

LEAD THE CHANGE: YOUNG WOMEN, HIV AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Young women are one of the most powerful driving forces to overcome HIV and AIDS. Time and again, we have seen that the health and wellbeing of young women are at the centre of building strong and thriving communities. Yet, many young women remain unprotected, vulnerable, unduly affected and at risk of sexually transmitted infections (STIs) and HIV, simply because they are young and women. Many global and national initiatives continue to overlook the diverse needs, capacities and realities of young women, including their sexual and reproductive health and rights

(SRHR). Focusing on SRHR is essential to address HIV and AIDS - around the world, more than three quarters of HIV infections are sexually transmitted or acquired through pregnancy, childbirth or breastfeeding. We also know that a person can be infected more easily with HIV if they have a pre-existing STI. Furthermore, many of the underlying factors that make young women vulnerable to HIV, such as gender inequality, poverty, harmful traditional practices, violence, including sexual violence stigma and discrimination, also have a strong impact on their SRHR.

THE FACTS OF LIFE – YOUNG WOMEN, HIV AND SRHR

Over the past couple of decades, greater attention has been paid to young women's SRHR. But, more action is still needed. The facts paint a clear picture - young women continue to be unjustly affected by poor SRH outcomes, including HIV:

- In 2007, approximately 5.4 million young people, 15-24 years old, were living with HIV. Of these, roughly 57% were young women.¹
- In Sub-Saharan Africa, over three quarters of all young people living with HIV are young women.²
- HIV incidence rates are on the rise in some parts of Eastern Europe, Asia and Latin America.³
- Globally, young women are less likely than young men to have an accurate, comprehensive understanding of HIV. Only 55% of young women cite condom use as an effective prevention strategy compared to over 70% of young men.⁴
- Condoms can provide double protection against unintended pregnancy and HIV infection. However, there are close to 123 million women in developing countries who do not wish to be pregnant but do not have access to effective forms of contraception, including condoms. Young women between 15 and 24 years old make up one third of these women.⁵
- Approximately one quarter of the 4.2 million unsafe abortions that occur annually around the world are performed on adolescent women.⁶

CHALLENGES THAT INCREASE YOUNG WOMEN'S VULNERABILITY

Around the world, vast inequalities between men and women prevent young women from fulfilling their basic human rights, especially their SRHR. The denial of these rights places young women at greater risk of HIV and other negative SRH outcomes.

Gender disparities and access to education: Today nearly 60% of the 104 million children who do not attend school are girls. Studies have shown that HIV infection rates are higher for girls who do not finish primary school⁷. So, improving access to education for young women and girls can reduce HIV infection rates and can also empower young women and their communities.

Comprehensive Sexuality Education (CSE): The positive influence of education is even more enhanced when CSE is included in educational curricula. CSE extends beyond biology and anatomy to include information on reproduction, human development, contraceptive methods, STIs, HIV, relationships, decision-making, sexual orientation and body image. Growing evidence shows that providing CSE can help young women develop healthy behaviours and can generate positive SRH outcomes.^{8,9,10} However, most young women in or out of school do not have access to CSE and many teachers are not provided with the necessary training to effectively deliver CSE programmes to young women.

Exclusion and Marginalisation: Young women are commonly excluded from decision-making that affects their lives. This includes decision-making within families and communities, and even more so in national and international policy-making. Certain groups of young women are especially marginalised, including young women living with HIV, young women who use drugs, young women who engage in sex work, young women living with disabilities and young migrant workers, among others. These groups are generally at higher risk of negative SRH outcomes including HIV infection. They also experience additional stigma and discrimination, and are often especially isolated from social support networks.

Young Women Living with HIV: Young women living with HIV represent an increasing portion of all young HIV-positive people. In developing countries, there are more young women living with HIV than young men of the same age. However, the needs of young women in terms of HIV treatment, care and support, as well as SRH services and information, is lacking.¹¹ Often, young women discover their HIV-status when seeking pregnancy-related care, but are not provided adequate counselling or information about testing, treatment or care. They are also commonly denied their sexual and reproductive rights. For example, many young women living with HIV are aggressively discouraged from having children, seeking a fulfilling sex life or accessing safe abortion care.¹² Fortunately, a number of networks for HIV positive women and young people have emerged and are working towards improving the rights of young women living with HIV.

