

GENDER DIMENSIONS OF HIV/AIDS:

***ROLE OF THE DEPARTMENT OF WOMEN
AND CHILD DEVELOPMENT IN
ADDRESSING THESE CHALLENGES***

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Context:

The rapid spread of HIV/AIDS in the last two decades of the 20th century has created a global crisis since it has emerged as the single most challenge to public health, human rights and development in the 21st century. The UN General Assembly Special Session on HIV/AIDS (UNGASS) held in June 2001 made it clear that HIV/AIDS is a global emergency, and that it is one of the most formidable challenges to the enjoyment of human rights and to the socio-economic development throughout the world.¹ It not only adversely influences the socio-economic and physical well being of people, but undermines developmental processes as well.

A decade ago, women were considered peripheral to the epidemic of HIV/AIDS. Today, there is acknowledgement that they are at its epicenter. The trajectory of HIV/AIDS is clearly demonstrating that gender inequality fuels the epidemic. The international community has clearly endorsed that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS", both at the Millennium Summit held in 2000, as well as the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001. The Theme of World AIDS Campaign in 2004 was: Women, Girls, HIV and AIDS.

The experience of the HIV/AIDS epidemic worldwide suggests that it is fuelled amongst other factors by the inequitable distribution of power and resources, increasing feminization of poverty, gender based violence and increased trafficking in women and children.

A Multi Dimensional Gender Issue

In order to understand the challenges HIV/AIDS poses to human security and women in particular, it is essential that the multi dimensional nature of HIV/AIDS and its capacity to adversely impact different aspects and stages of human life are understood. The increasing feminization of the epidemic necessitates a multi disciplinary and multi pronged responses from all sectors of society. It therefore has linkages with a large number of disciplines and sectors.

Globally, there has been a great deal of response to the epidemic by the governments as well as by civil societies and networks of positive people. Experience gained by Governments and organizations in evolving and implementing policies and programmes for prevention and control of HIV/AIDS has established beyond doubt that it is not a public health issue alone and therefore, needs to be equally addressed by sectors other than Health and agencies other than Governments.

Women are increasingly vulnerable to HIV/AIDS

Women are more vulnerable to HIV infection than their male counterparts. Physiologically, women and girls are 2 to 4 times more susceptible to HIV/AIDS. Infection in women and girls is compounded by their disproportionate vulnerability to social cultural, economic and legal forms of discrimination.

Infection in women and girls is fuelled by:

- Poverty, low status, and unequal economic rights and educational opportunities can place women and young girls at greater risk of sexual exploitation, trafficking and abuse.
- Gender power relations which limit women's ability to negotiate safe sex or refuse unwanted sex.
- Gender-based violence and sexual exploitation such as rape and abuse of young women and girls, especially in emergency and conflict situations.
- Cultural practices that deprive women of means of protecting themselves from HIV infection, including early and forced marriages

As a result: 50% of the 38 million people living with HIV/AIDS are female, up from 41% in 1997.¹

• Of the estimated 21.8 million people who have died of AIDS, 9 million are women and 4.3 million are children.²

• In India 38% of HIV-positive cases are women, up from 25% a few years ago.^{1,4}

Young people, especially young women, are disproportionately at risk

• Young women account for 62% of infected youth between 15 and 24.¹

• The peak age for HIV prevalence among women is around 25—ten to 15 years younger than the peak age for men.^{6,1}

• In South Asia, 62% are female.⁶

• HIV prevalence among girls under 18 is four to seven times higher than among boys in many countries of eastern and southern Africa.⁸

Women and girls do not have access to comprehensive information and services

• Only 26% of girls 10-19 in Somalia have heard of AIDS, and only 1% know how to protect themselves from the virus.⁶

• In Bangladesh, less than 20% of married women have heard of AIDS.¹

• In India, if AIDS education is even offered in schools, it is to young people 15 and older. Yet 42% of boys and 69% of girls 15-17 are not in school.¹¹

