

Addressing the links between gender-based violence and HIV in the Great Lakes region

Background information on GBV and HIV

Regional Workshop - 15th-16th July 2013 Dar-es-Salaam, Tanzania.



United Nations
Educational, Scientific and
Cultural Organization



Division for Gender Equality
UNESCO
7, place de Fontenoy
75007 Paris

Abbreviations and Acronyms

- AIDS** Acquired Immunodeficiency Syndrome
- ANC** Antenatal care
- ART** Antiretroviral therapy
- CDC** Centers for Disease Prevention and Control (USA)
- GBV** Gender-based violence
- HIV** Human Immunodeficiency Virus
- IDU** Injected Drug User
- IPV** Intimate partner violence
- M & E** Monitoring and Evaluation
- MSM** Men who have sex with men
- NGO** Non-Governmental Organization
- UNDP** United Nations Development Program
- UNFPA** United Nations Fund for Population Activities
- PLWHA** People Living with HIV/AIDS
- PMTCT** Prevention of Mother to Child Transmission
- STI** Sexually Transmitted Infections
- SV** Survivor of violence
- VCT** Voluntary Counseling and Testing
- UNAIDS** United Nations Joint Program on HIV/AIDS
- VAW** Violence against women
- WHO** World Health Organization
- WLHA** Women Living with HIV/AIDS

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Introduction

Violence against women and girls is one of the most systematic and widespread human rights violations. It is rooted in gendered social structures rather than individual and random acts; it cuts across age, socio-economic, educational and geographic boundaries; affects all societies; and is a major obstacle to ending gender inequality and discrimination globally¹.

Violence against women: a definition

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”²

The terms ‘gender-based violence’ (GBV) and ‘violence against women’ (VAW) are frequently used interchangeably in literature, however, **the term gender-based violence refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or culture.** Gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence.

Since HIV and AIDS emerged over 25 years ago, the percentage of HIV- positive women and girls within the general population of HIV-positive people has increased globally. This phenomenon has been identified as the ‘feminization’ of the HIV epidemic: there are more women than men living today with HIV. The inter-connections between violence against women and HIV, as both a root cause and consequence of HIV, are now widely acknowledged both by the scientific community and development practitioners. Violence against women may increase the risk of transmission of HIV both directly and indirectly.

¹ UN General Assembly, 2006

² Declaration on the Elimination of Violence against Women, 1993

Forced sex may directly lead to HIV transmission, and women and girls may be unable to negotiate safer sex because of gender power inequalities. In addition, women living with HIV may also face increased levels of violence, due to stigma and discrimination.

Both GBV and the HIV pandemic are health-related but also deeply socially constructed. Neither is solely biological; both are informed by social attitudes about gender and roles of men and women in societies. Both are about unequal gender power relations, political will, governmental accountability, and resource allocation:

