

# HIV and adolescent girls and young women



2023 GLOBAL AIDS UPDATE FACTSHEET

In 2022, there were an estimated 1.9 million adolescent girls and young women (aged 15–24 years) living with HIV, compared with 1.2 million adolescent boys and young men (aged 15–24 years). Globally, 46% of all new HIV infections were among women and girls (all ages) in 2022.

Worldwide, between 2000 and 2022, new HIV infections among adolescent girls and young women fell by 55%, and the rate of that decline has accelerated over the past decade. The number of adolescent girls and young women (aged 15–24 years) who acquired HIV in 2022, however, was nearly five times higher than the 2025 target of 50 000.

## Adolescent girls and young women in sub-Saharan Africa

In sub-Saharan Africa, there were 210 000 new HIV infections among adolescent girls and young women (aged 15–24 years) in 2022. Women and girls (all ages) accounted for 63% of all new HIV infections. In all other geographical regions, over 50% of new HIV infections in 2022 occurred among men and boys of the same age.

Globally, 4000 adolescent girls and young women (aged 15–24 years) were infected with HIV every week in 2022. Of these, 3100 infections were in sub-Saharan Africa. Eighty two per cent of adolescent girls and young women who acquired HIV in 2022 live in sub-Saharan Africa, including two thirds in eastern and southern Africa.

Long-standing gender inequalities, discrimination and poverty deny many women and adolescent girls economic autonomy, deprive them of control over their sexual lives, and expose them to the risk of emotional and bodily harm (1–3). All these factors can increase the risk of HIV, particularly in sub-Saharan Africa, where HIV prevalence among adolescent girls and young women is more than three times higher than among their male counterparts.

For adolescent girls and young women living with HIV, programmes must do better to ensure they can access convenient HIV and sexual and reproductive health services and can live well. Research shows that women and girls with poor school attendance (4), those with lower education attainment (5–7), those exposed to intimate partner violence in some settings (8), those who experience severe food insecurity (9), and those with older male partners (10, 11) are at higher risk of acquiring HIV. A lack of basic knowledge about sex and sexuality, and limited access to sexual and reproductive health and rights services for both boys and girls add to these vulnerabilities (12).

Programmes need to draw together biomedical tools and behavioural, cultural and structural interventions (13). Providing women with an enabling environment, the information and services they need, and social support is essential.

## 2022 global data: adolescent girls and young women (aged 15–24 years)

**49%** decrease in new HIV infections among adolescent girls and young women since 2010

**38%** decrease in AIDS-related deaths among adolescent girls and young women since 2010

Adolescent girls and young women living with HIV: **1 900 000 [1 100 000–2 700 000]**

