

OVERVIEW

Women and girls are the face of HIV/AIDS in Sub-Saharan Africa.

- Nowhere in the world has the impact of the HIV/AIDS epidemic on women and girls been more pronounced than in Sub-Saharan Africa.
- The region has the highest rates of people living with HIV/AIDS and contains 77% of all women worldwide living with HIV/AIDS. ¹
- Young girls are particularly affected: almost one half of all new infections worldwide occur among individuals between the ages of 15-24, and 62% of young people living with HIV/AIDS are women.²
- Within this age group, the ratio of HIV-positive females to males is 24:10 in South Africa, and as high as 45:10 in Kenya and Mali.³

THE FACTORS

GENDER INEQUITY

Gender inequity is at the core of the feminization in Sub-Saharan Africa. Women and girls' low status in society, sexual violence and coercion, unequal access to legal protection, education, economic opportunities as well as health services and information, render women and girls more vulnerable to the transmission and impact of HIV/AIDS. Important to remember is the fact that women, and even more so, young girls, are biologically more susceptible to HIV transmission. This biological vulnerability compounded with social, economic and cultural factors are driving the feminization of the HIV/AIDS epidemic.

VIOLENCE

The poverty that ensues from lack of control over resources is inextricably linked to high levels of violence experienced by women and girls infected and affected by HIV/AIDS. Women and girls' dependency on men for economic survival renders them powerless in violent relationships and increases their vulnerability to HIV transmission through rape and/or an inability to negotiate safer sex. Young girls who have been trafficked or married at an early age are at an increased risk of violence.

- Research shows girls in Sub-Saharan Africa are at high risk of experiencing coerced sex or violence. In South Africa alone, 30% of girls say their first intercourse was forced and 71% report experiencing sex against their will.⁴

- Violence also affects the ability to access HIV/AIDS prevention, care and treatment services. Studies from Rwanda, Tanzania and South Africa show women experiencing violence are three times more likely to be HIV positive than women who have not experienced violence. A study in Uganda found the physical attacks, threats and intimidation of male partners rendered women powerless from accessing AIDS services.⁵

- Fearing violence or rejection, 58% of African girls avoid discussing condom use with their partners.⁶

GIRLS' EDUCATION

Access to education is an essential tool with which women and girls can protect themselves against HIV. School attendance increases the chance that girls will be able to access the information and build the confidence and skills necessary to protect themselves from HIV.

- Evidence from a study of eight countries in Sub-Saharan Africa shows women with eight or more years of schooling were 87% less likely to have sex before the age of 18, compared with those with no schooling.⁷
- Educational attendance of girls in Sub-Saharan Africa is in need of improvement. Where overall primary school enrollment is less than 60%, only 20% of appropriately aged children participate in secondary school.⁸

ECONOMIC EMPOWERMENT

HIV/AIDS exacts a heavy toll on the economic situation of women and girls. Research shows that poverty is interlinked with gender inequity and women's control over their economic welfare. In HIV/AIDS-affected households women and girls are relegated the majority of care-giving tasks, in addition to working outside the home to contribute to household income. After a death due to HIV/AIDS, women often suffer the most, having no resources and unable to legally secure them due to traditional practices and laws that deny them rightful access to property, inheritance or assets. Economic disempowerment has also been linked to vulnerability to HIV infection. Poverty and economic dependence push women and girls into high risk behaviors such as commercial sex work in exchange for money or resources. Young girls, especially, become vulnerable to infection by engaging in commercial sex work or entering into sexual relationships with older men ("sugar daddies") in order to pay for school fees or provide for other needs.

SEXUAL AND REPRODUCTIVE HEALTH INFORMATION & SERVICES

Among the most basic health services for women and girls are Sexual and Reproductive Health (SRH) which include: family planning, pre and post natal care, contraception, prevention of mother-to-child transmission (PMTCT), and mitigation of sexual violence. Prevention, care and treatment services and information are essential to enable women to protect themselves from HIV, yet many women, and even more so girls, are unable to access these services.