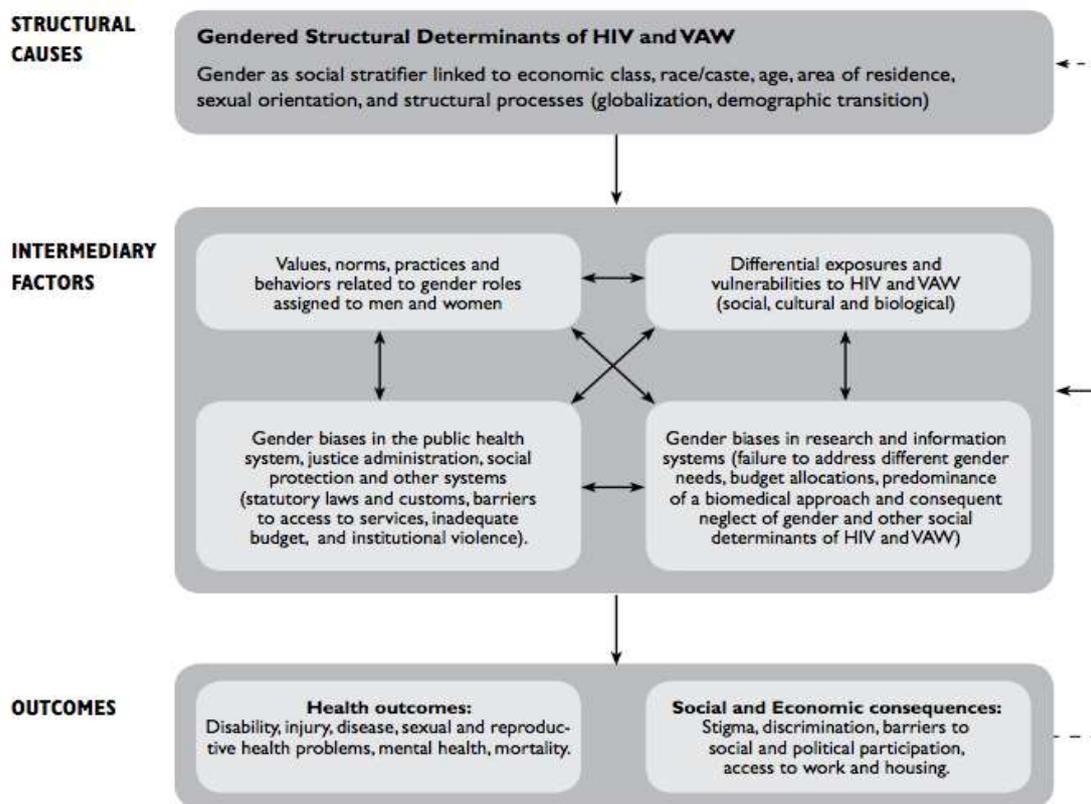


Figure 1: Conceptual framework for analyzing linkages between HIV and VAW causes, intermediary factors and outcomes/consequences³.

Despite the multiple linkages between HIV/AIDS spread and the high prevalence rates of GBV through the world there have been very few programmatic efforts at the policy level to address these issues conjointly. For this reason, UNESCO has organized a workshop in

³ Sen, G, Pirooska, O, Asha, G: *Unequal, Unfair, Ineffective and Inefficient – Gender Inequity in Health: Why it exists and how we can change it*. Women and Gender Equity Knowledge Network. 2007.

Dar-es-Salaam, Tanzania to be held in July 2013. The workshop intended to address the linkages between GBV and HIV/AIDS in the Great Lakes region (including attention to situations of conflict and post-conflict), and to provide concrete policy recommendations for integrating national responses to both pandemics.

The objective of this regional workshop was to discuss the links between gender-based violence (GBV) and HIV and AIDS in conflict and post-conflict situations in the Great Lakes Region. The discussions evolved around five country based reports that had been undertaken with the aim of providing concrete policy recommendations at national and regional levels, as well as examples of good practices and effective interventions that have been carried out in the region.

The workshop was attended by researchers, policy-makers and members of the civil society from Tanzania, Rwanda, Uganda, Kenya and Democratic Republic of Congo who will engage in debates and discussions with the aim of filling identified gaps in existing research and assisting governments in developing and implementing their national action plans and strategies on prevention of gender-based violence and on HIV and AIDS.

This report was written in order to complete the country based reports by providing a wide review of the global situation on both HIV/AIDS and GBV. To that effect, it includes the definitions of both HIV/AIDS and GBV, and an assessment of the evidence of their linkages, including a review on how each different type of gender-based violence can affect the spread of HIV.

HIV/AIDS

Since HIV and AIDS emerged over 25 years ago, the percentage of HIV- positive women and girls within the general population of HIV-positive people has increased globally. This

phenomenon has been identified as the ‘feminization’ of the HIV epidemic: there are more women than men living today with HIV. In Sub-Saharan Africa, young women aged 15-24 are eight times more likely than men to be HIV positive. In Asia, women are a growing proportion of all the newly infected people: from 21% in 1990 to 35% in 2009. (UNAIDS, 2010)

Below are some examples of regional statistics that are taken from the 2006 Report on the Global AIDS Epidemic by UNAIDS.

