about their own health, compared with

# 47%

in urban areas.

Source: Population-based surveys, 2011–2016. The statistics are based on available data from 28 countries in which 83% of all women aged 15–24 years in sub-Saharan Africa live.

IN SUB-SAHARAN AFRICA, 42% OF WOMEN LIVING IN URBAN AREAS AGED 15–24 HAD A PREGNANCY BEFORE THE AGE OF 18.

IN RURAL AREAS, MORE THAN 50% OF WOMEN AGED 15–24 HAD A PREGNANCY BEFORE THE AGE OF 18.

Source: Population-based surveys, 2011–2016. The statistics are based on available data from 27 countries in which 80% of all women aged 15–24 years in sub-Saharan Africa live.



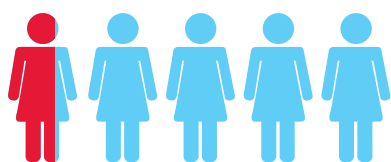
**7 out of 10 women** in conflict setting and in refugee populations are exposed to gender-based and sexual violence.

Source: [www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures](http://www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures).

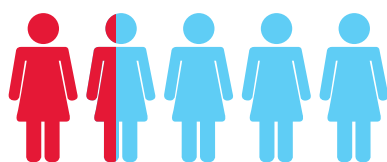
Women who have experienced violence are **50%** more likely to be living with HIV.

Women who have been physically or sexually abused by their partners report higher rates of mental health issues, including depression and anxiety, higher use of alcohol and less control over sexual decision-making.

Source: Jewkes, R. et al (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet* 376(9734):41-48.

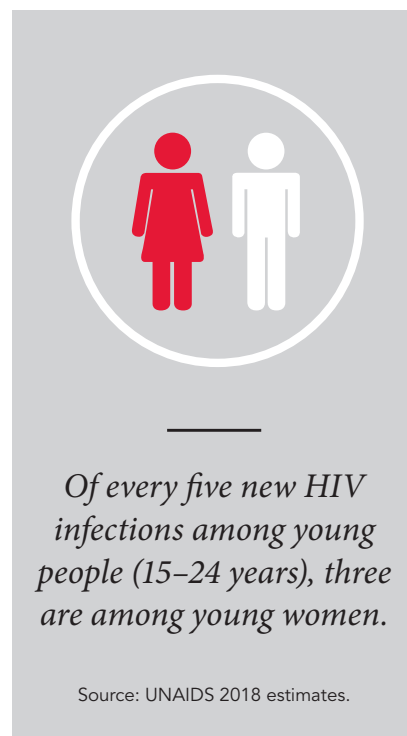


**16%** of **rural** currently married adolescent girls and young women who live in sub-Saharan Africa report using a modern contraceptive.



**23%** of **urban** currently married adolescent girls and young women who live in sub-Saharan Africa report using a modern contraceptive.

Source: Population-based surveys, 2011–2016. The statistics are based on available data from 28 countries in which 83% of all women aged 15–24 years in sub-Saharan Africa live.



Each year, 12 million girls are married before the age of 18—married too soon, endangering their personal development and well-being.

Source: United Nations Children's Fund 2018 estimates.

**AROUND**  
**100**  
adolescents (10–19 years) died of AIDS-related illnesses every day in 2017.

Source: UNAIDS 2018 estimates.

## KEY POPULATIONS: TARGETS OF VIOLENCE

Adolescent girls are prime targets of gender-based violence, which includes incest, sexual abuse, intimate partner violence, early and forced marriage, marital rape, female genital mutilation, sexual exploitation and trafficking.

Women and adolescent girls belonging to especially marginalized groups face elevated risks of violence, discrimination and stigma, compounding the risks of HIV. While data and research specific to the experiences of adolescent girls and young women from those groups are lacking, and data are not systematically disaggregated by sex, age and other variables, the information available shows that pregnant women from key populations experience high rates of unintended pregnancies, sexual violence, abortion and unmet need for contraception.

Women who inject drugs have reported high rates of sexual violence from law enforcement officials. Some studies find that survivors of violence are more likely to inject drugs than women who had not experienced assault.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) adolescents are more likely to experience bullying in schools than in their homes or communities, correlating with higher rates of depression, suicide and homelessness.

