



TRIPLE JEOPARDY: FEMALE ADOLESCENCE, SEXUAL VIOLENCE, AND HIV/AIDS

THE REALITIES:

- In all parts of the world, many adolescents' first experiences of sexual intercourse are coerced or violent.
- Violent or coercive sex makes adolescents more vulnerable to HIV.
- Interventions to address the triple jeopardy of young age, sexual violence, and HIV/AIDS must include comprehensive sexuality education and accessible sexual and reproductive health services for all adolescents, including the very young.

Pervasive gender inequalities mean that girls especially face numerous violations to their sexual and reproductive health and rights, including sexual initiation before they are physically or emotionally ready.^{1,2} Girls who live in extreme poverty, among marginalized populations, without family support, or in situations of conflict and displacement are particularly vulnerable to coerced sexual encounters and abuse.³⁻⁷

HIV/AIDS AMONG YOUTH

Half of new HIV infections worldwide are in women,⁸ and in 2007, young people, ages 15–24, accounted for about 40 percent of new HIV infections among people age 15 and older.⁹ Globally, there are 5.4 million young men and women who are living with HIV, and nearly 60 percent of them are female.¹⁰

- Unfortunately, the 2007 published data from The Joint United Nations Programme on HIV/AIDS do not address the age group 15–19 specifically. The 2002 data indicated much higher rates of infection in girls than in boys in this age group in urban areas of southern and eastern Africa.¹¹
- In sub-Saharan Africa, on average, three young women, ages 15–24, are infected with HIV for every young man; in some countries in the Caribbean, young women, ages 15–24, are more than twice as likely to be infected with HIV than young men.¹²
- In Cambodia, three times as many women and girls, ages 15–24, are living with HIV as their male counterparts.¹³
- In South Africa, an estimated 14 percent of young women and four percent of young men, ages 15–24, are living with HIV.¹⁴
- In Lesotho, fewer than ten percent of girls ages 18 and 19 are living with HIV, but by age 24 almost 40 percent of them will be HIV-positive.¹⁵

ADOLESCENT GIRLS' EXPERIENCES OF SEXUAL COERCION AND VIOLENCE

Girls are highly vulnerable as children and adolescents to sexual abuse and violence in their homes, neighborhoods, schools, and communities.¹⁻⁷ Early sexual initiation is strongly associated with sexual coercion in many places.

- In Lima, Peru, 45 percent of women who first had intercourse before age 15 said they were coerced. Comparable figures for provincial Tanzania and Bangladesh are 43 percent and 36 percent, respectively (see table).¹⁶

Proportions of women ages 15 – 49 reporting that their first act of sexual intercourse was forced, by age at first intercourse.¹⁶

COUNTRY	Under age 15	15 – 17	18 and over
Peru (city)	45%	9%	3%
Peru (province)	41	28	17
Tanzania (city)	40	17	10
Tanzania (province)	43	18	12
Bangladesh (city)	38	24	13
Bangladesh (province)	36	28	21
Samoa	35	14	6
Thailand (province)	20	7	4
Ethiopia (province)	18	15	20
Brazil (city)	14	2	2
Brazil (province)	11	4	3

- In South Africa, the most prevalent crime reported against children is rape. Forty percent of rapes or attempted rapes reported to the police are of girls under age 18.¹⁷
- Among primary school students in Malawi who reported having experienced forced sex, 71 percent said that it had happened at school. More than 80 percent of the students said they knew someone who had been sexually victimized by a teacher in return for good grades. Girls reported higher rates of sexual coercion than boys overall.¹⁸
- Among sexually experienced Kenyan boys and girls ages 10–19, 45 percent of girls and 17 percent of boys had been forced into non-consensual sex at least once. Boys who had been coerced themselves were four times more likely than those who hadn't to admit to persuading or forcing girls to have sex against their will.¹
- Sexual initiation within marriage may also be forced. Substantial proportions of Ethiopian and Bangladeshi women said their sexual initiation was forced (see table), and virtually all of these girls experienced sexual initiation within marriage.^{1,2,16}

SEXUAL VIOLENCE AND GIRLS' VULNERABILITY TO HIV/AIDS

The use of physical force or emotional coercion during a sexual act greatly increases the risk of HIV transmission to the female if the male is infected. The female genital tract is highly susceptible to sexually transmitted infections (STIs), including HIV.¹⁹ Violence and rape can further increase HIV risk by causing abrasions, bleeding, and tearing, especially among young girls whose genital tracts are not yet fully mature.²⁰

Many girls and young women, especially the very young, cannot refuse unwanted sex or negotiate protection from pregnancy and STIs, including HIV, particularly when they fear retaliation. They can suffer multiple adverse physical, social, and emotional outcomes.^{1,2,21} In situations of force or coercion, whether by strangers, acquaintances, family members, boyfriends, "sugar daddies," or husbands, negotiating condom use is virtually impossible.

- A study in South Africa which included young women ages 16 and over found that women who are in relationships with violent or domineering men are 50 percent more likely to contract HIV than women not involved in abusive relationships.²²
- For girls who marry young, physiological vulnerability is compounded by exposure to frequent, unprotected, and also forced sexual intercourse within marriage. Young girls married to older men are at especially high risk because their husbands are more likely than younger men to have had other partners and to be HIV-positive.^{23,24} In Uganda, the risk of HIV infection doubles for girls ages 15–19 who have male partners ten or more years older.²⁵
- Some abusive men control their female partners by forbidding them to leave the house, contact friends or family members, or attend health clinics or other community services.¹⁶ Young married girls are often particularly isolated,²⁶ but most adolescent girls who experience sexually abusive relationships or encounters have difficulty accessing services.
- Violence can be both a cause and a consequence of HIV infection.^{27,28} Women in some studies report fear of being beaten or abandoned by their partners as their main reason for not obtaining an HIV test, not disclosing the results, or not requesting that their partner be tested, use condoms, or be faithful.²⁹

POLICY AND PROGRAM RESPONSES

Effective strategies, policies, and programs are urgently needed at national, provincial, and local levels to protect young people, especially girls and young women, from sexual abuse or coerced sex and its consequences, including HIV infection.^{1,2,30-33} Continuous advocacy, strategic investment, and committed leadership are essential to addressing the triple jeopardy of sexual violence, HIV/AIDS, and adolescence.

- **ESTABLISH LAWS AND POLICIES FOR ZERO-TOLERANCE OF ABUSE AND VIOLENCE.** Political, civic, and religious leaders should publicly condemn all forms of sexual harassment, abuse, and violence and initiate and implement laws that emphasize the human rights of girls and young women. Police officers and other law enforcement officials should be trained to recognize and respond to violence against adolescents, particularly to understand how gender inequalities often lead to and perpetuate abuse.
- **PROVIDE UNIVERSAL ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION.** Comprehensive sexuality education in schools should be available to all students, beginning in the primary levels.³⁴ Such education gives young people information about their bodies, their health, and health care. It teaches young

people about communication and decision-making. It helps them learn how to establish equality in relationships, respect the right to consent in both sex and marriage, and end violence and sexual coercion.

- **EMPLOY POPULAR MEDIA IN AWARENESS AND EDUCATION CAMPAIGNS.** Awareness and prevention messages about sexual violence, equality, and human rights can be effectively promoted among adolescents through popular media such as radio, video, and the Internet.
- **CREATE SAFE PLACES FOR GIRLS INSIDE SCHOOLS AND IN THE COMMUNITY.** Schools, youth programs, and communities must have clear policies and interventions to prevent and punish sexual harassment and abuse, as well as gender discrimination in these settings. They should ensure physical security on the premises, including in lavatories and during girls' travel to and from school. Girls-only programs, facilities, and spaces can be considered depending on local circumstances.⁷ All professional personnel should be trained to recognize symptoms of abuse or violence, to refer girls for support and care, and treat their students in a non-discriminatory manner.
- **MAKE HEALTH SERVICES ATTRACTIVE TO YOUNG PEOPLE.** Sexual and reproductive health services should be offered to all adolescents and encompass information and services for the prevention, diagnosis, and treatment of sexual violence, unwanted pregnancy, and STIs, including HIV.^{36,37} To ensure that these services appeal to young people, they must be affordable, non-judgmental, confidential, available outside of school hours, and accessible without parental consent requirements.
- **TRAIN HEALTH CARE PROVIDERS.** Health care providers should be trained to recognize and treat emotional, physical, and sexual abuse among youth, including providing referrals and confidential, non-judgmental counseling. Health care providers should routinely offer youth, who have been sexually assaulted, STI and HIV counseling and testing, emergency contraception, and post-exposure prophylaxis to prevent HIV infection. Young women should also receive pregnancy counseling and testing, and safe abortion services if desired. In addition, health care providers should be trained to refer offenders to social services and to call on the criminal justice system for support.^{38,39}
- **UNDERTAKE PROGRAMS FOR MEN AND BOYS.** Programs for men and boys are also urgently needed to help change social norms of how men and women interact and to encourage relationships based on gender equality. These programs should emphasize men's obligation to respect and protect the human rights of women as well as men's responsibility for their own sexual behaviors and their consequences.

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For more information on adolescents, including additional policy and program recommendations, please visit www.iwhc.org/resources/youngadolescents/index.cfm.

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