- Sub Saharan Africa is the global epicenter of the epidemic.
- Women comprise more than 50% of adults living with HIV.
- Among young people (15-24) the ratio climbs to three women for every one man. Worldwide, three-quarters of all women above age 15 living with HIV are in Sub-Saharan Africa.
- In Australia, indigenous women are 18 times more likely to be HIV positive than non-indigenous women, and three times more likely than non-indigenous men.
- In Thailand, one-third of new infections in 2005 were among women who had contracted the virus from long-term male partners.
- In Trinidad and Tobago, women in their late teens were six times more likely to be HIV positive than males of the same age. In Jamaica, young women are twice as likely as young men.
- In Honduras, AIDS is the leading cause of death for women.

These allow us to reflect on the implications of the feminization of HIV/AIDS in the light of unequal gender power relations: several studies show significant overlap in prevalence of HIV/AIDS and GBV. Research has also shown that intimate partner violence (IPV) is a risk factor for HIV infection among women and men⁴. We also know that violence or fear of violence from a partner can be an impediment to or a consequence of HIV testing and counseling⁵. The same fear can create a barrier to accessing and utilizing prevention of mother to child transmission (PMTCT) services⁶. The unequal power relations in relationships lead to the fact that women who have violent partners are less likely to negotiate condom use and more likely to be abused when they do so. There are also more

⁴ Townsend L. *et al.* “HIV risk behaviours and their relationship to intimate partner violence (IPV) among men who have multiple female sexual partners in Cape Town, South Africa.” *AIDS Behaviour*. 2011 Jan (1) p. 132-41

⁵ , WHO (2006) *Addressing Violence against Women in HIV Testing and counseling*.

⁶ Human Rights Watch. (2005). *A Dose of Reality: Women’s Rights in the Fight against HIV/AIDS*. New York: Human Rights Watch.

indirect effects on GBV that can increase a woman's risk of acquiring HIV: economic violence can lead to increased vulnerability and poorer overall health status⁷. Women who have experienced childhood sexual abuse are more likely to engage in HIV risky behaviours as an adolescent or as an adult⁸. Moreover, data also reveal that women in long-term heterosexual relationships are not protected against transmission and that women who are members of marginalized groups are particularly at risk for infection⁹.

Gender based violence

In 1993, the UN Declaration on the Elimination of Violence against Women offered the first official definition of the term "Gender-based Violence": "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life." Gender-based violence has since become an "umbrella term" for any harm that is perpetrated against a person's will, and that results from power inequalities that are based on gender roles. Gender-based violence almost always has a greater negative impact on women and girls, for this reason the term "Gender-based Violence" is often used interchangeably with the term "Violence against Women" (VAW).

Diverse forms of gender-based violence, include (amongst others) sexual, physical or emotional abuse by an intimate partner (known as intimate partner violence or IPV), family members or others; sexual harassment or abuse, trafficking for forced labor or sex, forced marriage, female genital mutilation, child marriages, and sexual violence in conflict situations.

Globally, statistics on gender-based violence are shocking: the first global report on Violence against women released by the World Health Organization¹⁰ in June 2013 presents some alarming statistics:

- Overall, **35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence**. While there are many other forms of violence that women may be exposed to, this already represents a large proportion of the world's women.

⁷ Fawole, O "Economic violence to women and girls: is it receiving the necessary attention?" *Trauma Violence & Abuse* 2008;9(3):167-77.

⁸ Fuentes C. "Pathways from interpersonal violence to sexually transmitted infections: a mixed method study of diverse women." *Journal of Women's Health* 2008;

⁹ Human Rights Watch, *ibid*.

¹⁰ . WHO (2013) *Global and regional estimates of gender-based violence: prevalence and health effects of intimate partner violence and non-partner sexual violence*

- Most of this violence is **intimate partner violence (IPV)**. Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In some regions, 38% of women have experienced intimate partner violence. Globally, 7% of women have been sexually assaulted by someone other than a partner.
- Globally, as many as 38% of all murders of women are committed by intimate partners.
- It is estimated that in the last decade, over 58 million girls were married before the age of 18 years; of those, 15 million were 10-14 years old. Many were married against their will, often experiencing violence¹¹.
- Studies in Central and South Asia, Europe, and North America estimate that 40% to 70% of sex workers experience violence each year.¹² Where sex work is criminalized, sex workers are denied access to justice, health care and other services when they face violence.

