

## Time to break the vicious cycle: violence against women and HIV

### Lethal links

Violence against women and girls is both a cause and a consequence of HIV infection. It is one of the key drivers behind the increasing number of women and girls living with HIV and AIDS.

Globally, women represent about 50 percent of all people living with HIV. Young women are especially at risk, as a result of sexual violence, trafficking for sexual exploitation, child marriage and other harmful practices. In many countries young girls are raped by men mistakenly hoping to avoid or cure HIV.

Rape and other forms of sexual violence are an ever-present risk for women and girls around the world. Coercive sex increases the risk of contracting HIV as a direct result of the physical trauma, injuries and bleeding.

During and after conflicts, women and girls face even greater risks that leave them vulnerable to HIV. Many are subjected to mass displacement and human rights abuses including sexual violence, they lose their families and livelihoods and sometimes are forced to sell sex in order to survive. As health systems often may have been disrupted, destroyed or physically inaccessible, women and girls are left with little or no access to healthcare including necessary post-rape service. A survey of women who survived rape in the Rwandan genocide found that more than 60% were HIV positive.

Refugee and internally displaced women and girls frequently live in camps with little or no security. They are vulnerable to being trafficked and are exposed to danger when they gather food, water, and firewood.

*‘Gender-based violence...has a particularly destructive symbiotic relationship with HIV and AIDS.’*

Mary Robinson,  
former United Nations High Commissioner  
for Human Rights, 8 March 2007

## Fueling the pandemic: discrimination, stigma and violence

Gender inequality and discrimination increase the risk of violence and HIV infection for women and girls, and reduce their access to resources and services. They prevent them from freely making decisions about their own bodies - whether to have sexual intercourse, how many children to bear or to use contraceptives. The subordinate position that many women and girls hold within their families, communities and societies restricts their access to information about sexual and reproductive health and their use of health-care services.

Women are frequently the first members of their family to find out their HIV status because when they are pregnant they are tested in antenatal clinics, sometimes without their knowledge. Many who are found to be HIV positive and disclose their status are blamed, stigmatized, marginalized, abandoned by their families or partners, thrown out of their homes, beaten, and even killed. A study in Tanzania found that more than half of women who did not disclose their HIV status to their partner reported fear of a violent reaction.

In the health sector, HIV positive women have repeatedly reported incidents of abuse after revealing their status. Women have faced forced sterilization and abortion, denial of treatment, and disclosure of their status to partners without their consent.

Fear of violence makes women reluctant to be tested or treated. As a result, women and girls do not access available care and support which further interferes with programmes to prevent transmission of the virus from mother to child. Being afraid of violent response also inhibits women's capacity to negotiate safe sexual practices as they are often accused of infidelity, or of having the virus, if they suggest that condoms should be used within a relationship.

## UNIFEM: breaking the cycle

To promote a coherent, gender-sensitive approach towards HIV and AIDS, UNIFEM works in collaboration with the United Nations system, national AIDS councils and civil society partners, prioritizing support for prevention and HIV-positive women's networks.

UNIFEM's efforts to halt the spread of HIV and to address the links between HIV and AIDS and gender-based violence include:

- Support for gender-sensitive National AIDS Action Plans to guide work in different sectors. For example, UNIFEM has supported the development of a gender-responsive HIV and AIDS strategy in the Democratic Republic of the Congo, Liberia, Rwanda and in countries across the Caribbean. Such plans include strategies to combat gender-based violence and support for income generation projects.
- UNIFEM amplifies the voices of HIV-positive women's networks and groups by supporting them to articulate their agenda and call for government action. It assists HIV-positive women's networks in many countries including Ecuador, India, Indonesia, Mexico, Mozambique, Pakistan, Uzbekistan and Venezuela.
- UNIFEM supports partners to enhance service delivery through mainstream institutions to women living with HIV. Among the countries where such efforts are underway are Cambodia, China, Ghana and Nigeria.
- At the global level, UNIFEM documents best practices, tools and guidance based on the latest evidence of effective approaches, enhancing the skills and knowledge of country practitioners.
- The United Nations Trust Fund to Eliminate Violence against Women, managed by UNIFEM, funds a global learning initiative in several countries on how to address the intersection between violence against women and HIV and AIDS. This initiative generates knowledge and captures lessons that allow replication and scaling up of successful interventions.