



PERSPECTIVES ON PREVENTION

FEBRUARY 2007 / Issue No. 4

THIS ISSUE:

Addressing the link between violence and HIV

Welcome to the fourth edition of *Perspectives on Prevention*! This issue focuses on addressing the link between violence against women and their risk of HIV infection. Studies from around the region indicate that women who have experienced violence are up to three times more likely to be infected with HIV than those who have not. And once infected, women are at increased risk of violence from their partners, family or community when they reveal their positive status or seek treatment or services. We live in a world where societal norms leave women in subordinate positions, and where women are valued less than men. This power that men have over women significantly increases women's vulnerability to both violence and HIV. To read more about how, and to learn about what innovative practices members are using to address this link, see Pages 2-3.

In addition, our network is growing and changing and is getting ready for an exciting 2007! A regional conference was held in Kampala, with almost 100 people attending from organizations across the Horn, East and Southern Africa. Read all about the conference, as well as the dynamic changes in store for the network on Page 4.

And, another successful 16 Days regional campaign has just been completed. This year 25 organizations took part, all addressing the theme of Violence, HIV and Young Women's Vulnerability. Check out all the exciting activities members undertook during this year's campaign on Page 1.

NEXT ISSUE'S THEME: Our next issue will be published in June 2007 and will focus on the prevention of sexual violence. Please keep this in mind and tell us what your organization has been doing and we'll be happy to feature your work in *Perspectives on Prevention*. Write to us by May 1, 2007 at newsletter@preventgbvafrica.org.

HOT TOPIC: 16 Days Campaign unites region

The 16 Days of Activism, an international campaign against violence against women, unites organizations and individuals across the world from November 25 through December 10 annually in raising awareness, strengthening networks and developing effective strategies. The 16-day period highlights significant dates including International Day Against Violence Against Women on November 25, World AIDS Day on December 1, and International Human Rights Day on December 10.

The GBV Prevention Network is committed to increasing action and advocacy on GBV prevention in the regions. Since 2004, members of the Network have worked together to implement a regional campaign in the Horn, East, and Southern Africa during the 16 Days of Activism. Participation has increased each year with 16 NGO's in eight countries in 2004, 19 NGO's in nine countries in 2005, and 25 NGO's from 11 countries in 2006.

The 2006 GBV Prevention Network regional theme was Violence, HIV and Young Women's Vulnerability. Each participating organization received an Action and Advocacy Kit that included posters, ribbons, flyers, a newspaper article and a community drama sketch to help them in getting the message across about young women's vulnerability to HIV. Here are some of the highlights!

Federation of Women Lawyers (FIDA), Kenya

hosted discussion forums on sexual violence with police, community, and religious leaders to share strategies for combating this issue. They also conducted a workshop for the lawyers association to assist lawyers in using the newly enacted Sexual Offences Act. "Legal Open Days" provided free legal aid services to victims of violence in Kericho District.

Kenya Female Advisory Organization (KEFEADO), established an information sharing desk at the front office where visitors to the organization were given information, guidance and counseling on the issues of gender based violence. The organization also hosted an information tent on the grounds of the Kenya National Library, which targeted young female and male professionals who were inquisitive about strategies of bringing up families free from human rights violations. KEFEADO staff noticed men turning up for information in large numbers for the first time.

Malawi Human Rights Resource Center (MHRRC), reported successfully raising awareness about the newly passed



CREATIVE THINKING: LifeLine Free State in South Africa took the initiative to create a banner from the GBV Prevention Network's 16 Days flyer.

Prevention of Domestic Violence Act with key decision makers such as traditional leaders and the media. The act protects young women from GBV and HIV/AIDS through legislation. Communities are now aware that if they engage in GBV they will have to face this law on issues of defilement and rape for young women and girls.

