

Fatal Vulnerabilities

Reducing the Acute Risk of HIV/AIDS among Women and Girls

A Report of the
Working Group on Women and Girls

Principal Author

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Project Director

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Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls

Janet Fleischman

The HIV/AIDS crisis makes lethal the subordinate status of women and girls. In some of the worst-affected countries in southern Africa, HIV prevalence among girls aged 15 to 19 is four to seven times higher than among boys their age, a disparity linked to widespread sexual abuse, coercion, discrimination, and impoverishment. In sub-Saharan Africa, the epicenter of the epidemic, women and girls account for more than half—58 percent—of those living with HIV/AIDS, and infection rates are rising rapidly among young women in many parts of the world.

The epidemic's disproportionate impact on women and girls has given rise to a startling new reality: the feminization of the epidemic, rooted in their economic dependency and the denial of their rights. This new and evolving aspect of the global crisis imperils both the social fabric of the worst-affected countries and the possibilities for international intervention. As HIV/AIDS spreads into other parts of Africa and Asia, this situation is likely to worsen.

The United States faces a practical and moral challenge to reduce the acute vulnerability of women and girls to HIV/AIDS. To be effective, U.S. interventions have to address the root causes behind those vulnerabilities. This will be difficult, because they are embedded in social practices, traditions, and attitudes. But there are examples of programs that work, and the United States should learn from them. This should be a central dimension of the administration's new Emergency Plan for AIDS Relief.

Need for an Integrated Response

The complex gender dimensions of the HIV/AIDS crisis require an integrated, multisectoral response. Innovative steps should be taken now to enhance economic and social services for women and girls and to strengthen protections in the following areas:

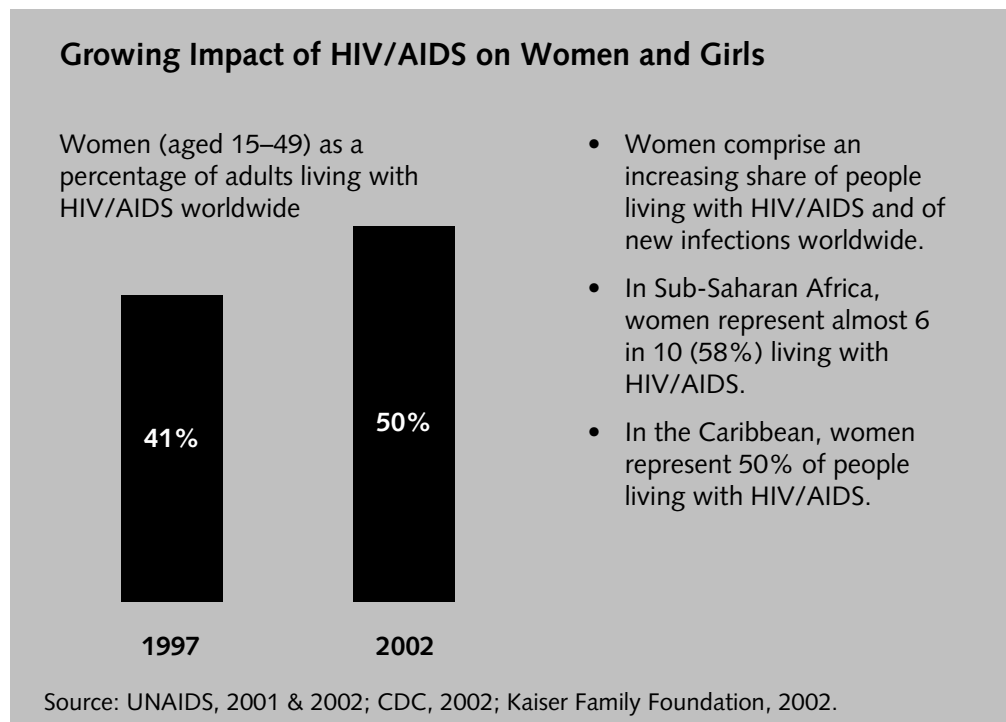
- Expand economic empowerment, including job and skills training and property and inheritance rights;
- Improve access to education and HIV/AIDS information for girls, and ensure that school environments are safe;
- Strengthen access to legal assistance and justice mechanisms, especially in cases of sexual violence;
- Expand training programs to increase awareness about gender-based violence and child abuse for law enforcement, education, health, and community workers;
- Increase treatment and prevention options for women and girls, including care, treatment, and support for infected mothers as well as their babies (MTCT-Plus), with appropriate counseling and testing services and the development of female-controlled prevention technologies.

