Maternal Health and HIV/AIDS

Women of child-bearing age increasingly endure the burden of the HIV/AIDS epidemic. HIV/AIDS is the number one cause of death among women of reproductive age (15-49) in the world.¹ The spread of the epidemic continues to outpace the world’s response to it. Women account for half of the adults living with HIV/AIDS, and since 2001, the number of women living with HIV has increased by nearly 2 million to 15.7 million in 2008.²,³ In sub-Saharan Africa, women and girls account for six out of every 10 people living with HIV.⁴

The HIV epidemic has had an adverse effect on efforts to reduce maternal mortality rates. A new analysis ⁴ shows that maternal mortality rates increased in countries with large HIV epidemics in southern, western and central Africa. Without HIV, there would have been more than 60,000 fewer maternal deaths in 2008. The HIV epidemic has slowed progress toward reducing maternal mortality rates in sub-Saharan Africa.

Many women learn their HIV status in antenatal and childbirth services. Women in developing countries often do not learn they are infected with HIV until they are pregnant and tested in the course of their maternal health care. Appropriate and timely antenatal care and prevention of mother-to-child transmission (PMTCT) programs have been shown to provide a pathway to HIV prevention, treatment and care services for women and their entire families. Such programs include primary prevention of HIV infection among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission from a woman living with HIV to her infant; and providing appropriate treatment, care and support to mothers living with HIV and their children and families.⁵

HIV increases maternal mortality in countries with high incidence of HIV/AIDS. A five-year study in Johannesburg, South Africa, which has been hard-hit by the epidemic, revealed that the maternal mortality ratio was more than six times higher in HIV-positive women than in HIV-negative women (776 deaths per 100,000 births compared with 124 per 100,000 births).⁶

HIV infection is a major contributor to maternal morbidity. Ongoing research suggests that pregnant, HIV positive women may see disease progression worsen during their pregnancies.⁶

There is an urgent need for new female-initiated prevention options. Current HIV prevention strategies are not doing enough to protect women. Prevention methods such as condoms and abstinence are not realistic options for many women, especially those who are married, who want to have children or who are at risk of sexual violence. Safe and effective microbicides could provide women with a powerful new tool to protect themselves from HIV without limiting their choices to bear children.

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¹ WHO, “Women and Health: Today’s Evidence, Tomorrow’s Agenda,” November 2009
⁵ WHO, “PMTCT strategic vision 2010–15: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals,” 2010