Namibian Voices for Development featured many successful events with excellent coverage by the print and electronic media. The Prime Minister of Namibia launched the Campaign, with a commitment from the government to combat gender based violence. A Fun

Walk organized by the Ministry of Works distributed educational materials on HIV/AIDS. The week also featured cyber dialogues in Southern Africa on prevention of GBV and a story writing workshop for survivors which will be published and launched in March for International Women's Day.

SHARE Project, Rakai Health Sciences Program, Uganda, conducted four community fairs that attracted more than 800 participants. These events included marches, educational presentations, music, and dramas, and were organized by peer groups of in-school and out-of-school youth. Campaign activities reached more than 3,000 individuals, including a newly developed network of 100 men interested in partnering with SHARE to prevent domestic violence in the community. The men, who represent four communities, pledged to meet often to discuss GBV issues and reach out to fellow men.

PARTICIPATING ORGANIZATIONS

Aids Legal Network (ALN), South Africa
Center for Domestic Violence Prevention (CEDOVIP), Uganda
Center for Rights, Education and Awareness (CREAW), Kenya
Child and Youth Care Trust, Tanzania
Coalition on Violence Against Women (COVAW), Kenya
Communication for Development Foundation (CDFU), Uganda
Federation of Women Lawyers (FIDA), Kenya
Forum for Activists Against Torture (FACT), Rwanda
Kenya Female Advisory Organization (KEFEADO), Kenya
Kivulini, Tanzania
LifeLine Free State, South Africa
Liverpool VCT, Care & Treatment, Kenya
Malawi Human Rights Resource Center (MHRRC), Malawi
Men for Gender Equality Now (MEGEN), Kenya

Namibian Voices for Development, Namibia
Raising Voices, Uganda
Southern African HIV/AIDS Information Dissemination Service (SAFAIDS), Zimbabwe
Southern African Media and Gender Institute (SAMGI), South Africa
Rakai Health Sciences Program (RHSP) and The Safe Homes and Respect for Everyone Project (SHARE), Uganda
Siyanakela Community Development, South Africa
SOS Femmes, Mauritius
United Nations Population Fund (UNFPA), Sudan
Women Action Forum for Networking (WAFNET), Kenya
Women in Law and Development in Africa (WiLDAF), Zambia
Women in Politics Support Unit, (WiPSU) Zimbabwe

UNFPA, Sudan held a VAW conference in Khartoum which mobilized the active involvement of CBOs, women's groups, and women activists. Outcomes of the conference included an effort to engage Imams and religious leaders in the fight against GBV, such as integration of GBV in Quranic studies, and conducting forums to sensitize Imams and women leaders in the IDP camps. In South Darfur a march through the town and a football match also called attention to the cause of GBV.

Women in Politics Support Unit (WiPSU), Zimbabwe, facilitated 11 community meetings, which were attended by over 1,500 people, the majority women. The women opened up and talked about the abuses and violence that they go through in their homes. The Network's community drama sketch was used as a case study to start discussion. Women and men shared their experiences and struggles and were encouraged to strategize collectively about ways to stop violence and increase the effectiveness of the Campaign.

VIOLENCE & ADDRESSING

All over the world, women experience violence at the hands of their intimate partners at staggering rates. The World Health Organization reports that anywhere from 10-69 percent of women experience physical abuse at least once in their lives.¹

And all over the world, women are being infected with HIV at higher rates than men. In sub-Saharan Africa, 59 percent of HIV infected people are women.² And young girls are 3 times more likely to get HIV than boys.³

It's time to make the connection between these two statistics: women are at increased risk of HIV exposure because of the high levels of violence they experience. Dr Peter Piot, Executive Director of UNAIDS, makes the link very clearly. "We must eliminate violence against women if we are to stop the spread of AIDS."

Studies from the region indicate that women who have experienced violence are up to three times more likely to get HIV than those who have not.⁴ And once infected, women are at increased risk of violence from their

partners, family or community when they reveal their positive status or seek treatment or services.

At the heart of women's vulnerability to violence and HIV/AIDS is the imbalance of power between women and men. But why exactly does men's power over women increase their vulnerability to both violence and HIV? Here are seven reasons.

