

STRENGTHENING resistance

CONFRONTING VIOLENCE AGAINST WOMEN AND HIV/AIDS

Researched, written and edited by
Cynthia Rothschild, Mary Anne Reilly and Sara A. Nordstrom

Center for Women's Global Leadership

The Center for Women's Global Leadership (CWGL) develops and facilitates women's leadership for women's human rights and social justice worldwide. CWGL's programs promote the leadership of women and advance feminist perspectives in policy-making processes in local, national and international arenas.



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PREFace

The Center for Women's Global Leadership (CWGL) is pleased to publish this booklet as part of its ongoing efforts to promote international discussion of strategic issues regarding women, violence and human rights. Over the past decade, it has become clear that the HIV/AIDS crisis poses particular challenges for women, and a number of actors have called upon organizations involved in the global women's movement to respond more vigorously to it. Further, violence against women has now been recognized by many as both a cause and a consequence of women becoming infected with HIV that must be addressed to effectively respond to the global AIDS crisis. It is in this context that CWGL decided to work on topics involving the intersection of violence against women and HIV/AIDS.

As an organization that has worked since its inception for a feminist and gender-conscious understanding of human rights, particularly in the area of violence against women, this seemed like the place where we could best contribute to women's advocacy in the context of HIV/AIDS. In order to determine what we could add to the work on women and HIV that was already taking place, we organized two day-long strategic conversations in 2004 on the intersection of gender-based violence and HIV/AIDS with organizations working on one or both of these issues.

Rather than initiating a separate program on this topic, we sought to weave it into our existing work. In particular, CWGL took up the theme of Violence Against Women and HIV/AIDS as a major focus of the 2004 and 2005 16 Days of Activism Against Gender Violence campaign. Since CWGL initiated the 16 Days of Activism campaign in 1991, we have coordinated information and communication-sharing around a broad theme for the campaign every year, and have provided a Take Action Kit, an International Calendar of Activities and other resources for local action around these globally-coordinated dates. The 16 Days campaign has provided an opportunity to

make a range of women's human rights concerns more visible and to bring attention to the intersection of violence against women with specific events, such as the 50th Anniversary of the Universal Declaration on Human Rights in 1998, or the UN World Conference Against Racism in 2001. However, in focusing on gender-based violence and HIV/AIDS for two years, we made a more explicit commitment to raising the profile of this issue and to providing information, strategies and resources for groups that wanted to address it. CWGL has also been a co-convenor with the World Health Organization of the Global Coalition on Women and AIDS task force on Violence Against Women. The task force utilized the 16 Days campaign to enhance discussion of the intersection of violence against women and HIV/AIDS within the UN, and UNAIDS provided resources for this publication as part of the task force's work.

Like so many issues facing women, addressing the intersection of violence against women and HIV/AIDS effectively requires moving from rhetoric to the development of strategies and policies that will concretely defend women's human rights and provide redress for violations. This publication therefore seeks to make these issues concrete by highlighting innovative advocacy aimed at both awareness-raising and policy changes. Some of the case studies presented were part of the 16 Days campaign, while others were initiated in other contexts, but all provide ideas that could be promoted by those participating in future 16 Days campaigns as well as in other settings. We hope that this report will contribute both to deepening the discussion of the critical points of intersection and sparking ideas about strategies that can be used more widely to advance work on these issues and to help bring an end to both violence against women and HIV/AIDS.

Charlotte Bunch, Executive Director
Center for Women's Global Leadership

INTROduction



Breakthrough and Arijun Chandramohan Bali (Director)

An image from the music video "Maati" by Breakthrough, a human rights organization based in the USA and India. The video is part of the "What Kind of Man Are You?" campaign that raises the issue of husbands transmitting HIV to their wives.

Around the world, women are confronting the twin crises of violence and HIV/AIDS in their homes, in the streets, in health clinics, in their workplaces and in the halls of government. Some struggle on a daily basis as survivors of violence, as women who are HIV positive, as caregivers in families or communities immediately affected by both HIV and violence. Some are women's rights, human rights or HIV/AIDS activists who are demanding that governments, service providers and allies in various political movements address these rights and health-related emergencies. And some are providing legal, health or other kinds of support for women grappling with the ramifications of these global realities.

While these groups are not mutually exclusive, their attention is well-timed: women are facing a catastrophic assault on their bodies, rights and health as a result of

the prevalence of both HIV and the unrelenting omnipresence of violence against women on a global level. Each constitutes a crisis on its own. Yet, in the lives of thousands if not millions of women, these crises are not separable; they are fundamentally linked, as one exacerbates the other and in a circular way results in injury, poor health or death, discrimination, stigma, fear and a range of human rights abuses.

The analysis that follows explores the points of intersection of these pandemics, both of which are health-related but also deeply socially constructed.¹ Neither is solely biological; both are informed by social attitudes about gender and roles of men and women in societies. As much as both HIV/AIDS and violence against women are about physiology, epidemiology and bodies, they are also about political will, governmental accountability, resource allocation, and for the purposes of this analysis, about women's creative activism. On a global level, women have begun to demand that these phenomena

be seen as linked, and not only to each other, but to gender inequality, generally. In 2005, the United Nations Special Rapporteur on violence against women made this very simple but powerful assertion: “A lack of respect for women’s rights both fuels the epidemic and exacerbates its impact.”²

This report is grounded in ideas and practices of *resistance*: resistance to the virulence of HIV transmission, resistance to pervasive experiences of violence, resistance to governmental complacency, and resistance to sexist and discriminatory attitudes and prejudices. It is equally a report rooted in *building immunity* – primarily through novel ideas and strategic advocacy, both of which are highlighted here in the stories of people working precisely at the points where violence against women and HIV/AIDS meet.

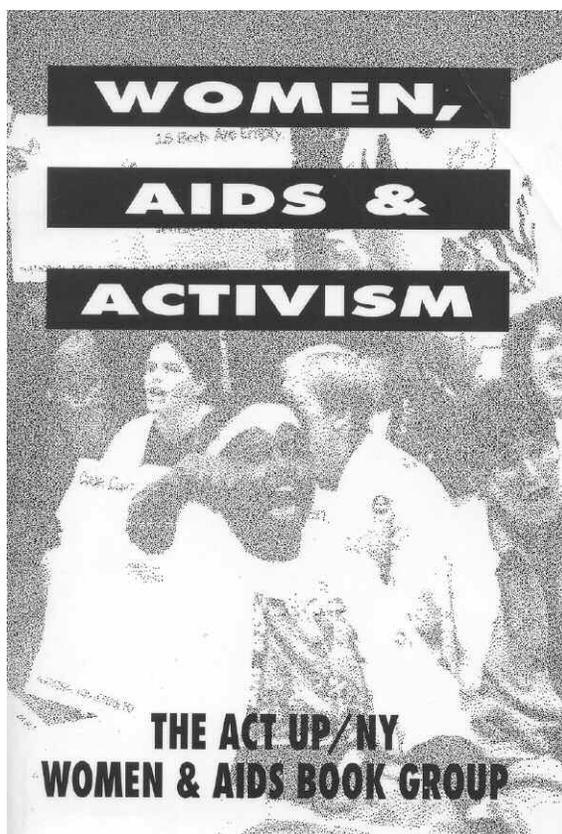
The following overview is designed for people who may be grounded in or working in HIV, VAW or human rights arenas, but who are not necessarily familiar with the nuances that connect these fields. It is intended not to be an exhaustive analysis of the linkages, but to familiarize advocates with key concepts and challenges in addressing overlap and intersections. Finally, it is intended to provide an inspirational tool for advocates’ use in different movements and in service provision both to better understand - and to be better equipped to confront - these crises, on their own and as they are merged.

The first section, Current Political Challenges, lays out a short analysis of the political landscape with a particular focus on challenges to advocacy. The second, Violence Against Women and HIV/AIDS: Intersecting Pandemics, looks more deeply at specific critical issues in women’s experience of violence and HIV/AIDS and elaborates on some of the ways the two realistically appear in women’s lives. This section intentionally references conclusions from useful studies and data from a range of

countries. The third analytical section, Interlinked Human Rights Concerns, explores the human rights implications of the nexus of HIV/AIDS and violence against women.

The bulk of this report, though, is focused not on analysis, but on stories of creative responses and innovative advocacy. This section highlights projects that in various ways seek to create or change policy, to educate communities or to alter sexist or AIDS-phobic stereotypes. It is in these stories that the themes of resistance and immunity reside. Activism, and in particular, women’s activism, that confronts the intersections of HIV/AIDS and violence against women is alive and well.

The last sections offer recommendations for future directions in policy and advocacy, as well as



This anthology, published in 1990, was one of the first ever on women’s activism related to HIV/AIDS.

an abbreviated resource list that highlights intersections of human rights, HIV/AIDS and violence against women.

A note on terms:

The acronym “HIV” implies the human immunodeficiency virus, and “AIDS” is the Acquired Immune Deficiency Syndrome. “HIV/AIDS” links the virus with the set of conditions known as AIDS. The term “violence against women” is used as a subset of but not an exact stand-in for “gender-based violence,” as that term has additional implications beyond the scope of this research.

Notes

1 In this report, the term “pandemic” is used to refer to both HIV/AIDS and violence against women as occurring over a broad geographic area and affecting large segments of the population. However, neither HIV/AIDS nor violence against women should be seen solely through a medical lens, as each is absolutely informed by social and political circumstances and attitudes.

2 Yakin Ertürk, 2005. “Integration of the human rights of women and the gender perspective: the intersections of violence against women and HIV/AIDS,” Report of the Special Rapporteur on violence against women, its causes and consequences. UN doc: E/CN.4/2005/72 17 January 2005, paragraph 16, p. 7.

CURRENT political challenges



Kali van der Merwe

Scene from the play *Uhambo - pieces of a dream*, produced by *Mothertongue*, a South African women's rights organization. The play reflects on ten years of democracy in South Africa with a special focus on changes in women's social and sexual rights and whether women are benefiting from these changes.

Significant challenges face HIV/AIDS and women's rights advocates as they attempt to strengthen linkages across their work and call attention to ways that women experience the crises of violence against women and HIV/AIDS. Some of these challenges are "external" and have to do with societal and sexist attitudes, lack of governmental accountability and the omnipresent quest for securing limited funds. But even feminist, HIV/AIDS and human rights political movements are generally new to making the conceptual, policy and programmatic bridges between the issues.

Of course, non-governmental organizations (NGOs) and political movements do not operate in a vacuum; they are deeply affected by the societal factors constraining or opening space for their work. Where there is great prejudice and limited funding, coalition advocacy tends to be harder. But the need for collaborative work on violence against women, human rights and HIV/AIDS is not only critical – it is life-saving. Advocacy and policymaking at the intersections of these movements in large part has been spurred by the

demands of advocates, including those of HIV positive people and survivors of violence. Those demands have addressed but have not been limited to the critical concerns that follow.

A key obstacle to working across movements is overcoming the judgments, prejudices and perceived threat to resources groups sometimes feel as they engage in or avoid partnerships. On a simpler level, groups sometimes genuinely do not understand the need for joint advocacy, or the nuances of the issues involved. While this is certainly not particular to HIV and anti-violence movements, it is also true that AIDS service organizations and advocacy networks have been slow to address women's human rights issues and violence against women, just as HIV/AIDS until recently has been relatively ignored by violence-related organizations. At some level, simple prejudices have likely been in operation: HIV groups have worried about feminists and their agendas, and women's organizations have been fearful of HIV/AIDS activists and theirs.

This distrust does not appear unprompted, however.

Generally, the concerns of advocates in different movements are both elicited and paralleled by societal stigma and discrimination and are often fueled by politically motivated prejudices such as sexism, homophobia, and antipathy toward women in general, as well as toward marginalized and so-called “vulnerable groups,” including HIV positive people, drug users, poor people, lesbians, gay men, bisexuals and transgender people, and commercial sex workers, in particular. And one of the most critical obstacles facing advocates seeking to explore the nexus of HIV and violence against women is the interplay between community and societal sexist and discriminatory attitudes that create and reinforce gender inequality, and the state policy-based regulation of sexual and reproductive behavior of women and girls, young people, generally, and people living with HIV/AIDS.

In terms of the latter, regulations include “gag rule” or censorship restrictions on provision in schools, health clinics and community organizations of evidence-based and scientific information related to safer sex, abortion, contraception and condoms. Certain donor states also have forced organizations receiving funds to sign “anti-prostitution pledges,” which can keep NGOs from being able to engage in effective prevention work, and threaten the human rights of women engaged in transactional sex. In schools, certain countries have promoted “abstinence-only-until-marriage” at the expense of comprehensive sexuality education, which teaches how best to protect against HIV and other sexually transmitted infections. Promotion of abstinence-only-until-marriage programs are particularly troublesome, as many women face sexual violence and cannot control when and how to have sex with male partners.

Those concerns are also informed by states’ lack of accountability and political will: only in rare instances have states fully committed to protecting and promoting women’s human rights in relation to violence or HIV prevention, including development of policies encouraging swift investigation of abuses and direct punishment for perpetrators. Government actors are generally unwilling to address abuses committed by soldiers, police and other agents of the state, as well as the sexual violence that takes place within the family, community and other traditionally “private spheres.” This latter point is of particular concern to women, as much of the violence they face takes place precisely within this private arena and is inflicted by non-state actors.

