



VIOLENCE AGAINST WOMEN AND AIDS

Violence against women is a major human rights and public health problem worldwide. It increases female vulnerability to HIV.

One of the most common forms of violence is that perpetrated against women by intimate partners or 'domestic violence'. Ten to 50 per cent of women globally report physical abuse by an intimate partner at least once in their lives, and this is often accompanied by sexual violence. Domestic violence is one of the leading causes of female injuries in almost every country in the world according to Human Rights Watch. It is associated also with a wide range of general, reproductive and mental health problems.

Violence against women is common in practically all societies. It is supported and in turn serves to reinforce discrimination against and subordination of women. As well as domestic violence, recent conflicts have seen an increase in the use of rape and sexual violence as tools of war; in addition trafficking, the sex trade, and other forms of commercial violence also increase female vulnerability to HIV.

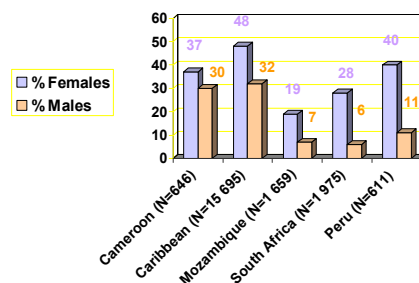
For many women worldwide the threat of violence that permeates their everyday lives exacerbates their vulnerability to HIV. Fear of violence prevents women from accessing HIV/AIDS information, being tested, disclosing their HIV status, accessing services for the prevention of HIV transmission to infants, and receiving treatment and counseling, even when they know they have been infected. This is particularly true where HIV-related stigma remains high.

The high incidence of non-consensual sex, women's inability to negotiate safer sex, and in many cases fear of abandonment or eviction from homes and communities, present extreme challenges - particularly for women who lack economic means.

In South Africa, national youth surveys show that 33% of young women report they are afraid of saying no to sex and 55% have sex when they do not want to because their partner insists.

More alarming, between 20%-48% of adolescent girls aged 10-25 report their first sexual encounter was forced. Boys also report experiencing forced sex, but in many countries this is usually less common than among girls.

% Adolescents reporting forced sexual initiation
(age range 10-25 years)



It is not just young women coerced into sex outside of marriage who are at risk. A young married woman engaging in monogamous heterosexual sex with her husband can also be at risk. In these circumstances traditional messages of prevention are of little relevance as condoms are less likely to be used inside marriage.

For example, a study in Zambia found that only 11% of women interviewed believed that a woman had the right to ask her husband to use a condom - even if he had proven himself to be unfaithful and was HIV-positive.

In Kisumu, Zimbabwe, research has revealed that the majority of HIV positive women were infected by their husbands. Furthermore, married women who suspect their husbands are HIV positive do not always have many options. According to one woman interviewed as part of the study, "We see our husbands with wives of men who have died of AIDS. What can we do? If we say no to sex, they'll say pack and go. If we do, where do we go to?" The study found that one of three HIV risk factors was being married or having been married.

Women face additional obstacles due to the pervasiveness of discriminatory legal frameworks which fail to guarantee equal rights or equal protection before the law. In many cases, inequitable divorce and property laws make it difficult for women to leave abusive relationships, and in countries where laws against gender-violence exist, insufficient resources, coupled with discriminatory practices by police and courts and lack of institutional support, leave women without access to adequate protection.

The past 20 years have seen a growing recognition of violence against women in the public policy agenda. Successful advocacy campaigns have led to increased awareness and a stronger policy and legal environment

Despite this, violence against women continues to be widespread and often socially sanctioned or tolerated. There are, however, a small number of promising initiatives for prevention and community mobilization against violence. These programmes need to be studied, supported, and expanded.

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

- Mobilizing leadership at global, national, and community levels to generate action to ensure that normative 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 and AIDS - this includes support to and expansion of on-going initiatives such as the WHO multi-country study on violence against women
- Building the knowledge base on the relationship between violence against women and HIV and 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 and builds on successful efforts and encourages innovation and partnership among groups working on both issues

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