

Women living with HIV may face particularly difficult challenges with regard to childbearing. They may encounter barriers to adhering to recommendations from health providers not to breastfeed their infants if replacement feeding options are not affordable or easily accessible, or if the water supply is not safe.

Research from other regions suggests that, in households where both men and women are HIV positive, family resources are more likely to be spent on the care of the male head of a household¹². Both HIV-positive and HIV-negative women are usually the principal caregivers in the vast majority of homes and carry the greatest psychosocial and physical burden of care for individuals living with HIV^{13,14,15}.

What can be done?

Promote and support programs that address gender roles, relationships, sexuality, and homophobia with men and women. Adolescents' equitable personal and sexual relationships should be a priority for programming.

HIV and Violence Against Women

Studies from around the world show that HIV and violence against women (VAW) are linked in complex ways, with violence being both a risk factor for HIV and a consequence of being identified as having HIV¹⁶. VAW is a fundamental violation of human rights, and profoundly damages the physical, sexual, reproductive, emotional, mental, and social well-being of individuals and families.

Violence and the threat of violence dramatically increase the vulnerability of women and girls to HIV by making it difficult or impossible for women to abstain from sex or to negotiate condom use¹⁷. In the region, the rate of women reporting ever having been forced to have sex is as high as 47%^{18,19}. While rape is an important potential cause of direct infection, the primary burden of HIV risk from VAW and gender inequality seems to arise through longer-acting indirect pathways, including chronically abusive relationships and long-term consequences of exposure to violence²⁰.

Recommendations

- Improve integration and linkages between HIV/AIDS and related services such as tuberculosis, maternal and child health, sexual health and harm reduction for persons who inject drugs²¹.
- Protect women's right to safe sex and physical autonomy at all times by advocating for women's human rights and their protection against violence as required by the Declaration on the Elimination of Violence against Women²².
- Provide education and employment opportunities for women and men in vulnerable situations.
- Promote equity in access to treatment and provide support to care-givers²³.
- Improve access to health services for at risk populations, including sex workers, MSM and transgender people by introducing specific services for these groups as well as interventions that reduce stigma²⁴.
- Ensure that health care services are youth friendly and that health care providers can respond to the needs of young men and women.
- Assess the effectiveness in the Latin American and Caribbean of biomedical HIV interventions, such as male circumcision, microbicides, and pre-exposure prophylaxis²⁵.

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THE OFFICE OF GENDER, DIVERSITY, AND HUMAN RIGHTS

Gender, Sexuality, and HIV

Understanding how gender and sexuality shape vulnerabilities to HIV is essential in order to end the epidemic.



Pan American Health Organization

Regional Office of the World Health Organization

WHAT DO GENDER AND SEXUALITY HAVE TO DO WITH HIV?

Gender inequality is both an underlying determinant and an outcome of the HIV epidemic. The different attributes, roles, and expectations for men and women in society profoundly affect their ability to protect themselves against HIV and seek or receive information, testing, or care¹. They also shape health outcomes, caregiving burdens, the response of communities and health providers, and other social or economic consequences of the disease².

Gender intersects with other social factors such as socioeconomic status, ethnicity, and sexuality to affect a person's vulnerability. For example, in many cultures, men are expected to be experienced and knowledgeable about sex at a young age to prove their masculinity. In contrast, women and girls are socialized to be submissive and ignorant about sexual matters. Expectations about appropriate gender and sexual

Gender Terms

Sex refers to the biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, or hormones.

Gender refers to the norms, roles, and relationships of and between women and men. It varies from society to society and can be changed.

Gender roles refer to what men and women can and should do in a given society. They explain what men and women are responsible for in households, communities and the workplace.

Gender equity in health is manifested in the effort to eliminate every avoidable, unjust, and remediable inequality between women and men in the state of health, health care, and participation in health sector work.

Integration of a gender perspective (gender mainstreaming) is the process of assessing the implications for women and men of any planned action, including legislation and programs, in any area and at all levels.

roles also affect men who have sex with men (MSM), homosexuals, bisexuals, and transgender persons - people who do not conform to traditional gendered expectations.

Equality and non-discrimination are vital to HIV prevention, treatment, care, and support for those living with and affected by HIV. Equality and non-discrimination are also cornerstone principles of international human rights law and should guide the response to the epidemic³.

Snapshot of the Epidemic: Gender and HIV in Latin America and the Caribbean⁴

Latin America:

- The HIV epidemic is heavily concentrated among MSM, transgender people, persons who inject drugs, and sex workers.
- The proportion of HIV positive women in Latin America increased from 6% in 1994 to over 30% today.
- The HIV burden appears to be growing among women in Central America and among indigenous populations.

The Caribbean:

- The Caribbean has the second highest level of HIV prevalence in the world, after Sub-Saharan Africa.
- Women account for about 50% of all infections, and the prevalence is especially high among young women.

Gender, Sexuality, and Increased Risk of Infection

Biological susceptibility plays a role in the HIV epidemic. Epidemiological studies show that women have more than twice the probability of infection than men if exposed to HIV, likely due to larger surface area of mucous membrane exposed to larger quantity of infectious fluids (semen) during sexual intercourse⁵. Anal penetration also poses a high risk of HIV infection for the receptive partner⁶.

Vulnerability is rooted in unequal power relations. Social norms can limit women's ability to choose with whom or under what circumstances they have sex. Lower access to education or economic opportunities may increase their dependence on their male partners, thus making them less able to negotiate safer sex.

In many situations, women who ask partners to use condoms risk being considered unfaithful, experiencing physical or emotional abuse, or being forced to leave the household. Women and girls, transgender populations, and MSM may resort to sex work to support themselves and their families because they have fewer economic opportunities⁷. Sex workers experience social stigma and may have poor access to social and medical services, a situation that may be exacerbated in countries where sex work and homosexuality is illegal (primarily in the Caribbean)^{8,9}.

Gender and HIV Services and Care

Gender influences HIV testing and treatment. Women may face barriers due to their lack of access to and control over resources, child-care responsibilities, and limited decision-making power. Men may be socialized not to seek health services due to a fear of being perceived as weak or unmanly, or of losing their jobs. Stigmatized populations such as MSM, transgendered persons, and sex workers may lack access to services or avoid contact with discriminatory health services¹⁰.

Reaching pregnant women in the context of preventing vertical transmission is a major gateway to providing HIV services to women and children. In 2009, barely half (57%) of pregnant women received an HIV test in the region and only five countries exceeded 80%.¹

HIV prevalence among adults (15-49) and among women in selected countries, ranked by region and proportion of women with HIV.