High rates of gender-based violence against adolescent girls and young women underscore the need to screen for sexual violence history and provide post-violence care as part of HIV prevention programmes. However, programmes for such services have not been scaled-up sufficiently to provide quality care and access. Community-based social programmes that include combined livelihood and training programmes have been shown to reduce intimate partner violence.

- ▶ In 16 of 36 countries with recent age-disaggregated data, adolescent girls aged 15–19 years reported a higher prevalence of intimate partner violence than women aged 15–49 years.<sup>7</sup>
- ▶ A study from Kenya showed that approximately one in five adolescent girls and young women (aged 15–24 years) had been sexually assaulted or abused by an intimate partner in the previous 12 months, and one in four had suffered sexual violence at the hands of a non-intimate partner.<sup>8</sup>
- ▶ Alarmingly, in 2017 only 41 countries that reported data to UNAIDS indicated they have specific legal provisions prohibiting violence against people living with HIV or people belonging to a key population.
- ▶ The proportion of LGBTI students experiencing school violence and bullying ranges from 16% to 85%. The prevalence of violence is between three and five times higher among LGBTI students than among their non-LGBTI peers.<sup>9</sup>
- ▶ Sex workers are at high risk of violence from intimate partners, clients and law enforcement officials. By one estimate, 45–75% of adult female sex workers are assaulted or abused at least once in their lifetimes.
- ▶ In a study in eight sub-Saharan African countries, 33% of the transgender women surveyed said they had been physically attacked at some point in their lives, 28% had been raped and 27% said they were too afraid to use health-care services.

- ▶ Seven out of 10 women in conflict settings and in refugee populations report being exposed to gender-based and sexual violence.<sup>10</sup>

## RESTRICTIVE POLICIES AND LAWS

Restrictive laws and policies—including criminalization, age of consent laws and adult-oriented HIV services that are perceived as intimidating and of poor quality—discourage service uptake by adolescents. Adolescent girls are especially affected when approval by a parent, guardian or spouse is required before seeking basic health information and services. In many countries that have lowered the age of consent, guidance to health-care providers and awareness-raising among adolescents and parents is absent, resulting in the policy not being effectively implemented.

Many countries prohibit condom promotion and distribution in schools and other venues where adolescents socialize. The criminalization of consensual sex among adolescents, as well as of same-sex sexual relations and sexual relations outside of marriage, further compounds the stigma and health risks that adolescents face. In some settings, health-care providers are obliged by law to report underage sex or activities such as drug use among adolescents.

- ▶ Forty-five countries have laws that impose the need for parental consent for adolescents and young people below 18 years to access HIV testing.
- ▶ An additional 50 countries have such laws for adolescents younger than 14 years and 16 years.
- ▶ Seventy-eight countries require parental consent for adolescents to access sexual and reproductive health services.<sup>11</sup>
- ▶ Only 50 countries have no laws requiring parental consent for adolescents to access HIV treatment.
- ▶ Of the 100 countries that reported to UNAIDS having a national plan or strategy related to condoms in 2017, only 26 reported that the plan included condom promotion in secondary schools.
- ▶ At least 67 countries criminalized same-sex sexual relations in 2019.<sup>12</sup>
- ▶ Ninety-eight countries have criminalizing laws or other punitive regulation of sex work.<sup>13</sup>

## STIGMA AND DISCRIMINATION— MILES TO GO

Punitive legal frameworks undermine HIV prevention efforts among adolescent girls and young women at higher risk.