The data presented in the 2013 WHO study also shows the implications of GBV for the spread of HIV/AIDS : women who have experienced intimate partner violence are 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence. Overall, this first compound of up-to-date and global information on both pandemics confirms the results of several studies that have been consistently showing a statistical association between GBV and HIV infection¹³.

In Sub-Saharan Africa, young women aged 15-24 are eight times more likely than men to be HIV positive. Data shows that the epidemic affects mostly young women: the HIV prevalence in sub-Saharan Africa peaks in women at a young age below 30 years¹⁴. HIV prevalence rates among young women have been on the rise in many regions because they face physical and sexual abuse at the hands of various actors, including family members and teachers. Many young women around the world are coerced into their first sexual experience. Young women and girls also face increased biological risk of HIV transmission during sexual assault. In Zambia, where almost 17% of the population aged 15- 49 is living with HIV, a report revealed that many girls are sexually and physically abused by male

¹¹ UNICEF (2005). *Early Marriage: A Harmful Traditional Practice*.

¹² Open Society Institute (2009). *Arrest the Violence: Human Rights Abuses Against Sex Workers In Central And Eastern Europe, And Central Asia*.

¹³ See (Devries K. et al. 2010, Silverman, 2008, Dunkle, 2004 and Maman, 2009)

¹⁴UNAIDS (2011) *Report on the global AIDS epidemic*

members of their family, including brothers, uncles, cousins, stepfathers and fathers. Girls are often afraid of violent repercussions or loss of support if they choose to disclose the abuse.¹⁵ In addition, young women and girls are often targeted for sexual assault by men who believe they are less likely to be HIV positive than older women. A young woman's history of sexual assault can affect her capacity to negotiate safe and affirmative sexual behavior later in life. A number of studies in South Africa also suggest that young girls have sexual relations with men five to ten years older than they are who often provide gifts or pay school fees as part of the sexual exchange.¹⁶ Older men also have greater power to control condom and contraceptive use, including through violence or coercion.¹⁷ Young women and girls face other barriers to protecting themselves from HIV infection, including denial of access to sexual and reproductive health and rights related information and services. Children orphaned by AIDS are more likely to face violence, exploitation, stigma and discrimination, all of which increase orphaned girls' risk of sexual violence. Female genital mutilation (FGM) widely practiced in parts of Africa and the Middle East, places young women and girls at increased risk of HIV infection for a number of reasons, including use of unsterilized equipment.¹⁸

Types of GBV and intersections with HIV infection:

Even if gender-based violence, as an expression of a system of gender inequality, constitutes a global human rights emergency in its totality, there are specific forms of violence which intersect with HIV/AIDS in different and distinct ways.

Rape/ Sexual Assault:

Forced or coerced sex increases women's vulnerability to HIV infection by severely limiting, if not destroying, women's ability to negotiate safe sexual behavior: in situations

¹⁵ Human Rights Watch. (2005). *A Dose of Reality: Women's Rights in the Fight against HIV/AIDS*. New York: Human Rights Watch.

¹⁶ WHO. (2004). "Gender-based violence and HIV/AIDS: Critical Intersections - Intimate Partner Violence and HIV/AIDS." Information Bulletin Series, Number 1. See also: Human Rights Watch. (2001). *Scared at School: Sexual Violence Against Girls in South African Schools*. New York: Human Rights Watch.

¹⁷ Ibid. (WHO).

¹⁸ Ibid. (Amnesty International).

of rape, condom use is rare. In addition, women's biological vulnerability to infection may be increased through tissue tearing and/or physical trauma to the body resulting from violent sexual encounters. This is pronounced amongst young women and girls whose reproductive tracts are not yet mature¹⁹.