The absence of a critical body of data on a causal link between VAW and HIV/AIDS also hinders state, scientific, service provision and NGO commitments in these areas. Despite myriad examples, it remains necessary to provide evidence of this causal link. In large part, the gaps in data

(and the gaps in the commitment to data collection) result from the nature of the issues involved: sex and violence are often considered private matters not to be discussed outside the family or the community. These social factors can have a negative effect on women’s willingness to report violence or their serostatus to police, other officials or health providers, which, in turn, precludes accurate data collection. There is great need for commitment to and support for additional research by state and public health agencies, academic institutions, and human rights, HIV/AIDS and women’s rights NGOs.

Soliciting the programmatic attention of large institutions, international organizations and funders remains a significant challenge for many activists. There are positive developments on this front, though: mainstream human rights groups have recently begun to research and document abuses related to both crises, and UN agencies such as the Joint UN Programme on HIV/AIDS (UNAIDS) and the United Nations Development Fund for Women (UNIFEM) have recently committed to funding projects that link HIV/AIDS and violence against women.¹ But these commitments are recent and outside the norm. There is not yet a critical mass of groups developing policy and advocacy on the links between these themes.

Generally, lack of human and financial resources cannot be underscored enough as both cause and effect of the compartmentalization of violence against women and HIV/AIDS. This resource issue cuts through almost all of these critical challenges and serves as an example of how they are inter-linked. Without funding, research and campaigning can be impaired, and when decision-makers’ attitudes about gender and women’s roles are discriminatory, funding allocations are potentially precluded. One other obstacle works to preclude funding: it remains very difficult to demonstrate measurable results when aiming to alter societal attitudes; success of community education efforts are hard to quantify, and funders often place great value in quantified success.

Ultimately, though, and in spite of these and other challenges, activists in all regions are employing creative strategies and programming to promote awareness of the links between HIV/AIDS and violence against women. The demands of women’s human rights and AIDS activists will continue to promote accountability and awareness about the points of intersection and their methods will remain imaginative and strategic.

Notes

¹ For instance, Action Aid, Amnesty International, the Ford Foundation and Human Rights Watch, among other groups, have all recently made commitments to raising the profile of work on HIV/AIDS and violence against women.

VIOLENCE AGAINST WOMEN AND HIV/AIDS

INTERSECTINGpandemics

FLIMONOGAMOUS FMAMICROF
 KCOLATTEFACTORBUBCONNE
 MPIENAFTLICYTRISRUAGGR
 OHFYSEAMLAYUPPFCONSINT
 IYIHAELCHLCONSENTTLEAD
 RSMRKNJOIEMLOTA SHUIDEI
 AIAKHAHAVIEMSORATIOUAS
 ECGUILIHARSNATOHEKECWC
 LAITANEPIPOAAAYITPASAOR
 MLPGREAGDIKTACRHRVETJI
 WLAGLATOSWASIWOMENSITM
 OYTDXORSATHDRNISVATOHI
 OHHQOWIERENOIUSHENLBN
 DOEUUMHUROZVIOLENCETIA
 SBLBSNETISACTTCKTAMPKT
 TLPNOXOSMARESOHEALTHTI
 YOARANSCTEKABZOXBAAROO
 MRIEVIORVIHMEVIOLATION
 TDNFM SUGADCKXUBEKIUSA
 EYESQUIHEGUOMOWERUFNHV

Designed by Rabbana Omar. © Sakhi for South Asian Women 2005.

DAY 9: 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.

SOURCE - UNAIDS: The Global Coalition on Women and AIDS. Violence Against Women and AIDS. Background.

Designer: Rabbana Omar. Copyright: Sakhi for South Asian Women 2005

This postcard is from day nine of Sakhi's web-based campaign during the 16 Days of Activism in 2005. Through this campaign 1153 postcards were sent to 853 separate individuals to raise awareness about the intersection of HIV/AIDS and violence against women. Sakhi is a community-based organization in the New York metropolitan area committed to ending violence against women of South Asian origin.

Women around the world are at risk of injury, illness and death because of HIV/AIDS and violence – both of which are preventable. Though many countries have recently witnessed a tapering off of overall HIV prevalence rates, and in a few cases a decrease in prevalence among women, women now account for nearly 50% of adults living with HIV/AIDS globally and regional percentages have been on the rise for several years. Alarming national and regional statistics from all corners of the world demonstrate that we are still far from halting and reversing the spread of HIV and ensuring universal access to prevention, care and treatment, and from stemming the tide of

human rights abuses related to violence and HIV/AIDS. Data also reveal that women in long-term heterosexual relationships are not protected against transmission and that young women and women who are members of marginalized groups are particularly at risk for infection. This is not a function of women's inherent biological vulnerability, but of gender inequality compounded by social factors such as discrimination and low socio-economic status, both of which can result in limited access to information, education, health care and treatment. Taken together, the political, demographic and health implications are daunting. Consider the following statistics from the 2006 Report on the Global AIDS Epidemic by UNAIDS:

Sub Saharan Africa is the global epicenter of the epidemic. Women comprise 59% of adults living with HIV. On average, for every two HIV positive men there are three HIV positive women. Among young people (15-24) the ratio climbs to three women for every one man. Worldwide, three-quarters of all women above age 15 living with HIV are in Sub-Saharan Africa. In **Australia**, indigenous women are 18 times more likely to be HIV positive than non-indigenous women, and three times more likely than non-indigenous men. In **Thailand**, one-third of new infections in 2005 were among women who had contracted the virus from long-term male partners. In **Trinidad and Tobago**, women in their late teens were six times more likely to be HIV positive than males of the same age. In **Jamaica**, young women are twice as likely as young men. In **Honduras**, AIDS is the leading cause of death for women. In the **United States**, African American women are up to 12 times more likely to be infected than white women and AIDS is the leading cause of death among African American women aged 25-34 years.

One of the most blatant manifestations of gender inequality, violence against women, greatly amplifies the catastrophic effects of the HIV/AIDS pandemic for women's lives. Women experience physical, sexual, and psychological violence in the street, in schools, in the workplace and, most often, at home. Globally, statistics on violence against women are staggering: one in every three women has been beaten, coerced into sex, or oth-

erwise abused in her lifetime;¹ between 30% and 60% of ever-partnered women have experienced physical or sexual violence, or both, by an intimate partner;² and between 7% and 48% of girls and young women globally aged 10-24 years report their first sexual encounter as coerced.³

Violence against women constitutes a global human rights emergency that has devastating impacts on women's health, including compromising women's ability to protect themselves from infection and hampering access to information and services for the prevention, care and treatment of HIV/AIDS.

Different forms of violence intersect with HIV/AIDS in distinct ways, as elaborated in the following examples.

Rape

Forced or coerced sex increases women's vulnerability to HIV infection by severely limiting, if not destroying, women's ability to negotiate safe sexual behavior: in situations of rape, condom use is rare. In addition, women's biological vulnerability to infection may be increased through physical trauma to the body resulting from violent sexual encounters. Young women and girls may be more susceptible to tears and abrasions to the vaginal wall, due to under-development of their reproductive tracts. On a global scale, sexual assault is of critical concern as a means of transmission of HIV to women.

The consequences of rape can be long-lasting. Compounding the emotional and physical trauma of the assault itself is the stigma associated with rape, which can deter women from seeking medical services, including post-exposure prophylaxis, when these are available. A history of sexual assault can affect a woman's willingness or capacity to use condoms consistently in later sexual activity. A study from South Africa concluded that women who experience forced sex by intimate partners are almost six times more likely to use condoms inconsistently than women who are not coerced.⁴

A number of widely-promoted prevention programs rest on promotion of abstinence from sexual activity. Many programs are noted as "abstinence-only-until-marriage," and are meant to delay "sexual initiation" in order to reduce risk of HIV transmission or unwanted pregnancy. Yet, HIV prevention programs that focus solely on abstinence and fidelity are meaningless for women who experience rape or who are in abusive relationships and find it difficult or impossible to demand the use of condoms with male partners.⁵

Intimate partner violence

Intimate partner violence occurs in all regions of the world and within all social, economic, religious and cultural groups. It includes physical, sexual and psychological violence, and threatens women's ability to protect themselves from HIV infection. The fear of violence effectively prevents many women from demanding that their partners use condoms or otherwise alter their sexual behavior, as such requests can reveal suspicion and distrust and create hostility.

A study from the United States indicated that African American women with abusive partners were less likely to use condoms than African American women who did not have abusive partners. African American women with abusive partners were also four times more likely to be verbally abused and nine times more likely to be threatened with physical abuse when requesting that their partners use condoms.⁶

In South Africa, a study among 1,366 women attending health centers concluded that women who were beaten by their husbands or boyfriends were 48% more likely to become infected with HIV/AIDS than women in non-violent relationships. Women who were emotionally or financially dominated by their partner were 52% more likely to be infected than those who were not.⁷ The phenomenon of intimate partner violence reveals that marriage and monogamy are not always preventive factors for women. In fact, in some countries married young women have a higher HIV prevalence than their unmarried, sexually active counterparts.⁸

Violence against HIV positive women

Women who are or who are even perceived to be infected with the HIV virus face considerable risk of violence, discrimination, ostracization and abandonment, including by their partners or other family members. A 2005 study conducted by the Asia Pacific Network of People Living with HIV/AIDS (APN+) in Indonesia, India, Philippines and Thailand found that HIV positive women were significantly more likely than men to experience discrimination and physical assault and to be forced out of their homes.⁹ Fear of violence associated with gender discrimination and the stigma associated with being HIV positive can also dissuade women from seeking information about or getting tested for HIV, disclosing their HIV status or seeking treatment and counseling.

A study from Tanzania found that the major reason that women who tested positive for HIV do not disclose their status to their male partners is fear of their partners' reactions.¹⁰ In the Dominican Republic, HIV tests are

often administered without patients' consent, with results revealed by public health officials to women's families without their permission, thereby exposing them to potential abuse.¹¹ Because the threat of violence can inhibit women's willingness to be tested, it can also have a detrimental effect on HIV prevention and treatment efforts, including in relation to mother-to-child transmission.

Sexual violence in conflict

Women and girls are at greatly increased risk of violence in times of war and conflict. Under these conditions, acts of violence include strategic targeting of rape and gang rape, forced pregnancy, forced marriages with enemy soldiers, sexual slavery and mutilations, and are perpetrated by various community and state actors, including soldiers and police.

In various conflicts, rape has been used as a deliberate weapon of war to brutalize and dehumanize civilians, often through targeting women as the "bearers of community." Forty-nine percent of women between the ages of 15 and 70 surveyed in Liberia in 2004, at the end of that country's five-year civil war, reported experiencing at least one act of sexual or physical violence by a soldier or fighter.¹² A survey by the Rwandan Association for Genocide Widows (AVEGA) found that 67% of women who survived rape during the Rwandan genocide were HIV positive.¹³

During conflicts, women often flee their homes, lose their families and livelihoods and may have little or no access to healthcare. Women may be forced to engage in survival sex to secure safety, food, shelter, and services for themselves and their families. Refugee and internally displaced women, who bear primary responsibility for collecting food, water, and firewood, are at heightened risk of violence as they complete their routes, often within unsecured camp settings where violence may be committed with impunity. It is also likely that the rate of other forms of violence against women, such as intimate partner violence, increases during conflicts due to ready availability of weapons and a general breakdown in law and order.¹⁴

Young women and girls

HIV prevalence rates among young women have been on the rise in many regions, as they face physical and sexual abuse at the hands of various actors, including family members and teachers. Many young women around the world are coerced into their first sexual experience. Young women and girls also face increased biological risk of HIV transmission during sexual assault.

In Zambia, where almost 17% of the population aged 15-49 is living with HIV, a report revealed that many girls are sexually and physically abused by male members of their family, including brothers, uncles, cousins, stepfathers and fathers. Girls are often afraid of violent repercussions or loss of support if they choose to disclose the abuse.¹⁵ In addition, young women and girls are often targeted for sexual assault by men who believe they are less likely to be HIV positive than older women. A young woman's history of sexual assault can affect her capacity to negotiate safe and affirmative sexual behavior later in life. A number of studies in South Africa also suggest that young girls have sexual relations with men five to ten years older than they are who often provide gifts or pay school fees as part of the sexual exchange.¹⁶ Older men also have greater power to control condom and contraceptive use, including through violence or coercion.¹⁷

Young women and girls face other barriers to protecting themselves from HIV infection, including denial of access to sexual and reproductive health and rights-related information and services. Children orphaned by AIDS are more likely to face violence, exploitation, stigma and discrimination, all of which increase orphaned girls' risk of sexual violence. Female genital mutilation (FGM), widely practiced in parts of Africa and the Middle East, places young women and girls at increased risk of HIV infection for a number of reasons, including use of unsterilized equipment.¹⁸

Violence against sex workers

It is estimated that sex workers, who on a global level are mostly young and female, may number in the tens of millions worldwide.¹⁹ Current statistics indicate that HIV prevalence among sex workers is high in many regions: 20% in Jamaica, 33% in the Russian Federation (sex workers under 19), 50% in Ghana.²⁰ Sex workers are more vulnerable to HIV infection and violence because they are often demonized and discriminated against, as well as invisible in decision-making processes. In addition, many countries criminalize sex work, driving the industry underground and thus out of reach of law enforcement and key health services. Sex workers work in a variety of settings and are often open to exploitation, harassment, and physical and sexual abuse from managers, clients, and police. Under these conditions, they may find it difficult to negotiate condom use.