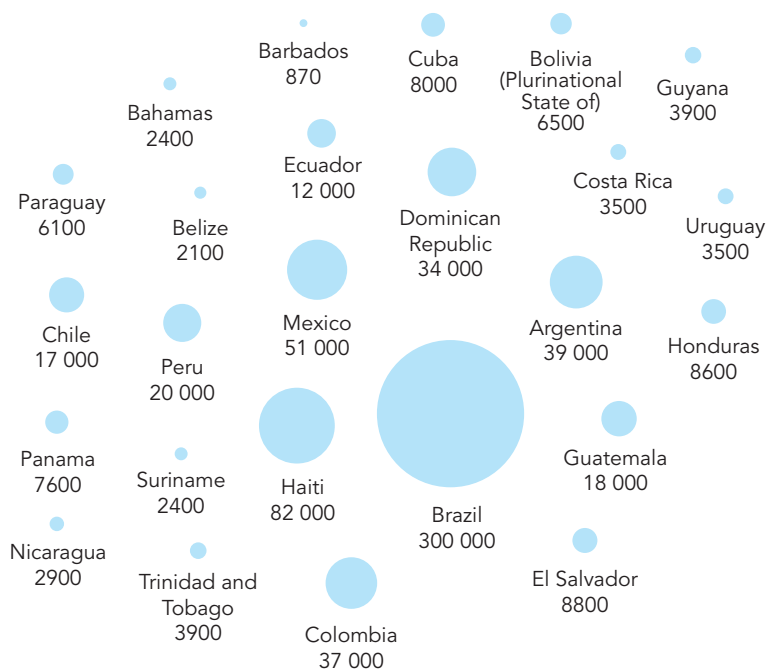
One study based on modelling estimates from Canada, India and Kenya has projected that the decriminalization of sex work could avert 33–46% of new HIV infections over a decade. Eliminating violence by clients, law enforcement officials and strangers could avert 17–20% of new HIV infections among female sex workers and their clients within the next decade.



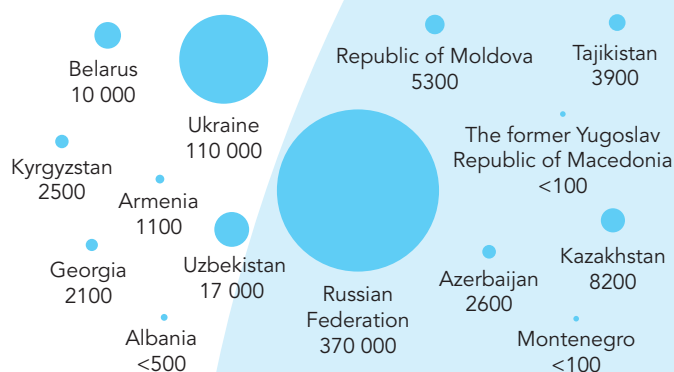
# 19.1 MILLION GIRLS AND WOMEN LIVING WITH HIV

Girls and women make up more than half of the 36.9 million people living with HIV. Ending AIDS by 2030 requires that we address girls' and women's diverse roles by putting them at the centre of the response.