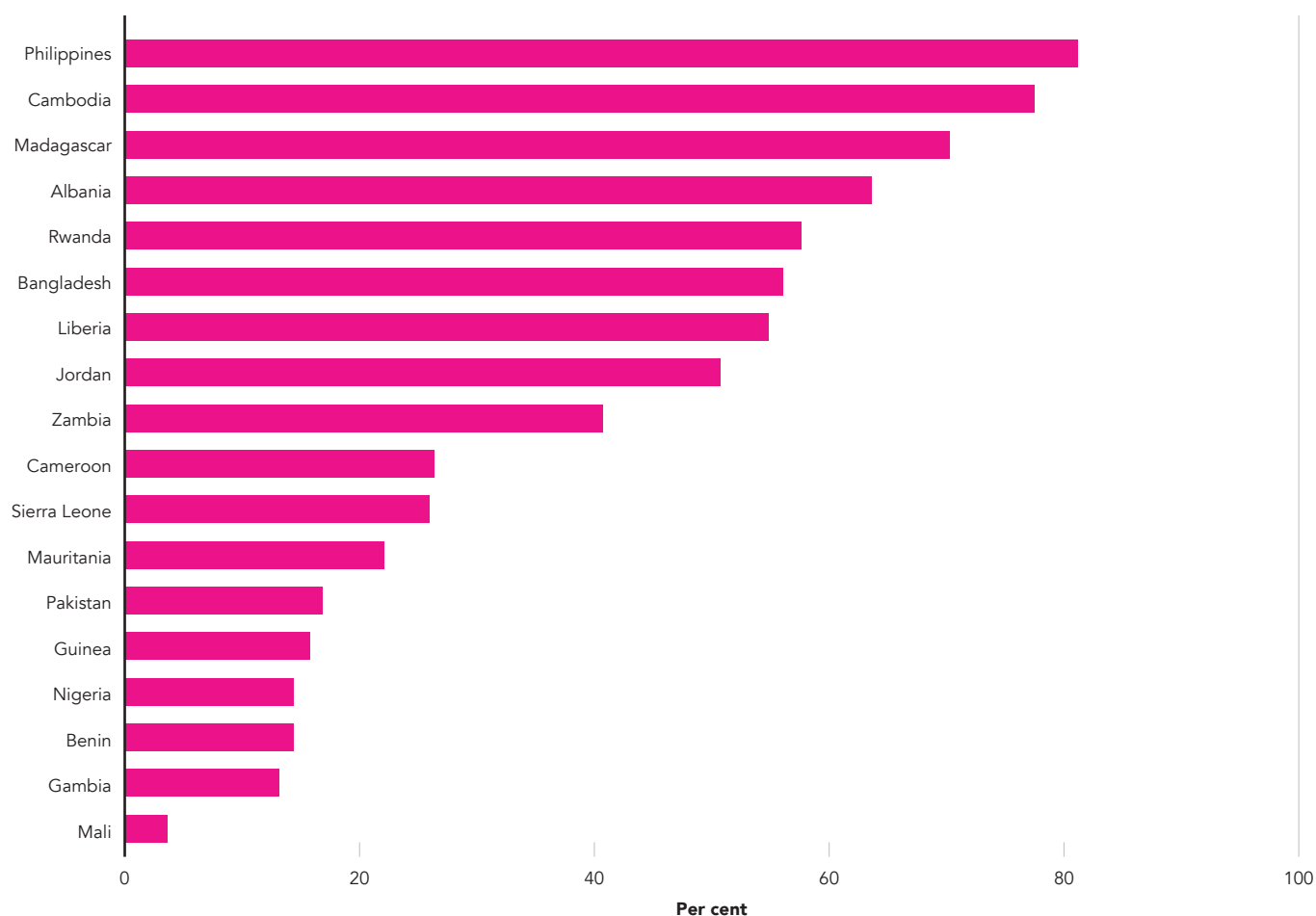
New HIV infections among adolescent girls and young women: **210 000 [130 000–300 000]**

AIDS-related deaths among adolescent girls and young women: **23 000 [13 000–35 000]**

## In 2022

<b>HIV services</b>	In 19 high HIV burden countries in Africa, dedicated combination prevention programmes for adolescent girls and young women are operating in only 42% of high HIV incidence locations.
<b>Laws and policies</b>	<p>In 105 of 144 countries with available data, national laws or policies require adolescents to obtain parental or guardian consent to access HIV testing services (14).</p> <p>According to available data from 155 countries, 85% have policies or, in some cases, laws or legal frameworks related to sexuality education.</p> <p>A total of 78 countries reported having education policies on life skills-based HIV and sexuality education in both primary and secondary schools, and 30 reported having policies only in secondary education. The remaining countries referred to an overall supporting legal framework, which includes laws, decrees, acts and policies (15).</p>
<b>Impact of social and gender norms</b>	In 10 of 18 countries with available data, less than 50% of currently married adolescent girls and young women reported making their own decisions regarding sexual relations, contraceptive use and health care (Figure 1).
<b>Sexual and reproductive health services</b>	<p>Many countries prohibit condom promotion and distribution in schools and other venues where adolescents socialize:</p> <ul style="list-style-type: none"> <li>• 41 countries have reported that their national condom strategy or plan includes condom promotion in (secondary) schools.</li> <li>• 23 countries have reported that their national condom strategy or plan includes condom distribution in (secondary) schools.</li> <li>• 22 countries have reported having restrictions on condom distribution in public places, and 119 countries have reported not having such restrictions.</li> </ul> <p>34 countries have reported having age restrictions for accessing condoms, and 107 countries have reported not having such restrictions (14).</p> <p>More research and data specific to the experiences of adolescent girls and young women are needed. The information available shows that young women from key populations experience high rates of unmet need for sexual and reproductive health services (16).</p>

**Figure 1** Percentage of adolescent girls and young women (aged 15–24 years) who are currently married or in union who make their own informed decisions about sexual relations, contraceptive use and their own health care, countries with available data, 2018–2022



Source: Demographic and Health Surveys, 2018–2022.

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**For additional information and data on adolescent girls and young women and HIV, see:**

AIDSinfo

2023 global AIDS update report

Key populations factsheets (for data on women from key populations)