A study among 1,000 female and transgender sex workers in Phnom Penh, Cambodia found that over 90% of those surveyed were raped in the past year, and "approximately half of those surveyed reported being beaten by police; about a third were gang-raped by police; slightly

more than one-third were gang-raped by gangsters and about three-quarters were gang-raped by clients (who are often also gangsters and out-of-uniform police).²¹

Defenders of the rights of sex workers also face violence. In India, the work of SANGRAM/VAMP, a collective that has successfully promoted condom use among sex workers and their clients, was severely compromised when male community members threatened the lives of and police harassed the organization's members and clients.²² The rights and health of sex workers are undermined when the outreach efforts of service providers and advocates are limited by donor policies demanding "anti-prostitution" pledges by recipient organizations. Funding restrictions such as those in the US President's Emergency Plan for AIDS Relief in Africa (PEPFAR), are likely to inhibit advocacy, drive potential clients of service provision underground and threaten other public health efforts.

Trafficking

Trafficking is a form of violence in which people, primarily women and children, are forcibly transported from their home communities through the use or threat of violence or other coercive means and placed in forced labor, servitude or slavery-like practices, including but not limited to forced marriage and forced prostitution. Trafficking exists at the nexus of many human rights violations, including those related to violence against women and HIV/AIDS and affects millions of women and girls worldwide. As trafficking activities usually take place secretly and out of the reach of law enforcement, trafficked women are vulnerable to a wide range of abuses, including physical and sexual violence, that increase their risk of HIV infection. Trafficked women often have little power to negotiate sexual choices and condom use. This is especially, but not exclusively, the case when women are trafficked for the purpose of forced prostitution.

One human rights report on women in Bosnia and Herzegovina reveals the links between and risks in trafficking, conflict, violence and HIV: the armed ethnic conflict of the early 1990s, during which thousands of women and girls were raped as a conscious military strategy, generated an industry in trafficking of women and girls for forced prostitution. This report found that "trafficked women and girls are . . . forced to provide sexual services to clients, falsely imprisoned, and beaten when they do not comply with demands of brothel owners who have purchased them and deprived them of their passports."²³ Under such conditions, HIV and violence prevention efforts face innumerable obstacles.

Notes

- 1 Heise L., Ellsberg M., and Gottemoeller M. (1999). Ending violence against women. Population Reports, Johns Hopkins University School of Public Health, Center for Communications Programs L (11).
- 2 García-Moreno, C., Jansen, Henrica A.F.M., Ellsberg, M., Heise, L. and Watts, C. (2005). WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: World Health Organization.
- 3 Krug E.G. et al., eds. (2002). World Report on Violence and Health. Geneva, Switzerland: World Health Organization.
- 4 WHO. (2004). "Violence Against Women and HIV/AIDS: Critical Intersections - Intimate Partner Violence and HIV/AIDS." Information Bulletin Series, Number 1.
- 5 In addition to the failures of abstinence policies with regard to women's experience of violence, many HIV and anti-violence advocates note that these policies are "anti-sex" and serve to create fear and stigma about sexuality for women and girls in particular.
- 6 Ibid. (WHO).
- 7 UNAIDS, UNFPA, UNIFEM. (2004). Women and HIV/AIDS: Confronting the Crisis.
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VIOLENCE AGAINST WOMEN AND HIV/AIDS

INTERLINKED human rights

The following section offers an overview of human rights concerns related to HIV/AIDS and women's experience, with a specific focus on violence against women.

Activists and researchers have long documented a range of human rights abuses immediately related to real or perceived HIV status, as well as to violence against women. Violations in both areas cut across a range of human rights, including those related to physical and mental integrity, dignity and security of person. Both transpire in the global North and South, and across socioeconomic barriers. Yet, while the human rights implications of violence against women have been documented in some detail since the 1990s, rights implications of HIV/AIDS have been even less explored. Since research and documentation of the ways violence and HIV/AIDS intersect – and the human rights concerns about these intersections – have not been prioritized, women's lived experience generally has been rendered invisible, while perpetrators of abuses, whether they are state actors or family members, experience impunity. Governments' failures to punish violators are immediately connected to their failures to protect and promote rights of all women, but especially HIV positive women, who are at risk both because of gender inequality and their serostatus.

The human rights framework has proven effective in focusing international attention on violence against women and providing women in diverse contexts with language, tools, and access to international law to hold governments accountable to prevent, investigate and punish perpetrators of violence. And while some governments have also made HIV-related human rights commitments (for instance, to create or amend legislation to reduce stigma and discrimination against HIV positive people), they have too rarely addressed the linkage between human rights, violence against women and HIV/AIDS on a policy level.¹ National AIDS plans and policies on violence against women too infrequently address these topics independently, as if each exists in a vacuum.

In her 2005 report on HIV/AIDS, the UN Special Rapporteur on violence against women wrote:

In spite of the number of women contracting HIV/AIDS through violent means, States have yet to fully acknowledge and act upon the interconnection between these two

*mutually reinforcing pandemics. By and large, Governments fail to take into consideration gender discrimination in formulating HIV/AIDS policies. This is evidenced by the lack of data on HIV disaggregated by sex in most countries. ... National policies and action plans would be vastly more effective if they acknowledged and acted on the interconnectedness between the two pandemics of HIV and violence against women.*²

Governments are not the only contributors to the problems of compartmentalization and invisibility of women's experiences, however: organizations and social movements also must develop greater capacities to link gender, violence, HIV/AIDS and human rights principles. Many activists argue that women's issues have never been squarely placed in agendas of most human rights organizations. Mainstream human rights groups and activist networks have only recently begun to address HIV. HIV organizations have historically not been inclined to feature human rights principles—or the experiences of women—in their advocacy. And women's groups generally are new to addressing HIV, although some have been using the human rights framework for a number of years. In essence, the problems within all of these arenas are similar, although they may be manifested for different reasons, including sexism, homophobia, AIDS-phobia and even hostility toward the human rights framework.

Breadth of Violations

HIV-related human rights concerns include: restrictions on movement (and historically have included quarantine); denial of health care or discrimination in health care settings, housing, employment and education; forced HIV testing (particularly that which involves targeting marginalized groups, such as prisoners, poor people, drug users, sex workers and immigrants³); restrictions on prevention-related information and education about HIV transmission and threats to confidentiality and privacy. In each of these situations, women may experience abuses differently from men, and may be targeted in ways directly related to their gender.

For instance, in many countries, women struggle for rights to control decision-making about marriage, family, sexuality and reproduction; they are also denied rights to inherit property or land and can be subjected to forced marriage (or "wife inheritance" practices) after having lost husbands, whether to HIV or other illnesses. Women's reliance on male partners for financial security puts them at particular risk, especially as they remain primary caretakers of family

members and remain responsible for parenting after the loss of male partners. Whether through unprotected sex or in “rites of passage” such as female genital mutilation, which often employs use of unsterilized equipment, girls and women live at the intersections of violence and HIV/AIDS.

Critical to any discussion of women’s human rights and the HIV/AIDS pandemic is the issue of sexual assault. Around the world, women are subjected to sexual violence which, of course, can have direct HIV-related ramifications, primarily transmission of the HIV virus to the survivors themselves, or to their children in childbirth, if women become pregnant as a result. In certain instances, including in certain armed conflict struggles, women have been targeted by military forces for forced pregnancy as part of a military strategy designed to dismantle or destabilize ethnic groups, communities and families.

But possibly more “mundane” than rape in conflict is women’s everyday experience of fear of or actual sexual assault. Young women as well as older women are sometimes targeted for rape precisely because they are assumed to be uninfected by the HIV virus. They are seen as potentially young enough to have had few or no sexual partners, or old enough to no longer be sexually active and therefore not at risk. Other practices and myths also put women and girls at risk of sexual violence and HIV transmission, such as “sexual cleansing,” which includes the idea that sleeping with virgins can cure or prevent HIV infection.⁴

While many HIV prevention and public health interventions are designed to stem infection and prevalence rates, some not only do not respect or protect but even violate women’s human rights—and may even be predicated on gender inequality itself. For instance, a 2001 government-promoted HIV prevention effort in Swaziland called for girls to mark their virginity and chastity status by wearing colored tassels over their clothes, a physical marker to all interested men of girls’ and women’s assumed “purity” and freedom from disease or infection.⁵

Yet, women’s human rights advocates around the world recently have achieved significant successes in efforts to punish sexual violence against women – efforts that, by default, also can have a positive impact on curbing HIV transmission. Consider the following two inspiring examples: in November of 2005, the Mexican Supreme Court determined that forced sex within marriage can be punished as a form of rape, and in an agreement that has its roots in international human rights law, the 1998 Statute of the International Criminal Court stated that under certain conditions “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other

form of sexual violence of comparable gravity” can be considered and punished as a crime against humanity.⁶ It is imperative for states to create and enact policies and laws that punish perpetrators of rape, whether it occurs within marriage or in armed conflict situations—both of which are arenas in which HIV can be transmitted.

Sexual assault may be one of the more overt forms of human rights abuses against women, but women face many other kinds of violations, some of which can stem from or lead to physical or psychological violence, and thus have direct impact on women’s health-related rights. Discrimination is of great concern, both in terms of stigma in or denial of care to women who are or who are thought to be HIV positive, but it is also a factor in determining which women receive care and which don’t because of, among other elements, socio-economic reasons, previous access to information or pregnancy status.

On the latter point, mother to child transmission (MTCT) is a key focus area in women’s HIV-related health care, but simultaneously leaves many women who are not pregnant, of reproductive age, or who do not want or intend to become mothers without attention from public health policies and health care systems. These women remain outside the common parameters of prevention, care and treatment strategies, and often have great difficulty accessing the anti-retroviral drug regimens sometimes available to pregnant women.

Interrelatedness of abuses

Human rights violations are often interrelated, as specific abuses can fuel additional ones, with discrimination and gender inequality often at the core. For instance, women’s rights to the highest attainable standard of health and freedom from discrimination are violated when their access to medical care depends on permission from or accompaniment of a male family member, as is the case in some countries or communities.⁷

When women’s HIV status is disclosed without their consent, their rights to privacy are violated and they may suffer violence or further discrimination as a result. Public health policies traditionally have not adequately taken into account women’s relationship to violence, whether in terms of their fear or actual experience of it. Health care personnel are often untrained in addressing or screening for abuse histories, and health programs generally have had poor follow-up capacity when women are known to be at risk of or are already experiencing abuse at the hands of their male partners.

If policies restrict provision of evidence-based and scientific prevention information about HIV transmission (such

as in “abstinence-only-until-marriage” programs that only address condoms and contraception in terms of their failure rates), women’s—and girls’—rights to education, information and to benefit from scientific progress are compromised.⁸ Donor policies that promote abstinence to the exclusion of other means of prevention ignore the reality of many women’s lives: around the world, most women do not have the choice to abstain from sex, even if they want to abstain. Restrictions on male and female condom distribution, and even censorship of information about these commodities, further deny women tools they need to prevent transmission of HIV, sexually-transmitted infections and unwanted pregnancy.

Finally, when women’s rights to assemble and participate in the public sphere are restricted, and when non-governmental organizations including women’s and HIV groups are denied the right to legally function, the security of individual human rights defenders can be threatened. Discrimination and stigma can drive HIV activism underground, which puts women activists at further risk.

Rights-based approaches in advocacy and service provision

Activists across movements note that within service sectors, and especially within health, education and legal arenas, the links between human rights, HIV/AIDS and violence against women must be made in practical ways that have immediate impact on women’s lives. Women benefit most when “rights-based approaches,” including principles of non-discrimination, accountability, transparency, and participation are used in provision of services, as well as in advocacy efforts.

Many activists argue that HIV/AIDS and violence crises are best addressed when there is stronger communication across organizations and political movements. They note that within the context of service provision, providers grounded in HIV/AIDS and violence against women often know their own sectors in great depth, but understand too little about the “other” arena and too little about the human rights contexts of their work.

There is great need for training of health care providers in human rights approaches to service delivery and health policy development. Professional health providers should be knowledgeable about and accountable for maintaining codes of conduct regarding female and HIV positive clients. In addition, they should also be versed in the human rights implications of the pandemics of HIV/AIDS and violence against women, and their points of intersection, especially as those linkages appear in relation to service provision. Providers should

always have the human rights of women clients in mind in the context of prevention, care and treatment.

They also should be mindful of the need to ensure women’s informed choice and consent, and of the persistent threats of violence women face in their everyday lives. Critical to this sensitivity is an understanding of how certain health policies or practices can create risk in women’s lives, whether as a result of mandatory or forced testing, or breaches of confidentiality and rights to privacy, especially in relation to disclosure of HIV status and partner notification policies.

Addressing the human rights implications of HIV/AIDS and violence against women requires grappling with gender inequality and other forms of discrimination at all levels – from policy reform to community education. Governments must create or change legislation to promote non-discrimination, and also must commit to funding initiatives and programs that are equipped to address violence and HIV/AIDS in straightforward, meaningful ways. Among these must be provision of post-exposure prophylaxis to survivors of sexual assault, and medically accurate, evidence-informed information without restriction or censorship. This information should include comprehensive sexuality education and detail about HIV/STI prevention and contraception. Possibly most important, and not disconnected from the above, is the need for commitment to change discriminatory attitudes and address “taboo topics,” including sexuality, drug use, and the rights of women to control their own bodies, sexuality and decision-making about families and parenting.

Notes

1 See the International Guidelines on HIV/AIDS (UNAIDS and OHCHR) and the Declaration of Commitment from the 2001 UN General Assembly Special Session on HIV/AIDS for additional recommendations and commitments.

2 United Nations. (2005). Report of the Special Rapporteur on violence against women, E/CN.4/2005/72, (Para 81, 82). New York: United Nations.

3 Women (and men) of course can be members of any and a number of these groups simultaneously, and can be targeted for abuses (or experience protection from abuses) because of the linking of various social factors, such as race, socio-economic status, sexual orientation and age, in addition to gender.