1. Inability to negotiate for safe sex

The threat of violence often limits a woman's ability to negotiate for safe sex. If a man has all the power in a relationship, a woman isn't able to insist that her partner be faithful, or that he use a condom. A South African study found that women who experienced violence were six times more likely to use condoms inconsistently than those who did not experience violence.⁵ In a Ugandan study, three in four men and women considered it unacceptable for a married woman to ask her partner to use a condom during sex.⁶

It is now known that married women are most at risk for HIV. People are socialized to believe that decisions about sex are the right of men and that it is women's obligation to be sexually available to men. But when those men have multiple partners and HIV, the risk for women is deadly.

2. Forced sex

Forced sex is one way in which women's subordinate position to men makes them more vulnerable to violence and HIV. Dozens of studies from around Africa show that many women have experienced forced sex by their intimate partners – 30 percent in Kenya⁷, 24 percent in Uganda,⁸ 25 percent in Zimbabwe.⁹

Violence in the form of forced sex increases the risk of HIV as the chance of vaginal tearing and transmission of the virus is high.¹⁰ And clearly, with forced sex, there is no option to use safe sex practices.

3. Coerced and transactional sex

Many young girls are in very vulnerable situations – they may have lost their parents, or their families are not able to support them. So when older men offer the girls food, gifts, or money, they are often lured into a relationship. These girls in relationships with older men are at even greater risk due to their lack of knowledge about HIV transmission, lack of power to negotiate condom use, and the increased likelihood that their more experienced



LEARNING TOGETHER: Southern African Aids Dissemination Service positive women adhere to antiretroviral treatment. The tool kit s

partner has been exposed to HIV. A 2004 study shows that violence is a feature of relationships with older men and age difference between partners increases a woman's risk of HIV.¹¹

4. Increased risk-taking behavior

Evidence suggests that there is also a link between violence and women's own risk taking behaviors. Women who experience violence are more likely to have multiple partners, partners outside marriage, or engage in transactional sex than women who do not. A South African study indicated that women who experience intimate partner violence were two to three times more likely to engage in transactional sex.¹² In addition, feelings of unworthiness, low self-esteem, shame, and lack of trust from early child sexual abuse or forced sex during

SOUTH AFRICA

AIDS Legal Network (ALN): Resource and training manual

Looking at a holistic approach in response to the links between gender-based violence and HIV and AIDS, the AIDS Legal Network (ALN) and the KZN Network on Violence Against Women developed a resource and training manual on GBV and HIV. The manual is a tool, designed to train and educate, to build and strengthen capacity of self and others, to promote an understanding of the links, and to contribute to change of the environments fostering the pandemics. A potpourri of concepts and realities of gender, GBV and HIV, a gendered look at prevention, treatment, support and care (of both violence and HIV), spiced up with information on relevant legislation, including fundamental rights and freedoms, is included in the manual.

"Ever wondered why there is little joy to be had for women while celebrating 10 years of constitutionally guaranteed dignity, equality, non discrimination and freedom?" asks Johanna Kehler of ALN. "Ever wondered why we don't seem to be able to enjoy our freedom? Free to make choices, to make informed decisions about one's own body; free to choose whether or not to have sex, with whom, when and where; free to choose whether or not to test for HIV and to disclose one's HIV status; free to enjoy respect and protection from all forms of violence, be it at home, the bedroom, the workplace, or the many places where we want to access services for our own protection. What needs to be explored, done and challenged to create a society which is free of violence and free of HIV, is what this publication is all about." For a copy of the manual, contact ALN at campaign@aln.org.za