The indirect consequences of rape can be long-lasting. Compounding the emotional and physical trauma of the assault itself is the stigma associated with rape, which can deter women from seeking medical services, including post-exposure prophylaxis, when these are available (CWGL, 2006). A history of sexual assault can affect a woman's willingness or capacity to negotiate condom use and/or refuse sex altogether in later sexual activity²⁰. A study from South Africa concluded that women who experience forced sex by intimate partners are almost six times more likely to use condoms inconsistently than women who are not coerced.²¹ The risk of women becoming victims of sexual assault or rape is not taken into account by a number of widely-promoted prevention programs, which rest on promotion of abstinence from sexual activity. Indeed, HIV prevention programs that focus solely on abstinence and fidelity are meaningless for women who experience rape or who are in abusive relationships and find it difficult or impossible to demand the use of condoms with male partners.²²

Intimate partner violence

Violence against women is a serious and common human rights and public health problem, which causes significant morbidity and mortality. 'Intimate partner violence' (IPV) is one form of violence and has been defined as "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours".

Intimate partner violence occurs in all regions of the world and within all social, economic, religious and cultural groups. It includes physical, sexual and psychological

¹⁹ Center for Women's Global Leadership (2006). *Strengthening Resistance: Confronting Violence Against Women and HIV/AIDS*

²¹ WHO. (2004). *Gender-based violence and HIV/AIDS: Critical Intersections - Intimate Partner Violence and HIV/AIDS Information Bulletin Series, Number 1.*

²² In addition to the failures of abstinence policies with regard to women's experience of violence, many HIV and anti-violence advocates note that these policies are "anti-sex" and serve to create fear and stigma about sexuality for women and girls in particular.

violence. Several cross-sectional studies have identified an association between intimate partner violence and HIV infection. For example, a study from the United States indicated that African American women with abusive partners were less likely to use condoms than African American women who did not have abusive partners. African American women with abusive partners were also four times more likely to be verbally abused and nine times more likely to be threatened with physical abuse when requesting that their partners use condoms.²³

More recently prospective and longitudinal studies have been published such as a South African cohort study among 1099 women aged 15–26 years that found that experience of physical or sexual IPV increased the risk of HIV infection with an incidence rate ratio of 1.51²⁴. Similarly, in a seven-country African cohort study, physical or verbal IPV appeared to increase the risk of infection²⁵.

In South Africa, a study among 1,366 women attending health centers concluded that women who were beaten by their husbands or boyfriends were 48% more likely to become infected with HIV/AIDS than women in nonviolent relationships. Women who were emotionally or financially dominated by their partner were 52% more likely to be infected than those who were not.²⁶

The phenomenon of intimate partner violence reveals that marriage and monogamy are not always preventive factors for women. In fact, in some countries married young women have a higher HIV prevalence than their unmarried, sexually active counterparts.²⁷

Violence against HIV positive women

²³ WHO. (2004). *Gender-based violence and HIV/AIDS: Critical Intersections - Intimate Partner Violence and HIV/AIDS Information Bulletin Series*, Number 1.

²⁴ Rachel Jewkes, Kristin Dunkle, Mzikazi Nduna, Nwabisa Shai “Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study.” *The Lancet*, Volume 376, Issue 9734, Pages 41 - 48, 3 July 2010

²⁵ Were E, *et al.* “Partners in Prevention HSVHIV Transmission Study Team. “A prospective study of frequency and correlates of intimate partner violence among African heterosexual HIV serodiscordant couples.” *AIDS*. Oct. 2011

²⁶ UNAIDS, UNFPA, UNIFEM. (2004). *Women and HIV/AIDS: Confronting the Crisis*.

²⁷ Human Rights Watch. (2005). *A Dose of Reality: Women’s Rights in the Fight against HIV/AIDS*. New York: Human Rights Watch.

Women who are or who are even perceived to be infected with the HIV virus face considerable risk of violence, discrimination, ostracization and abandonment, including by their partners or other family members, all over the world.

A 2005 study conducted by the Asia Pacific Network of People Living with HIV/AIDS in Indonesia, India, Philippines and Thailand found that HIV positive women were significantly more likely than men to experience discrimination and physical assault and to be forced out of their homes.²⁸ Fear of violence associated with gender discrimination and the stigma associated with being HIV positive can also dissuade women from seeking information about or getting tested for HIV, disclosing their HIV status or seeking treatment and counseling.

A study from Tanzania found that the major reason that women who tested positive for HIV do not disclose their status to their male partners is fear of their partners' reactions²⁹.