4 See Human Rights Watch. (2003). *A Dose of Reality*. New York; and Amnesty International. (2004). *Women, HIV/AIDS, and Human Rights*. New York.

5 In 2001, the king of Swaziland imposed this “HIV-prevention” policy; it remained in effect until August, 2005. Retrieved 20 July 2006 from <http://news.bbc.co.uk/2/hi/africa/4165432.stm> and <http://news.bbc.co.uk/2/hi/africa/1621459.stm>

6 International Criminal Court. (1998). Rome Statute. (Article 7(g)). The Hague.

7 See, for instance, Human Rights Watch’s analysis of women living under Taliban rule in Afghanistan at <http://www.hrw.org/world-report/99/women/women3.html>.

8 See below for a discussion of abstinence-only-until-marriage programs in the United States. Dailard, Cynthia. (2001). *Sex Education: Politicians, Parents, Teachers and Teens*, The Guttmacher Report on Public Policy, 4 (1). Retrieved 1 July 2006 from <http://www.guttmacher.org/pubs/tgr/04/1/gr040109.html>

See also, Rothschild, Cynthia. (2003). *Abstinence Goes Global: The US, the Right Wing, and Human Rights*, *American Sexuality Magazine*, 1(6). Retrieved 17 July 2006 from <http://nsrc.sfsu.edu/HTMLArticle.cfm?Article=165&PageID=51&>

INNOVATIVE advocacy

CASE STUDIES

In the following section, we highlight nine stories of creative activism at the points of intersection between violence against women and HIV/AIDS. Activists in all regions are employing creative strategies and programming to promote awareness of both pandemics on their own, and as they inform each other. These projects are meant to educate the general public as well as government policy makers; they are designed to have specific impacts on policies as well as service provision. Some are more traditional efforts, and include work with the media or political lobbying. Other strategies take advantage of new technologies and the internet, especially. Some aim to change the minds of policymakers or funders, and others aim to affect decision-making within families. From torch runs throughout neighborhoods, to workshops with health care providers, to theater... activists around the world show no limits to the extent of their creativity and sense of political innovation.

Organizers of each project must take into account the specific political climate in which their work takes place. In some circumstances, they have the support of government officials, health or religious authorities. In other situations, those same actors represent and create challenges, if not overt hostility. On a global scale, much of the organizing on HIV and violence against women takes place without support or funding from the state, and in fact, funding is often hard to obtain from any source. More dramatic conditions face some activists: some must organize clandestinely, as their work, particularly on HIV prevention, could be criminalized and penalized by police or disparaged by community leaders. Organizations and activists may be under heightened scrutiny precisely because of the advocacy they undertake. For instance, those who defend rights of sex workers, injection drug users and lesbian, gay, transgender and bisexual communities are often at risk, as are some who call direct attention to human rights abuses by governments.

The stories that follow reveal only some of the ingenuity of activists working to expose and explore the ways that violence and HIV fuel one another. The efforts described have been undertaken by a range of kinds of organizations or networks, and many are at different stages in their implementation: some have just begun and mark success by the fact of their having taken place at all, and others can demonstrate specific outcomes in policy or



Advocates and Trainers for Women's Welfare, Advancement and Rights (ATVWAR), Ghana

programming. Some have used the global 16 Days of Activism Against Gender Violence campaign to highlight their own work and to connect to women's organizing on a worldwide level. Yet all have at their core a commitment to calling attention to links between gender-based violence and HIV/AIDS, and indeed, to reversing these human rights, public health and ethical crises.

"Well Women" mobile clinic condom-wearing competition for wives of drivers in Takoradi-Accra Station, Ghana, during the 2005 16 Days of Activism campaign.

The 16 Days of Activism Against Gender Violence

is an international campaign originating from the first Women's Global Leadership Institute sponsored by the Center for Women's Global Leadership in 1991. Participants chose the dates of the campaign, November 25, International Day Against Violence Against Women through December 10, International Human Rights Day, in order to symbolically link violence against women and human rights and to emphasize that such violence is a human rights violation. This 16-day period also highlights other significant dates including December 1, World AIDS Day, and December 6, the Anniversary of the Montreal Massacre. The campaign, which will mark its 16th anniversary in 2006, has counted the participation of thousands of organizations and individuals in over 135 countries since its inception. For more information, please visit the website of the Center for Women's Global Leadership at <http://www.cwgl.rutgers.edu>.



UGANDA | gender-based violence prevention network



Mural in Mulago Parish, Uganda, calling men to action in preventing violence and HIV/AIDS.

There had to be a reason for these lines...

In hindsight, it seems obvious. Evidence of the connection between gender-based violence (GBV) and HIV/AIDS was everywhere one cared to look in Kampala, Uganda and elsewhere around the Horn, East, and Southern Africa. Lines of women awaiting medical services were wrapping around blocks containing the region's clinics every single day.

"Generally, there was a recognition that HIV/AIDS was spreading at such an alarming rate among women across cultures, that there had to be a link—that unless we started addressing the violence/HIV link, those numbers were not going to come down," recalls Lori Michau, co-director of Kampala-based Raising Voices, and coordinator of its Violence against Women Program.

Perceiving a link between both regional pandemics was crucial, but so was discerning which strategies were most likely to reduce the toll on women. Fortunately, by 2003, Raising Voices and other members of the region's newly formed Gender-Based Violence Prevention Network (GBVPN)—there are now 117 members in 16 countries—had already begun that process. The network had identified a need to focus on violence prevention

strategies, had gathered in Kampala to discuss the insights they had gained and the challenges they faced and had begun disseminating information on emerging best practices throughout the region and around the world.¹

Linking VAW with HIV/AIDS

Those early accomplishments did not translate into a ready-made environment for joint efforts on VAW and HIV/AIDS prevention, however. A number of challenges faced advocates, including the Ugandan government's focus on promotion of abstinence and "fidelity" as key strategies for HIV prevention, and a controversy involving accusations that the government has stockpiled condoms rather than distributing them to the general population.² The political climate contributed to another critical challenge: skepticism within both violence and HIV arenas about taking on the "other" crisis. According to Michau,

HIV has been virtually ignored by violence-related organizations, and violence has been seen as "too feminist" a concern to be incorporated into HIV organization agendas, a phenomena not uncommon worldwide.

"Violence organizations don't want to medicalize what they view as feminist issues," Michau explains, "They want their messages to be about feminism. Human rights [in their view] is not about disease. They don't want to be associated with HIV, feeling that it could de-politicize them or lead them to being viewed as having lost their political edge..."

On the other hand, HIV organizations, she adds, are no less reluctant to venture into violence prevention issues. "Many [HIV] organizations are doing very basic ABC prevention³. Issues of healthy sexuality are seen as too personal, and VAW as messy and complex. They like to stay medically focused."

One significant problem inhibiting effective service provision is the fact that staff are not always well equipped to respond sensitively or usefully, whether because of their own prejudices, lack of understanding or inadequate training. At one Ugandan medical institution, for example, outreach workers, according to Michau, received this reply to an inquiry about the intersection of HIV/AIDS and

VAW: "I'm not the right person to talk to," one physician said, adding, "I have no idea what you're talking about. I'm so sorry, you will have to talk to a counselor."

Resulting conversations, however, were no more encouraging, and revealed a primary obstacle: counselors and providers are not soliciting the proper information. When asked about violence, counselors told Michau, simply: "It doesn't come up because we don't ask for it."

Using 16 Days as a catalyst for activism

Such interactions were frustrating, but the Network wouldn't let them stymie VAW-HIV/AIDS linkage efforts. Violence prevention money had begun flooding into ABC programs largely inaccessible and irrelevant to women, so the Network felt it needed to do something "radical" to bring the situation to the prevention policy forefront.

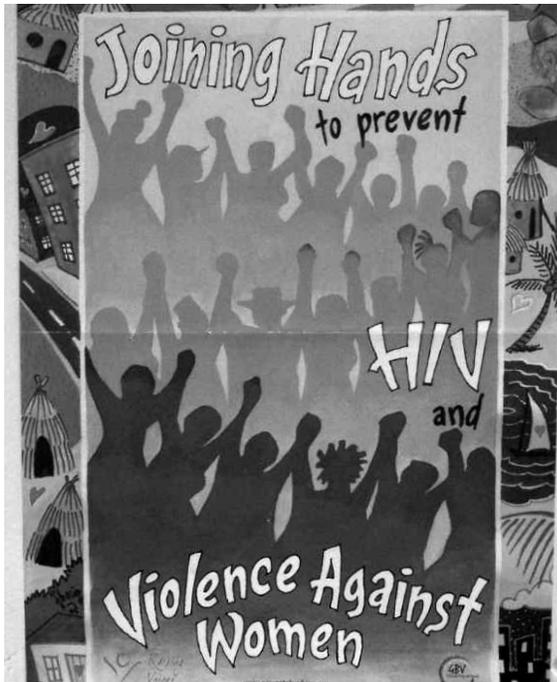
The 2005 16 Days campaign focus on the intersection of VAW and HIV/AIDS posed just such an opportunity. "We started to do regional activities and used 16 Days as a vehicle for regional activism, since most people knew of it. Something could then be done in a systematic way."

Last year's Network 16 Days activities were aimed at educating NGOs, policymakers and decision makers about the link between both pandemics. The GBVPN sent 16 organizations throughout the region "Action and Advocacy Kits" containing potential seminar and scheduling guidelines, flyers and newspaper articles that participants could submit for publication in local newspapers. An accompanying press release in the kit left no doubt about the Network's perspective. It said, in part:

The mainstream approach to HIV infection critically ignores women's experiences and context. Many experts believe that this has fueled the epidemic. The lack of a gendered response to common HIV prevention strategies has resulted in the death of millions of girls and women. Increasingly, NGOs and policy makers are recognizing the need to move beyond this approach toward more transformative programs that are grounded in the community and seek to challenge and change attitudes and behaviors that lie at the heart of high infection rates for girls and women: gender inequity.

Deciding what kinds of content will be included in kits like the Network's is a challenge in itself. According to Michau, posters and other graphics must contain images that possess comparable levels of credibility in Namibia, Rwanda, and Ethiopia. A 2005 poster, for example, featured a woman's image in silhouette, and contained renderings of houses typically seen in varied geographical settings. Relatively few

(English) words accompany such images, because English has the best chance of being understood of the 18 languages associated with the area. Similarly, newspaper articles must focus on explaining underlying issues and use statistics sparingly so they can be useful in as many regions as possible.



Regional campaign poster from the Action and Advocacy kit produced by GBVPN for the 2005 16 Days of Activism campaign.

GBVPN and Raising Voices

In November of 2006, the focus will be on community dialogues; 19 regional organizations will be chosen to participate. Also planned is the release of SASA!, a documentary film that profiles two East African women—one has experienced violence that infected her with HIV, while the other has been attacked because of her HIV status. The documentary will be available alone or as part of a SASA! toolkit on violence against women and HIV that will contain practical materials for grassroots organizing, media, training, advocacy and communication materials. "The ultimate aim of the toolkit and the documentary are the same," says Michau, "to create awareness, support and action so that individuals and organizations can begin working to prevent HIV and violence against women now."

For more information on Raising Voices, please visit: <http://www.raisingvoices.org>

Notes

1 The text containing this information may be viewed at: <http://www.raisingvoices.org/>

2 Uganda is a country recipient of funds from the United States' President's Emergency Plan for AIDS Relief in Africa (PEPFAR), which promotes the "ABC" prevention strategy, but with emphasis on abstinence and fidelity.

3 "ABC" is an acronym for "abstain, be faithful and use condoms."

Generally, there was a recognition that HIV/AIDS was spreading at such an alarming rate among women across cultures, that there had to be a link—that unless we started addressing the violence/HIV link, those numbers were not going to come down.

INDIA | breakthrough



Director: Shoojit Sircar (red ice) Executive Producers: Sonali Khan, Mallika Dutt (Breakthrough)

From Breakthrough's "What Kind of Man Are You?" campaign: this scene from a public service announcement depicts a breakthrough moment when a woman questions the foundation of the intimacy that she and her husband share.

Breaking Through Powerfully, Not Forcefully

The possibilities seemed endless. During its relatively short lifespan, Breakthrough, an India- and U.S.-based international human rights organization, had already demonstrated an ability to translate complex human rights issues into popular media-based message formats that had captured the attention and imagination of millions of people across South Asia and beyond. Within its first full year of existence, Breakthrough had produced *Mann ke Manjeerée: An Album of Women's Dreams* (2000), an acclaimed album and series of music videos that explored a mother and daughter's escape from domestic violence and other themes that challenged cultural taboos and stereotypes.

Other projects, including videos providing poignant glimpses into characters and situations involving religious, racial, and ethnic discrimination and violence, underscored the breadth of Breakthrough's human rights vision. They also established the organization as a multimedia story teller that beckoned viewers and listeners to consider its campaign's multiple messages. As time went on, the question became: How to fine tune the focus of the organization in the next campaign?

Developing a New Campaign

A combination of sobering statistics and serendipity soon

provided the answer. "We discovered that two million women were infected with HIV and we were startled by the numbers," recalls Breakthrough founder and executive director Mallika Dutt. Among those startled was a colleague who had worked on the 2000 video and, fortuitously, had since become a regional creative director of McCann-Erickson Worldwide, one of the largest global advertising, marketing, and communications companies. With his help, the agency took on Breakthrough as a client—free of charge—and work on a new campaign began.