• One in four young South Africans believe that sex with a virgin can cure HIV/AIDS.¹²

Amongst the many risks faced by women is the lack of information and knowledge in their marital life

• More than four-fifths of new infections in women result from sex with their husband or primary partners.⁴

• In India 27% of male clients of male sex workers are married or living with a female partner.¹

Sexual coercion and violence leads to a greater chance of infection

• One in three women around the world will be raped, beaten, coerced into sex, or otherwise abused in her life time.¹⁵ⁱⁱ

HIV and AIDS estimates - India (End 2003 iii*)

Nearly 90% HIV infections in India have been reported from the 15-49 age groups - the most productive segment of society. HIV has an intense negative impact on the workforce, the business, individual workers and their families and economy at macro level. Though the macroeconomic impact of the epidemic in industrial sector has been relatively low compared to the situation in Sub-Saharan Africa, the structural determinants of HIV transmission such as high level of poverty, migration, illiteracy, ill health, gender inequality and urbanization are widely prevalent across the country (NACO website, 2005).

Some Facts:	
No. of persons living with HIV/AIDS in India, including children	: 5.134million
Percentage of Children (0-15yrs) infected with HIV globally	: 2.2 million (5.5 % of the total 40 million)
No. of children infected every year due to mother to child transmission in India	: 57,000
Cumulative number of HIV infected children (0< 15 yrs)	: 2,20,000 (4.4 % of total 5.134 million)
No. of orphans in India	: 35 million
No. of children orphaned by HIV in India (estimated in 2001)	: 1.2 million

Source: NACO, UNAIDS, World Bank

India's socioeconomic status, traditional social norms, cultural myths on sex and sexuality, large-scale migration and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic.

Adult (15-49) HIV prevalence rate	... (Range: 0.4% -1.3%)
Adults (15-49) living with HIV	... (range: 2 200 000-7 300 000)
Adults and children (0-49) living with HIV	... (range: 2 200 000-7 600 000)
Women (15-49) living with HIV	... (range: 630 000-2 100 000)
AIDS deaths in 2003 (adults and children)	... (range: 160 000-560 000)

Responses to HIV/AIDS

1. National Response: National AIDS Control Organization

Soon after reporting of the first few HIV/AIDS cases in the country in 1986, Government recognized the seriousness of the problem and took a series of important measures to tackle the epidemic. By this time AIDS had already attained epidemic proportion in the African region and was spreading rapidly in many countries of the world. Government of India without wasting any time initiated steps and started pilot screening of high risk population. A high powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched in year 1987.

NACO facilitates the involvement of various sectors such as education, defence, labour, youth affairs, steel, railways, industry and transport, rural development, and social justice and empowerment to optimize India's response to AIDS. To ensure sustainability, NACO promotes HIV/AIDS prevention and care activities into the ongoing governmental programmes of the government.

The National AIDS Prevention and Control Policy recognize the need to take care of workers health and welfare in the organized and unorganized sectors, and the need for developing a multi-pronged response to HIV/AIDS in workplace.

Progressively disciplines other than Health have been responding to the need to prevent and reduce the impact of HIV/AIDS epidemic. Various ministries such as, Social Justice and Empowerment, Railways and line departments such as Women and Child development, Education, Youth Affairs and Transport have been addressing the issues concerned with HIV/AIDS in synergy with NACO and other agencies.

2. Community based responses: Positive Women's Network

The principle of 'GIPA' - Greater involvement of people living with HIV/AIDS forms an important aspect of the human rights approach to the HIV/AIDS epidemic. The main thrust of the principles is to bring about meaningful participation of people living with HIV/AIDS in planning, policy making and implementation of responses to the HIV/AIDS epidemic. The basic principle here is that the real life experiences of women and men living with HIV/AIDS are considered as a form of expertise. The first group of people living with HIV/AIDS in South Asia came into existence in 1997 (INP+).