Gender, Age and Poverty: Young women are less likely to own property or control other assets and are often financially dependent on parents, spouses or in-laws.¹³ This can limit their ability to seek SRH services and can also be a cause and consequence of shaping sexual behaviours. In Cape Town, South Africa, young women from poor households generally engage in sex at an earlier age than wealthier young women and having multiple sexual partners is more common among girls living in households that experience recent economic shocks.¹⁴ In many settings, economic insecurity forces young women to work away from home in low-paid and risky positions, sometimes as a result of trafficking.¹⁵ Being isolated from social networks and working in precarious settings can increase the risk of STI and HIV infection, as well as sexual violence and other negative SRHR outcomes.

Transactional Sex: Poverty also pushes many young women to exchange sex for money, gifts, grades or other favours. While in some settings, receiving gifts for sex is part of dating and romance, it generally occurs between younger women and older men, which increases young women's risk. Up to a half of the women and girls trafficked to Mumbai, India, who have been tested were HIV-positive¹⁶.

Sex Work: A significant number of young women are engaged in sex work, either through choice, lack of alternatives, or coercive situations such as trafficking into the sex industry. Sex work generally involves additional risk of STI and HIV infection, especially if it is difficult to negotiate condom use. Stigma and discrimination, alongside the criminalisation of sex work in many countries, increases young sex workers vulnerability to STIs and HIV, as does the difficulties faced in negotiating safer sex practices (including condom use) and the lack of control over working conditions in all forced labour situations.

Legal Barriers: In some countries, legal barriers prevent young women from accessing the information and services they need to protect themselves against HIV and other SRH risks. There are a number of places with laws that require young women to have written consent from parents or their husbands in order to access HIV testing, contraceptive services, or safe abortion care. In these situations, young women may choose not to seek care out of fear of telling their families or husbands that they need such services.¹⁷ In addition, punitive laws, such as those that criminalise the transmission of HIV or criminalise sex work, also have negative impacts on the well being of young women and ultimately violate their human rights.

Early or Forced Marriage: Despite a trend towards later marriages in most countries, over the next 10 years, 100 million young women will marry before they turn 18—often against their free will.¹⁸ Forced marriage is a violation of sexual rights and early marriage is increasingly recognised as a key risk factor for HIV infection and violence against young women. In some Sub-Saharan African countries, young married women between 15–19 years old are more likely to be HIV positive than non-married young women of the same age.¹⁹ This is due largely to the fact that their husbands are usually much older, have longer pre-marital sexual histories and therefore are more likely to be HIV positive.²⁰ It is also generally more difficult for young women to negotiate condom use within marriage, especially in settings that place a strong emphasis on a woman's fertility.²¹

Violence Against Young Women and other Harmful Practices Violence Against women (VAW) occurs in all regions of the world. Studies in India, Jamaica, Mali, Tanzania and Zimbabwe have shown that 20–30% of adolescent girls have experienced sexual violence.²² A recent World Health Organisation study found that many women said their first sexual experience was not consensual; 24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa.²³ Young women are especially vulnerable to VAW, because it is often committed by someone in a position of authority, like a husband or other intimate partner, teacher, employer or older relative. VAW can increase HIV and STI infection rates directly, since physical trauma increases the risk of transmission.²⁴ It can also indirectly increase vulnerability through affecting young women's self-esteem and decision-making skills.²⁵ What is more, VAW can be both a cause and consequence of HIV infection, which places young women living with HIV at increased risk of VAW. In most parts of the world, VAW is a taboo topic, so young women may be reluctant to speak about it or report it to authorities. Action is needed to break the silence around VAW, especially rape, to make communities safer for young women.

HOLDING OUR LEADERS TO ACCOUNT

We know that young women's SRHR are key to addressing HIV and AIDS, so how can we make sure our governments and leaders do something about it? Well, one convincing option is to use international laws and agreements that oblige governments to respect, promote and protect young women's SRHR. These policy documents ground sexual and reproductive rights within the internationally accepted framework of fundamental human rights. The International Conference on Population and Development (1994) was especially important, because it was the first time that international policy recognised reproductive rights, including for young women, as a clear extension of human rights.

International treaties, conventions and covenants are the most powerful tools because they are legally binding. Governments have a legal duty to

implement the actions outlined in such treaties and can be held accountable for failing to do so. Each treaty has a committee or 'Treaty Body' of independent human rights experts, which is responsible to ensure that government's follow-through with their commitments.