In the Dominican Republic, HIV tests are often administered without patients' consent, with results revealed by public health officials to women's families without their permission, thereby exposing them to potential abuse.³⁰

Because the threat of violence can inhibit women's willingness to be tested, it can also have a detrimental effect on HIV prevention and treatment efforts, including in relation to mother-to-child transmission.

Sexual violence in conflict

Women and girls are at greatly increased risk of violence in times of war and conflict. Under these conditions, acts of violence include strategic use of rape and gang rape, forced pregnancy, forced marriages with enemy soldiers, sexual slavery and mutilations are

²⁸ Amnesty International. (2004). *Women, HIV/AIDS and Human Rights*. New York: Amnesty International.

Maman, S. *et al.* "HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar-es-Salaam, Tanzania." *American Journal of Public Health*, 2002.

²⁹ Maman, S., *et al.* *HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania*. New York: The Population Council.

³⁰ Human Rights Watch. (2004). *A Test of Inequality: Discrimination Against Women Living with HIV in the Dominican Republic*. 16 (4 B). New York: Human Rights Watch

perpetrated by various community and state actors, including soldiers, members of militias and police.

In various conflicts, rape has been used as a deliberate weapon of war to brutalize and dehumanize civilians, often through targeting women as the “bearers of community.”

Forty-nine percent of women between the ages of 15 and 70 surveyed in Liberia in 2004, at the end of that country’s five-year civil war, reported experiencing at least one act of sexual or physical violence by a soldier or fighter.³¹ A survey by the Rwandan association for Genocide Widows (AVEGA) found that 67% of women who survived rape during the Rwandan genocide were HIV positive.³²

During conflicts, women often flee their homes, lose their families and livelihoods and may have little or no access to healthcare. Women may be forced to engage in survival sex to secure safety, food, shelter, and services for themselves and their families. Refugee and internally displaced women, who bear primary responsibility for collecting food, water, and firewood, are at heightened risk of violence as they complete their routes, often within unsecured camp settings where violence may be committed with impunity. It is also likely that the rate of other forms of gender-based violence, such as intimate partner violence, increases during conflicts due to ready availability of weapons and a general breakdown in law and order.³³

Violence against sex workers

It is estimated that sex workers, who on a global level are mostly young and female, may number in the tens of millions worldwide.³⁴ Current statistics indicate that HIV prevalence among sex workers is high in many regions: 20% in Jamaica, 33% in the Russian Federation (sex workers under 19), 50% in Ghana.³⁵ Sex workers are more vulnerable to HIV infection and violence because they are often demonized and discriminated against, as well as invisible in decision-making processes.

³¹ WHO. (2004). *Gender-based violence and HIV/AIDS: Critical Intersections - Sexual Violence in conflict settings and the risk of HIV*. Information Bulletin Series, Number 2.

³² Human Rights Watch. (2004). *Struggling to survive: Barriers to justice for rape victims in Rwanda*. 16 (10.A). New York: Human Rights Watch.

³³ Ibid. (WHO).

³⁴ UNAIDS. (2006). *Report on the Global AIDS Epidemic*.

³⁵ Ibid.

In addition, many countries criminalize sex work, driving the industry underground and thus out of reach of law enforcement and key health services. Sex workers work in a variety of settings and are often open to exploitation, harassment, and physical and sexual abuse from managers, clients, and police. Under these conditions, they may find it difficult to negotiate condom use. A study among 1,000 female and transgender sex workers in Phnom Penh, Cambodia found that over 90% of those surveyed were raped in the past year, and “approximately half of those surveyed reported being beaten by police; about a third were gang-raped by police; slightly 10 more than one-third were gang-raped by gangsters and about three-quarters were gang-raped by clients (who are often also gangsters and out-of-uniform police).”³⁶

Defenders of the rights of sex workers also face violence. In India, the work of SANGRAM/VAMP, a collective that has successfully promoted condom use among sex workers and their clients, was severely compromised when male community members threatened the lives of and police harassed the organization’s members and clients.³⁷ The rights and health of sex workers are undermined when the outreach efforts of service providers and advocates are limited by donor policies demanding “anti-prostitution” pledges by recipient organizations. Funding restrictions such as those in the US President’s Emergency Plan for AIDS Relief in Africa (PEPFAR) are likely to inhibit advocacy, drive potential clients of service provision underground and threaten other public health efforts.