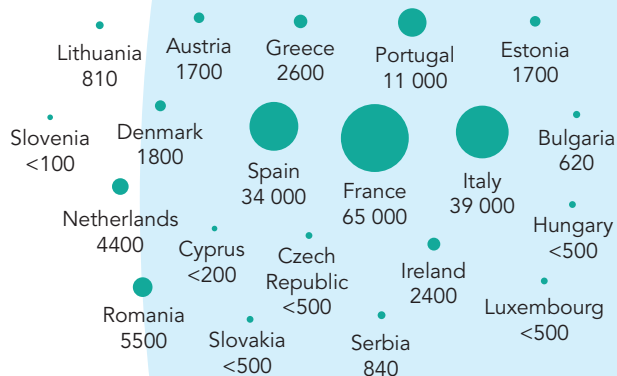
## Latin America and the Caribbean



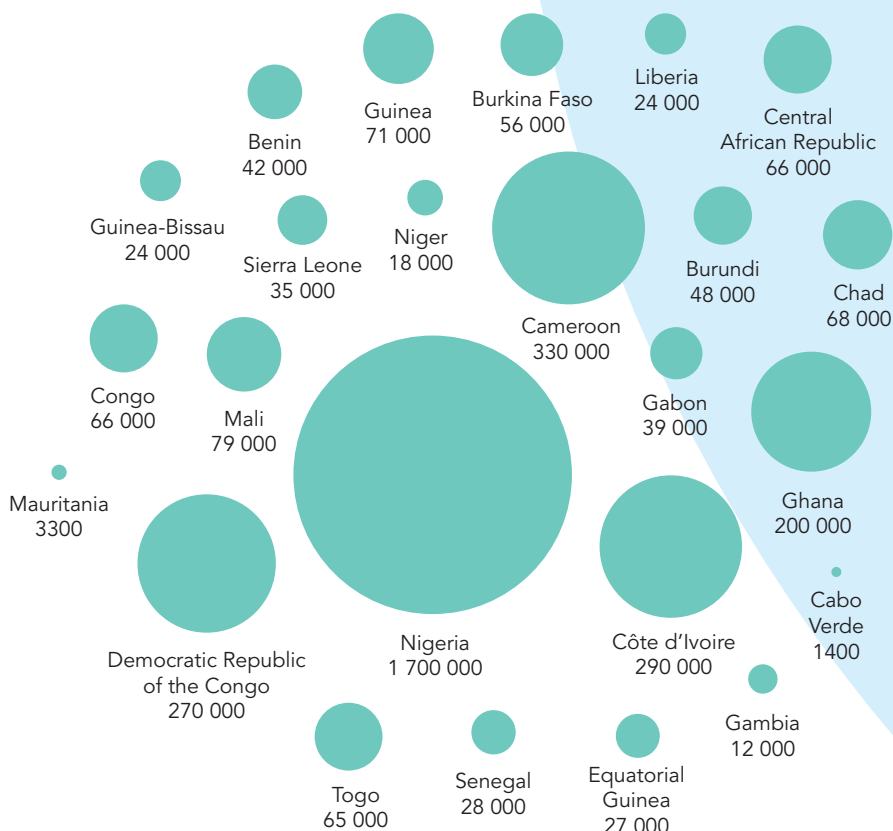
## Eastern Europe and central Asia



## Western and Central Europe and North America



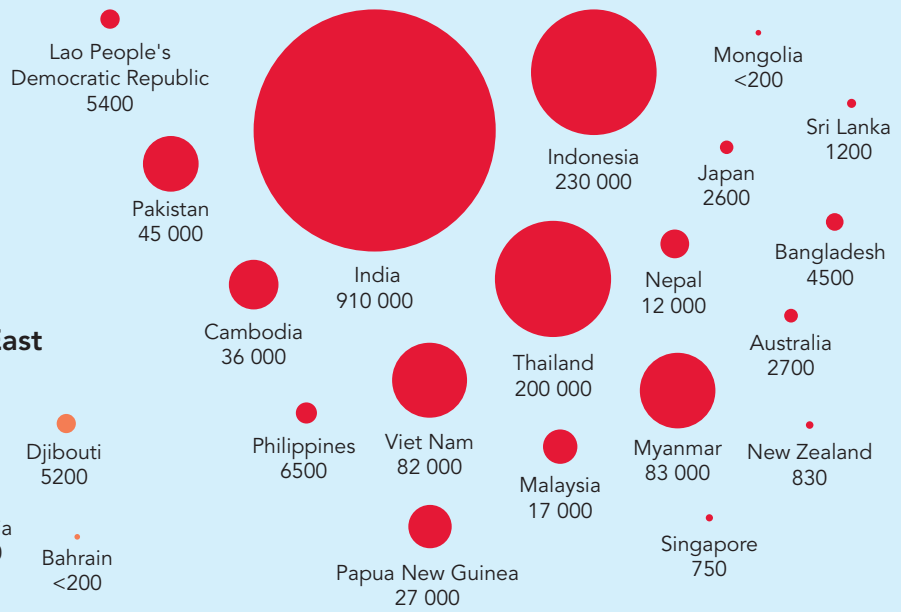
## Africa—western and central Africa



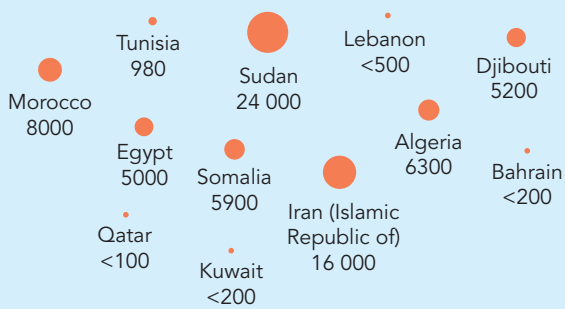
No data available for those countries not listed.  
Source: UNAIDS 2018 estimates.