The research the new team conducted on women and HIV/AIDS in India turned up more surprises. Contrary to some expectations, the women with the highest HIV infection rate were not commercial sex workers (CSWs)—in fact, CSWs represented far less than one percent of Indian women with HIV. The vast majority of those infected were married women, a finding which quickly led Breakthrough and the advertising firm to make this unlikely issue the centerpiece of the next campaign.

But not without a hitch. "Taking on the issue was quite controversial [within Breakthrough]," Dutt continues, "because we're not a public health organization, we're a human rights organization." The challenge was to present the issue "in the context of marriage," she says, "so that everybody gets the point." For a variety of reasons, mak-

ing that point was complicated. “We spent a year conceptualizing the campaign,” says Dutt.

The agency’s first attempt to come up with a campaign story line was a dud; it appealed solely to men’s duty to protect their families. “The campaign couldn’t be designed to just get men to wear condoms,” Dutt explains, “in a way that reinforced patriarchal values. It was important to challenge those values, and bring a human rights and gender perspective to the issue.” The advertising company’s second try, in Dutt’s own words, “made our feminist hearts beat faster.” Its shocking simplicity got the point across, The revamped visuals featured the face of a married woman, her status conveyed by the red *bindi* on her forehead and the vermilion in her hair. The new ad copy read: “Sometimes this is the only mark an abused woman will wear. Be a man. Wear a condom.”

In the end, Breakthrough, the organization credited with helping to mainstream discussions about violence against women in India, gave the nod to a third approach—one that stretched past the specific topics they’d been studying. It was based on the organization’s strongest research finding, namely that domestic violence and its relationship to HIV/AIDS was not *the issue*, but indicative of an even more pervasive problem that transcended both crises. In short, Dutt contends, the campaign was refocused to draw attention to the fact that a “woman has no ability to negotiate issues regarding sex and sexuality within marriage.”

Consequently, the “What kind of man are you?” campaign music video invites TV and online viewers to witness a young woman’s discovery that her apparently loving husband has nonetheless infected her with HIV/AIDS. A 60-second campaign public service announcement (PSA) challenges audiences to consider what a woman whose sandal accidentally breaks on the street might actually be thinking as she watches her partner rush to catch a movie rather than help her to her feet. The narrative mirrors her thoughts, noting what behavior does *not* “make a man,” and giving voice to what does: “Sometimes I wish that you were the kind of man who knew what being a man was truly all about, because if you were one, you would use a condom, so that nothing ever harms me, even by chance, even by accident.”

“Today in India,” the voiceover concludes, “20 lakhs (2 million) women are infected with HIV/AIDS, mostly because their husbands are the kind of men that don’t think it’s important to wear a condom. What kind of man are you?”

Breakthrough's Next Steps

The multimedia campaign, composed of print ads, radio spots, in-theatre PSAs and billboards, has been translated into seven languages. According to Dutt, the campaign has reached 75 million people, prompted more than 8,000 text messages and other inquiries to Breakthrough’s anonymous query hotline, and even garnered a few Advertising Agencies Association of India (AAAI) Awards over the past year. Such success has caught the attention of another longstanding global advertising agency that will co-produce Breakthrough’s next venture, a campaign aimed at targeting stigma and discrimination issues involving women and HIV/AIDS.

Success has arrived with some caveats, however. The experience of the past two years has not only taught the organization how to conduct a campaign, but how and when to scale efforts back to best achieve its goals. The coming campaign will be translated into three rather than six languages and activities will be limited to three of India’s 28 states and seven Union Territories: Uttar Pradesh, Karnataka, and Maharashtra. Of course, that may still sound like a mammoth effort to most grassroots organizations. Dutt concedes this, but adds that finding one corporate partner that can help finance a modest billboard advertising campaign can go a long way to begin raising awareness on women and HIV/AIDS issues.

Lastly, Dutt attributes some of the campaign’s success to its decided lack of formal human rights language. “What kind of man are you?” is a human rights concept constructed from a human rights and gender perspective,” says Dutt, “but it does not use the language of treaties and conventions.” Instead, Breakthrough communicated its ideas to the creative professionals they partnered with and rejoined music video and other professionals in the editing room, where all concerned found a balance between content likely to have popular appeal and language that communicated the spirit of human rights concepts the message was designed to impart.

For more information on Breakthrough, please visit: <http://www.breakthrough.tv/index.asp>

NICARAGUA | puntos de encuentro



Puntos De Encuentro

A scene from *Sexto Sentido*: Martha (Ickskra Diaz) confides her positive status to her best friend Shevony (Tania Navarro), who is supportive and encouraging. This scene depicts the importance of friendship and support as well as fighting stigma and discrimination against persons living with HIV.

From newsletter publishers to communications strategists

Back in 1991, when Nicaragua-based Puntos de Encuentro (Meeting Points) published its first newsletter, there were virtually no telephone services or forms of mass communication available in much of the country. Under the circumstances, the newsletter seemed the best vehicle for covering Nicaragua's nascent women's movement, and thus, for inspiring women to become more involved in that nation's social, political and economic life.

The newsletter soon evolved into *La Boletina*, a quarterly feminist magazine, but Puntos' early foray into mass communications project development didn't stop there. By the time the newsletter was a year old, Puntos had

devised a call-in radio show designed to support the growing Nicaraguan youth movement. The program took on a life of its own—within five years, the foundation was organizing youth leadership camps, at the request of the radio callers/listeners/prospective attendees themselves. The camps started in 1997 and were built on foundations set at an earlier meeting with young people about the research Puntos had done about being young in Nicaragua.

"Puntos is a communications organization that influences public opinion via participation in movements," explains Charlie Weinberg, who works for Puntos courtesy of Progressio, a British development agency. "Its main contribution overall since its earliest years," she adds, "has always been an attempt at making accessi-

ble and entertaining some of the least attractive and entertaining ideas, concepts and political analysis. *La Boletina*, the radio program, the training workshops and resources are all programs based on this principle.”

Indeed, avoiding controversial topics has never been the organization’s style. Since its *entrée* into television ten years ago, for example, Puntos’ programs have addressed a range of complicated themes – they have chronicled stranger rape, abortion, homosexuality, alcoholism, crack addiction, and HIV transmission between heterosexual couples, and have featured a male character who occasionally dresses as a woman.

Not your ordinary television soap opera

The lynchpin of Puntos’ multimedia strategy to influence public opinion on such issues is *Sexto Sentido*, a widely popular half-hour weekly telenovela, or soap opera, that aired nationwide from 2001-2005 and is being re-aired in 2006. The show, which has been broadcast in Costa Rica, Honduras, and the United States, features characters and themes that coax viewers to question the legitimacy of long-held presumptions about gender roles, and men’s and women’s relationships to the home, the workplace, and society at large.

Puntos’ staff has joined with Nicaragua’s Ministry of Health and a large network of other groups and organizations to write scripts that show how it might be possible to imagine and ultimately believe that women (as well as men) “have a human right to live without violence—in a society where equality of choice, expression, and lifestyle is a way of life,” says Weinberg, who serves as a TV story and script coordinator for the show.

In fact, that very perspective formed the basis for a *Sexto Sentido* storyline involving Gabriel, a young, popular character who discovers he is HIV positive as a result of his having had unprotected sex with Martha, an equally treasured soon-to-be divorced woman who has unknowingly contracted HIV from a philandering husband who refuses to wear a condom. Cultural stereotypes involving sex workers and other sexually active women, and myths involving condom use and the virtues of machismo, are systematically undermined—and reframed—as the story progresses. And opportunities to revisit the issues presented are provided to those who view a special edition of the soap opera story, now being packaged for use with youth and other audiences around the country and abroad.

“The special edition,” explains Weinberg, “begins with a documentary-style introduction which explicitly links

several of the reasons why women are specifically more vulnerable to contracting and being exposed to the HIV virus.” “One of the reasons cited,” she continues, “is domestic violence, another is sexual violence, and a third is economic and structural violence that places women at a socioeconomic disadvantage and consequently very often renders them much less able to negotiate condom use.”

Exploring more inter-related topics

An additional, ongoing campaign that grew out of Puntos’ work on gender issues is “Necesitamos Poder Hablar” (“We need to be able to talk”), which focuses on *machismo* as a “risk factor for the incidence of sexual abuse and the transmission of HIV,” says Weinberg. The project asks participants to consider whether *machismo* is a mechanism that, in effect, teaches people to “ignore, accept, live with, and use violence as a communication tool, and as a means of designating who deserves to make decisions,” she adds. This campaign will hopefully get the attention of men who, as Puntos determined in an evaluation on the impact of their television programming, are much harder to attract and keep as a loyal soap opera audience.

Puntos is also developing a new series of soap operas that seek to re-examine and re-imagine “family values” from a feminist point of view. “We are working around a strategic plan that focuses partly on the redefinition and revision of ‘family values’, the creation of non-authoritarian relationships and an understanding and critique of power relations within the family structure,” she says. The new series will be produced in 2007.

For more information on Puntos de Encuentro, please visit:

<http://www.puntos.org.ni/idioma.php>

One of the reasons [why women are more vulnerable to contracting HIV] is domestic violence, another is sexual violence, and a third is economic and structural violence that places women at a socioeconomic disadvantage and consequently very often renders them much less able to negotiate condom use.

VIETNAM | the institute for social development studies

This is the first time we're doing a joint partnership... We're strong on research and training; they're strong on counseling and training. We're strong on HIV/AIDS and they're strong on gender-based violence. It's quite exciting for us... it's capacity-building for us both.

Looking for the Connection

When the Hanoi-based Institute for Social Development Studies (ISDS) was approached by the Program on International Health and Human Rights at the Harvard School of Public Health (PIHHR) to initiate a project on the intersection of HIV/AIDS and gender-based violence, they were interested—but taken aback. As researcher Nguyen Van Anh recalls, ISDS staff were familiar with both issues, but had never wondered if there was a relationship between them.

They soon learned that they were not alone. While an initial search for information yielded research conducted by international sources on both topics discretely, “It was very hard to find the linkages. We found records on sexual violence, violence against women, HIV,” says Nguyen, “but very few Vietnamese articles were talking about the linkages between those things, and no one

was doing work on the linkage between violence against women, HIV/AIDS and human rights.”

Undaunted, and now intrigued, ISDS set about writing a proposal aimed at altering that status quo. As demanding as that process was, it was exciting, too. ISDS had been looking for a chance to collaborate with another Vietnamese organization, and that opportunity had finally arrived.

Once the first proposal draft was written, ISDS met with PIHHR staff and other grantees in Bangkok during the XV International AIDS Conference to brainstorm about ways to use their limited start-up funding to investigate the connections between both HIV/AIDS and violence against women from a human rights perspective. Then they departed to integrate what they'd learned into the proposal's next draft.

Adjusting Expectations, Collecting the Data

The PIHHR advice ISDS took most immediately to heart was the suggestion to scale back proposed projects to better reflect current organizational and funding capabilities. Gone for the moment were first-phase, mass media-focused initiatives—these would be pursued once additional funding was secured. Instead, ISDS and their violence against women services-focused partner, the Center for Studies and Applied Sciences in Gender-Family-Women and Adolescents (CSAGA), determined how they could best share resources to collect and analyze relevant data, as well as train counselors to use that information to inform their everyday work with clients. “Our objective became to see the linkages between HIV and violence and use those findings to provide training for counselors, and then, later on, conduct advocacy with the public through mass media channels,” says Nguyen.

Fortuitously, CSAGA had been keeping track of anonymous data on the types of calls its counselors had received since the Hanoi-based organization inaugurated its “psycho-emotional counseling” hotlines in 1997. These hotlines have been quite active in their short histories: on average, 3,000 calls per year have involved violence against women alone. Six notebooks containing summaries of the conversations counselors had had with callers over the years also provided rich sources of data for research on both violence and HIV/AIDS.

Interestingly, and despite the rich amounts of data, and while overall findings have yet to be reported, ISDS has determined that little connection between the issues was made by counselors or callers. In fact, says Nguyen, “Very, very few of the summaries are about HIV and violence.” Why might this be the case? “In the counselor’s mind,” she continues, “there’s no linkage of the issues, so they don’t have a related question to ask—they just follow the complaint of the customer.”

The information ISDS gleaned from both investigations is currently being used to help structure a focus group session with several longtime CSAGA counselors and a training session for their colleagues. An evaluation will be conducted at the end of this year.

New Beginnings and Thoughts for Next Time

As difficult as it has been to find the information they’ve been looking for, the opportunity for the two local organizations to collaborate has been well worth the effort. “This is the first time we’re doing a joint partnership with another Vietnamese organization. We’re

strong on research and training; they’re strong on counseling and training. We’re strong on HIV/AIDS and they’re strong on gender-based violence. It’s quite exciting for us...it’s capacity-building for us both.”

Nguyen’s enthusiasm is only slightly tempered by a sense that a somewhat different research approach may have garnered more helpful information earlier in the process. “Our first thinking,” she remembers, “was to use our course on sexuality and violence to guide the project. Then we had to look deeper into the linkages by consulting mainly international sources.”

In retrospect, she feels that it would have been more useful to interview people with HIV living nearby to determine how they may have contracted the virus; such interviews would have included specific questions about violence, and would have probably provided more culturally relevant information to project staff.

Nguyen and her colleagues are using the information they collected from the diaries and crisis call notes to conduct an organizational assessment of CSAGA. The assessment will help to determine how best to focus the HIV/AIDS trainings they will conduct with CSAGA’s staff. The essential elements of that course, tentatively titled *Counseling skills concerning sexual health, sexual violence against women and HIV/AIDS related issues*, will be published in booklet form.

