



Advocacy Seminar

Violence against Women and HIV/AIDS: Making the Connection

Objectives of the Seminar

1. To raise awareness about the violence against women and HIV/AIDS.
2. To increase knowledge about the intersection of violence against women and HIV/AIDS.
3. To discuss concrete strategies for prevention of violence against women and HIV/AIDS.

Schedule

Time	Topic
09:00 – 09:30	Welcome, Introductions and Overview
09:30 – 10:00	Women's Testimonies
10:30 – 11:00	Tea
11:00 – 11:30	The Reality of HIV/AIDS and Violence in Sub-Saharan Africa
11:30 – 12:30	Violence and HIV/AIDS: Making the Connection
12:30 – 01:00	Strategies for Prevention and Change

Session One: Welcome, Introductions and Overview

- a) Welcome participants and make introductions as appropriate.
- b) Describe briefly the 16 Days of Activism and the theme this year. Key points include:
 - 16 Days of Activism against Gender-based Violence was initiated in June 1991 by the Center for Women's Global Leadership (www.cwgl.org).
 - The campaign runs from 25th November to 10th December each year.
 - The time period encompasses four significant dates:
 - 25th November: the International Day Against Violence Against Women;
 - 1st December: World AIDS Day;
 - 6th December: the anniversary of the Montreal Massacre, when 14 women engineering students were murdered at a Canadian university; and,
 - 10th December, Human Rights Day.
 - The campaign is observed globally by activities at the national, regional and international levels.
 - Over the years, the annual campaign has grown and now includes participation from more than 800 organizations in over 90 countries.
 - The growth of the campaign exceeded initial expectations - not just in the numbers of those participating but also in spirit.
 - Many organizations in Africa run special campaigns during this time to highlight the injustice of violence against women.
 - This year's theme is the For the Health of Women, For the Health of the World: No More Violence
 - Activities this year are highlighting the intersection of violence against women and the HIV/AIDS pandemic.

- c) This seminar will focus on the linkages and connections between violence against women and HIV/AIDS. Briefly discuss the objectives of the seminar.

Session Two: Testimonies of Women

In this session, it is suggested to invite two or three women living with violence and/or HIV/AIDS to speak about their experience. It is important to discuss the stories with the women prior to the seminar. Make sure they are comfortable speaking about their lives in front of others, are assisted in how to present their stories, are aware that media may be at the event, and understand what will happen on the day of the seminar. Request each woman giving testimony to stay within a specific timeframe (length for testimony will depend on how many women are testifying).

Key points to request they include in their testimony can include:

- Describe when they began experiencing violence.
- What type of violence did/are they experiencing (i.e., domestic violence, rape, sexual assault, etc.)
- How does/did the violence they experienced put them at risk for HIV infection?
- Are they aware of their HIV status? If yes, please tell the story of how they believe they were infected. If no, ask them to explain why they have not been tested.

Generally, questions are not encouraged after women's testimonies to avoid 'victim' blaming and inappropriate questions that may traumatize the women. However, this could vary depending on the women and the audience. If you do allow questions, be sure to set appropriate parameters.

Session Three: The Reality of HIV/AIDS and Violence in Sub-Saharan Africa

This session is intended to give participants a clear sense of the magnitude and scope of the problems of HIV/AIDS and violence in the region. Key points about violence and HIV/AIDS in the regions are below.

a) Violence

- One out of three women are estimated to experience violence in the course of their lifetime (Heise et al 1999).
- The real extent of violence against women is difficult to measure but it is estimated that from 10 to 69 percent of women in intimate relationships experience violence (WHO 2002).
- War and conflict exacerbate violence.
- Physical violence in intimate relationships is almost always accompanied by emotional abuse and in one third to over one-half of the cases, by sexual abuse (Heise et al 1999).
- Research among 1366 South African women who attended health centers in Soweto revealed that women who were beaten by their partner were 48 percent more likely to become infected with HIV than those who were not (Dunkle et al 2004).
- In the same study, women who were emotionally or financially dominated by their husband or boyfriend were 52 percent more likely to be infected than those who were not (Dunkle et al 2004).
- In Tanzania, it was found that HIV positive women were over two and a half times more likely to have experienced violence by their partner than HIV-negative women (Maman et al 2002).

- If appropriate, use the following research studies to emphasize that a large number of women experience intimate partner violence and that it happens throughout the region and the world.