# Global 19 100 000

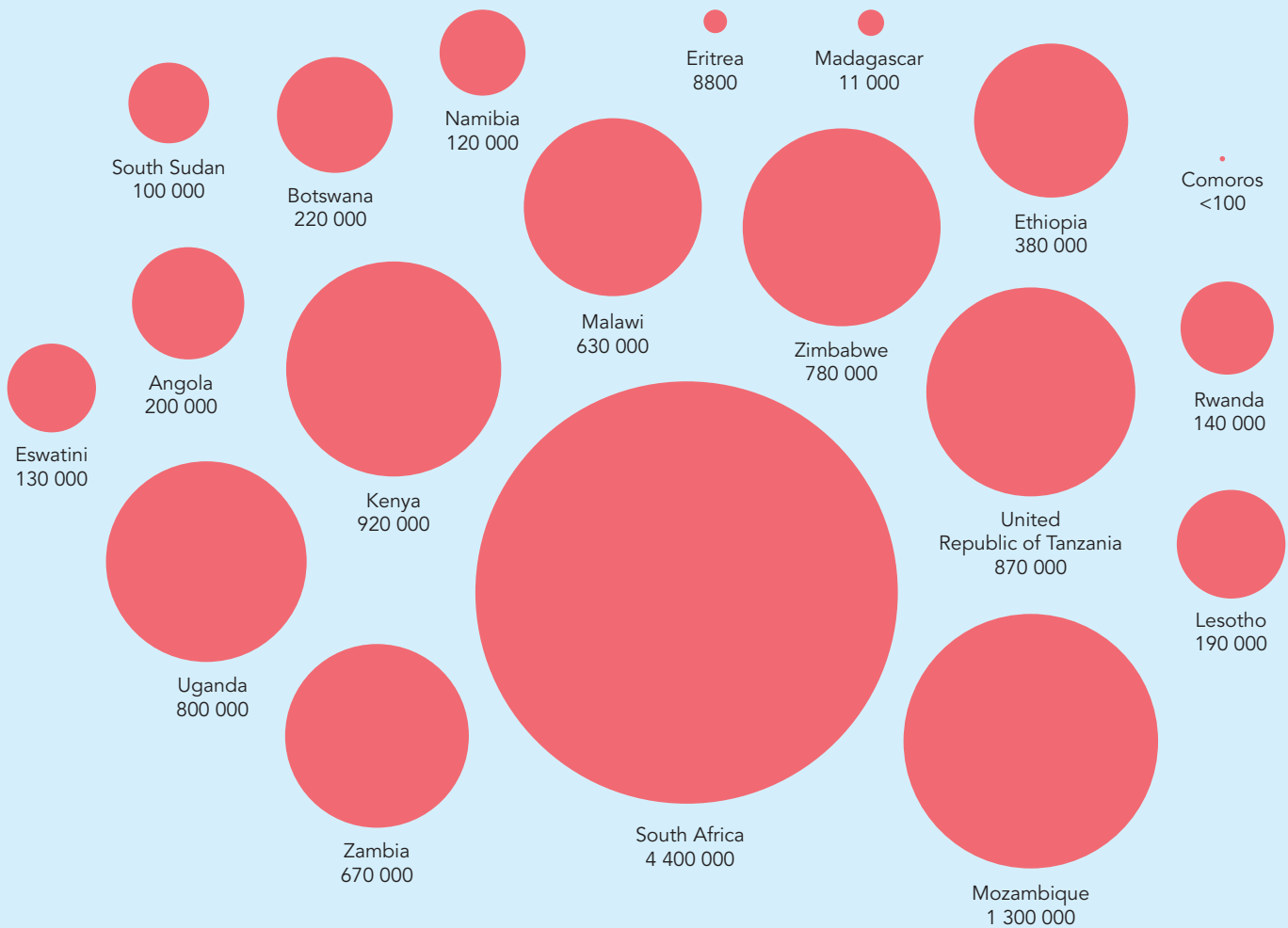
## Asia and Pacific



## North Africa and Middle East



## Africa—eastern and southern Africa







Surveys of people living with HIV indicate that stigma and discrimination at the hands of health-care providers—including denial of care, poor-quality care, breach of confidentiality or coercion into accepting certain services—is a distressingly regular experience for people living with HIV and key populations at higher risk of HIV infection.