As Phase I of the project winds down and funding is sought for Phase II, which seeks to elicit media coverage of the linkages between the two issues, ISDS and CSAGA are looking at new ways to incorporate human rights concepts into their continuing collaboration. Nguyen is quick to point out that this is a sensitive issue for them, one that is best handled indirectly and implicitly, given the ways human rights as a framework is sometimes judged. In her view, the very fact that her organization is doing research on the sexual and reproductive rights of women, and on other issues that demonstrate that inequality is an ongoing problem, is indicative of an important commitment to human rights that will have long term benefits to women and men, as well as survivors of violence and HIV-positive people throughout Vietnam.

For more information on ISDS Vietnam, please visit: <http://www.isds.org.vn>

SPAIN | creación positiva



Miguel Vázquez

Members of Creación Positiva (from left: Montse Pineda, María José Vázquez and Ita Maragall) at a World AIDS Day event in 2004.

“It is imperative that women and girls speak out...”

—**Barcelona Bill of Rights**

The year 2002 was pivotal for women working to call attention to women’s experience of HIV/AIDS. Nearly half of those diagnosed with HIV that year were women, and 1.2 million women died of the disease.¹ It had been 10 years since HIV positive women had organized themselves into the International Community of Women Living with HIV/AIDS (ICW), and many other groups, including the International Women’s AIDS Caucus of the International AIDS Society, had been striving to bring gender issues to the fore for years.

As the biennial International AIDS Conference drew near, Women at Barcelona, an international coalition of women named after the upcoming conference site, sought ways to promote increased delegate support for issues related to women and HIV/AIDS. Just days before their efforts culminated in the now famous Barcelona Bill of Rights, newly formed Creación Positiva (Positive Creation) and Mujeres Adelante (Women

Moving Forward) co-organized a four-day satellite symposium at the 2002 International AIDS Conference in Barcelona that included a workshop on violence against women. Little, if any other programming in the official session, focused on this issue.

Seeking to address multiple needs

Today, Barcelona-based Creación Positiva delivers a wide variety of HIV-related services to area women and men, including individual and group support, research, and community-wide workshops on a broad range of topics. “In a typical year, we might work individually with about 35 men and 100 women,” says program coordinator Montse Pineda. “We connect with people by putting our flyers in hospitals, through our website, and by word of mouth.”

Health care professionals also refer patients to the organization, which sponsors a support group for HIV positive women, as well as groups for couples. In addition, the city of Barcelona and the area’s regional government entity, the Comunidad Autónoma de

Catalunya, fund the many workshops Creación Positiva conducts, all of which are presented from a gender-based perspective.

"We have workshops on prevention and on sexuality—not safe sex, but comprehensive workshops on sexuality," says Pineda. Workshops dealing with relationships, including sessions conducted with incarcerated women, not only cover sexuality, but use songs, comics and other media to address overarching topics like "romantic love." "In 2005, the organization conducted six of these [romantic love] workshops on November 25, the International Day Against Violence Against Women," adds Pineda.

Making the violence-HIV link explicit

As its work at the 2002 conference attests, Creación Positiva has shown a persistent interest in violence against women issues, and was, consequently, attentive to the connection between those issues and HIV/AIDS early on. "Because we have worked with women for many years, we saw that there was an important link between violence against women and HIV/AIDS," says Pineda. "Many of the women we work with have lived with violence and we saw we had to make the issue explicit."

Over time, Creación Positiva discovered that "It is easier for the people who work on violence to introduce HIV into their work than for the people who work on HIV to introduce violence." The reason for this, Pineda contends, is that: "The people who work on violence understand the need to work on gender, but the people who work on HIV have trouble understanding that gender is part of it. It doesn't seem to translate into action for them. They don't do concrete things. Many HIV organizations talk about women and they confuse 'gender' with 'women'. They aren't doing real work on gender."

Using 16 Days to galvanize national interest in both issues

Creación Positiva sought to bridge that gender gap by coordinating its first series of 16 Days-related events in 2004, without much support of Spain's national and regional governments. Juggling all the tasks required to set up workshops in Madrid and Catalunya proved a strain on the still-young organization. "The work was hard," says Pineda, "We did not have enough funding to do the necessary preparatory work."

Nevertheless, their efforts paid off. Motivated by a sharp increase in the number of women infected with HIV, an official responsible for Spain's national AIDS plan

attended the Madrid workshop, as did a key executive in that country's Ministry for Women, and academics from around the country made the trip in unexpected numbers. Many of those present were public health system managers, a development that impressed political observers because of the potential influence such managers could have on policies related to both violence against women and HIV/AIDS.

It turned out they were right. By the time the following year's events entered the planning stages, José Luis Rodríguez Zapatero's left-of-center national government had been in power long enough, and had heard enough good things about Creación Positiva's work, to encourage attendance and provide some funding for its 16 Days activities. A corresponding change in regional government paved the way for local programmatic efforts. "The previous [regional] government did not help much with VAW. They worked on AIDS, but not in terms of women. They did not want to see the link between gender violence and human rights."

The 2005 16 Days events were a triumph for the organization. The Catalunya workshop drew a larger, surprisingly heterogeneous crowd. One hundred and fifteen people participated, many of whom worked on violence issues rather than on HIV, and more would have attended, had the venue been able to accommodate them.

As a result of their participation in 16 Days and other activities, Creación Positiva's influence now extends beyond the regional level in several respects. The organization, for example, has also published two research studies, "including the biggest study done so far in Spain on the needs of women who are HIV positive. The study included 258 women, and includes data on violence and HIV positive women. It was the only such study carried out for 2004 and 2005." Other national work includes playing both advisory and research roles on a nationwide study of stigmatization. As Pineda puts it, "We are a reference point in Spain."

For more information on Creación Positiva Spain, please visit: <http://www.creacionpositiva.net>

Notes

UNAIDS. (2002, December). AIDS Epidemic Update. Retrieved on July 15, 2006 from <http://www.who.int/hiv/pub/epidemiology/epi2002/en/>

"It is easier for the people who work on violence to introduce HIV into their work than for the people who work on HIV to introduce violence."

SOUTH AFRICA | mothertongue



Jane Kennedy

Actor in Mothertongue performance of *Unkulunkulu, the Sovereign One*.

A call to artful action

Imagine yourself joining a women's meeting presided over by 10-foot-tall guardians of the four directions (north, south, east, and west). Picture these guardians regaled in colorful dresses that evoke the four elements (earth, fire, air, and water). Visualize their headdresses; they bear the shapes of animal protectors who've come to voice their outrage at the way women are treated.

Then listen to the animals' cries along with *Unkulunkulu*, the Sovereign Spirit, whom they've come to consult. The spirit's rejoinder is for everyone present. "Call upon the characteristics and energies possessed by the four elements and directions and use them to help and heal these women."

Giving voice to women's stories

Such a meeting took place for the first time in 2001, when more than 4,000 women viewed *Unkulunkulu, the Sovereign One* at a meeting of the World Courts of Women Against War for Peace, held in Cape Town, South Africa. The women were there to testify about their experiences of war and torture, and The Mothertongue Project's performers responded by using theatre to bear witness to their stories, and in the process, help them heal.

Founded in 2000, Mothertongue is a collective of women artists that, according to Awino Okech, the group's program manager of community development projects, "explores the exploitation of women through the arts." Mothertongue's productions tell stories of abuse (*Breathing Space*), the rape of lesbians (*Uhambo – pieces of a dream*), and dislocation (*Crossings*). The stories are contributed by Darling's village residents, Philippi's Bonne Esperance, a shelter for refugee women, and Woodstock's St. Anne's Home, a shelter for homeless women, all located in South Africa's Western Cape. Mothertongue's productions feature stories full of pain, but they also promote the possibility of transforming that pain into a powerful force for individual and social change.

Inviting audiences to engage in personal and societal transformation is not simply an idealistic pursuit—at least in South Africa. After all, its Truth and Reconciliation Commission pioneered the state-sponsored process of confronting the legacy of pervasive human rights violations. But Okech contends that some South Africans have become complacent, especially where women's issues are concerned. "There is a ten-

dency to think that the constitution seems to be working, that the battle has been won." Collective members are commonly asked, "Why are you focusing on women?" or told, "There is a woman vice-president—things are equal—there's no need for working with this specific target population."

Connecting VAW and HIV

Mothertongue's commitment to focusing on this largely unacknowledged need led its members to draw a connection between violence against women and HIV/AIDS. At first, says Okech, "There was a seemingly concurrent rise in HIV infections in South Africa and the continent and in gender-based violence statistics. That begged the question: Is there a connection?"

Then there were the women who inspired collective members to pursue the issue, like the former street person and later, St. Anne's resident, who had contracted HIV after having been raped by her husband. Mothertongue's recording of her and others' stories lent credence to their perception that a link did indeed exist.

Collaborating with professionals and non-professionals—on and off stage

But collective members do not simply interview women and then promptly disappear from their lives. Mothertongue has sponsored initiatives that help women tell their stories and guide them in presenting those stories in multimedia formats. Professionals and non-professionals have shared the stage at Darling's 2005 Voorkamerfest and other locations, and community members always play characters featured in others' stories, rather than their own.

Having non-professionals perform alongside professionals has had a twofold effect: non-professionals are accorded the same amount of respect as professional performers, and audience members have formed support groups aimed at helping one another through experiences like those they have seen depicted onstage. "Women in the community," says Okech, "develop a certain quality of commitment, and become very enthusiastic about exploring cultural practices that enable gender-based violence and the spread of HIV/AIDS."

Nowhere has this been more evident than in the workshops and performances being held from May through August, 2006 in Khayelitsha, the Western Cape's largest black township. Khayelitsha's HIV infection rate is South Africa's highest, and its gender-based violence incidence rate is also very high, so it is easy to see why Mothertongue found its way there.

The collective planned to recruit 20 women to participate in a project that examined the connection between violence against women and HIV/AIDS, but to its delight, 28 women from community-based organizations that work on either of those two issues decided to take part—a phenomenon that Okech ascribes to the "deep desire everyone has to act or perform." Eighty percent of those participating in the 13-day-long workshop and resulting community-wide performances are HIV positive, and 95 percent are survivors of gender-based violence.

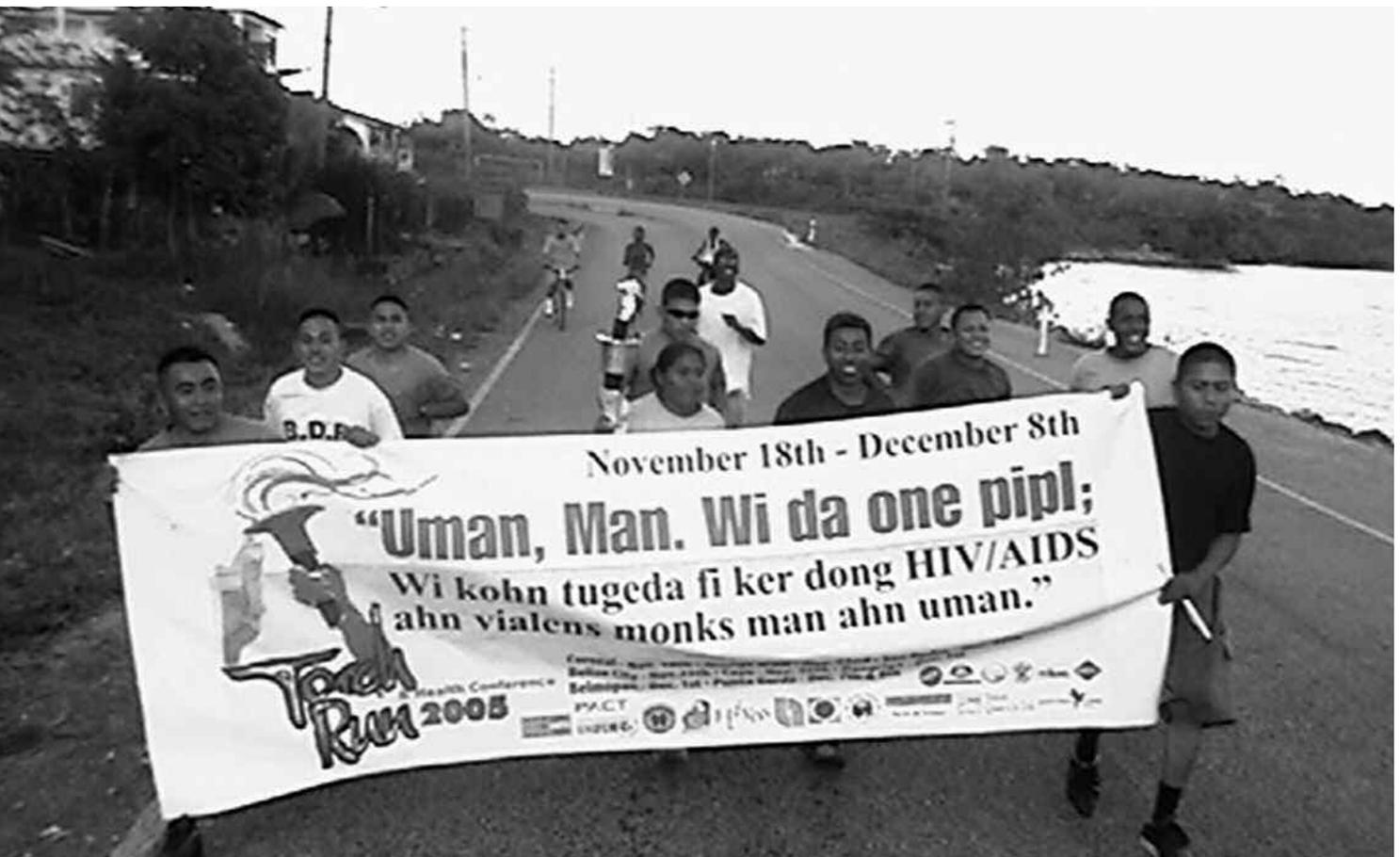
During the workshop, participants are taught acting, voice training, and on-stage body movement skills, and are shown how to create a community theatre production. As they learn such skills, they are also given the opportunity to share their experiences of abuse, and explore such events from the vantage point of a human rights perspective on the connection between violence and HIV/AIDS.