Trafficking

Trafficking is a form of violence in which people, primarily women and children, are forcibly transported from their home communities through the use or threat of violence or other coercive means and placed in forced labor, servitude or slavery-like practices, including but not limited to forced marriage and forced prostitution.

Trafficking exists at the nexus of many human rights violations, including those related to gender-based violence and HIV/AIDS and affects millions of women and girls worldwide. As trafficking activities usually take place secretly and out of the reach of law enforcement, trafficked women are vulnerable to a wide range of abuses, including physical and sexual

³⁶ Jenkins, Carol. (2006). *Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodia*. Baltimore, MD: End Gender-based violence, The INFO Project.

³⁷ Human Rights Watch. (2002). *Epidemic of Abuse: Police Harassment of HIV/AIDS Outreach Workers in India*. 14 (5.c). New York: Human Rights Watch.

violence, that increase their risk of HIV infection. Trafficked women often have little power to negotiate sexual choices and condom use. This is especially, but not exclusively, the case when women are trafficked for the purpose of forced prostitution.

One human rights report on women in Bosnia and Herzegovina reveals the links between and risks in trafficking, conflict, violence and HIV: the armed ethnic conflict of the early 1990s, during which thousands of women and girls were raped as a conscious military strategy, generated an industry in trafficking of women and girls for forced prostitution. This report found that “trafficked women and girls are . . . forced to provide sexual services to clients, falsely imprisoned, and beaten when they do not comply with demands of brothel owners who have purchased them and deprived them of their passports.”³⁸ Under such conditions, HIV and violence prevention efforts face innumerable obstacles.

In conclusion: GBV and HIV – intertwining of two human rights violations.

Typically, HIV-related human rights concerns include: restrictions on movement (and historically have included quarantine); denial of health care or discrimination in health care settings, housing, employment and education; forced HIV testing (particularly that which involves targeting marginalized groups, such as prisoners, poor people, drug users, sex workers and immigrants); restrictions on prevention-related information and education about HIV transmission and threats to confidentiality and privacy.

In each of these situations, **women may experience abuses differently from men, and may be targeted in ways directly related to their gender.** For instance, in many countries, women struggle for rights to control decision-making about marriage, family, sexuality and reproduction; they are also denied rights to inherit property or land and can be subjected to forced marriage (or “wife inheritance” practices) after having lost husbands, whether to HIV or other illnesses. Women’s reliance on male partners for financial security puts them at particular risk, especially as they remain primary caretakers of family members and remain responsible for parenting after the loss of male partners. Whether through unprotected sex or in “rites of passage” such as female genital mutilation, which often employs use of

³⁸ Human Rights Watch. (2002) *Hopes Betrayed: Trafficking of Women and Girls to Post-Conflict Bosnia and Herzegovina for Forced Prostitution*. 14 (9 D). New York: Human Rights Watch.

unsterilized equipment, girls and women live at the intersections of violence and HIV/AIDS. Around the world, women are subjected to sexual violence which, of course, can have direct HIV-related ramifications. In certain instances, including in certain armed conflict struggles, women have been targeted by military forces for forced pregnancy as part of a military strategy designed to dismantle or destabilize ethnic groups, communities and families.

However, while many HIV prevention and public health interventions are designed to stem infection and prevalence rates, some not only do not respect or protect but even violate women's rights—and may even be predicated on gender inequality itself. For instance, a 2001 government promoted HIV prevention effort in Swaziland³⁹ called for girls to mark their virginity and chastity status by wearing colored tassels over their clothes, a physical marker to all interested men of girls' and women's assumed "purity" and freedom from disease or infection.

It is imperative for states to create and enact policies and laws that punish perpetrators of rape, whether it occurs within marriage or in armed conflict situations—both of which are arenas in which HIV can be transmitted.

³⁹ In 2001, the king of Swaziland imposed this "HIV-prevention" policy; it remained in effect until August, 2005. <http://news.bbc.co.uk/2/hi/africa/4165432.stm> and <http://news.bbc.co.uk/2/hi/africa/1621459.stm>

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