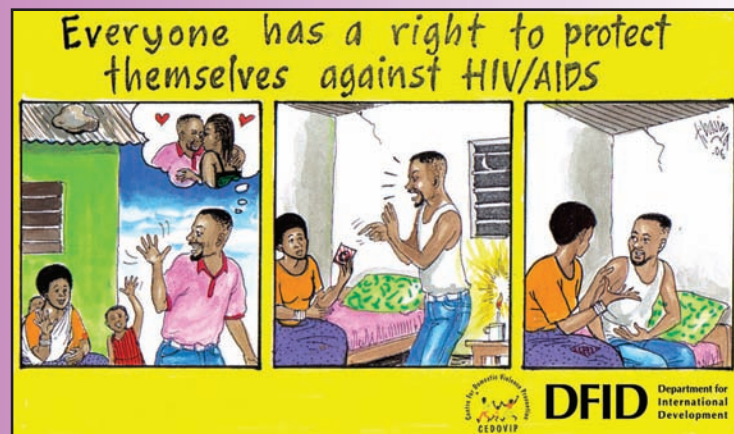


UGANDA

Centre for Domestic Violence Prevention (CEDOVIP): Engaging the media

The media plays a key role in affecting public perception and attitudes on many social, economic and political issues in society. The Centre for Domestic Violence Prevention (CEDOVIP) is engaging the wider public through the print and electronic media to create individual reflection, as well as inspiring wider public debate on domestic violence issues, specifically in relation to HIV/AIDS. Opinion pieces addressing the link between violence and HIV are consistently submitted to newspapers.

Image based illustrations/cartoons which aim at quickly capturing the attention of the public are also used to portray this link. CEDOVIP is also closely working with a core team of editors from all national newspapers, as well as journalists both in the print and electronic media, with the aim of enhancing commentary and positive reporting of domestic violence issues. Some of these journalists have been publishing articles, or running television programs, documentaries and radio talk shows linking violence and HIV. The consistent visibility of these issues in the media has drawn great attention of the public to violence as a key cause of HIV. For more information, write cedovip@raisingvoices.org



HIV

THE LINK

“Across all levels of society, we need to see a deep social revolution that transforms relationships between women and men, so that women will be able to take greater control of their lives – financially as well as physically.”
Kofi Annan, former UN Secretary General



(SAFAIDS) created the Women's Treatment Literacy Toolkit to help HIV specifically addresses issues of violence as a consequence of HIV.

adolescence effect women's choices in adulthood. One study showed that victims of childhood abuse were 40 percent more likely to have multiple sexual partners than non-victims. Abuse is also linked to a lack of condom use and a history of STI's, both risk factors for HIV infection.¹³

SOUTH AFRICA

Masisukumeni: Cross-training counselors

Since 2003, Masisukumeni staff has been providing 24 hour counseling services at two local hospitals. Staff provides counseling on rape and domestic violence, but they are also trained to do pre and post test counseling for HIV/AIDS tests.

In addition, they work to ensure that survivors have access to post exposure prophylaxis treatment for HIV/AIDS. In the near future, Masisukumeni hopes to improve the follow up of cases by visiting all survivors who have received anti-retroviral medication at their homes. The aim is to assess household circumstances and factors that may be contributing to survivors not complying with their treatments – including issues of GBV.

Over the duration of this project, Masisukumeni also has sought to improve the skills and capacity of the staff involved in the work, and also members of the local police stations and medical and health personnel. In the first year of the project Masisukumeni arranged for training for counselors, police officials, social workers and nurses on the forensic management of rape and sexual assault survivors. The training not only helped improve the knowledge of participants but also greatly improved the working relationship between the police, medical personnel and Masisukumeni. To learn more about the trainings, write tinanded@icon.co.za

5. Economic dependence

Women's economic dependence on men also increases their risk. Practices such as bride price, the payment of money or gifts to the bride's family, perpetuates the belief that women are property of their husbands. Women experiencing violence who try to leave are often counseled to return to partners because of this obligation. Research has shown that the economic vulnerability of women makes it more likely that they will exchange sex for money or favors, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky.¹⁴