Positive Women's Network was formed in October 1998 as a self-help organization by and for women living with HIV, to improve their quality of life. PWN+ functions from its headquarters at Chennai. PWN+ has women living with HIV as members from all over India. The overall goal of PWN is to improve the quality of life of women living with HIV by preventing the stigma and isolation that HIV often causes, and by advocating for the rights of HIV positive women.

We dream of a better life for women and children living with HIV in India^{iv} -

**A life, not secluded;
A life, free from stigma and discrimination;
And a life with all rights intact;
A life just like yours!**

3. The Joint United Nations Programme on HIV/AIDS:

UNAIDS is an innovative joint endeavour of the United Nations family for global action on the epidemic. The Programme brings together the technical, financial and human resources of ten UN system organizations (Cosponsors) supported by the UNAIDS

secretariat. The global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic that aims at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic. UNAIDS supports a more effective global response to AIDS by promoting:

- Leadership and advocacy for effective action on the epidemic;
- Strategic information to guide efforts against AIDS worldwide;
- Tracking, monitoring and evaluation of the epidemic and of responses to it;
- Civil society engagement and partnership development;
- Mobilization of resources to support an effective response.

4. UNIFEM

The United Nations Development Fund for Women (UNIFEM) South Asia Regional Office in New Delhi covers nine countries, i.e. Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka. It works in partnership with National Governments, State Governments, NGOs, Women's Groups and Civil Society, strengthening gender mainstreaming within the UN System and its work is guided by the Beijing Platform for Action, CEDAW, the Security Council Resolution 1325 on Women, Peace and Security and the MDGs.

UNIFEM has been facilitating gender sensitive responses to the HIV/AIDS epidemic since 1998, in the South Asia region, particularly India, with the view to contributing to the stemming of HIV/AIDS by addressing vulnerabilities that put women at risk to HIV/AIDS as well as addressing gender inequalities in the context of care, treatment and support for Women Living with HIV/AIDS. Its work includes building new knowledge base, through community-based studies, policy dialogues and advocacy, capacity building, piloting new initiatives, and creating spaces and platforms for positive women to articulate their concerns and forge linkages with a range of stakeholders. In collaboration with the Indian Railways a unique pilot on Gender and HIV/AIDS is being undertaken at Vijayawada.

The Committee on the Elimination of ALL Forms of Discrimination Against Women: CEDAW

A renewed emphasis on women's human rights, equal rights and equality within the family needs to be promoted. There is need to broad base the use of instruments such as CEDAW in the response to the HIV/AIDS epidemic

Having considered information brought to its attention on the potential effects of both the global pandemic of acquired immunodeficiency syndrome (AIDS) and strategies to control it on the exercise of the rights of women,

Having regard to the reports and materials prepared by the World Health Organization and other United Nations organizations, organs and bodies in relation to human immunodeficiency virus (HIV), and, in particular, the note by the Secretary-General to the Commission on the Status of Women on the effects of AIDS on the advancement of women ⁶ and the Final Document of the International Consultation on AIDS and Human Rights, held at Geneva from 26 to 28 July 1989, ⁷

Noting World Health Assembly resolution WHA 41.24 on the avoidance of discrimination in relation to HIV-infected people and people with AIDS of 13 May 1988, resolution 1989/11 of the Commission on Human Rights on non-discrimination in the field of health, of 2 March 1989, and in particular the Paris Declaration on Women, Children and AIDS, of 30 November 1989,

Noting that the World Health Organization has announced that the theme of World Aids Day, 1 December 1990, will be "Women and Aids",

Recommends:

(a) That States parties intensify efforts in disseminating information to increase public awareness of the risk of HIV infection and AIDS, especially in women and children, and of its effects on them;(b) That programmes to combat AIDS should give special attention to the rights and needs of women and children, and to the factors relating to the reproductive role of women and their subordinate position in some societies which make them especially vulnerable to HIV infection; (c) That States parties ensure the active participation of women in primary health care and take measures to enhance their role as care providers, health workers and educators in the prevention of infection with HIV; (d) That all States parties include in their reports under article 12 of the Convention information on the effects of AIDS on the situation of women and on the action taken to cater to the needs of those women who are infected and to prevent specific discrimination against women in response to AIDS.

