

Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS. (Article 14. of Declaration of Commitment on HIV/AIDS: United Nations General Assembly Special Session on HIV/AIDS. Geneva and New York: United Nations, 2001)

What is ASTRA?

ASTRA is a regional network created in December 1999 by NGOs from Central and Eastern Europe. Currently ASTRA consists of 25 organisations from 17 countries.

ASTRA's mission is to strengthen EU policy and programming on sexual and reproductive health and rights (SRHR), including HIV/AIDS-related issues in our region. We collaborate with the European Commission, European Parliament and the Council of the European Union in order to ensure that SRHR (including HIV/AIDS) is considered a priority in the EU.

ASTRA works towards transforming gender power relations in society so that women, girls, men and boys can and do access their sexual and reproductive rights, and are equal, free and live in dignity.

We believe that gender inequality fuels the transmission of HIV and increases the impact of AIDS, and we consider it crucial to advocate strengthening and expanding policy and programming in the area of links between SRHR and HIV.

SRHR and HIV

HIV-related stigma and discrimination pose substantial barriers to achieving universal access to SRHR services and supplies, including HIV prevention, treatment, care and support. Women with HIV have sexual and reproductive health needs and concerns, some of which are related to having HIV, and others they have in common with their peers. Still, sexual and reproductive health policies, programmes and services often fail to take into consideration the needs and wishes of women and girls living with HIV. Intensified links between sexual and reproductive health and rights and HIV play an important role in efforts to achieve universal access to HIV prevention, treatment, care and support. Making these links is critical in order to achieve an impact both on SRHR and HIV outcomes. By linking SRHR and HIV, we can make best use of limited health infrastructures and provide better access to comprehensive sexual and reproductive health and HIV services. Moreover, linked programming helps to protect populations traditionally underserved by either sexual and reproductive health or HIV services, such as young people or intravenous drug users (IDU).

HIV and women

Globally, about half of all people living with HIV are female, and in every region of the world, the number of women contracting HIV is on the rise. Furthermore, young women are increasingly vulnerable to HIV, with roughly 45% of all new infections occurring among 15-24 year olds.

Gender has a significant impact on the transmission of HIV/AIDS in both heterosexual and homosexual relationships, and shapes the experiences of infected and affected women and men.

Specific biological factors place women at a greater risk of contracting HIV than men. The soft tissue in the female reproductive tract tears easily, producing a transmission route for the virus. Additionally, vaginal tissue more easily absorbs fluids including sperm which has a higher concentration of the HIV virus than female vaginal secretions and may remain in the vagina for hours following intercourse.

Women's increased biological vulnerability is compounded by their subordinate social status. A woman is more likely to have sexual contact even though she does not want to, whether she is raped or because she lacks the power to refuse her partner's demands (forced sex). When the vagina is not lubricated, the tissue tears more easily, increasing women's risk of exposure to HIV.

When comparing the risk of transmission from male to female and vice versa, it has been estimated that women's risk of exposure is between 2 and 5 times higher than men's. In both women and men, tears in sensitive anal tissue increase the risk of transmission during anal sex. Another risk factor for HIV infection is the presence of other sexually transmitted infections (STIs). Women are more likely than men to have other untreated STIs, primarily because STIs in women are more often asymptomatic, but also because the shame or fear of visiting a doctor may prevent women from seeking screening and treatment. The risk of infection among young girls is significantly higher because their reproductive tracts contain fewer layers of epithelial cells, which offer a less effective barrier against viral infection, than the multiple layers of modified epithelial cells found in the vaginas of adult women. Due to the stigmatisation of lesbians and bisexual women there is a significant lack of data on patterns of homosexual and bisexual behaviour among women, as well as rates of HIV/AIDS transmission and its prevalence among these groups. It seems reasonable to suppose, however, that the marginalisation of their behaviour makes it challenging for women who have sex with women in developing countries to access information, services, and appropriate barrier methods, such as the dental dam.

