Although HIV prevalence among young people is declining in many countries – in some of them significantly – HIV continues to affect girls and young women disproportionately. Of the 5.5 million young people aged 15–24 living with HIV in developing countries in 2007, about 62 per cent were female.

Gender inequality and the low status of women in society continue to drive the AIDS epidemic and affect HIV risk and vulnerability in many countries. The risk of HIV infection for girls and young women is higher when they have sexual partners who are significantly older, have concurrent partners, are involved in transactional sex, or are subject to violence, abuse and exploitation. These risk factors can be compounded when girls and young women lack access to quality education or are unable to exercise their rights in the economic, social, and domestic spheres.

Another urgent reason to break the cycle of HIV infection among young women is because transmission of the virus can occur during pregnancy, at childbirth or while breastfeeding. More than 90 per cent of children living with HIV acquired the virus this way. With the right treatment, care and counselling, these forms of transmission are preventable.
UNDERLYING ISSUES

The disproportionate vulnerability of girls and young women in the AIDS epidemic is felt most acutely in sub-Saharan Africa, particularly in countries with the highest HIV prevalence. In South Africa, young women aged 15–24 are three times more likely to be infected than males of the same age, and in Swaziland they are almost four times more likely to be infected.

An in-depth analysis of data from five countries in the region found that the risk of HIV infection among young women was likely to double or triple if they had two or more partners in their lifetime. Young women were also more likely to be infected with HIV if their partners were significantly older. Prevention efforts must address some of the practices that put girls and young women at risk, such as intergenerational sex or having multiple or concurrent sexual partners.

At a June 2008 technical meeting, high level policymakers and researchers focused on young women’s vulnerability to HIV infection in Southern Africa. Calling for a reflection on and transformation of the cultural practices and attitudes that place girls at risk, Graça Machel, the international advocate for women’s and children’s rights, spoke of the need to address what she called women’s lack of empowerment and choice in the region.

HIV prevalence among young people aged 15–24, 2007

**Actions for Children**

**Combine prevention strategies.** Integrating behavioural, structural and biomedical prevention approaches has been shown to provide a more effective response. HIV prevention programmes can give young people the life skills necessary to make healthy choices, but they must also address the structural realities that put adolescents and young people at risk in the first place.

**Address social and cultural factors.** National governments and partners must make a concerted effort to better understand and openly address the social and cultural factors that make girls particularly vulnerable, such as concurrent partnerships, intergenerational sex, transactional sex and gender-based violence.

**Educate girls and young women.** When girls are in school, their risk of HIV infection is reduced, so efforts to make sure girls stay in school through secondary school should be intensified. The education sector is also a crucial avenue for reaching adolescents with the gender-specific information and skills necessary to stem the spread of HIV, especially in places with generalized epidemics.

**Use primary health care to expand access to HIV and AIDS services.** HIV prevention, diagnosis, care and treatment should be integrated within the existing infrastructure for antiretroviral treatment and maternal, newborn and child health (MNCH) services. Prevention of mother-to-child transmission should be available as part of all antenatal care and MNCH services.

**Eliminate violence, abuse and exploitation of women and girls.** Such practices not only represent a violation of human rights but are also associated directly and indirectly with increased vulnerability to HIV infection. It is important to increase women’s voices in the debate on violence, exploitation and abuse, to change harmful social norms that hold gender-based violence to be acceptable and to develop and enforce appropriate legislation against it. It is equally important to encourage research, programmes and adequate budgets in support of these efforts.

**Focus on prevention in national HIV and AIDS strategic plans.** There is a need for specific plans that focus on risk, vulnerability and disparities among young people. These plans should take into account how factors such as poverty, gender inequalities and human rights violations are associated with the epidemic.

**Engage young women and men in all aspects of prevention programming,** including the planning, design, implementation, monitoring and evaluation of interventions. Prevention programmes must be relevant and tailored to the specific needs of adolescents in different local contexts.

**Collect and disaggregate data on girls, adolescents and most-at-risk populations.** Lack of data is a major constraint to prevention, and strategic information on the epidemic and the social factors driving it are needed to better inform programme and policy decisions.
In Rwanda, significant efforts have been made to engage the male partners of pregnant women in prevention of mother-to-child transmission interventions. Such efforts have been found to increase women’s use of these services and may help reduce the stigma surrounding their use. In 2007, nearly two thirds of male partners of pregnant women tested for HIV during antenatal and delivery care visits agreed to be tested themselves.

In Somalia, the ‘Woman to Woman Initiative on HIV’, initiated in 2007, used women’s non-governmental organizations to reach some 31,000 women with correct information and risk-reduction measures. Results suggest that the participants, who included female heads of households, adolescent girls and internally displaced women, gained new knowledge, mastered certain life skills and were more likely to provide care and support to people living with HIV.

Zimbabwe has developed a national communication strategy that focuses on behaviour change and gender issues. The strategy highlights how intergenerational sex – sexual relations between a young woman and a man five or more years her senior – is a major factor in the spread of the virus to girls, young women and young people in general. The strategy recognizes that sexually active young people need support in using condoms and avoiding multiple partnerships, while young people who are not sexually active need support in delaying sexual initiation.