5. The Global Coalition on Women and AIDS

The Global Coalition on Women and AIDS (GCWA) is a worldwide alliance of civil society groups, networks of women with HIV and AIDS, governments and UN organizations. The Coalition works at global, regional and national levels to highlight the impact of AIDS on women and girls and mobilize actions to enable them to protect themselves from HIV and receive the care and support they need. The GCWA was launched by the Joint United Nations Programme on HIV and AIDS (UNAIDS) the main advocate for global action on HIV and AIDS.

The Coalition starts with certain understandings of the biological, social, cultural and economic vulnerabilities, which it sees as inter-related. The focus of the coalition is to identify concrete actions that for women and girls. The main principles that it adopts are:

- Women are not victims
- Girls and young women at greatest risk
- Low risk high vulnerability
- Change is possible
- HIV + women are key
- Men and boys can be positive forces for change

In this regard, it identifies the following points of action for the future:

- Prevent HIV infection among girls and young women, including access to reproductive health care
- Reduce violence against women (highlighting the links to HIV vulnerability)
- Protect the property ownership and inheritance rights of women and girls
- Ensure equal access by women and girls to care and treatment

- Support improved community-based care, with special focus on women and girls
- Promote access to new prevention options for women, including microbicides
- Support on-going efforts towards universal education for girls

ROLE OF THE DEPARTMENT OF WOMEN & CHILD DEVELOPMENT

The role of the Department of Women and Child Development in the Ministry of Human Resource Development, among others, is very crucial in this regard. The Department of W&CD is the nodal agency for the advancement of women and for ensuring their equitable growth and development

The Department of Women and Child Development was set up in 1985 to give the much-needed impetus to the holistic development of women and children. The objective was to create an environment for the realization of the full potential for their development through positive and focused economic and social policies. The Department works for the advancement of women and coordinates efforts at all levels to ensure equality and equity at all stages and in all walks of life to women. From the available data it is apparent that women and girls have lesser access to opportunities for education, training, employment, services including health care, participation in political life and decision-making.

Recognizing that gender inequality is a key variable in the incidence of HIV/AIDS epidemic and women have to bear the negative consequences of gender imbalances, the Dept. of W&CD has taken steps to empower women by adopting a rights based approach, increasing access to services and opportunities and combating stigma and discrimination in relation to gender through laws, policies strategies and practices. The issues are being viewed in the context of the feminization of poverty, violence in women's personal and professional spheres and biases and discriminations that increase women's vulnerabilities.

As the nodal Department responsible for advancement of women, the Dept. has been formulating policies and programmes for ensuring their growth and development, reducing disparities and discriminations, and increasing access to opportunities and services. In this context several legal measures have been taken and action for positive discrimination initiated to protect the rights of women. The 73rd and 74th amendments to the Constitution guaranteeing participation in the decision-making process merits special mention.

The formulation of the National Policy for Empowerment of Women in 2001 deserves special mention. It focuses on:

- Improving women's access to services: health care, quality education, career and vocational guidance, employment, occupational health and safety, social security and public offices,
- Responsive and gender sensitive legal system,
- Social, developmental and health consequences of HIV/AIDS from a gender perspective. Mainstreaming gender perspective into development processes
- Strengthened partnerships with civil society,

- Economic empowerment of women (poverty alleviation programme, access to credit, involvement in policy making, role in agriculture and informal sector).
- Social empowerment of women (equal access to education, eradicating illiteracy, eliminating discrimination and creating gender sensitive educational system to reduce gender gaps).
- Women's reproductive health needs
- Nutritional needs of women;
- Women's vulnerability to sexual and health problems;
- Provide services for women: safe drinking water, sewage disposal, sanitation and toilet facilities, secure housing
- Large scale training for gender sensitization;

The Policy is comprehensive and broad based and aims at empowering women and girls by targeting gender inequities such as limited access to information, education and health services which keeps women from learning how to protect themselves from the virus.