Other international agreements, such as declarations, resolutions and outcome documents from international conferences are also useful advocacy tools. While they are not legally binding, governments are still obligated to uphold them, because they make public commitments to do so. For example, the Millennium Development Goals (MDG) are relate to young women's SRHR in several ways. MDG 3 aims to promote gender equality and empower women, MDG 4 aims to improve maternal health for all women, including young women and MDG 6 aims to combat HIV and AIDS.

Other human rights treaties and agreements contain statements such as:

"States Parties shall take all appropriate measures to eliminate discrimination against women in all

matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women" (*CEDAW, article 16*)

"Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies" (*ICPD Programme of Action para 7.46*)

"...by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth - specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers" (*UN Declaration of Commitment on HIV/AIDS, article 53*)

Some relevant international and regional agreements for young women's SRHR and HIV are listed here below.

International Treaties

- **International Covenant on Economic, Social and Cultural Rights (ICESCR)** – www2.ohchr.org/english/law/cescr.htm
- **International Covenant on Civil and Political Rights (ICCPR)** – www2.ohchr.org/english/law/ccpr.htm
- **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)** – www.un.org/womenwatch/daw/cedaw/cedaw.htm
- **Convention on the Rights of the Child (CRC)** – www2.ohchr.org/english/law/crc.htm

International Agreements

- **Declaration of Commitment on HIV/AIDS** – www.un.org/ga/aids/docs/aress262.pdf
- **Programme of Action of the International Conference on Population and Development (ICPD)** – www.unfpa.org/icpd/icpd-programme.cfm
- **Key Actions for the Further Implementation of the ICPD Programme of Action** – www.reformwatch.net/fixters/561_filename_icpd5-key-04reprint_eng.pdf
- **Beijing Declaration and Platform for Action – Fourth world conference on women** – www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf
- **Millennium Development Goals and Millennium Declaration** – www.un.org/millennium/declaration/ares552e.pdf
- **Universal Declaration of Human Rights** – www.un.org/en/documents/udhr/

Regional Human Rights Mechanisms

- **African (Banjul) Charter on Human and Peoples' Rights** – www.achpr.org/english/info/charter_en.html
- **Maputo Protocol on the Rights of Women in Africa** – www.africa-union.org/root/au/Documents/Treaties/Text/Protocol%20on%20the%20Rights%20of%20Women.pdf
- **European Convention on Human Rights** – www.conventions.coe.int/Treaty/en/Treaties/Html/005.htm
- **American Convention on Human Rights** – www.oas.org/juridico/English/treaties/b-32.html
- **Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women** – www.oas.org/cim/english/convention%20violence%20against%20women.htm

WHAT CAN YOU DO?

Young women are essential agents of change and leaders for achieving universal access to SRH and in the global response to HIV and AIDS. Many young women are already engaged in initiatives around the world that aim to improve young women's SRHR. There are a number of ways that you can unite to make a difference:

Increase your knowledge

– look up resources about SRHR, HIV and young women's rights. Some useful online resources include:

- **List of international treaties:**
www.ohchr.org
- **Relevant UN agencies:**
UNAIDS www.unaids.org
UNFPA www.unfpa.org
UNICEF www.unicef.org
UNIFEM www.unifem.org
- **Some International organisations working on young women's SRHR and/or HIV and AIDS:**
World YWCA www.worldywca.org
World AIDS Campaign
www.worldaidscampaign.org
Girls Empowerment Network in Malawi www.girls-empowerment.org

Make use of the existing international and regional agreements – Contact your local elected government official(s) to find out what they are doing to address young women's SRHR and HIV and AIDS at a local or national level. It's best to prepare a clear message, backed by facts and evidence about the realities and challenges that young women face. You can use the international and regional agreements to hold your leaders accountable to the commitments they have made.

Work with health care providers and clinics to improve services for young women – Contact your local clinic(s) and offer to work with them to make their services more youth-friendly and accessible young women.

Work with teachers, schools or informal educational structures to improve sexuality education for young women – Offer to provide a youth perspective on how to effectively implement comprehensive sexuality education programmes for young women. Young women know best what issues, messaging and programming resonate most among young women. This "insider's perspective" can help to make sexuality education more effective.