6. Lack of information and fear of seeking help

Violence or fear of violence is a barrier to women seeking HIV testing, disclosing their status, and seeking treatment. A Ugandan study found that women were afraid to ask for money or permission from their husbands to attend HIV/AIDS facilities or to seek information. In some cases, they are outright forbidden from taking HIV tests.¹⁵

7. Violence as a consequence of HIV

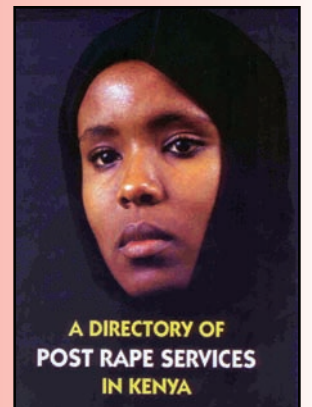
Finally, women who disclose their HIV status are at increased risk of violence from their partners, families or communities - they are sometimes beaten or abandoned, their children are taken away, they are kicked out of their homes, shunned from their communities. Thirteen studies conducted in developing countries with women reported that fear of abandonment and loss of economic support were major barriers to disclosing HIV status to sexual partners.¹⁶ A UNAIDS study in seven countries revealed that men with HIV were not questioned about how they became infected while women were often accused of having extramarital sex and received lower levels of support.¹⁷ HIV positive women are also at increased risk of economic violence. Should they reveal their status, they risk losing their means of support, as well as property and children to the partner's family.

Violence against women and HIV/AIDS are two of the most critical issues impacting communities worldwide. Clearly, the overlapping risk factors call for collaboration in prevention and service efforts. And fundamental to this work is the need to address the underlying causes for women's increased vulnerability to both violence and HIV/AIDS: the imbalance of power between men and women.

KENYA

Liverpool Care & Treatment: Post-rape care program

A 2002 study conducted by Liverpool VCT, Care & Treatment (LVCT) revealed an increase in clients presenting rape and sexual violence in health facilities and Voluntary Counseling and Testing (VCT) centers. Further study revealed a lack of standards, policy, coordination and delivery mechanisms of post-rape care services for survivors of sexual violence. In response to this, an intervention study was undertaken by LVCT in 2004 to establish the feasibility of creating comprehensive post-rape care services in Kenya. Next, a module for comprehensive post-rape care services in poor resource settings within public health institutions was developed. It has been adopted by the Ministry of Health/Division of Reproductive Health in Kenya. In addition, national guidelines for the medical management of rape/sexual violence have been developed and are in use across the whole country, after they were launched by the Ministry of Health in 2005. Currently, LVCT supports 13 government health facilities, including training service providers on issues around clinical management and counseling of survivors and the immediate support system.



Through collaboration with the Ministry of Health/Division of Reproductive Health and other stakeholders, two national training manuals have been developed; one on training of health care workers on management of survivors of sexual violence, the other on training existing VCT counselors in government health facilities on Rape Trauma Counseling. A protocol for counseling has been developed and to date, about 350 clinicians and 93 counselors have been trained. For more information, see www.liverpoolvct.org

ZIMBABWE

Southern Africa Aids Dissemination Service (SAfAIDS): Access and adherence to ARTs

SAfAIDS developed the Women's Treatment Literacy Toolkit as a way to share knowledge and skills that encourage women to begin and stay on antiretroviral treatment programs. The toolkit contains 12 information sheets, 3 brochures, 6 "Let's Share" cards, 2 posters, and an audio recording. The tools in this kit specifically addresses violence as a consequence of HIV, as women who are on ART are vulnerable to violence in very specific ways. First, women are often obliged to share their ARTs with their male partners, because either the man does not wish to be tested for HIV but wants to take ARTs, or does not wish to be seen getting a supply. Therefore, the issues of adherence and the importance of not sharing ARTs are tackled in the toolkit.

