




Gender-based violence and HIV and AIDS

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“Reproductive health is a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when, and how often to do so.”

The 1994 International Conference on Population and Development, Programme of Action,

A word about concepts..



- Gender-based violence is understood as violence directed against women which is a manifestation of unequal power relations between women and men in society
- Focus on violence against women – domestic or intimate partner violence, rape, sexual assault and coercive sex



**THE INTERSECTIONS OF
AND GENDER-BASED
VIOLENCE
and HIV AND AIDS**

What are the intersections ?

- **Strong interfaces between HIV and AIDS, gender and GBV**
- **Gender inequality fuels women's vulnerability**
- **Greatest barrier to protection**
- **Gender interfaces with the whole prevention-care continuum**
- **Understand gender with context of class, race, and other inequalities**

All about rights



- Gender-based violence is a fundamental violation of human rights and a public health priority
- Gender-based violence regarded as an add-on rather than an integral part of work on HIV and AIDS
- Within policies and programmes gender-based violence is rarely highlighted as a major driver
- Consequence of HIV and AIDS and not measured statistically as a means of contributing to the evidence base
- It is very difficult to determine the exact amount of money contributed to the intersection of HIV and AIDS as it is not tracked specifically in programmes for funding either gender-based violence or HIV and AIDS

A gendered pandemic



- Gender-based violence remains pervasive worldwide affecting an estimated one-third to one-half of all women, which, apart from being a human rights violation, increases risk of HIV
- Globally, there are unquantified but significant reports of human rights violations, and stigma and discrimination against women living with HIV

A gendered pandemic



- Gender-based violence causes injury, disability and death
- Gender-based violence is also associated with an increased risk of physical and mental health problems including, HIV, STDs, pregnancy loss, depression and anxiety disorder, substance use, chronic pain, miscarriage, teenage pregnancy and antepartum hemorrhage

Intersections of HIV and AIDS and VAW



- Direct transmission through rape, sexual violence and coercive sex
- Childhood sexual abuse, coerced sexual initiation and current violence is associated with risk-taking behavior later in life, increasing an individual's lifetime risk of contracting HIV
- Indirect transmission through context of domestic violence and fear of violence which prevents a women from negotiating condom use or refusing unwanted sex
- Fear of violence, stigma, and abandonment can be a barrier to disclosure

Intersections of HIV and AIDS and VAW



- Violence can affect women's willingness to be tested, access to treatment, and PMTCT programmes
- ABC messages- gender not addressed
- Sexual relations with older men
- Violence as a consequence of being HIV positive
- Violence in conflict/migration contexts
- Hate crimes against lesbians

What can we do



- Address poverty, gender inequality and other forms of discrimination
- Promotion, protection and respect of human rights including gender equality
- Gender transformative actions
- Behaviour change communication strategies to integrated gender
- Integrate SRHR in relation to HIV and AIDS programme design and implementation
- Integrate strategies to reduce VAW into national AIDS plans and increase access to essential AIDS services within violence prevention

What can we do



- Work with boys, men and communities to address violence and its links to HIV
- Economic opportunities for women through microfinance and skills training to give women the economic independence
- Comprehensive physical, psychosocial and medico-legal services to be provided to survivors
- Build capacity of health workers to identify the signs of violence, to offer basic counselling and social support, treatment, and appropriate referrals for additional assistance, including legal services e.g. RADAR

What can we do



- Capacity of legal and criminal justice sector about GBV violence and risk of HIV and proper referrals to prevention information, medical treatment, and post-exposure prophylaxis (PEP)
- Create a legal and policy environment so that laws prohibiting violence against women are enacted and enforced
- Networking and activism -support organisations and networks that have experience in addressing GBV and those working with HIV and AIDS