Stigma and discrimination particularly affects women and adolescent girls living with HIV. Anticipated or actual mistreatment and abuse from health-care workers prevent them from linking to and staying engaged in HIV care services. Women living with HIV have also reported being subjected to involuntary sterilization or forced abortions.

Across 19 countries with available data:

- ▶ One in five people living with HIV reported having been denied health care owing to their HIV status.
- ▶ One in four people living with HIV reported experiencing some form of discrimination when using health-care services.
- ▶ One in three women living with HIV reported discrimination related to their sexual and reproductive health.

## ACCESS TO SERVICES FOR YOUNG WOMEN, ESPECIALLY YOUNG PREGNANT WOMEN LIVING WITH HIV

Tailored strategies are needed to support adolescent girls and young women, including young pregnant women living with HIV.

Ensuring access to HIV prevention services is critical. Because adolescent girls and young women often have a perceived low risk, uptake of pre-exposure prophylaxis and condoms is limited. Education plays a critical role. Uneducated girls are twice as likely to acquire HIV than those who have some schooling.

Better integration of HIV services with sexual and reproductive health services and antenatal care is also needed. Once enrolled in HIV-related care, young people aged 15–19 years are more likely than adults to drop out. Young women face major challenges with adherence to lifelong antiretroviral therapy, including difficulties disclosing their HIV status to partners and families.

Pregnant adolescent girls and young women in particular are less likely than older pregnant women to know their HIV status before starting antenatal care. Adhering to HIV treatment can be especially difficult for pregnant teenagers and girls subjected to violence, among other groups of adolescent girls living in vulnerable situations. Stigma and discrimination, especially surrounding adolescent girls' sexuality, alongside HIV disclosure issues and travel and waiting times at clinics, are among the reasons for low adherence.

# WHAT WOMEN WANT

## ISSUES AND OPPORTUNITIES THROUGH THE LIFE CYCLE

0-14

230 children are born with HIV every day

Another 260 children are infected through breastfeeding every day

**MATERNAL AND NEWBORN HEALTH**

98% of new HIV infections among children are preventable

12 million girls below the age of 18 years marry every year

Women with more education tend to marry later, bear children later and exercise greater control over their fertility

**CHILD MARRIAGE**

Providing information on gender and power results in lower rates of sexually transmitted infections and unintended pregnancies

**EDUCATION**

In sub-Saharan Africa, seven in 10 young women do not have comprehensive knowledge about HIV

Studies in sub-Saharan Africa show that girls who don't finish high school are twice as likely to be infected with HIV

In the least developed countries in the world, six out of 10 girls do not attend secondary school

Young people require the consent of parents or legal guardians to access sexual and reproductive health services in at least 78 countries

**POLICY AND LEGAL BARRIERS**

Lowering the age of consent in South Africa increased knowledge of HIV status among young women

20-29

Women living with HIV who are taking antiretroviral therapy can have life expectancies comparable to people who have not acquired HIV

**BURDEN OF CARE**

Weak health systems and unequal distribution of caregiving responsibilities present a unique challenge for older women living with HIV

50+

Biological changes can put sexually active older women at higher risk of acquiring HIV

**RISK**

Empowering community health workers can increase access to antiretroviral therapy

**HEALTH SERVICES**

High mortality due to AIDS among women

30-49

Many children are diagnosed late with HIV, leading to high infant mortality

Globally, cervical cancer claims the lives of 300 000 women each year

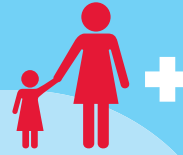
Women living with HIV are five times more likely to develop cervical cancer

**INTEGRATED HEALTH SERVICES**

The number of children aged 0–14 years on antiretroviral therapy globally has increased by 71% in the past 10 years

HPV vaccine given to girls between nine and 13, before they become sexually active, prevents cervical cancer

HPV vaccine costs as little as US\$ 8



Providing integrated HIV and sexual and reproductive health services prevents HIV infection, prevents unwanted pregnancies and helps ensure safer deliveries

