

Violence against women and HIV/AIDS: International Context

**Meeting on
Jornadas Estatales: Cruce de Caminos, Violencia de Género y
VIH
World Health Organization**

Barcelona, November 29 2005

Department of Gender, Women and Health (GWH)



WHO (GWH): Areas of work

- **Gender, Violence and HIV/AIDS**
- Integrating gender into public health



Gender, Violence and HIV/AIDS team: priority issues

- Need to mainstream gender into all aspects of HIV/AIDS programming
- Ensure gender equity in access to prevention, treatment and care scale
- **Address violence against women as part of the health-sector response to HIV/AIDS as well as part of broader social change efforts**



Information Briefs: Violence Against Women and HIV/AIDS

- **No. 1. Intimate Partner Violence**
- **No. 2. Sexual Violence in Conflict Settings**
- **No. 3. Violence Against Sex Workers**



1. Intimate Partner Violence and HIV

Evidence on women and HIV

- Women constitute 47% of those living with HIV globally and 57% in sub-Saharan Africa
- Young women (15-24 years) account for 75% of infections and in some countries are up to 6 times more likely to be infected
- Women and girls' vulnerability to HIV shaped by gender inequalities – violence against them in particular



1. Intimate Partner Violence and HIV

Evidence on violence against women

- Between 30-56% of women surveyed in 10 countries who had experienced any intimate partner violence report both physical and sexual violence (WHO multi country study 2005).
- Between 6 and 47% of adult women world wide report being sexually assaulted by their intimate partner
- Between 7 and 48% of girls and young women 10-24 years report first sexual encounter as coerced.



1. Intimate Partner Violence and HIV

Links between Partner Violence and HIV

- Studies from Rwanda, Tanzania and South Africa show up to three fold increases in risk of HIV among women who have experienced violence
- In Nicaragua, women who were severely sexually abused in their childhood had more number of partners
- In Uganda, young women (15-19 years) who reported their first sexual encounter was coerced were less likely to use condoms and more likely to report symptoms of sexually transmitted infections



1. Intimate Partner Violence and HIV

Links between Partner Violence and HIV

"My husband hated condom use. He never allowed it. He would beat men often, He used to beat me when I refused to sleep with him. He would not use a condom. He said when we are married, how can we use a condom? It is a wife's duty to have sex with her husband because that is the main reason to come together.....When I knew about his girlfriends, I feared I would get infected with HIV. But he didn't listen to me. I tried to insist on using a condom, but he refused. So I gave in because I really feared [him]".

(A 31 year old Ugandan woman)



1. Intimate Partner Violence and HIV

Links between Partner Violence and HIV

- Coercive sex and biological risk of infection
- Inability to negotiate safe sex including condom use
- Childhood sexual abuse and increased risk taking
- Experience of violence and partnering with older/riskier men
- Violence or fear of violence as barrier to HIV testing, disclosure and access to services



1. Intimate Partner Violence and HIV

Addressing partner violence in HIV programmes

- Behaviour change communication strategies – challenging attitudes towards violence – e.g. Soul City in South Africa and Sexto Sentido in Nicaragua
- Training HIV testing and counselling providers in responding to violence against women
- Programmes targeting gender and sexual norms – e.g. Men as Partners in South Africa, Stepping Stones in African countries, Program H in Brazil



1. Intimate Partner Violence and HIV

Addressing partner violence in HIV programmes

- Public Awareness Campaigns – 16 Days of Activism to End Violence Against Women
- Economic Empowerment of Women – Microcredit and Microfinance programs – IMAGE in South Africa
- Strengthening Laws and Policies – domestic violence legislations and laws related to gender equality



2. Sexual Violence in Conflict Settings and HIV

Evidence on sexual violence during conflict

- During conflict in Bosnia-Herzegovina between 20,000 and 50,000 muslim women were raped
- In Rwanda an estimated 250,000 women were raped during the genocide.
 - HIV prevalence in rural areas increased from 1% before 1994 to 11% in 1997. In one survey 67% of women who survived the rape had HIV
- In Liberia during the civil war 49% of surveyed women reported at least one act of physical or sexual violence by a soldier or fighter



2. Sexual Violence in Conflict Settings and HIV

Links between sexual violence in conflict and HIV

- Direct transmission through rape
- Women placed in situations – e.g. refugee camps etc where forced to exchange sex for survival
- Increased overall levels of violence during conflict and post-conflict including intimate partner violence making it difficult for women to negotiate safe sex



2. Sexual Violence in Conflict Settings and HIV

Addressing sexual violence in conflicts

- Challenging as law enforcement systems not functioning and immediate needs take precedence over addressing other health concerns
- At minimum, health services need to identify women who have experienced violence and provide medical services including counselling and HIV testing



3. Violence Against Sex Workers and HIV

Evidence on HIV among sex workers

- The HIV epidemic often first spreads among high risk populations including sex workers
- HIV prevalence among sex workers is reported to be as high as 65 to 75% in some countries



3. Violence Against Sex Workers and HIV

Evidence on violence against sex workers

- In Bangladesh, between 52 and 60% street-based sex workers reported being raped by men in uniform
- In Namibia, 72% of surveyed sex workers reported being abused
- In India 70% of surveyed sex workers reported being beaten by police and more than 80% arrested without evidence



3. Violence Against Sex Workers and HIV

Links between violence against sex workers and HIV

- Use or threat of violence by gatekeepers forces sex workers to take more clients or forgo condom use
- Exchange of unpaid and unprotected sex with law enforcement authorities to escape arrest, harassment or release from prison
- Harassment of outreach service providers by law enforcement authorities reduces access to prevention information and services
- Experience of violence from clients and intimate partners, prevents negotiation of safer sex



3. Violence Against Sex Workers and HIV

Links between violence against sex workers and HIV

- Hostility by health care providers acts as a barrier to accessing HIV services
- Sex workers who inject drugs or injecting drug users who sell sex may experience increased violence related to buying, sharing or selling drugs
- Threat or experience of violence linked to feelings of anxiety and loss of self-esteem contributing to lower priority given to health and HIV over more immediate concerns for safety and survival



3. Violence Against Sex Workers and HIV

Addressing violence against sex workers in HIV programmes

- Educational materials on legal rights – e.g. SWEAT South Africa
- Organize into collectives – e.g. Sonagachi in India
- Community vigilance to inform sex workers of potentially violent clients or incidents e.g. TAMPEP
- Workshops with law enforcement authorities to reduce police violence – e.g. Papua New Guinea
- Advocacy to promote human rights



WHO's work on Violence Against Women and HIV/AIDS

- Evidence and policy recommendations for PEP in the context of sexual assault – Sep 05
- Consultation on good practices to address violence against women in the context of HIV testing and counselling – Jan 06
- Guidelines on mainstreaming gender into HIV/AIDS programmes (ongoing)
- Sexual violence research initiative – promoting research on sexual violence (ongoing)
- IASC guidance on addressing HIV in emergencies (2004) and GBV in emergencies (2005)
- Advocacy as a co-convener for the Global Coalition on Women and AIDS – VAW theme (ongoing)

