



## The Vulnerability of Girls and Young Women to HIV Infection

### 1. Introduction

In South Africa, adolescent girls and young women (AGYW) aged 15 to 24 years are the most high-risk sector of the population for acquiring HIV. But what factors contribute to higher HIV infections among this vulnerable group, and what strategies can be used to reduce the infection rate?<sup>1</sup> This paper investigates the socio-demographic and behavioural determinants of HIV infection among AGYW in South Africa.<sup>2</sup>

### 2. Global Incidence of HIV

Globally, 38 million people are living with HIV – 68% of these in sub-Saharan Africa. Eastern and Southern African countries carry the heaviest burden, with an estimated 236 000 new infections annually. Women and girls comprise 63% of these HIV cases, with adolescent girls and young women three times more likely to be infected than men and boys of the same age.<sup>3</sup> Globally, 80% of AGYW aged 15–24 years living with HIV are in sub-Saharan Africa (SSA). In addition, the number of new HIV infections among AGYW in SSA remains exceptionally high, with about 450 000 new infections estimated in 2015. While there are fewer infections than a decade ago, high risk factors remain, and USAID reported 210 000 new infections in 2022.<sup>4</sup> Furthermore, there is a greater decline among men and boys than among women and girls. According to UNICEF, of the 1.65 million adolescents aged 10-19 living with HIV globally, only 65%, or 1.1 million, were receiving life-saving antiretroviral therapy (ART) in 2022.<sup>5</sup> HIV remains a leading cause of death worldwide and the leading cause of death globally among women of reproductive age.<sup>6</sup>

### 3. Incidence of HIV Infection in South Africa

Adolescent girls and young women “are still disproportionately affected by HIV. In eastern and southern Africa in 2017, 79% of new HIV infections among 10–19-year-olds were among females. An estimated 50 adolescent girls die every day from AIDS-related illnesses”.<sup>7</sup> Moreover, according to the Department of Basic Education, South Africa has 23% of the global number of adolescent girls living with HIV.<sup>8</sup> In 2019, an estimated 70 000 adolescent girls and young women acquired HIV in South Africa, accounting for approximately 35% of all new HIV infections in the country.<sup>9</sup> In 2020, girls aged 15 to 24 accounted for 25% of new infections, and 1 300 adolescent girls contract HIV every week.<sup>10</sup> An estimated 31% of women aged 25-47 were living with HIV in 2022. The estimated number of deaths from AIDS during 2022 reached 85 796.<sup>11</sup>

Notably, the number of new HIV infections among adolescent girls is higher than the number among boys, even though boys live in similar contexts. Attendance at clinics declined during the COVID-19 lockdown and there are no post COVID-19 statistics available at present. However, it is acknowledged that there was a spike in gender-based violence during this period which could have contributed to an increase in infection. Those with HIV need to take antiretroviral therapy (ART) to treat the disease as soon as possible; delays may be fatal.

### 4. Factors that make Girls and Young Women Vulnerable

The high HIV prevalence in this country is a result of a number of factors, which include the

following: poverty; violence against women; cultural attitudes that promote intergenerational sex; political considerations that initially prevented an aggressive response against HIV; recreational drug use; and biological factors such as the high prevalence of sexually transmitted infections (STI).<sup>12</sup>

Marisa Wilke, of Catholic Relief Services, reports that girls with poor school attendance and lower educational attainment; girls exposed to intimate partner violence; girls who experience food insecurity; girls in a relationship with an older male partner (5+ years, also called 'intergenerational relationships'); girls involved in transactional sex; and girls involved with multiple partners, all have a higher instance of HIV infection.<sup>13</sup> Adolescent girls and young women who experience gender-based violence, who are sexually exploited or who use drugs are especially at risk. Fuelled by gender inequalities, adolescent girls and young women face discrimination that compounds their vulnerabilities to HIV and leads to hesitation in seeking treatment.<sup>14</sup> Gender inequality, discrimination and poverty deny girls economic autonomy and deprive them from control over their lives.<sup>15</sup>

Research highlights "the need to address the structural socio-economic drivers of the HIV epidemic among AGYW by targeting those that come from the poor and most vulnerable households. In addition, there is a need to promote education as well as equity and access to schooling, and [to] intensify efforts targeting risk behaviours such as age-disparate sexual relationships... and risky alcohol consumption".<sup>16</sup> Pivotal to the success of such interventions is the need to address societal norms supportive of male superiority and sexual entitlement.

## 5. Intergenerational Sex

"Research [suggests] that all intergenerational sex is associated with power imbalances, no condom use, manipulation, poverty and the sheer need for economic survival. While such factors may be at play in many intergenerational partnerships".<sup>17</sup> Dr Dellene Clarke points out in her analysis of transactional sex work that the "root causes underpinning this social phenomenon are a complex interplay of poverty, inequality, unemployment and GBV most often (but not always) accompanied by a history of early sexual abuse and family breakdown. The historically patriarchal system at play in South Africa and

the concomitant high levels of GBV contribute to the harm, vulnerability, and commodification of those providing sexual acts for reward, formal and structural inequality, men's entitlement and normative gender roles".<sup>18</sup> These factors are apposite in the instance of intergenerational sex as well.