- Although 70% of all the people living with HIV in Zambia are women, men are the primary beneficiaries of policies designed to increase access to ARV medication.⁹

- A key point of entry for involving women and girls in prevention activities, care and treatment is through the integration of HIV/AIDS and SRH. Data from UNAIDS' 2006 AIDS Epidemic Update showed that 16% of pregnant women in Namibia received ARV prophylaxis compared to .1% in the previous 2 years, indicating an increase in the number of women coming into contact with healthcare services.

- In the absence of appropriate interventions, about a third of children born to HIV-positive women are likely to also be infected. Presently, around 2,000,000 children are estimated to live with HIV in Sub-Saharan Africa. Close to 700,000 children were infected in 2003 alone. Almost all of these were infected through vertical or mother-to-child transmission (MTCT).¹⁰

- Girls in HIV/AIDS-affected households are more likely to be kept out of school than boys to help with care-giving tasks or because their education is not as culturally valued as that of boys.

THE CRITICAL NEED

MULTI-SECTOR COORDINATION: THE NEW PARADIGM AND KEY TO FIGHTING THE IMPACTS OF FEMINIZATION

It is clear that HIV/AIDS has created a grave humanitarian and public health crisis, especially in Sub-Saharan Africa; what may not be as evident is the impact HIV/AIDS has on economic growth and private sector prosperity. A multi-stakeholder response to the feminization in Sub-Saharan Africa is critical. Research indicates that if the spread of HIV/AIDS is not stopped, and if those infected are not treated, Africa's growth will be undermined even more than it is now by rising business costs, unstable governments, weakened security and social instability.^{11,12} The International Labor Organization projects significant workforce losses by 2020 in 36 African countries due to HIV/AIDS. Without intervention, 14 of these countries will lose 10% to 30% of their workforce, and 4 countries will suffer losses of more than 30%.¹³

HIV/AIDS erodes economic growth by devastating social capital, human capital, the labor pool, productivity, and domestic savings. Given women's and girls' critical role in the viability of communities and nations, the feminization will further challenge poverty alleviation, economic growth and business

profits. Not only are women the cornerstones of community, but they are increasingly becoming wage earners in the formal sector as well.

In South Africa, a study demonstrated that caring for people with HIV/AIDS has consumed as much as 60% of the time women and girls used to spend doing other household-level work, including gardening which undermines the ability of poor households to grow food for consumption or sale.¹⁴

- In 2002 women represented 38% of wage earners worldwide, up from 35% in 1990.¹⁵
- “Women and girls tend to work harder than men,

are more likely to invest her earnings in children, are major producers as well as consumers, and shoulder critical, life-sustaining responsibilities without which men and boys could not survive, much less enjoy high levels of productivity.”¹⁶

Greater coordinated action among the corporate community, civil society, multilateral organizations and government is needed to ensure that women and girls are significantly prioritized in all global HIV/AIDS responses. Addressing these issues now is the key to having an impact on the epidemic as well as its devastating effects. **The time to act is now.**



References

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About GBCHealth

GBCHealth is a global coalition of over 200 private sector companies and top NGOs leading the business fight for improved global health. GBCHealth supports members by developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering partnerships. GBCHealth also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide.

GBCHealth has offices in New York, Johannesburg, Beijing, Nairobi and Moscow. For more information on GBCHealth, please visit www.gbchealth.org.

Healthy Women, Healthy Economies

This issue brief is produced by *Healthy Women, Healthy Economies* (HWHE), GBCHealth's platform for galvanizing and facilitating corporate action to improve the health, well-being, and opportunity of women and girls. Launched in 2011, HWHE is centered on 4 main pillars of impact: Health (especially maternal and reproductive health, HIV/AIDS and PMTCT), Education, Economic Empowerment and Rights and Inclusion. HWHE helps member companies explore different types of interventions across these areas that the business community is uniquely equipped to advance, ranging from employee engagement and workplace programs, to technical education and materials, to awareness-building and advocacy. To learn more about *Healthy Women, Healthy Economies*, please contact Laura Rosen at lrosen@gbchealth.org.