**HEALTH SERVICES**

9 million girls aged 15–19 years experienced forced sex this year



15–19

Post-exposure prophylaxis can prevent HIV infection

Zero tolerance for violence against children

**VIOLENCE AGAINST CHILDREN**

Violence can increase survivors' risk of HIV and other sexually transmitted infections

At least 17 million women report having experienced forced sex in childhood



Globally, only 48.5% of women participate in the labour force

**EMPLOYMENT**

Women still earn 20% on average less than men for the same work

Female sex workers are 10 times more likely to acquire HIV than other women

**HIV SERVICES**

A cash transfer programme in Malawi reduced the school dropout rate of girls by 35% and saw a 40% reduction in early marriages, a 30% reduction in teenage pregnancies and a 64% reduction in HIV risk

Provision of a comprehensive package of community-based prevention and treatment services for female sex workers resulted in zero new HIV infections in a cohort in Burkina Faso

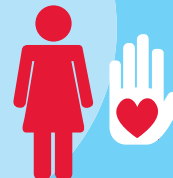
Regular screening and treatment for precancerous cervical lesions could prevent 300 000 women from dying each year



**HEALTH SERVICES**

**PROTECTION FROM INTIMATE PARTNER VIOLENCE**

Community-based programmes like SASA! in Kampala, Uganda, which combined community mobilization on HIV and intimate partner violence prevention, helped change norms around intimate partner violence



AIDS is still the main cause of death among women of reproductive age globally

In high HIV prevalence settings women experiencing intimate partner violence are 50% more likely to have acquired HIV than women who have not experienced violence

One in three women experience intimate partner violence globally

In 29 countries women require the consent of a spouse/partner to access sexual and reproductive health services

Girls and women are at the centre of the AIDS response. Factors including age, ethnicity, gender inequities, disability, sexual orientation, profession and socioeconomic status compound to influence girls' and women's ability to protect themselves from HIV. Programming efforts must recognize the complexity of the everyday lives of girls and women as they mature and grow and build the response around their needs. Placing the individual—not the virus—at the centre of all our efforts creates the space for inclusion of the diverse opportunities and needs of girls and women and improves HIV outcomes.





Pregnant adolescent girls and young women living with HIV are much less likely than their older peers to start antiretroviral therapy. They, and their children, have poorer health outcomes.

Women living with HIV should have access to the best quality HIV treatment and be provided with the opportunity to make fully informed choices about the treatment they take. They also should have access to comprehensive sexual and reproductive health services, including family planning.

Addressing stigma and discrimination, particularly in the health-care sector, is an important factor. Studies from the Eastern Cape in South Africa have shown that addressing stigma and discrimination and providing greater support—including accompanied clinic visits, money for transportation and basic kindness and concern—greatly increases treatment adherence among adolescents aged 10–19 years.

## TAILORED STRATEGIES NEEDED

In all countries—whether they are high-income, middle-income or low-income—a common pattern has emerged. Gains on HIV, health and development have overlooked the people in the greatest need: adolescent girls and young women among them.

A life-cycle approach is needed for addressing HIV among women and girls at every stage in their life. The Sustainable Development Goals with their targets of reaching universal health coverage and ending AIDS offer a unique opportunity to provide better integrated services and develop people-centred and human rights-based strategies with people at the centre.

---

## REFERENCES

1. UNAIDS Explainer, 2018. The youth bulge and HIV.
2. UNAIDS analysis, 2012–2017.
3. Population-based surveys, 2011–2016. Based on available data from 27 countries in which 80% of all women aged 15–24 in sub-Saharan Africa live.
4. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.
5. [https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer).
6. <https://www.thelancet.com/series/womens-cancers>.
7. Demographic and Health Surveys, 2013–2018.
8. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0203929>.
9. UNESCO School Violence and Bullying Report, 2017 <https://unesdoc.unesco.org/ark:/48223/pf0000246970>.
10. [www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures](http://www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures).
11. 2017 and 2018 National Commitments and Policies Instrument.
12. 2017–2018 National Commitments and Policies Instrument.
13. 2017–2018 National Commitments and Policies Instrument.

20 Avenue Appia  
1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)