Globally, there are around 33.4 million people living with HIV/AIDS. Women account for roughly 50% of this population.14

More than four-fifths of new infections in women occur in marriage or in long-term relationships with primary partners.15

Young women are 1.6 times more likely to be HIV positive than young men.16

The Caribbean—which has the highest HIV prevalence outside of sub-Saharan Africa—mirrors global statistics, with women accounting for roughly 50% of HIV infections in the region. Young women in the region are at particularly high risk of contracting the virus.17

In Latin America, women comprise a smaller percentage of people living with HIV/AIDS when compared to high-risk groups, such as men who have sex with men.18 However, as epidemics mature, heterosexual transmission increases. In Peru, for instance, heterosexual transmission accounts for roughly 43% of all new HIV infections.19

Marginalized women are particularly vulnerable. In the United States, AIDS-related illnesses are the leading cause of death among African-American women aged 25–34, and in Canada, indigenous women are almost three times more likely than non-indigenous women to be HIV positive.20

The only safe and effective woman-controlled HIV prevention method currently available—the female condom—is not widely accessible. Barriers to access include the comparatively high cost of the female condom and lack of information and education around this contraceptive method.21

The connection between gender-based violence and HIV/AIDS is widely recognized,22 and violence against women and HIV/AIDS intersect in many different and complex ways, as both a cause and a consequence of HIV infection. Rape and other forms of sexual violence greatly increase a woman’s risk of infection, both because women are unable to negotiate condom use to protect themselves from HIV transmission and because the physical trauma of forced intercourse can lead to an increase in lacerations or abrasions where the virus can enter the bloodstream.23 Fear of violence can also prevent women from negotiating condom use in
Violence against Women and HIV/AIDS (continued)

Violence against women is pervasive throughout Latin America. In Chile, a woman dies every week at the hands of her partner, and one study found that roughly 50% of Chilean women have been victims of domestic violence.26 In Peru, 41% of women have suffered physical violence at the hands of their spouses and 28% have experienced violence by other men.27 In Nicaragua, 40% of women of reproductive age have been victims of physical violence by their partners.28

Women who have been victims of gender-based violence face a higher risk of contracting HIV. In a study of HIV-positive women in Argentina, Brazil, Chile, and Uruguay, a majority of respondents report having been victims of gender-based violence before learning of their HIV status: 79% in Argentina, 62% in both Brazil and Uruguay, and 56% in Chile.29

HIV-positive women may be at greater risk of domestic violence or abandonment on disclosure of their HIV status,30 and as the experiences of women related in this report demonstrate, HIV-positive women are also at greater risk of institutional violence.

Other Social and Cultural Factors Expose Women to Greater Risk of HIV Infection

Gender norms and economic dependence also inhibit women’s ability to protect themselves from HIV infection. In many cultures, femininity is inextricably linked with motherhood, and a woman’s ability to conceive may affect her status within her community, as well as her financial security.31 Women, especially young women, can encounter pressure to bear children,32 which may hinder their use of contraceptive methods to prevent transmission of sexually transmitted infections (STIs), including HIV. Similarly, stereotypes about masculinity and a man’s virility can contribute to unsafe sexual practices.33 A woman’s economic dependence on her partner may also give her little power in negotiating safe and consensual sex.34 Discriminatory cultural practices can also limit women’s and girls’ access to education and information on sexual and reproductive health necessary for protecting themselves from STIs, including HIV, and unwanted pregnancies.35