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Testimony on Women and HIV/AIDS
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By

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Thank you for this opportunity. As you all know, we are in the midst of a relentless epidemic – the HIV and AIDS epidemic – that is taking countless lives worldwide. The two points that I would like to make today are first, that increasingly large numbers of those infected are women, particularly young women, and second, that our current strategies for prevention are not sufficient to meet the needs of women and girls.

UNAIDS statistics show that since 2002 the number of women living with HIV has risen in every region of the world. In sub-Saharan Africa, out of every 10 infected persons nearly 6 are women. And infection rates among young women are especially high. In Kenya, for example, for every 20 young men with HIV (15-24 years of age), there are 45 young women with the virus – more than double. In the African region as a whole, three out of every four infected 15-24 year olds are women (UNAIDS and WHO 2004).

This inexorable rise in infections among women demands special attention and immediate action – action that must go beyond the ABC (abstain, be faithful, and use condoms) approach to prevention. That approach, while necessary to contain the AIDS epidemic, is not sufficient to address the underlying vulnerabilities that contribute to women's risk of infection. I would like to draw your attention to three specific vulnerabilities that women in the developing world face that prove that the ABC approach is not sufficient and that underscore the need for additional strategies. Each of these vulnerabilities occurs because of fundamental economic and social inequalities between women and men that must be addressed if we are to succeed in containing the spread of AIDS.

Marriage: For many women around the world, marriage poses a risk of infection that they have very little ability to control or reduce. The ABC approach for these women is not a realistic strategy for prevention because abstinence within marriage is not a viable option; their husband is typically their only sexual partner; and the use of a condom is dependent on their husband's cooperation and is often stymied by the need to have a child. The risk of infection is often greatest when a woman gets married at a young age. Data from Kenya and Zambia show that HIV infection levels among married girls 15-19 years of age were 10 percent higher than for unmarried sexually active girls of the same age (UNAIDS and WHO 2004). A recent review of research by ICRW shows that in countries that are hard hit by the epidemic, when the age difference between spouses is 10 years or more, the risk of HIV infection for the wife doubles, as compared to an age difference of 4 years or less (Luke and Kurz 2002).

Marriage for such young women does not offer any protection because older husbands are more likely to have been exposed to the virus before marriage and therefore are more likely to enter the marriage with HIV infection; because young brides have much less social and economic power than their husbands and therefore have very little leverage to negotiate protection or fidelity; and because newly married couples in most cultures have to prove their fertility by having children which makes it difficult to use the condom, which is also a contraceptive, as a means of protection from infection.

In designing policies for prevention it is important for us to pay attention to marriage as a vulnerability for women and adolescent girls because the majority of women in the developing world are in marriage or some form of long-term relationship and a very large number of them are married before the age of 18. Recent data show that 51 million currently married women were child brides and it is predicted that 100 million more will be married before the age of 18 over the next decade (Mathur et al. 2003). In countries such as Niger, Bangladesh, Chad, Yemen, Ethiopia and Mozambique, more than 50 percent of girls are married before the age of 18 and in some parts of Nigeria and India girls are getting married at the age of 12 or younger. Research also shows that it is poverty, lack of education and a lack of viable economic alternatives for young women that makes child marriage so prevalent – not culture. In fact, our research in India shows that when laws prohibiting child marriage are combined with community education on the risks of child marriage and community interventions that include the participation of parents and young people, the age of marriage can be increased by one year after only four years of intervention (ICRW 2004). And other research in Nepal shows that even in communities where the

average age of marriage for girls is less than 18, the desired age of marriage as expressed by girls and their parents is much higher, which suggests that it is not culture but rather poverty and the lack of viable alternative options for girls that prevent families from acting upon their desires (Mathur et al. 2004).

Recommended Actions: To reduce women's and girls' vulnerability within marriage requires that the President's Plan for AIDS Relief must include:

1. An investment in a female controlled method of prevention, such as the female condom or microbicides (substances that women can use to prevent sexually transmitted infections). The female condom is currently too expensive and as a result not accessible to women everywhere. And microbicides urgently need financial support to accelerate their clinical testing to establish their effectiveness.
2. Interventions to increase the age of marriage and as a result reduce the incidence of child marriage in developing countries, respond to the unmet needs of young married girls by investing in access to secondary schools, reproductive health services and information, and non-exploitative economic opportunities. In addition, support, community education initiatives on the risks of child marriage that will protect girls and allow them to be healthy, to complete their education, and benefit from economic opportunities.

In addition, because child marriage is a widespread development problem that needs immediate attention, I urge you, Mr. Chairman, to consider holding a hearing on this important issue.