Secondly, women also may not disclose their HIV positive status to their male partners because of fear of violence. Thus they may begin taking ART in secret. The toolkit addresses this and encourages open debate and testimony about how women can talk about their HIV status and ART needs. Thirdly, women are often not "allowed" by adverse social norms to make their own health choices, thus a decision to get an HIV test and then another independent decision to begin ART can be grounds for male partners to abuse them. And finally, women who are HIV positive and on ART must practice safe sex, or they can become reinfected and develop drug-resistant strains of HIV. Thus she needs to be empowered to demand safe sex even after she has become infected (this is called "positive prevention") and even when she is on treatment. The toolkit addresses issues of positive prevention and the right of women to safe, satisfying sex even after HIV infection has occurred. For more information, contact info@safaims.org.zw

THE GBV NETWORK: Strengthening regional work on GBV

On November 8th and 9th 2006, more than 100 activists, practitioners and researchers came together in Kampala for a regional dialogue on strengthening efforts to end the violence so pervasive in women's lives. Participants from 15 countries [Botswana, Eritrea, Ethiopia, Kenya, Malawi, Rwanda, Somalia, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zimbabwe, United States and Nicaragua] shared notes on experiences and lessons learned from promising interventions aimed at preventing such violence. The meeting was hosted by the Interagency Gender Working Group (IGWG), USAID/EARO, PATH, Raising Voices and the GBV Prevention Network.

The meeting was a recognition of the groundbreaking work being done in the region to challenge gender-based violence, and an opportunity to think collectively about the barriers that remain and how to overcome them. Participants highlighted that while significant progress has been made in recognizing violence against women as a grave human rights and public health concern, the continued prevalence of such violence reveals that there is considerable work to be done. They stressed the need for collaborative and holistic prevention efforts engaging the entire community to challenge norms and attitudes that perpetuate violence against women and respond to survivors' physical, psychological and social needs.

Jessie Mbwambo highlighted a recent WHO multi-country study on violence against women that found, "Violence against women remains largely hidden. One fifth to two thirds of women had never told anyone about their partner's violence prior to the interview. There is a need for strategies to ensure greater visibility about the prevalence of such violence. There is also a strong, documented relationship between violence against women and a range of poor physical and mental health outcomes... [which] may persist long after the violence has ended."

Nduku Kilonzo of Liverpool VCT Care and Treatment in Kenya noted that "A lot of Voluntary Care and Treatment counselors are saying there is a need to address sexual violence with their clients, but they are unsure of how to deal with it. There is little coordination of services and clarity on the protocols that should be followed."

Their experiences testify to the challenges faced by everyone working to prevent and respond to gender-based violence. But the resounding message of the meeting was, while the work can be frustrating and lonely, no one is alone in this effort. Wide ranging initiatives include the important advocacy efforts of

MEMBERS' MEETING MAPS FUTURE

Using the opportunity of so many members together for the Regional GBV Meeting, Raising Voices and PATH co-hosted a GBV Prevention Network meeting on November 11th in Kampala. Twenty one members participated from 8 countries and 7 Focal NGOs were present. The meeting was designed to help us learn more about our own Network as well as others in the region and world. We also used the time to critically think about current strategies, membership and leadership structures and future directions for the Network.

Main ideas for 2007 that emerged from the meeting include the following.

- Encouraging increased responsibility and active engagement of all GBV Prevention Network members.
- Strengthening of Focal NGOs to ensure coverage of all countries. They would be encouraged and supported to more actively network with GBV Prevention Network members in their areas.
- Restructuring membership of the Network so that there are various levels and types of membership for CBOs, NGOs, INGOs, UN agencies, individuals, friends of the network, etc. This may be useful in streamlining processes and maximizing participation in the Network.
- Creation of thematic working groups on key areas of interest (i.e., communication mobilization, research, policy advocacy, etc.)

Participants spoke about their vision for the Network, how they hope it grows into a strong force in the region for GBV prevention. Active participation from all members is essential if we are to make this a reality. The Network has been given a grant from PATH to initiate processes of growth over the coming year. If you are a member organization and did not complete the survey that emerged from this meeting, please contact us at inquiries@preventgbvafrica.org. Read more about the meeting and see the list of members who participated at www.preventgbvafrica.org.