Women are at a disadvantage with respect to access to information about HIV/AIDS prevention, the ability to negotiate safe sexual encounters, and access to treatment for HIV/AIDS once infected. As the world addresses the HIV/AIDS pandemic, the inequitable sexual interactions between men and women will continue to have grave consequences, highlighting the importance of addressing gender-related expectations and attitudes. Despite this reality, policies and programs have been slow to incorporate a gender perspective into the HIV/AIDS agenda. Gender inequities, such as the unequal distribution of power and economic and social resources further exacerbate this situation. While men have historically been at an increased risk of HIV infection, women prove more vulnerable to infection. For example, women often cannot control with whom or under which circumstances they have sex, whereas men often feel pressured to have sex with many different partners. Both women and men are victims of the social construction of gender, but men's risk of HIV infection is primarily determined by their own behaviour, whereas women's vulnerability to HIV infection is largely beyond their

control. The proportion of female infections is rising, leading to more HIV infection among pregnant women and their infants. More children in the CEE region are being abandoned by vulnerable young mothers who are HIV positive and injecting drugs. Evidence of rising sexual transmission raises fears that Central and Eastern Europe is heading for a more generalised epidemic.

Women face a number of barriers to HIV prevention, testing and counseling, including embarrassment, fear of rejection and stigma, partner's objection to testing, and lack of access to financial resources, reliable, accessible information, time, and transportation. These obstacles deter women from taking preventive measures, accurately assessing their own risks, and from seeking early diagnosis and treatment of HIV. Additionally, stereotypes associated with high-risk groups (in particular sex-workers) contribute to blaming women for the spread of HIV.

Women are likely to face barriers in accessing HIV prevention, treatment and care services due to limited decision-making power, lack of control over financial resources, restricted mobility and child-care responsibilities. Women and girls are often the primary care-givers in the family, including for those living with and affected by HIV, hindering their economic opportunities. Many women lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This forces many women to adopt survival strategies that increase their chances of contracting and spreading HIV.

HIV in Central and Eastern Europeⁱ

Eastern Europe and Central Asia is the only region in the world where HIV prevalence clearly remains on the rise. An estimated 110,000 [100,000–130,000] people were newly infected with HIV in 2008, bringing the number of people living with HIV in Eastern Europe and Central Asia to 1.5 million [1.4 million–1.7 million], compared to 900,000 [800,000–1,000,000] in 2001, a 66% increase over that time period. Ukraine and the Russian Federation are experiencing particularly severe and growing national epidemics. With adult HIV prevalence higher than 1.6%, Ukraine has the highest infection level reported in Europe. A number of countries in the region have expanded access to antiretroviral therapy, although treatment coverage remains relative low. By December 2008, 22% of adults in need of antiretroviral therapy were receiving it -a level less than half the global average for low and middle-income countries (42%). Intravenous drug use remains the primary means of transmission in the region. In many countries, drug users frequently engage in sex work, magnifying the risk of transmission. With increasing transmission among the sexual partners of drug users, many countries in the region are experiencing a transition from an epidemic that is heavily concentrated among drug users to one that is increasingly characterised by significant sexual transmission. In Eastern Europe, heterosexual transmission was the source of 42% of newly diagnosed HIV infections in 2007. According to a recent study in the Russian Federation, having sex with an intravenous drug user increased the odds of acquiring HIV by 360%. As the rate of heterosexual transmission has increased, gender disparities in HIV prevalence are narrowing. In Ukraine, women now represent 45% of all adults living with HIV. The marginalised status of migrants increases their vulnerability to HIV. Poverty and economic, political and social instability have resulted in the increased migration of men, women and children both within and between countries, as migrant labourers leave their

homes to seek other sources of income and employment. Male and female migrants are isolated from family and community relations and social support networks, and may engage in sexual activity with sex-workers and/or multiple partners, exposing themselves and, by association, their partners at home to HIV infection. Heterosexual contact causes nearly two-thirds of infections in women in Russia and accounts for an ever-growing proportion of new infections. In 2000, women comprised 20.6% of new infections; in 2003, this figure was 38.5%; and in 2007, the proportion had grown to 44% or 135,000 cases. In Ukraine, the growth of heterosexual transmission as a proportion of total HIV incidences between 2001 and 2006 (28% to 35%) is largely attributable to unprotected sex. Regionally, half of HIV-positive women became infected by partners. Women living with HIV/AIDS face double stigma and discrimination, and regionally implemented harm-reduction programmes lack gender sensitivity.