Outreach to other young women and civil society organisations – Collaborate with other young women who are committed to SRHR and connect with organisations that address SRHR and HIV. If you don't know of any organisations in your area, you can try contacting your national AIDS Council, the Ministry of Health or Youth, national family planning associations in your country or UN Country Offices, such as UNFPA, UNAIDS, UNICEF or the World Health Organisation.

Work with local media to raise awareness about young women's SRHR – mass media is a powerful tool for communicating messages. It's important that messages about SRHR and HIV are informed by perspectives from young women. Contact local radio, print or TV outlets and offer to work with them in developing programming on young women, SRHR and/or HIV.

Engage in campaigns or advocacy efforts that call for action to improve young women's SRHR, health and wellbeing, including calls to:

- **Train health care providers to offer youth-friendly, confidential and accessible SRH services to young women**
- **Eliminate school fees and reduce indirect costs for young women to attend school**
- **Scale up effective CSE programmes in formal and informal educational settings**
- **Introduce more livelihood and vocational training opportunities for young women to increase young women's economic security**
- **Establish and implement laws and policies that ensure zero tolerance against gender-based violence**
- **Increase meaningful participation of young women, especially those from marginalised communities, in all levels of public decision-making**

¹ WHO 2008. Children and AIDS: Second stocktaking report. http://www.who.int/hiv/mediacentre/Stocktaking_FastFacts.pdf

² UNAIDS 2007 AIDS Epidemic report Available at: <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>

³ The Global Coalition on Women and AIDS "Preventing HIV infection in girls and young women – background" Available at: http://data.unaids.org/GCWA/GCWA_BG_prevention_en.pdf

⁴ UNAIDS 2008 "Report on the global HIV/AIDS epidemic 2008" Available at: http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

⁵ Ross, J. and Winfrey, W.L. "Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate" International Family Planning Perspectives, Vol. 28, 2002.

⁶ WHO 2007 "Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003" Fifth edition. Geneva. WHO

⁷ Inter-Agency Task Team on Education – Girls Education and HIV prevention – UNAIDS 2008

⁸ Ibid.

⁹ Kirby, D. The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior. Sexuality Research & Social Policy 2008: 5(3): 18 – 27.

¹⁰ UNFPA, 2003.
¹¹ ICW 2004 "ICW Vision Paper 1: HIV Positive Young Women"

¹² Ibid.

¹³ Kim et al. 2008 "Exploring the role of economic empowerment in HIV prevention" AIDS, 22 (suppl. 4): S57-S71.

¹⁴ Dinkelman and Lam. 2007 "Household and community income, economic shocks and risky sexual behaviour among young adults: evidence from the Cape Area Panel Study 2002 and 2005" AIDS 21: S49 – S56

¹⁵ Martin, S. 2003. "Women and Migration: Consultative Meeting on Migration and Mobility and how this movement affects women" UN Division for the Advancement of Women. Available at: <http://www.un.org/womenwatch/daw/meetings/consult/CM-Dec03-WP1.pdf>

¹⁶ UNAIDS 2008 Report on the global AIDS epidemic

¹⁷ Jackson S and Hafemeister TL. "Impact of parental consent and notification policies on the decisions of adolescents to be tested for HIV" J Adolesc Health;29(2):81-93, 2001 Aug.

¹⁸ Population Council. 2007. Transitions to Adulthood. Available from <http://www.popcouncil.org/ta/mar.html>; accessed on August 23, 2007

¹⁹ Glynn et al. 2001. Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia. AIDS, 15 (Suppl. 4):S51-S60.

²⁰ International Center for Research on Women. 2003. "Cross Generational Sex Fueling the HIV/AIDS epidemic in sub-Saharan africa" Washington, DC: ICRW.

²¹ UNFPA. The State of the World Population: Making one billion count: investing in adolescents' health and rights. New York: UNFPA, 2003.

²² Ibid.

²³ WHO Violence Against Women Fact sheet N°239 Revised November 2008

²⁴ Andersson et al. 2008 "Gender-based violence and HIV: relevance for HIV prevention in hyper-endemic countries in southern Africa" AIDS. Dec;22 Suppl 4:S73-86.

²⁵ Teitelman et al. 2008 "Recent and past intimate partner abuse and HIV risk among young women" Journal of Obstetric, Gynaecologic & Neonatal Nursing 37: 2, 219 – 227