Country	Area of Study	Year	Selected Results
Ethiopia	Mskanena Woreda	1995	45 percent of 673 women asked reported experiencing physical violence by an intimate partner in their lifetime (Deyessa et al 1998 in Heise et al 1999)
Kenya	Kisii District	1984 - 1987	42 percent of 612 women asked reported experiencing physical violence in their current relationship (Raikes 1992 in Heise et al 1999)
Uganda	Lira and Masaka Districts	1995 - 1996	41 percent of 1660 women asked reported experiencing physical violence in their current relationship (Blanc et al 1996 in Heise et al 1999).
South Africa	Eastern Cape	1998	20 percent of 396 women asked reported experiencing physical violence by an intimate partner in their lifetime (Jewkes et al 1999 in Heise et al 1999)
Zambia	National	2001 - 2002	48.4 percent of 3,792 women asked reported experiencing physical violence by an intimate partner in their lifetime (Kishor et al 2004).
Zimbabwe	Midlands Province	1996	17 percent of 966 women asked reported experiencing physical violence by an intimate partner in their lifetime (Watts 1999 in Heise et al 1999).

b) HIV/AIDS

- In Sub-Saharan Africa, 23 million adults ages 15 – 49 are infected, fifty seven percent or 13.1 million of these are women (UNIFEM et al 2004).
- Young women now make up sixty percent of the 15 – 24 year olds living with HIV/AIDS, making them three times more likely to be infected than young men (UNIFEM et al 2004).
- Of all the HIV positive women in the world, seventy-seven percent live in sub-Saharan Africa (UNIFEM et al 2004).
- Often young married women have higher rates of infection than their unmarried, sexually active peers because their husband's have multiple partners (Annan 2004).
- The majority of people living with HIV/AIDS: ninety eight percent of women and ninety four percent of men, live in developing countries.
- HIV is spreading through heterosexual relations in Africa, which is increasing the risk for women.

Violence and HIV/AIDS: Making the Connections

This session intends to encourage reflection and discussion among participants. We suggest that a brief introduction to the session be done by a facilitator who will then also help organize participants into small groups and moderate the presentations of group work.

a) Introduction to the Session

The facilitator can discuss this year's theme of 16 Days of Activism: The intersection of violence against women and HIV/AIDS. The objective of the session is to help participants think further about how the two are connected. Explain that violence against women is both a cause and a consequence of HIV/AIDS. This session will analyze the relationship between the two issues.

b) Group Work

Ask participants to divide into three groups. Ask each group to have a discussion about one of the three questions below. Give the groups 25 minutes to discuss their question. Request that they note down key points on flipchart paper.

1. In what ways is violence against women a cause of HIV infection?
2. In what ways can violence be a consequence of HIV/AIDS?
3. How are young women particularly at risk for HIV infection as a result of violence?

c) Plenary Discussion

When the groups return to plenary, ask a representative of each group to present their key points. The facilitator of the session should monitor the discussion, and length of time for each presentation and be vigilant about keeping the discussion on track, asking questions and guiding the discussion back to the main point when necessary. Key points to emerge from the discussion include the following.

Violence as a cause of HIV infection

- Forced sex in marriage with a partner who may be HIV positive.
- Rape and sexual assault with unknown perpetrators who may be HIV positive.
- Men, even in marriage, often have multiple sex partners increasing likelihood of being infected and infecting his partner.
- Inability for many women to negotiate condom use (both in and out of marriage / partnerships).
- Forced vaginal penetration increases risk of tearing and abrasion, which facilitate entry of virus.
- Traditional practices that dry the vagina making it more prone to tearing during sex and thereby increased risk for infection.
- Economic dependency on men renders women unable to leave abusive relationships.
- Belief of many women that they must give into male demands for sex even when they know they are in danger because it is their 'duty' or a 'cultural expectation'.
- Men control when and how to have sex.
- Women unable to seek and access information about HIV/AIDS because they fear violence from their partner's if they attend seminars, are seen with information, etc.

Violence as a consequence of HIV infection

- Fear physical abuse if reveal HIV positive status.
- Unable to access services because of fear of violence.
- In danger of being abandoned or thrown out of house if reveal HIV positive status.
- Unable to adhere to treatment programs because of the need to hide pills and health center visits.
- Socially stigmatized because of HIV positive status.
- Unable to pay for treatment because financially dependent on male partner.