The United States has played a leading role in funding global HIV/AIDS efforts, and we welcome President Bush's announcement in his January 28, 2003, State of the Union address that the United States will spend \$15 billion over the next five years to fight HIV/AIDS in Africa and the Caribbean. The proposal includes the creation of a new special coordinator for international HIV/AIDS assistance at the Department of State, appointed by and accountable to the president. This new proposal presents a unique opportunity to address the ways that violence and discrimination against women and girls fuel the epidemic in many parts of the world and to ensure that women and girls have access to prevention and treatment.

To be effective, the administration's plan should include a systematic effort to expand access to information and counseling about HIV/AIDS prevention, condom use, and reproductive health. Programs that are strictly abstinence oriented are inherently incompatible with the realities of abuse and subordination that women and girls face around the world. The time has come to strengthen, not limit, the tools essential for women and girls to protect themselves and their families from this deadly virus. We strongly urge the Bush administration and the Congress to rise to the challenge presented by girls' and women's heightened vulnerability to HIV/AIDS and to support strategies that make their increased empowerment and protection a priority.

Vulnerabilities and Stigma

Women and girls face multiple layers of vulnerabilities linked to the HIV/AIDS crisis: Women, especially adolescent girls, are biologically more susceptible to HIV transmission, particularly when other sexually transmitted infections (STIs) are present; women and girls are physically vulnerable owing to domestic abuse and sexual violence as well as threats of violence; they are financially dependent and run the risk of abandonment or abuse if they refuse to comply, try to negotiate condom use, or discuss fidelity; their right to education is consistently undervalued; they are traditionally responsible for being the caregivers when family members become infected and fall sick; and they are often expected to be socially and culturally subservient to men. This dangerous combination of vulnerabilities and cultural norms puts women and girls at high risk of HIV/AIDS and undermines their ability to cope once they become infected.



From Brazil to India to Malawi, marriage itself may be a risk factor, and women who believe they are in monogamous relationships may be at risk of infection. In many societies, a double standard exists whereby men are often permitted, if not encouraged, to engage in sex outside the regular marriage or relationship while women are strenuously condemned for it. A woman who dares to raise the subject of condom use within the context of marriage may risk a violent reaction. Young women in Asia and the Pacific, for example, are being infected in increasing numbers by their husbands, who engage in extramarital sex or commercial sex, yet these women have little power to insist on safer sex from their husbands. This trend is also apparent in parts of Latin America and Africa,

where women are then blamed for bringing HIV/AIDS to the family and live at heightened risk of violence and neglect.

HIV-related stigma and discrimination constitute significant barriers to women and girls for testing, treatment, care, and support. Fear of stigma often prevents women and girls from seeking the information, care, and treatment that could save their lives and protect their families.

Orphans and Vulnerable Children

The epidemic is generating increasing numbers of orphans, now estimated to be between 13 million and 15 million—80 percent of whom are in sub-Saharan Africa—under the age of 15 who have lost one or both parents. By 2010, that number is expected to rise to 25 million. In addition to those orphaned by AIDS, millions more are made vulnerable by having to care for sick relatives and provide income for their families, which often means they are pulled out of school. These burdens fall most heavily on girls.

The crisis of orphans and vulnerable children is creating a large subclass of exceptionally vulnerable girls and places heavy burdens on child-headed households. Girl orphans are often subject to sexual violence and coercion, even from the families that have taken them in, or when they join the ranks of street children and children undertaking hazardous labor. When girl orphans find themselves responsible for providing for their younger siblings, they are especially prone to trade sex for survival. Children, especially girls, from AIDS-affected families are often unable to continue in school and are deprived of other social and economic resources. These trends, so pronounced in parts of Africa and increasing in South Asia, the Caribbean, the former Soviet Union, and parts of East Asia, heighten the risks of HIV infection for girls.

Rising Risks for Adolescent Girls and Young Women

Adolescent girls are at particular risk. In some of the worst-affected countries of southern Africa, adolescent girls, aged 15 to 19, are infected at rates as much as seven times higher than boys; in parts of the Caribbean, girls are infected at twice the rate. The disproportionate impact is related to widespread sexual violence, coercion, and discrimination against girls, making it extremely difficult for them to protect themselves or to negotiate safer sex. Adolescent girls are also biologically more vulnerable to HIV transmission because of the immaturity of their reproductive tracts and the much higher rates of HIV/AIDS transmission from males to females. Further, their risk of HIV infection greatly increases when other STIs are present.

The phenomenon of “cross-generational sex”—older men, often called “sugar daddies,” seeking increasingly young girls, who are presumed to be HIV negative—has been well documented, particularly in some of the worst-affected countries in Africa. This phenomenon, especially in the poorest countries, often goes beyond the stereotypical man who is much older or much richer; it can

involve anyone who has more economic power than a girl and has no scruples about exploiting such desperately poor girls. Clearly, the practice feeds on conditions of poverty and economic dependency and puts young women at risk of infection from older men or those who have had numerous sexual partners and are more likely to be infected. Young women may be compelled to engage in transactional sex because they lack livelihood options or to help fend for their families—literally, to feed and provide shelter for the siblings in their charge. In many cases, this amounts to survival sex and occurs when young women find no recourse or economic alternatives.

Girls who are orphaned or from AIDS-affected families are also more susceptible to be lured into commercial sex work; in some regions, including Southeast Asia, girls are also trafficked for the sex trade. In many AIDS-affected countries, including Thailand, men are seeking younger and younger sex workers in the hope that they will be HIV-negative. Sex workers around the world have dramatically higher HIV prevalence than the rest of the population. UNAIDS, the Joint United Nations Program on HIV/AIDS, has estimated that as many as 50 percent of sex workers in Kenya were HIV-positive; 45 percent in Guyana; and 50 percent in Myanmar (Burma). The stigma and illegality associated with sex work make it difficult for these young women to seek treatment, to report abuses, or to negotiate condom use. As the epidemic penetrates Russia and China, new prevention strategies are essential to target the high-risk groups of female sex workers and intravenous drug users (IDUs).

Rule of Law and Access to Justice

Despite widespread abuse and subordination, women and girls often remain silent rather than confront hostile legal and social systems that fail to respect their rights. The shame associated with crimes of rape and incest make it especially difficult for women and girls to report abuses.

Most countries with rising HIV/AIDS prevalence have laws against sexual violence, rape, and child abuse, but the criminal justice systems fail to enforce them. Police and judicial systems are rarely child or gender sensitive and can be hostile to attempts by women or girls to lodge legal complaints. Far too often, criminal justice systems do not deliver justice for gender-based violence. This increases the sense of impunity for the perpetrators and makes the state complicit in covering up abuses. Moreover, families themselves become complicit by hiding abuses rather than risk having the breadwinner end up in prison or risk bringing shame and stigma to the household.

To strengthen the capacities of police and judiciaries to enforce laws that prohibit violence and discrimination against women, the United States should build upon mechanisms that have been proven to work. For example, training programs for law enforcement and judiciaries have been implemented in countries around the world under the Department of Justice's International Criminal Investigative Training Assistance Program (ICITAP) and the Overseas Prosecutorial Development Assistance and Training (OPDAT). In South Africa,

for example, ICITAP has been involved in enhancing the capacity of the South African police to deal with domestic violence and sex crimes; in Bosnia, ICITAP conducted training programs about domestic violence. These types of programs should be expanded to meet the broader need for legal protections associated with the AIDS crisis.

Measures to improve protections for the rights of women and girls, and to assist in training programs on gender-based violence and child abuse, represent only a small part of the costs of a comprehensive national AIDS program. Although criminal prosecutions will never reach all the guilty parties, they should be used to send a signal that such behavior is unacceptable and that women and girls are entitled to equal protection under the law.

Economic Empowerment

Women and girls in economically dependent situations have particular difficulty leaving or avoiding risky relationships. The financial vulnerability of women and girls is linked to their lack of access to productive resources such as land, property, credit, training, and education. In many AIDS-affected countries, women are prevented from enjoying equal rights to property and inheritance. A widow who cannot inherit her husband's property may be left destitute, which in turn can leave her with few options except to turn to risky relationships or commercial sex. In many African countries, families may try to disinherit children orphaned by AIDS and women widowed by AIDS. In the era of AIDS, the practice of "property grabbing" takes on even more serious ramifications.

To break the economic dependency that puts them at risk, women and girls need far greater access to income-generating programs and job training opportunities, technologies, and agricultural advances. These programs should be realistic about the capacity of local markets to sustain certain economic activities, sensitive to the situation of women and girls, and practicable for people with AIDS or those caring for people dying of AIDS. Although such programs are not usually designed with HIV/AIDS prevention in mind, they form a critical route for women to reduce their risk and should have mitigation of the impact of AIDS as a goal. In the case of young girls, providing economic alternatives is also a way to prevent them from engaging in "transactional sex," typically with older men.

Access to Education

The link between education and girls' reduced vulnerability to the many situations of high risk they would otherwise face has been documented in programs around the world with respect to the benefits both of basic education and of AIDS awareness programs. World Bank studies have shown that education can help prevent HIV infection and that education for girls is an especially important factor in reducing the spread of HIV/AIDS. It is sadly ironic that although education is an obvious way to address the HIV/AIDS crisis, the epidemic itself puts new barriers in the way of girls' ability to access education while also destroying the educational system itself.

The familiar pattern is that girls are the first to be pulled out of school to help when resources are scarce, to care for an ailing family member, or to assume responsibility for siblings. When the breadwinner falls ill, the increased economic burdens often force young women to provide for themselves and their families by engaging in risky relationships. A complicating factor that has been noted in some countries in Africa, but may be more widespread, is that sexual abuse and exploitation by teachers against girl students can make school environments unsafe for girls. Given the high rate of HIV infection among teachers in many parts of Africa, this presents a new set of risks for girls in school.

Education also comprises information campaigns that increase awareness of HIV/AIDS and inform girls and women how to access services to protect themselves. Appropriate HIV/AIDS curricula in schools and other information campaigns targeting women and girls are essential. This is a particular challenge in rural areas with high numbers of illiterate women.

HIV/AIDS and Humanitarian Crises

The intersection of HIV/AIDS with humanitarian crises is creating troubling new problems for women and girls. In conflict situations, such as Sierra Leone, the Democratic Republic of Congo, and Rwanda, sexual violence has been used as a weapon of war by all sides, thus exposing large numbers of women and girls to HIV/AIDS. In conflict and post-conflict environments, the breakdown of family and social structures often leads to increased rates of sexual violence and coercive sex as well as commercial sex work. These situations often compel women to trade sex for survival, hoping to procure food or protection for themselves and their children. Refugee or internally displaced women and girls are at particular risk of rape and abuse.

The implications of these developments for women and girls are far-reaching and require extensive programs on HIV/AIDS and reproductive health for women and girls, including internally displaced persons and refugees, both during and after conflict. In conflicts where international peacekeeping troops are present, clear guidelines and practices are needed to ensure that peacekeepers receive training on women's rights and gender-based violence and that they are given risk-reducing information and services. Because peacekeepers themselves have been implicated in abuses against women and girls, mechanisms of accountability should also be included.