The Policy takes stock of the social, health and economic consequences of HIV/AIDS. It aims at reducing economic dependence on their male counterpart and through information and knowledge make women negotiate safer sexual practice within marriages and outside.

Women and girl children bear the burden of additional work and care for their family living with HIV/AIDS, the socio economic impact of the epidemic on women is enormous.

- A study shows that against 50 hours of man's work a woman puts over 67.2 hours
- Additional economic burden- It has been reported that in the case of the death of the husband, the family income goes down by 80%- women are generally ill equipped to handle the additional burden due to gender based inequalities and unequal access and opportunities in education, skills and employment sectors
- Some studies indicate that women face severe stigma and discrimination from society

Sourced from: Gender, HIV and Human rights- A Training Manual (2001), UNIFEM

In view of the low socio-economic status of women, the Department implements a large number of schemes for Social and economic empowerment, upgrading skills and building capacities, safeguarding and protecting their rights, increasing participation in decision making –at home, at the work place and in the political process. Some of these schemes are:

- Support to Training and Employment programmes.
- Setting up of Employment and Income Generating Training-cum-Production Units for Women.
- Education Work for Prevention of Atrocities on Women

- Balika Samriddhi Yojana
- Working Women's Hostels and Short Stay Homes
- General Grant-in aid for Voluntary Organizations in the field of Women and Child Development
- Schemes of the Central Social Welfare Board for Awareness Generation, Condensed Courses of Education for Women, Socio-economic Programmes, Family Counseling Centres, Creches etc.
- Rashtriya Mahila Kosh- Schemes for Loans, Revolving Funds, Development and Stabilisation of Self Help Groups, Marketing Finance Scheme etc.
- Integrated Child Development Services
- Adolescent Girls Scheme
- The Swa-Shakti Project

The underlying purpose of all these initiatives is to:

- Ensure Access to Services- Health, education, training, employment
- Enable women to access maternal and child as well as reproductive health services.
- Increase access to income generating activities and
- Remove stigma and discrimination

Major Programme of DWCD with potential of mainstreaming Gender and HIV/AIDS

The Dept. implements a large number of schemes for the care and protection of the mother and the child and for the holistic development of women. In order to ensure that women become self-reliant and have control over decisions that impact on their health including reproductive health, economic well-being and socio-political status, it is necessary that information on all issues vital to their growth are incorporated in all the schemes and programmes of the Department of Women and Child Development. However, two of the programmes which have the potential for widest reach and success in terms of increasing the women's self reliance and access to controls over economic and social resources and the political process are the Swashakti and the Swayamsidha Projects. A brief description of the basic features of the schemes would further establish their suitability for incorporating /integrating the gender dimensions of HIV/AIDS into its activities.

The Swa-Shakti Project:

The project aims to strengthen the processes and create an environment for empowerment of women through the formation of Self-Help Groups (SHGs).

The specific objectives of the project are:

- Establishment of self-reliant women's SHGs to improve the quality of their lives through greater access to, and control over, resources;
- Sensitizing and strengthening the institutional capacity of support agencies to proactively address women's needs;
- Developing linkages between SHGs and lending institutions to ensure women's continued access to credit facilities for income generation activities;
- Enhancing women's access to resources for better quality of life, including those for drudgery reduction and time saving devices;
- Increased control of women, particularly poor women, over income and spending, through their involvement in income generation activities which will indirectly help in poverty alleviation.