Why are young women at such high risk for HIV infection

- Vulnerable to sexual coercion.
- Vulnerable to rape and sexual assault.
- Vulnerable to sexual abuse at home with relatives and family friends.
- Less able to negotiate condom use.
- Orphaned girls are vulnerable to sexual abuse and exploitation because they are financially dependent on caretakers/guardians.
- Young women more likely to be trafficked or brought into sex work.
- Use of an unclean or shared knife when performing FGM.

Summarize the discussion by emphasizing that violence against women increases women's risk of HIV infection and that HIV infection increases women's risk for violence.

Session Four: Strategies for Prevention and Change

In plenary or small groups, ask participants: How can we prevent both violence against women and HIV infection. You may choose to focus the discussion depending on the background of participants (i.e., students, parents, teachers, health care workers, NGO staff, community members, policy makers, donor agencies, religious leaders, government employees, etc.) If there are multiple groups within the seminar, you may choose to ask participants to get in small groups according to their background. If group work is chosen be sure to actively facilitate the reporting back discussion so concrete suggestions are made. Suggestions for prevention and change will vary depending on the groups you are working with, but a few critical areas for change include:

- Discuss the connection between violence and HIV/AIDS with family, friends, colleagues and neighbors.
- Reach out specifically to women experiencing domestic violence to provide information about HIV/AIDS.
- Reach out specifically to men who are known to be violent as research shows that women living in violent relationships are more vulnerable to HIV infection.
- Increase public debate about the relationship between violence and HIV/AIDS.
- Challenge the social norms that contribute to women and girl's lower status.
- Teach young women how to say no to sex when they don't want it, how to negotiate condom use and about other ways of protecting themselves from violence and HIV/AIDS.
- Confront violence and ignorance wherever you see it.
- For institutions and organizations working on women's issues or health issues, educate your staff, partners and stakeholders about the link between violence and HIV/AIDS.
- Design strategies and programs that work to prevent violence and HIV infection.
- Emphasize the importance of violence prevention in HIV/AIDS programs.
- Invest in primary prevention programs that address the root issues of women's low status and gender inequity.
- Advocate for violence prevention within your sphere of influence.

Thank the group for participating in the seminar and encourage action and advocacy continue!

References

- Annan, K., Speech to mark International Women's Day, March 8th 2004.
- Blanc A.K., Wolff, B., Gage, A.J., Ezeh, A.C., Neema, S., and Ssekamatta-Ssebuliba, J. Negotiating reproductive outcomes in Uganda. Institute of Statistics and Applied Economics and Macro International, p 215, 1996.
- Deyessa, N., Kassaye, M., Demeke, B., and Taffa, N. Magnitude, type and outcomes of physical violence against married women in Butajira, southern Ethiopia. *Ethiopian Medical Journal* 36(2): 83 – 92. 1998.
- Dunkle, K., Jewkes, R.K., Brown, H.C., Gray, G.E., McIntyre, J.A., Harlow, S.D., Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet* 363 (9419):1415, 2004.
- Heise L.L., Ellesberg M, Gottemoeller, M., Ending violence against women, Baltimore, MD, Johns Hopkins University School of Public Health, Center for Communications Programs, Populations Reports, Series L., No. 11, 1999.
- Jewkes, R., Penn-Kekana, L., Levin, J., Ratsaka, M., and Schrieber, M. He must give me money, he mustn't beat me: Violence against women in three South African Provinces, Pretoria, South Africa, Medical Research Council, p 29, 1999.
- Kishor, S., Johnson, K. Profiling Domestic Violence – A Multi-Country Study, Calverton, MD: ORC Macro 2004.
- Maman, S., Mwambo, J., Hogan, M., Kilonzo G., Sweat, M., Weiss, E., HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania. Horizons, USAID and Population Council, 2001.
- Raikes, A. Wife abuse as a health issue in the context of changing gender relations in Kenya today: A case study from Kisii. Copenhagen, unpublished, p 18, 1992.
- UNIFEM, UNAIDS, UNFPA, Women and HIV/AIDS: Confronting the Crisis, 2004.
- Watts, C. (London School of Hygiene and Tropical Medicine), [Unpublished data on violence] Personal communication, Dec 2, 1999.
- Krug, E.G., Dalhberg, L.L., Mercy, J.A., Zwi, A.B., Lonzano, R., World report on violence and health. Geneva, World Health Organization, 2002.