"The human rights approach lends itself to the process that takes place during the weeks that it takes to develop and create the pieces that make up a given theatrical work," says Okech. Mothertongue's experiences, in her view, indicate that the telling and repetition of these stories can help women heal themselves. "We actually believe this work can transform the way women see themselves and the way society views these issues."

For more information on Mothertongue South Africa, please visit: <http://www.mothertongue.co.za>

Women in the community develop a certain quality of commitment, and become very enthusiastic about exploring cultural practices that enable gender-based violence and the spread of HIV/AIDS.

BELIZE | women's issues network



Women's Issues Network, Belize

Torch run participants in Punta Gorda. The banner, in Creole, reads: "Woman, man, one people: United to Reduce HIV/AIDS and Gender-Based Violence."

A tour de force intent on reducing HIV/AIDS and gender-based violence

The concept was ambitious, to say the least. Pass a torch from one end of the country to the other, international Olympics-style. Have athletes, representatives from women's and youth groups, police departments, and governmental agencies meet at designated locations and run the torch through the streets, in front of teammates, neighbors, bosses, and constituents. Assume that enough people feel impassioned about the need to educate the public about the link between HIV/AIDS and gender-based violence to risk ridicule, as well as enjoy support, from on-site and TV spectators. Involve local merchants in the event by contributing money and services to runners and related events. Prepare to take credit for its success and responsibility for its failure.

As it turned out, one women's network, and the allies it had taken time to cultivate, had what it took to design a winning strategy to do all of this—successfully.

Taking advantage of a relatively high profile

Fourteen organizations belong to the Women's Issues Network (WIN) Belize, which has long advocated changes in laws and policies that affect women in Belize at the local, national and regional (Caribbean) levels. Target policies for WIN's attention have included minimum wage laws involving shop assistants and domestic workers, and, most recently, the impact of the country's budget on women.

"Our vision," says WIN Belize executive director Carolyn Reynolds, "is to help women become more proactive in leadership positions and decision-making." That vision also includes a human rights perspective on the range of issues with which WIN becomes involved. "Even when we were doing the minimum wage work," says Reynolds,

“we were looking at women’s rights as human rights.” When WIN Belize decided to participate in 2004’s 16 Days campaign, their relatively high profile availed them the opportunity to take the issue live on Belize television. In the days leading up to the campaign’s opening event, WIN brought three studio audiences into a Belize City station to view and question expert panels discussing violence against women—and HIV/AIDS.

Those participating included representatives from the government’s Women’s Department, Ministry of Human Development and Ministry of Health and an international representative from the UN Population Fund (UNFPA). “Members of the audience, including women from organizations and interested individuals, asked the panel questions that sought responses about how program gaps could be filled,” says Reynolds.

The success of the 2004 16 Days campaign inspired participating organizations to immediately start thinking about what they could do for an encore.

Carrying a torch nationwide

During the year that followed, WIN met with the Belize Alliance Against AIDS and other groups to plan 2005’s 16 Days events, a process that culminated in the innovative choice of a cross-country torch run to educate communities about HIV/AIDS and violence against women. Starting in September 2005, organizers combed the country in search of corporate and government sponsors for the campaign, now referred to by its theme: “Woman, Man, One People: United to Reduce HIV/AIDS and Gender-Based Violence.” As enthusiasm about the torch run grew, local businesses agreed to help out with producing T-shirts, brochures, and other items later translated into five languages and distributed at events.

In a particularly gratifying moment for the organization, Belize’s Minister of Health launched the Campaign in the nation’s northernmost district, Corozal, by delivering an enthusiastic speech and lighting the torch. WIN Belize knew early on that they wanted his support. “The Minister of Health was visited a number of times to make sure he participated,” recalls Reynolds, “Initially, he said he would be abroad.”

Local police then led the run, accompanied by youth aged 16-20, and radio station staff striving to cover the event. Runners eventually headed south to Orange Walk, where members of a women’s group and police officers took turns carrying the torch; other related events were both sportive and educational, and included a volleyball game and forum on HIV/AIDS and violence against

women. The runners and their supporters then turned east, where students from San Pedro on Ambergris Caye (Island) chanted “No more violence,” to tourists and residents alike.

When the plane transporting some of the organizers and runners touched down near Belize City, athletes and members of Belize’s Defence Force were there to greet them. Runners included the nation’s Ambassador for Women, who ended that leg of the journey in Central Park, the site of a rally and candlelight vigil later that day.

Other stops along the way included Belize’s capital city, Belmopan, where a diverse group of runners included a business owner and his staff, university students, and a representative from a sustainable technology organization. A National Assembly of Belize representative passed the torch to the Minister for Human Development, and then it was on to Dangriga, where runners were accompanied by marching bands, drummers and a young women’s dance group.

The run’s last stops included Punta Gorda, where participants in a related health conference and other events included a wide range of that district’s ethnic minorities, such as Mayans, Creoles, and mestizos, and San Ignacio, where students ran, and, according to Reynolds, “an AIDS-related group circulated a petition calling for that region’s representatives to take action to decrease violence against young women, which is on the rise in that region.”

Planning a new campaign

While the 2005 campaign reached a large number of people, organizers are looking forward to holding another torch run as part of the 2006 16 Days campaign. Some challenges remain, including increasing participation even more, and finding ways to communicate with Belize’s Catholic community about HIV/AIDS and violence. Among those on board for the 2006 torch run are new allies like the National Sports Council; new collaborations include work with Haven House, a shelter for victims of domestic violence. WIN’s audacious decision to pursue a new way of educating the public about health and violence issues has more than paid off. Both organizers and ordinary citizens are already eagerly anticipating next year’s torch run and 16 Days campaign.

Even when we were doing the minimum wage work, we were looking at women’s rights as human rights.

HAITI | vizyon dwa ayisyen

There are real issues attached to rape and violence against women. Women feel very ashamed when they're raped. They are stigmatized by their families and neighborhoods.

A struggling nation

One is hard pressed to find a description of Haiti that does not immediately identify it as the “poorest country in the Western Hemisphere.” More than two centuries after Haiti declared its independence from the French empire, the majority of Haiti’s estimated eight million inhabitants have to contend with intense poverty and a weak government infrastructure; most still find themselves deprived of their basic social and economic rights.

Amid the complicated circumstances, women are helping one another survive

Yet, Haiti’s limited resources, as well as persistent armed conflict among political and other factions, have not stopped many women of tremendous courage and forbearance from coming to one another’s aid. More than a decade ago, during the 1991-1994 post-coup d’etat dictatorship of Raul Cedras, women victims of politically motivated rape and other gender-related human rights violations began organizing themselves to provide services, such as peer support groups and access to basic medical care, to others who had met the same fate under the new regime. Following the second (2004) coup d’etat, these same women became aware of the urgent need to expand their efforts, and Komisyon Fanm Viktim pou Viktim (KOFVIV) (Commission of Women Victims for Victims) was born.

Over the first year of its existence, KOFVIV became increasingly aware of its need for a formal legal structure to provide administrative, clinical, and funding assistance for its outreach workers. In late 2005, Vizyon Dwa Ayisyen (VIDWA) stepped into the breach, and began focusing its efforts not only on helping women recover from rape, but also on addressing even broader issues involving health and human rights. “VIDWA is a human rights organization,” says VIDWA cofounder Anne Sosin, “working on health and human rights issues with a special but not exclusive focus on women.”

Responding to multiple needs

Even though the *ajan* (human rights workers) have devised innovative ways to identify sexual assault survivors and guide them to treatment, it’s not unusual for rape victims to arrive at a medical clinic anywhere from two days to a month after an attack has occurred—too late for HIV-related prophylactic care. The reasons for this are severalfold; most are not unique to Haiti.

“There are real issues attached to rape and violence against women,” says Sosin. “Women feel very ashamed when they’re raped. They are stigmatized by their families and neighborhoods. Their husbands actually leave them even if an assault has taken place in their own home.”

Other extenuating circumstances, if not completely confined to Haiti, still reflect the impact that unrelenting political and economic instability can have on human relationships. “A lot of relationships in poor areas are very fleeting,” notes Sosin. Although many men will refer to one or multiple women as their wives “80 percent of partnerships are common-law marriages—only people with money enter into traditional legal marriages.” Women’s human rights are compromised even further as a result, since they receive little protection from the state.

Facilitating broader program participation and services

With support coming from a number of international donors, VIDWA is training more and more *ajan* to facilitate “Reflection Circles” and “Open Space,” two types of psychosocial support groups designed by another human rights organization, Limye Lavi (Beyond Borders)—12 groups of 20 women are currently meeting on an ongoing basis. And in the near future, VIDWA will be able to provide more formal mental health assistance to women in need of such services.

Ajan also are receiving intensive HIV/AIDS training, courtesy of a partnership with Zamni Lasante (Partners in Health). Clinical manager and physician services are being funded, as is VIDWA and its partner’s capability to conduct more comprehensive HIV testing. Until now, testing for HIV/AIDS was only conducted immediately following a rape to determine whether a survivor had HIV at the time the rape occurred. Additional funding makes it possible to conduct a second test approximately three months after a rape has taken place, both to ascertain whether the rape has changed a survivor’s HIV status, and, if necessary, to begin treatment.¹

Beginning in 2007, VIDWA will also be devoting more time and attention to advocating for the women it serves at the national and international level. Among the organization’s priorities is finding ways to help Cité Soleil and other neighborhood women who are already active in grassroots work of some kind become community-based health rights workers.

Doing this work involves certain risks

More so than in some countries, this work involves a significant amount of risk. The political climate is not conducive to using human rights as a framework, or calling attention to abuses. And challenging men to put an end to violence against women does not always position the *ajan*—or survivors themselves—well within the community at large. Therefore, it is not uncommon for neighbor-

hood activists to be targeted for physical assault, rape or even murder. Somehow, however, the *ajan* and others who may assist them find a way to escort rape victims to clinical services. Support groups are held in private homes as well as outside neighborhoods.

“It’s done very discretely,” says Sosin, “The *ajan* are not identified publicly, they work through referral networks. They are not threatened because they keep a low profile, although the work is very difficult, as they are often working in the middle of feuding groups.” Sosin herself has been told “indirectly that I can’t go into certain neighborhoods at certain points.” In her view, a balance is constantly being struck between the need to be vocal about human rights violations, and the need to get into the very neighborhoods that show contempt for those rights. “There is no protection for women’s rights defenders at all,” she says, “but no protection for regular citizens, either. Everyone has felt vulnerable.”

Notes

1 After HIV transmission occurs, it can take anywhere from a few weeks to a few months for a person to seroconvert from HIV negative to HIV positive status. Testing after a longer “waiting period” can help avoid results of false negatives.

SOUTH AFRICA | men as partners

There had to be a paradigm shift that involved trying to get people to understand gender in a very practical way.

You need to figure out how to work with the men...

At 60 years old, New York City-based EngenderHealth is no stranger to the complexities involved in supplying reproductive health care services worldwide. Since the end of World War II, the international nonprofit organization has provided technical assistance, training and information services to 90 countries in Africa, Asia and Latin America. Over time, its areas of focus have come to include family planning, maternal and child health, HIV/AIDS and sexually transmitted infections (STIs), as well as sexuality and gender issues.

More than a decade ago, however, organization staff were confronted with a recurring dilemma. Time and time again, South African reproductive health clinic personnel who were being taught about gender-based violence challenged their instructors, saying “You don’t reach out to the men, You need to find out how to work with the men...” “They knew it was really important,” explains Men as Partners (MAP) Program Manager Manisha Mehta, “but not how to do it.”

Ironically, neither did EngenderHealth. Although staff could count on the organization’s decades of experience to guide them in other matters, there were no ready resources for working with men in the context of gender-based violence or HIV/AIDS.

That’s when the research process began.

Doing the groundwork

EngenderHealth and its partner, the Planned Parenthood Association of South Africa (PPASA), came to discover empirically what staff already knew experientially, namely, that the way men viewed gender roles and expectations had a significant influence on both their sexual and health care-seeking behavior. The two country-wide research studies the organizations conducted found that respondents’ attitudes about violence and male supremacy, for example, led them to associate risky behaviors with “being a man.”

It wasn’t exactly news, perhaps, that nearly 50 percent of the men surveyed believed that women who dressed a certain way, or ventured out at night were, in effect, “asking for it.” But it was sobering to learn that half of the respondents didn’t wear condoms—even though 35 percent of them had already contracted an STI—and equally distressing to hear that half as many men as women had made the effort to be tested for the virus. It had long been known that men’s attitudes about gender were life-threatening to women, but it was only now becoming clear how lethal they were to men.¹

Change was in every South African’s interests, whether they realized it or not “There had to be a paradigm shift,” says Mehta, “that involved trying to get people to understand gender in a very practical way.” Health officials, service providers, and members of the community alike, she says, needed to be aware that “When you believe that you are less of a man if you go to see a doctor, and you go

to a traditional healer instead, you're fulfilling gender norms that are putting you at risk."