'Disassortative sex', that is sexual partnerships between individuals from high risk and from low risk groups (mixing of risk groups), is an important driving force of the HIV epidemic. This is contrasted to 'assortative' sexual mixing, that is, sexual partnerships between individuals of similar HIV risk, which would not foster the spread of HIV. Intergenerational sex, where young women have sex with older men, is one of the different forms of 'disassortative sex'. Young people, who have had less exposure to sex, are sexually connected with adults, whose HIV infection rates are likely to be higher. "The mechanisms by which inter-generational sex may facilitate HIV transmission are as follows: there are likely to be significant power differentials when the ages of the partners are so much different; condoms are less likely to be used in these relationships; likelihood of HIV discordancy at the start of the relationship likely to be high".<sup>19</sup>

Poverty also plays a role in making children vulnerable to transactional relationships, which in some cases lead to child marriage. In Uganda, South Africa and Kenya the phenomenon of 'sugar daddies' or 'blessors' is reported, where older men seek sex from children and adolescents in exchange for money or other goods. "In some instances, parents encourage transactional sex and relationships in order to secure resources for the family, even though these relationships frequently lead to child marriage and premarital pregnancy. With a greater likelihood of living in income-poor households and carrying a heavier burden of care in the household, young women are especially vulnerable".<sup>20</sup> Most adolescent girls and young women aged between 15 and 24 in South Africa are unemployed. They depend financially on others such as their grandmothers, the government's monthly child support grant, or transactional sex partners. Their HIV status creates "another layer of complexity due to the attached health responsibilities, stigma and shame".<sup>21</sup>

## 6. Gender-Based Violence

Violence against women, and especially rape, are significant problems in South Africa, where it is

estimated that more than one woman is raped each minute. Jewkes and Abrahams report that representative community-based surveys have found that among women in the 17-48 age group, there were 2 070 such incidents of rape per 100 000 women per year. Compared to consensual sex, rape is a rare event. However, the fact that rape is unsolicited, and is likely to be unsafe (no condom use; vaginal injury), makes it an important aspect in HIV transmission rates.<sup>22</sup> In South Africa, and many parts of southern Africa, there is a belief that having sex with a virgin is a cure for HIV. The extent to which such practices could be driving the HIV epidemic in South Africa is likely to be small, but there is certainly a risk.<sup>23</sup>

## 7. Conclusion

South Africa is struggling to get enough people with HIV on treatment, which means the country is lagging behind on a United Nations (UN) goal to get 95% of people diagnosed with HIV on antiretroviral drugs to help them have an infec-

tion level so low that they can't transmit the virus to someone else. Better access to ARVs and HIV prevention drugs may close the gap — and help South Africa reach the UN goals set out for 2025.<sup>24</sup> There is a need to design combination prevention interventions which simultaneously address socio-economic drivers of the HIV epidemic, promote education, equity and access to schooling, and target age-disparate partnerships and risky alcohol consumption.<sup>25</sup> “Improved understanding of the determinants of HIV among AGYW given the changing epidemic in South Africa will provide a platform for new and highly targeted impactful intervention strategies to prevent and reduce HIV infection among AGYW in the country”.<sup>26</sup>

“Services for adolescent girls and young women are especially failing to reach those who are falling the furthest behind – they are largely invisible, underserved and underrepresented in policies, services and investments”.<sup>27</sup> They are the most marginalized and vulnerable .

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### Lois Law

#### Project Co-ordinator

[lois@cpllo.org.za](mailto:lois@cpllo.org.za)

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<sup>1</sup> On 8<sup>th</sup> August the SACBC Parliamentary Liaison Office held a Webinar on the ‘Vulnerability of Girls and Young Women to HIV Infection’. The presenters were Dr Marisa Wilke, Regional Technical Advisor, Catholic Relief Services (CRS) and Mr Bonginkosi Mthembu, Catholic Health Care Association (CATH-CA). This paper owes much to their contributions

<sup>2</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>

<sup>3</sup> [https://www.pathfinder.org/focus-areas/hiv-aids/?utm\\_source=google&utm\\_medium=cpc&utm\\_campaign=hivaidspathfinderco](https://www.pathfinder.org/focus-areas/hiv-aids/?utm_source=google&utm_medium=cpc&utm_campaign=hivaidspathfinderco)

<sup>4</sup> [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)

<sup>5</sup> <https://data.unicef.org/topic/hiv-aids/adolescent-hiv-treatment/>

<sup>6</sup> <https://www.kff.org/global-health-policy/fact-sheet/the-global-hiv-aids-epidemic/>

<sup>7</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2019\\_women-and-hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf)

<sup>8</sup> City Press, 7 Sep 2021

<sup>9</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>

<sup>10</sup> Presentation by Dr Marisa Wilke at the CPLO Webinar

<sup>11</sup> <https://www.statista.com/statistics/1331607/number-of-deaths-from-aids-in-south-africa/>

<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443629/>

<sup>13</sup> Presentation by Dr Marisa Wilke at the CPLO Webinar

<sup>14</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2019\\_women-and-hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf)

<sup>15</sup> UNAIDS, 2023

<sup>16</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>

<sup>17</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443629/>

<sup>18</sup> <https://hdl.handle.net/10500/30094>

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443629/>

<sup>20</sup> [https://www.chr.up.ac.za/images/publications/centrepublishations/documents/child\\_marriage\\_report.pdf](https://www.chr.up.ac.za/images/publications/centrepublishations/documents/child_marriage_report.pdf)

<sup>21</sup> <https://tinyurl.com/4bfj3rhn>

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443629/>

<sup>23</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443629/>

<sup>24</sup> <https://bhekisisa.org/health-news-south-africa/2023-08-23-why-not-enough-people-with-hiv-are-on-treatment-and-how>

<sup>25</sup> <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>

<sup>26</sup> <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>

<sup>27</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2019\\_women-and-hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf)

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