Equality Now, CREAM, COVAW and EWLA, essential services provided by the Saartjie Baartman Centre in South Africa and Liverpool VCT Post-rape care programme in Kenya, and community mobilization prevention efforts by Raising Voices in the region, CEDOVIP and SHARE in Uganda and Kivulini in Tanzania. Other organizations like ALN and SaFADS are working on the link between violence and HIV/AIDS and still others are working with at-risk populations. These and many other programs provided promising examples and fruitful areas of discussion of how we can more effectively prevent and respond to gender-based violence.

What lessons were drawn from these efforts? Mary Ellsberg from PATH's global health sector work in providing services to survivors, said that "success may not necessarily mean ending violence; rather it may be giving women a sense of control, offering alternatives and helping deal with the stigma and shame often associated with intimate partner violence. Giving women the opportunity to be heard and to have their feelings acknowledged is critical to empowering them."

Irma Maharaj stressed from her work with survivors at the Saartjie Baartman Centre that, "A multi-faceted response is needed to deal with the complexity of gender-based violence and to meaningfully support women." Service provision does not end with a bandage. It means ensuring that survivors have the support they need to end the cycle of violence in their lives.

Violence against women in the region remains a pervasive, hidden epidemic in the region. But the Kampala meeting was an important step in breaking the silence. The essence of the meeting was captured by two of the participants: "Sharing experiences from different parts of the region is most refreshing and strengthening because we get to know that we are not alone." "In my opinion meetings of this nature play an important role in strengthening GBV work in the region, providing a platform for participants to share experiences and learn from one another. This serves to strengthen community mobilization strategies and advocacy work in the region." They were among many who were reinvigorated in their work by the energy at the meeting. Recognizing how individual efforts could be strengthened through continued collaboration, the most requested resource from the meeting was... the participant list!

The meeting report will be out in March, and all members of the GBV Prevention Network will receive a copy.

RECENT ADDITIONS:
www.preventgbvafrica.org



ECWR Update, a monthly update on The Egyptian Center for Women's Rights activities and the status of women in Egypt. This

September/October 2006 newsletter issue has a special focus on the reports of mob attacks on women in downtown Cairo after Eid. There is also a discussion about sexual harassment that women experience on the streets of Egypt. Download the newsletter from our website in the "What's New January 2007" section.

Sexual Violence: Weapon of War, Impediment to Peace, Forced Migration Review in collaboration with UNFPA explores the challenges and opportunities for combating sexual violence in conflict, post-conflict and development recovery contexts in this new publication. Download the report from our website in the "What's New February 2007" section.

"Man Hunt Intimacy: Man Clean Bathroom" Women, Sexual Pleasure, Gender Violence and HIV, a report by Alice Welbourne from the Institute of Development Studies. This bulletin looks at how men's contribution – or lack of it – to household tasks and expenditure and the daily burden of running a home is also closely linked to sexual intimacy and pleasure, sexual dissatisfaction, gender violence and HIV. Work, money, sex and violence are inextricably interrelated and once people understand these links, they can then start to do something about them. Link to the report from our website in the "What's New February 2007" section.



Quantitative Research Instrument to Measure School-Related Gender-Based Violence, a

new tool released by The Safe Schools Program, a five-year project funded by USAID in Malawi and Ghana. The Safe Schools program aims to reduce school-related gender-based violence, to improve educational outcomes, and reduce negative health outcomes. The new research tool details the sampling methodology, interview guidelines, and suggested preliminary data analysis of a recently conducted study. The study assessed the knowledge, attitudes, practices, and experiences of boys, girls and teachers in Malawi with gender-based physical, psychological and sexual violence at schools - in the classroom, on the school grounds, and going to and from school. Read about it on our website in the "What's New January" section.

Footnotes for "Violence and HIV" from pages 2-3

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