Violence Against Women: The second vulnerability that women face is violence – both physical and sexual – that directly and indirectly increases their risk of infection to HIV and greatly constrains their ability to seek testing or treatment or look after loved ones who are sick or dying. Statistics from the World Health Organization show that anywhere between 10 to 69 percent of women report physical abuse by an intimate partner at least once in their lives and between 7 and 48 percent of girls between 10-24 years of age report their first sexual encounter as being coerced (WHO 2004). In rural Peru, for example, 24 percent of young women said their first sexual interaction was forced and 12 percent of girls in Jamaica who had sex before the age of 20 said they had been raped. Just as there is an AIDS epidemic, there is an epidemic of violence against women that we have been ignoring despite the fact that it has enormous health and economic consequences for women and for the societies in which they live.

Forced or coercive sex presents a direct risk of HIV infection for women that cannot be prevented through any of the strategies currently promoted – A, B, or C. And fear of violence and the threat of abandonment pose significant risks as well because they significantly limit women's ability to negotiate protection, leave a risky relationship, discuss fidelity, or access testing or treatment services. In a study conducted in Botswana and Zambia, ICRW found that the use of services to prevent the transmission of HIV from infected mothers to their children was low because women were afraid that the use of such services might expose them to stigma and violence at a time when they are most vulnerable – during pregnancy (Nyblade and Field-Nguer 2000). Women's economic vulnerability and dependency on men

makes the threat of violence or abandonment a much more immediate danger than the possible risk of infection and illness five to seven years later.

The link between violence against women and HIV is so strong that a study in Tanzania found that the experience of violence was a strong predictor of HIV status. In this study, conducted among women who sought voluntary counseling and testing services, younger HIV positive women (between 18-29 years) were almost ten times more likely to report partner violence than similarly aged HIV-negative women (Maman et al. 2002).

Recommended Actions: To reduce violence against women, the President's Plan for AIDS Relief must invest in:

1. The provision of post-exposure prophylaxis – antiretrovirals as prevention of HIV infection – for all victims of rape. This must be made mandatory in all programs funded by the U.S.
2. Communication programs that challenge prevailing beliefs about the acceptability of violence against women. There are several successful communications programs, such as Soul City in South Africa, that can be replicated, which have successfully decreased the tolerance of violence against women.
3. A coordinated health sector response to violence against women. A broad range of health services must address violence against women because women exposed to violence are most likely to seek help at health facilities. For example, voluntary counseling and testing (VCT) clinics should have the ability to identify women who are at risk of violence upon disclosure of their status and provide them with the

necessary counseling and mediated disclosure sessions as a potential way to reduce tensions between partners and adverse consequences.

Property and Inheritance Rights: Women's economic dependency and vulnerability underlies much of their vulnerability in the AIDS epidemic because without economic leverage women cannot insist on protection against infection or fidelity in their marriage or other relationships, nor can they leave a relationship they know to be risky. Access to economic assets such as land and housing, provide an important way to assure women some economic security as well as a means of livelihood and shelter – all of which are important ways to gain economic leverage. Land and property can also serve as collateral for loans in times of crisis.

Yet, there are many countries in which women still do not have the right to own or inherit land and property and even where such laws exist, they are often poorly enforced. As a result women are not guaranteed the most basic economic protection when faced with the death of a spouse or father and as a result can be left destitute and homeless when they most need support and solace. There is now documentation of property grabbing from and eviction of widows who have lost their husbands to AIDS. Such actions are justified through the stigma attached to AIDS. The lack of economic security at such a time greatly increases the probability that women will sell sex for money in order to survive and to feed their children.

Beyond the direct economic benefits, recent research suggests that property ownership can protect against the risk of domestic violence. Research in Kerala, India found that 49 percent of women with no property reported

physical violence, whereas 7 percent of women with property did, even when controlling for a wide range of other factors such as household economic status, education, employment and other variables (Panda 2002).

Recommended Actions: To provide women with economic security, the President's Plan for AIDS Relief must recognize that guaranteeing women and girls' property and inheritance rights as a cornerstone of AIDS prevention and care interventions and must therefore:

1. Support legal literacy programs for women that make them aware of their rights to own property in countries where this right is enshrined in the law;
2. Invest in paralegal services that help families affected by AIDS write wills and create the legal documentation that makes property grabbing less likely.

In conclusion, let me reiterate that the increase in women's HIV infections should serve as a wake-up call to alter the current U.S. approach to AIDS prevention and care – to expand it beyond the ABC approach to an "ABC-plus" approach that includes investments in programs to increase the age of marriage, provide services to allow women as well as their spouses to be safe within marriage, reduce violence against women, and assure women's ownership and control of economic assets such as land and housing. The disempowerment of women is killing women and men, boys and girls in the developing world during their most productive years. Just asserting the need to abstain, be faithful, and use condoms is not enough to protect women and girls from the ravages of the AIDS epidemic – we need more and we need it now. Thank you.

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