



## HIV/AIDS, Gender and Violence Against Women

### Key Issues

Violence against women is a major human rights, development and public health problem the world over and has particular implications for HIV/AIDS. It is a major reason why women are more vulnerable to HIV infection than men.

It is both a cause and a consequence of infection, and as such is a driving force behind the epidemic. HIV-transmission risk increases during violent or forced-sex situations. The abrasions caused through forced penetration facilitate entry of the virus – a fact that is especially true for adolescent girls, whose reproductive tracts are less fully developed.

While the full extent of violence against women is not known, current research indicates that intimate partner violence ranges anywhere from 10 to 69 percent, and that in some countries one in four women may experience sexual violence by an intimate partner in her life time. Added to this is the violence that women experience from strangers.

Economic disruption, war or conflict also exacerbate gender-based violence in numerous ways, all contributing to the transmission of HIV. In Rwanda, during the 1994 genocide, hundreds of thousands of women were raped, many by men who were HIV-positive. Globally, up to two million women are trafficked every year, many of them at great risk of sexual abuse, and all at risk of HIV infection.

According to a study published in 2004, women who are beaten or dominated by their partners are much more likely to become infected by HIV than women who live in non-violent households. The research was based on 1,366 South African women who attended health centers in Soweto and agreed to be tested for HIV and interviewed about their home lives. After being adjusted for factors that could distort the outcome, the figures showed that women who were beaten by their husbands or boyfriends were 48 percent more likely to become infected by HIV than those who were not. Those who were emotionally or financially dominated by their partners were 52 percent more likely to be infected than those who were not. A smaller study in Tanzania found that HIV-positive women were over two and a half times more likely to have experienced violence from their partner than HIV-negative women.

Fear of violence is an undermining factor in terms of seeking treatment. Women may hesitate to be tested for HIV or fail to return for the results because they are afraid that disclosing their HIV-positive status may result in physical violence, expulsion from their home or social ostracism. Studies from many countries, especially from sub-Saharan Africa, have found these fears to be well founded.

Anecdotal evidence, based on stories by women both emotionally and physically abused upon disclosure which have been reported by the media and related in other settings, further attest to this reality for many women. In Tanzania, a study of voluntary counseling and testing services in the capital, found that only 57 percent of women who tested HIV-positive reported receiving support and understanding from partners. In Botswana, women have admitted to health professionals that they are afraid of their partner's reaction if he finds out they are HIV-positive. This fear has kept them from being tested, from returning for their results if they are tested, from participating in Prevention of Mother to Child Transmission (PMTCT) and treatment programmes, and for those who agree to be treated, from adhering to the regimen because they are trying to hide their pills.

Both men and women are victims of stereotypes and norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex. Power roles and dominant social expectations prevent communication, joint decision-making and negotiation of condom use. A recent study on sexual violence and risk of HIV infection in South Africa highlighted widespread perceptions about intimate partner violence conducted in over 5,000 classrooms for 10 to 19 year-olds, and showed that 60.8 percent of 10-14 year old and 55.2 percent of 15-19 year old males believed that sexual violence does not include forcing sex with someone you know. For females 62 percent of 10-14 year olds, and 58.1 percent of 15-19 year olds held the same belief.



Several studies from different parts of the world indicate that up to one third of adolescent girls reported that their first sexual experience was coerced. Many are married at a young age to older men, and the power inequities inherent in these relationships can lead to violence or the threat of it. The risk of violence and sexual abuse is high among girls who are orphaned by AIDS, many of whom face a heightened sense of hopelessness along with a lack of emotional and financial support. In a study in Zambia, Human Rights Watch found that among girls who had been orphaned by AIDS, hundreds were being sexually assaulted by family members or guardians or forced into sex work to survive.

### UN Declaration on the Elimination of Violence against Women, 1993

- The term “violence against women” means 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.
- Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

The recognition of the link between the way in which violence against women and the fear of such violence fuels the epidemic is being increasingly recognised, and measures are being taken the world over to address it. Actions include the involvement of men who are beginning to examine their own perceptions of masculinity which can contribute to such violence and hence HIV transmission, as well as organising men to work for change. Countries such as South Africa, Kenya, Nigeria, India, Brazil and Nicaragua see growing efforts by men’s organisation in this regard. In many countries, health centres have been established that treat survivors of violence, and include services such as counselling and legal referrals. Although still limited in number, they have potential as an important source of HIV education and treatment. Another response involves advocacy campaigns over the past few decades in most regions of the world which have resulted in changes in law, particular around domestic violence, and the requirement that policy treat it as a crime. In a few countries, marital rape has been recognised as a crime. These responses contribute in turn to reversing the risk of HIV transmission.

### Key Actions Required

A comprehensive response to tackle violence against women and HIV/AIDS needs to include:

- Mobilising leadership at global, national and community levels to generate action to ensure that legal and policy change occurs to make violence against women unacceptable;
- Expanding the evidence-base highlighting the prevalence of violence against women, including the economic, social and health costs, and its links to HIV/AIDS;
- Building on the knowledge-base on the relationship between violence against women and HIV/AIDS and disseminating this information to researchers and practitioners in both fields;
- Promoting national and community level action that improves the education and legal standing of women, builds on successful efforts and encourages innovations and partnerships among groups working on both issues.



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## Resources and References

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