

## WOMEN AND HIV/AIDS

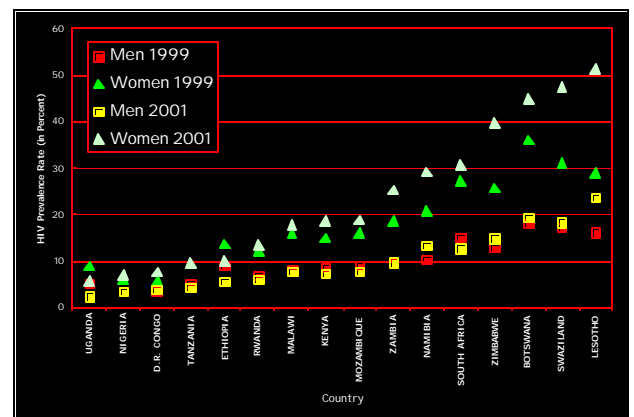
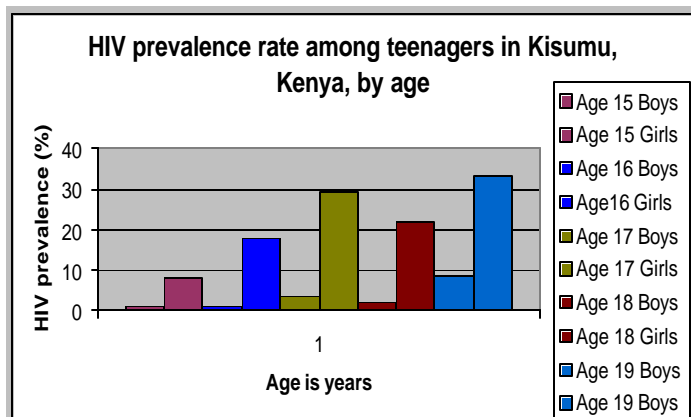
### Context

Sub-Saharan Africa accounts nearly for 70% of HIV and AIDS cases world wide . At present, women are 58% of adult HIV infections in Sub-Saharan Africa. The rate of infection for young women however is likely to be twice as high as that for young men. The inequalities and disadvantage that characterizes the lives of women in Africa drive this exponential rate of increase in the infection of women and girls. The poverty of women often leads to risky behavior. Young girls are vulnerable victims of sexual predators in their homes, in the schools and in the community. Violence and war leave women with no protection from rape. Furthermore women do not have the power or means to negotiate for safer sex or protection from coercion. This situation is fuelling the pandemic with great cost to human lives, to the care for children and to national economies. Despite the effect of their vulnerability to HIV/AIDS, women have been on the forefront of efforts to cope with the pandemic. Women represent 95% of the care providers of those infected and affected by the disease.

### Spotlights

Among 15-24 year olds, two girls are infected for every new infection among boys in the same age group.

Women and girls are more susceptible to HIV infection: male to female HIV transmission is estimated to be twice as likely as female-to-male transmission.



Sources: For 2001: UNAIDS, Report on the Global HIV/AIDS Epidemic, 2002. For 1999: UNAIDS Country Data Files, June 2000. [www.unaids.org](http://www.unaids.org)

Marriage is no protection against HIV. Married women have higher rates of HIV than unmarried sexually active women do, often because their husbands have several partners and bring the infection home.

The number of AIDS orphans now stands at 13.2 million and is expected to double by 2010.

Women living positively have formed support organizations in most African countries.

## **Legislation and policies**

Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases

by (the AU Assembly of the Head of States, April 2001)

Maputo Declaration on HIV/AIDS, Malaria and other Related Infectious Diseases by (the AU Assembly of the Head of States, July 2003)

HIV/Aids has also been included as a crosscutting issue in the New Partnership of Africa's Development (NEPAD).

Other initiatives include AIDS WATCH AFRICA (AWA) and the Commission for HIV/AIDS and Governance in Africa (CHGA) and the Millennium Development Goals. HIV/AIDS has largely been addressed as a health issue rather than a human rights issue in the various policies.

Sierra Leone, Burundi and South Africa are the only countries with HIV/AIDS legislation covering prevention, care of people living with AIDS and linking it with procurement of drugs, behavior and the environment. South Africa's legislation makes it an offence to knowingly transmit HIV/AIDS. Ethiopia is developing a comprehensive legislation on HIV and AIDS.

Most of the AU countries have National AIDS Commissions/ Committees at Presidential level and are using these to educate and create massive public awareness programs towards achieving behavioral changes such as protected sex.

## **Good Practices**

TASO-Uganda's Program: Care, Prevention, Support

The Aids Support Organization, TASO, in Uganda, is the largest care support organization in Africa. As a pioneer in the field, it is a model and an inspiration to countries around the world. Founded in 1987 by the widow of an AIDS victim, it offers a wide range of services that include medical treatment and the administration of anti-retroviral, counseling, care of orphans and nutrition support, community mobilization, advocacy and networking and training of external organizations, community mobilizers and educators. More than 100,000 clients are cared for in 10 TASO centers around Uganda. Consequently, through its efforts TASO has managed to attract, maintain and sustain goodwill at all societal levels towards the fight against HIV/AIDS.

## **Senegal's Early Action to Prevent AIDS**

The case of Senegal's early action to manage the spread of the virus is instructive. Early action on the part of the government and Senegalese scientists provided accurate information and mobilized a full cross section of society such as religious leaders, youth, NGOs, commercial sex workers and the health sector to work towards preventing the large scale spread of the virus. Also in Senegal, in average, the age at the time of the first sexual experience is much higher than in other countries. The number of sex networks is

also low, with few men and women reporting extra marital sex, compared to twice the level in Zambia and five times the level in Tanzania. It is possible to conclude, based on the examples of Uganda and Senegal, that rapid policy response by Governments in reducing taxes on condoms, and investing \$20 million tax dollars on Aids prevention programmes between 1992 and 1996 give the political leadership required to stem the tide of the infection. The Government of Senegal was a driving force behind the 1992 OAU Declaration on HIV/AIDS.