The intersection of the current food crisis in Africa with the HIV/AIDS pandemic has placed an overwhelming burden on women—as agricultural workers, as caregivers, and as people living with HIV/AIDS—and is dramatically undermining societies' abilities to cope. As women subsistence farmers become less able to tend the crops, girls are pulled out of school to take responsibility for farming and household chores, and the family's resources are rapidly drained. A vicious cycle ensues, where young women may use sex as the only possibility left to them to ensure the survival of their families, which only increases the risks that they and their families will become infected.

Recommendations for U.S. Policy

Integrating targeted services for women and girls into existing HIV/AIDS programs should become an essential dimension of U.S. policy. For the administration's fight against AIDS to be successful and sustainable, it will have to contain a strong gender component that includes programs to empower women as decisionmakers. Otherwise, the exploitation of women's and girls' vulnerabilities will continue to drive the epidemic's destructive spread. The administration's proposal to expand access to treatment and to confront the hopelessness associated with this devastating pandemic will have to address the violence and inequities that women and girls suffer around the world.

A strategy that rigorously incorporates a gender dimension into AIDS programs will require strong, focused leadership in the Bush administration and in the U.S. Congress. If done smartly, such an initiative should not overburden existing programs and would constitute only a small part of the cost of a comprehensive national AIDS plan. Ultimately, considerable new resources will be required to expand treatment and prevention options for women and girls, including MTCT-Plus and the development of female-controlled prevention technologies. The longer women can stay healthy, the better they will be able to care for themselves and their children and contribute to their communities.

We recommend a U.S. initiative that has the following elements:

- **Ensure that the Bush administration's proposed special coordinator for international HIV/AIDS assistance adopts as strategic goals reducing the vulnerability of women and girls to HIV/AIDS and developing expanded treatment, care, and prevention programs for women and girls.**
- **Rapidly scale up programs through immediate and intensive support to nongovernmental organizations and government mechanisms that work to reduce women's and girl's vulnerability to HIV/AIDS.**

Target assistance to groups providing social and economic services to women and girls and protecting their rights. Where possible, link these services to MTCT sites or other reproductive health clinics. These services should focus on

- improving access to justice, especially in cases of sexual violence as well as succession planning;
- expanding economic empowerment through access to micro-credit programs, job and skills training, and assistance with property and inheritance rights;
- facilitating access to education for primary and secondary school girls and improving HIV/AIDS information and curricula that target girls;
- increasing support services for victims of rape and sexual assault, including counseling, testing, and legal and financial services.

- **Expand support for training of law enforcement and judicial personnel, as well as educators and health care providers, on the link between gender-based violence and HIV/AIDS.** In particular, provide training in the enforcement of women's and children's rights and in investigating and prosecuting sexual violence, child abuse, and domestic violence, as well as in forensic skills. This should include ensuring legal protection for people living with HIV/AIDS, or those orphaned or widowed because of HIV/AIDS.
- **Engage in high-level public diplomacy campaigns focused on the gender dimension as a central part of the HIV/AIDS crisis.** High-ranking administration officials and congressional leaders should speak directly and frequently to the centrality of this issue in ensuring effective prevention, care, and treatment. Mobilize the United Nations, the World Bank, and other international institutions to address the gender issues by supporting expanded treatment, care, and prevention programs for women and girls. Support leadership at the national, local, and community levels that highlights and integrates a gender analysis into HIV/AIDS programs. Underscore the importance of empowering women as decisionmakers within their societies.
- **Strengthen and expand programs on HIV/AIDS and reproductive health for women and girls in conflict and post-conflict situations, including for internally displaced persons and refugees.** In conflicts where international peacekeeping troops are present, develop clear guidelines and practices to ensure that peacekeepers receive training on women's rights and gender-based violence, as well as risk reduction information and services. Peacekeeping troops should also be held accountable if they are implicated in abuses against women and girls.
- **Support expanded treatment for women and their families, including MTCT-Plus with increased counseling and testing, and the short course of antiretroviral drugs (post-exposure prophylaxis) for rape victims.**
- **Expand prevention options for women and girls, especially accelerated support for the development of microbicides and other female controlled prevention technologies.**

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