HIV/AIDS and youth

Of the 1 billion+ youths (aged 15-24) worldwide, some 10 million are living with HIV. Every day, an estimated 6,000 youth are infected with the virus. Research from around the world shows an alarming degree of misinformation and lack of knowledge about HIV/AIDS among young people, especially young women. The majority lack access to effective prevention programmes, while many cannot access condoms. In Eastern Europe and Central Asia, more than 80% of those living with HIV are under the age of 30. More than 80% of people living with HIV/AIDS (PLWHA) in the region have not yet turned 30. Across the region, young people face poverty, unemployment levels that are three times higher than among adults, trafficking in human beings and drugs, economic migration and violence. Youth poverty, unemployment and lack of hope fuel the trades in people and drugs that feed the HIV epidemic. While they are the most vulnerable, young people are the least likely to know the risks or how to avoid them, the least likely to have access to the services they need and least likely to be adequately protected by policies and laws. In the Commonwealth of Independent States (CIS), only 7% of young men and women were equipped with comprehensive and correct knowledge about HIV and AIDS. In Eastern Europe and Central Asia, only 3% of out-of-school youths and 40% of school-age youths have access to prevention education (education about the risks of HIV, voluntary counselling and testing, access to condoms, treatment for sexually transmitted infections, strategies to prevent mother-to-child transmission of HIV, harm reduction programmes for intravenous drug users).

Recommendations

- o promote and guarantee the human rights of all women and girls, including protection from discrimination and stigma, as well as all types of violence and coercion in public and private life
- o guarantee women's and girls' sexual and reproductive rights, including those of women living with HIV. No tolerance for violations of the reproductive rights of women living with HIV such as forced contraception, forced abortion, forced sterilisation and denial of legal abortion. This also includes giving women living with HIV accurate and non-judgmental information about their fertility options.

- o address violence perpetrated against women and girls which may result in HIV infection
- o ensure comprehensive sexuality education in and out of school as a key prevention strategy

Central / Eastern European country	People living with HIV/AIDS 2007	Adult prevalence % 2007	Women with HIV/AIDS 2007	AIDS deaths 2007
Albania	N/A	N/A	N/A	N/A
Armenia	2,400	0.1	<1,000	<200
Azerbaijan	7,800	0.2	1,300	<100
Belarus	13,000	0.2	3,900	<1,000
Bosnia & Herzegovina	<500	<0.1	N/A	N/A
Bulgaria	...	...	...	...
Croatia	<500	<0.1	...	...
Czech Republic	1,500	...	<500	...
Estonia	9,900	1.3	2,400	<500
Georgia	2,700	0.1	<1,000	...
Hungary	3,300	0.1	<1,000	...
Kazakhstan	12,000	0.1	3,300	<500
Kyrgyzstan	4,200	0.1	1,100	...
Latvia	10,000	0.8	2,700	<500
Lithuania	2,200	0.1	<1,000	<200
Macedonia, F.Y.R.	<500	<0.1	...	...
Republic of Moldova	8,900	0.4	2,600	<100
Poland	20,000	0.1	5,500	<200
Romania	15,000	0.1	7,000	...
Russian Federation	940,000	1.1	240,000	35,000
Serbia	6,400	0.1	1,800	<100
Slovakia	<500	<0.1	...	...
Slovenia	<500	<0.1	...	<100
Tajikistan	10,000	0.3	2,100	<100
Turkmenistan	<500	<0.1	...	...
Ukraine	440,000	1.6	190,000	19,000
Uzbekistan	16,000	0.1	4,600	<500

Sources: UNFPA, UNAIDS, WHO
 Women, Girls and HIV, UNAIDS Factsheet,
http://data.unaids.org/pub/FactSheet/2010/20100302_fs_womenhiv_en.pdf (last time visited 15.06.2010)

AIDS Epidemic Update, December 2009;
<http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp> (last time visited 15.06.2010)

ⁱ Data derived from AIDS Epidemic Update, December 2009;
<http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp>