Women now account for half of the 33 million people living with HIV around the world. In sub-Saharan Africa, home to two-thirds of the world’s people living with HIV, women are even harder hit, making up 60 percent of those infected. Not only are women biologically more susceptible than men to HIV, many behavioral and social factors play into women’s vulnerability.1 If a young woman is uninfected with HIV at the time of her marriage, traditional wisdom says that she has avoided the disease altogether. More and more, however, research shows that marriage is not enough to protect people from HIV, either women or men. This documentary, filmed in Kenya, explores some of the complex realities of married women, and how the challenges of HIV prevention in this group defy simple solutions. The film urges a broader, integrated approach to preventing HIV, which includes confronting damaging social norms that put all people—men and women alike—at risk.

**WHY THIS FILM WAS MADE:**
This film was produced by Population Action International (PAI) to raise awareness of the risk of HIV transmission within marriage, and to illustrate the particular challenges facing married women. It also shows that traditional approaches to HIV prevention do not meet the needs of married women, because practicing abstinence is unrealistic, because wives cannot control the faithfulness of their husbands, and because they find it difficult to negotiate condom use. This film is intended to be used as an advocacy tool to inform, provoke discussion, and mobilize political and financial support for evidence-based HIV prevention, sexual and reproductive health and rights programs, and broader social and economic policies to improve the lives of women and their families.

**SEX AND HIV WITHIN MARRIAGE**
In about one out of ten married couples in Kenya, at least one partner is living with HIV. Among married people who are living with HIV, 45 percent have a partner who is uninfected.2 This is not unique to Kenya—in a study of five African countries, two thirds of HIV-infected couples are serodiscordant (one partner is HIV-negative, while the other is HIV-positive). In Rwanda and Zambia, it is estimated that over half of new infections occur within marriage or in cohabitating relationships, and just under half in Uganda.3,4 While risk of transmission in discordant couples can be drastically reduced, this can only happen when partners are tested, disclose their results, and use condoms. However, the number of people who do so in many affected countries remains low, contributing to infection within marriage. Condom use is infrequent among married couples for multiple reasons, including the desire for children and the widespread association of condoms with infidelity and lack of trust.5 In Kenya, 97 percent of people in married or cohabitating relationships reported that they did not use a condom the last time they had sex.6
NEW MULTIPLE: 11% among those in polygamous relationships. For example, in Kenya, 11 percent of married men reported having an extramarital partner in the past year, as opposed to just over two percent of women. Polygamy is also associated with increased risk of HIV. In Kenya, among currently married people, seven percent of those in monogamous relationships are HIV-positive, but the rate reaches 11 percent among those in polygamous relationships.

VIOLENCE WITHIN MARRIAGE AND HIV
Gender-based violence plays an overlooked but significant role in women’s vulnerability to HIV. Forced sex obliterates women’s ability to negotiate condom use, and the threat of physical violence is a strong deterrent to requesting condom use, particularly with a husband who may view the request as an admission or accusation of infidelity. In many parts of Africa and around the world, married women have little legal protection from violence. In 2006, Kenya passed the Sexual Offenses Act, which strengthened existing sexual violence laws. However, before its passage, parliamentarians removed a clause criminalizing marital rape. In Kenya, 43 percent of ever-married women report physical or sexual violence from their husband and 28 percent experienced violence within the past year.

WHAT CAN BE DONE?
Many steps can be taken to reduce the vulnerability of married women and men to HIV infection, including stronger policies, better prevention strategies, and changes in harmful social norms. These steps can include:

- Educating men and women about social norms and how those norms negatively impact men and women’s health
- Building political will to enact and reform policies to reduce women’s vulnerability
- Ensuring legal protections for women’s property and inheritance rights
- Enacting and enforcing laws against domestic violence and rape, including marital rape
- Achieving equality in girls’ education at all levels
- Increasing HIV counseling and testing focused on couples
- Developing programs that promote condom use among married couples
- Integrating HIV services with family planning and reproductive health services to reach more married women with information and support

Such programs also have a history of increasing male involvement in reproductive health decision making.

WOMEN’S EMPOWERMENT AND HIV
Social and legal factors that impede women’s empowerment also have important impacts on married women’s vulnerability to HIV. In sub-Saharan Africa and many other parts of the world, women have lower educational attainment and, subsequently, fewer economic opportunities than men. Much of women’s work is unpaid or exists in the informal sector. Because of these and other factors, women lack access to credit and are often denied inheritance and property rights—a critical problem for women widowed due to HIV who lose their financial security at a critical time. Further, economic dependence on a husband makes it difficult to leave an unsafe marriage or refuse unprotected sex.

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