The Scheme has come to an end on 30th June 2005. It has, however, been implemented in 9 States (335 Blocks covering 57 Districts) through the Women's Development Corporations. It was launched in 1997. Under the project, in each Block 52 SHGs are to be set up at the cost of Rs. 30 lacs. The impact evaluation shows substantial increase in women's participation in decision making in households with reference to moveable assets, fixed assets, control/access to land, house, cattle and in raising income levels. Besides, it shows increased awareness about rights, in literacy amongst women and greater emphasis on girls' education. The visible outcomes and successes of the Swa-Shakti project are increased self confidence, self esteem and autonomy of women, greater participation in planning and decision making process at family and community levels, improved quality of life, ability to articulate needs and make demands and enforce rights both as individuals and in groups. The evaluation also testifies increased access to and control over economic, social resources as also the political process.

The scheme needs to be expanded to cover larger areas.

The Swayamsidha Project :

The Scheme was launched for a period of five years from 2001-2006 covering 650 Blocks with the total budget of Rs.116.30 acres and per Block funding of Rs.17.89 lakhs. It is a five-year multi-institution and multi-State initiative which aims at the holistic Empowerment of women by awareness generation and capacity building through a sustained process of mobilization and convergence of all the on-going sectoral programmes.

The programme is based on the formation of Women's Self Help Groups to make them self reliant.

Major components include generating awareness about

- ? women's status, health, nutrition, education, sanitation and hygiene,
- ? Human and Legal rights,
- ? economic upliftment through improving access of women to institutional credit,
- ? strengthening and institutionalizing the saving habit in rural women and enhancing their control over economic resources.

The specific objectives of the Project are :

- ? To develop and strengthen a network of government, non-government, and community –based organizations working for women’s health and empowerment at the local level;
- ? To increase the responsiveness to gender equity in society, institutions and families in project areas;
- ? To improve the quality of life of women and girls by reducing workload and transforming gender norms governing the allocation of work;
- ? To improve the access to, and control over, physical and natural resources as well as financial services for women.

The Project is likely to be extended by another year to coincide with the launch of the 11th Five Year Plan and Swayamsidha Phase II. It is proposed to merge Swashakti Project and Swayamsidha Projects incorporating the strengths of the Swashakti into Swayamsidha Project Phase II for more effective implementation and greater impact.

How do we mainstream gender and HIV/AIDS concerns in Swayamsidha ?

The objective is to :

- ? Prevent HIV infection among girls and young women, through awareness building and increasing access to reproductive health care with a view to empowering and enabling women and girls to protect themselves;
- ? Reduce violence against women (highlighting the links to HIV vulnerabilities);
- ? Protect the property ownership and inheritance rights of women and girls to enable them to handle their burden for care/additional costs of medical treatment and enhance social and economic capacities.

Gender and HIV concerns can be integrated by :

- ? **Awareness raising :**
 - ? Sensitize and generate awareness in the community specially the local leaders and opinion makers including govt. functionaries of other Departments (teachers, panchayat members, ANMs, Anganwadi workers, samiti sewaks, etc.) so that men are also sensitized and can play a positive role in containing the spread of HIV/AIDS.
- ? **Capacity building :**
 - ? Training the Trainers of Functionaries under the programme – both Govt. and NGOs
- ? **Material development :**
 - ? Incorporate information on all aspects of women’s vulnerability to HIV/AIDs, including parent to child transmission and ways of mitigating

it in the training curriculum;

? Prepare training modules for different categories – Trainers, functionaries, beneficiaries/partners – which should generate awareness and knowledge to enhance the capacities of the community and specially the women to protect themselves and for accessing health care services and treatment.

? **Integrated services :**

? In order to reduce the burden of care on women and ensure that girls are not withdrawn from schools and women are not driven into sex work for livelihoods, motivate communities to provide institutional care facilities for people living with HIV/AIDS.

ⁱ Para 2., Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS, June 2001

ⁱⁱ **SOURCES**

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ⁱⁱⁱ Source: [2004 Report on the global AIDS epidemic](#) /* No estimates have been made where sufficient data for the last six years was not available.

^{iv} Pwnplus.org