Taking action

Men as Partners (MAP) was created in 1998 to engage the men of South Africa in the process of challenging and changing such gender norms. MAP's strategies are many and varied. On the one hand, the organization offers five- and one-day "life skills educator" workshops to familiarize prospective community educators with MAP's mission, and train them to hold similar events country-wide.

Such workshops include games and story-telling exercises to build trust between male-only and mixed groups, and contain role-playing and small group discussion sessions that explore topics such as "Shattering Myths About Sexual Assault," "Condom Negotiation," "HIV Testing," and "Redefining Manhood." Its session on "Gender and Sexuality," for example, includes an exercise called "Gender Fishbowl," which, in mixed groups, invites women to sit in a "inner" circle and answer questions, such as "How can men support and empower women?" while an "outer" circle of men listens silently to the discussion. Eventually, women and men "switch circles," and women listen to men's responses to a related question. Instructions are also provided for male-only groups.²

MAP also takes advantage of the yearly, intensive focus on gender-based violence that the 16 Days campaign provides to help other organizations sponsor events that engage youth and other constituencies in the process of re-visioning gender norms. In 2004, for example, MAP and NGO Youth Channel Group (YCG), co-organized a delightfully raucous train ride from Johannesburg to Cape Town that brought together, among others, Tambisa-based YCG dance troupe members and poets, traditional leaders, health officials and youth to discuss audio-taped testimonials from prior MAP workshop participants. Spirited exchanges ensued, which were heard live over one local radio station.³

Some suggestions for activists

Indeed, as the above activity indicates, one thing that MAP does not do is stand still and wait for others to challenge cultural assumptions about gender, health, and violence. Among the issues that Mehta wishes gender-based violence activists and others to consider is how to integrate evidence that men also experience gender-based violence into educational initiatives. "It's important to look at gender-based violence that's directed toward men," she says, including gang violence, the physical and sexual abuse of male children, and the pressure placed upon boys to join

the military in many countries. "A lot [of those pressured] are young, and are at extreme risk of HIV," she adds.

Mehta is aware that some activists are concerned that focusing on such topics could dilute their message about the way gender power imbalances uniquely threaten women's lives. However, such issues come up so often among men with whom MAP works, that examining such topics may be key to strengthening credibility among those strongly committed to reconfiguring male gender roles, as well as members of the public who are talking about gender-based violence and HIV/AIDS for the first time.

MAP shows no signs of avoiding that challenge. Through its life skills educator trainings, partnerships with local organizations, and continuing research, it aims to continue to find ways to help save lives in South Africa and elsewhere around the globe. "The more you do, the more you learn," says Mehta, "we're constantly evolving."

For more information on Men as Partners South Africa, please visit: <http://www.engenderhealth.org/ia/wwm/index.html>

Notes

1 EngenderHealth. (2005). Case studies from the South African Men As Partners Network.

2 Men as Partners: A program for supplementing the training of life skills educators. Retrieved 17 July 2006 from <http://www.engenderhealth.org/pubs/indpubs/ppasamanual.pdf>

3 EngenderHealth. (2005). Case studies from the South African Men As Partners Network.

CONCLUSION

As the projects discussed in the previous sections reveal, activists, practitioners and members of affected communities around the world are calling for - and devising - creative and effective responses to the nexus of violence against women and HIV/AIDS. From traditional policy-focused advocacy efforts to technologically-savvy media outreach, women and men are demanding action from governments, providing vital services and educating communities. In these efforts, activists are carrying a fundamental message: *In the face of brutality and staggering death rates, these linked crises require immediate and dramatic attention – from creating or strengthening policy, to changing attitudes and challenging prejudices.*

Yet, alongside these innovative efforts to transform advocacy rests a primary truth: much work remains to be done by advocates and policymakers to surface the intersections of HIV and violence against women in service provision, law, policy and practices. Activism at the points of intersection has begun to “develop traction,” yet many projects are too new to have had their impact evaluated. In fact, this is true for a number of the projects documented in this report.

Critical to the success of all of these efforts is one foundational commitment that must be made: government officials, service providers and rights advocates alike must demand, create and adequately resource implementation of policies and research projects that strengthen data collection surfacing the causal link between HIV and violence against women. Women’s lived experience rests in that data, and women are owed that attention to the realities of their lives. Galvanization of that focus, data and resources should not rest on notorious deaths of women like Gugu Diamini, the South African HIV activist who was killed in 1998 by neighbors in her community shortly after revealing her HIV positive status.

States have specific responsibilities in this daunting task. They must ensure development and integration of

and programming in National Action Plans and specialized ministries, budgeting processes and resourcing of health services, care and education. At federal and community levels, laws, policies and practices protecting women from discrimination and stigma in relation to HIV/AIDS must be created or strengthened, whether in terms of access to health care or employment, community participation, or inheritance rights. HIV positive women should be among the first to benefit from these commitments. Clearly, there is no shortage of advocacy opportunities.

For this advocacy to be successful, community leaders, government officials and other state actors, such as police, must ensure that grassroots organizing efforts are supported. Activists must be able to do their work safely and the human rights of women must be protected when they choose to organize, seek health care or disclose experiences of violence and/or their HIV status. Protection and promotion of human rights must be central to any strategy or program addressing HIV/AIDS or violence; so, too, should rights principles be enacted in the work of activists. Effective advocacy also requires activists to commit to working with one another across political movements and agendas with respect and without further marginalizing or demonizing any constituency.

Another major task lies ahead in bringing to light the links between HIV/AIDS and violence against women, and advancing advocacy that focuses on that connection: challenging and changing societal attitudes about gender, sexuality and HIV/AIDS. These twin pandemics simply cannot be adequately addressed without acknowledging, stemming and reversing the gender inequality that exists in every society. Many of the projects described in this publication aim for exactly that revolutionary goal. Many more such projects are needed to reach it. *Strengthening Resistance: Confronting Violence Against Women and HIV/AIDS* is but one tool in this global and collaborative advocacy strategy.

RECOMMENDATIONS

The following recommendations are meant to provide a general overview of actions to be taken by international and intergovernmental organizations, governments, non-governmental organizations, donors, and service providers working in the fields of gender equality, human rights and HIV/AIDS to better address links between violence against women and the HIV/AIDS crisis. In taking action on these recommendations, the meaningful participation of women, especially those who are survivors of violence and who are living with HIV/AIDS, should be ensured and actively promoted. Section A lists a series of recommendations. Section B lists several sources of detailed recommendations on the same topics for further study. Section C lists a few resources with recommendations from collaborative projects of women's activist networks. Asterisks indicate recommendations taken from the sources named below.

A) Recommendations

International bodies and intergovernmental organizations should:

Interpret conventions, treaties and other human rights instruments in ways that address the linked crises of HIV/AIDS and VAW. Ensure that bodies to which states report on compliance with such instruments solicit information that addresses violence against women as it intersects with HIV/AIDS. Encourage legal reform and development of laws in areas of discrimination, with emphasis on those areas related to gender and HIV/AIDS.

In conflict and refugee settings under international jurisdiction, ensure and implement policies that seek to prevent sexual assault of refugees and internally displaced people, including by military and peace-keeping personnel, and end impunity for perpetrators. Ensure that UN personnel receive proper training with evolving UN standards and international human rights principles.* (AI) Ensure provision of contraception and condoms and post-exposure prophylaxis for women in cases of rape.

Governments should:

Respect, protect and fulfill the human rights of all people, including all women. Empower women to be able

to enjoy all human rights. Provide women and girls equal access to literacy, education, skills training and employment opportunities and strengthen women's economic independence, including through access to land, property and inheritance rights. ** (Special Rapporteur on violence against women)

Promote legal conformity at the national level with international law and human rights treaties. Ratify the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and its Optional Protocol and ensure that state reporting to treaty bodies addresses links between violence against women and HIV/AIDS.

Eliminate discriminatory laws and policies that restrict women's rights and the rights of people affected by HIV/AIDS. Ensure that the sexual and reproductive rights of women and girls are protected and promoted, including women's rights to decision-making regarding their sexuality free from violence, discrimination and coercion.

Develop laws and policies that promote and protect the human rights of women, HIV positive people and those affected by HIV/AIDS, and activists. Ensure that acts of discrimination and violence are investigated and punished, and that all NGOs and individual activists can enjoy rights to assembly, opinion and freedom of expression.

Develop or strengthen national plans on violence against women and on HIV/AIDS to specifically address the linkage of these crises in policy and resource allocation. Develop policy that adheres to recommendations in the UNAIDS/OHCHR Guidelines on HIV/AIDS and Human Rights and ensure that implementation is gender sensitive.

Adopt and promote federal and state level policies that require training of police and other state actors on gender, violence against women and HIV/AIDS.

Develop education plans that address violence and HIV transmission in a context of comprehensive sexuality education. Ensure that women's and girls' rights to information are protected and that national policies protect against censorship of HIV-related information.

Ensure non-discriminatory access to health care and HIV-related services and commodities, including male and female condoms, anti-retroviral and other treatments and post-exposure prophylaxis after sexual assault. Ensure that women are not restricted in access to health care and other services because of discriminatory community practices, such as the need for permission from male family members.

Prohibit mandatory HIV testing of women, including those in marginalized or controlled populations, such as sex workers, prisoners and those living in refugee camps.

Prioritize political and financial support for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the UN Interagency Trust Fund on the Elimination of Violence Against Women.

Health care policymakers and personnel, and other service providers should:

Implement principles of rights based approaches to service provision that include gender equality, non-discrimination, community participation (especially that of women and HIV positive people), transparency in decision-making and accountability.

Ensure that all women clients of health care and other related facilities can make decisions based on informed consent and choice. Ensure the meaningful participation of HIV positive women in program design.

Provide universal access to voluntary and confidential testing and counseling.

Develop and implement policies that take into account women's experience or fear of violence in relation to partner notification or disclosure of positive HIV status. Ensure that women's rights to privacy and confidentiality are protected.

Develop and implement violence-related policies and systems that allow for gender-sensitive screening, reporting, counseling, and follow up methods for women clients. Train counselors in AIDS service and anti-violence organizations on links between HIV/AIDS and violence against women. Collect data on the intersections from service hotlines and other programmatic interventions.

Ensure that women have access to information about HIV-transmission, contraception and transmission of other sexually-transmitted infections. Provide information about

sexuality that is not fear-based and does not rely on abstinence as a primary form of prevention of HIV/AIDS.

Train health care and other service providers to address gender inequality in community practices that restrict or prohibit women's access to services or treatment. Providers should be able to address experiences of individual women clients in service settings.

NGOs – including women's rights, human rights and AIDS service organizations, as well as activist groups and networks should:

Commit to collaborative and coalition work in the fields of anti-violence, HIV/AIDS and human rights.

Organizations should foster collaborative and strategic work in a variety of areas, including public education and lobbying.

Cross-train personnel and activists in violence against women and HIV/AIDS and their points of intersection.

Collaboratively promote public awareness campaigns that can reduce or eliminate stigma, discrimination and other human rights violations based on gender inequality or HIV status.

Collect data that addresses violence against women and HIV/AIDS and explores causal links between the two areas. Lobby for increased governmental expenditures for research and data collection.

Commit to investigating and documenting violations related to HIV/AIDS and violence. Human rights organizations have specific responsibilities in this area, and should train researchers in development of sensitive and useful information-gathering tools. They should explicitly document violations experienced by women living with HIV/AIDS.

Encourage government adherence to and NGO and community familiarity with the UNAIDS/OHCHR Guidelines on HIV/AIDS and Human Rights, as well as other governmental agreements that protect the rights of people affected by HIV.

Donors should support:

Initiatives that promote human rights and that address links between HIV/AIDS and violence against women.

Research and sex-disaggregated data collection on points of intersection.

Reporting that makes visible the experiences of women in marginalized or vulnerable groups, such as sex workers, injection drug users, lesbians and survivors of sexual assault.

Policies and programs among governments and organizations that do not infringe on the human rights of women and do not restrict information about HIV transmission and contraception.

Prevention approaches that are scientifically-based, evidence-informed and grounded in public health and human rights principles. Stipulations on funding should not require coercive adherence to abstinence-only-until-marriage and anti-prostitution policies.

Programs that promote the rights of women and girls, and of young people generally, to healthy and enjoyable sexuality.

B) Other sources of detailed recommendations

A number of organizations and individuals have researched and documented experiences of women in relation to violence, HIV/AIDS and human rights; some explicitly explore and make recommendations about their points of intersection. Each of the reports below presents a useful series of detailed recommendations or guiding questions for governments, NGOs and service providers. See, in particular:

* Amnesty International. (2004). *Women, HIV/AIDS and Human Rights*.

** Yakin Ertürk. (2005). *Integration of the human rights of women and the gender perspective: the intersections of violence against women and HIV/AIDS*, Report of the Special Rapporteur on violence against women, its causes and consequences.

Human Rights Watch. (2005). *A Dose of Reality: Women's Rights in the Fight against HIV/AIDS*.

International Community of Women Living with HIV. (2005). *Positive women monitoring change*. [ICW and Support for the International Partnership Against AIDS in Africa]

UNAIDS, UNFPA, UNIFEM. (2004). *Women and HIV/AIDS: Confronting the Crisis*.

WHO. (2004). *Intimate Partner Violence and HIV/AIDS*.

WHO. (2004). *Sexual Violence in conflict settings and the risk of HIV*.

C) Collaborative activist initiatives

Women's activist networks have developed the following tools focused on women and HIV/AIDS, all of which are useful for campaigning, advocacy and lobbying.

Barcelona Bill of Rights, from XIV International AIDS Conference, 2002

<http://www.comminit.com/strategicthinking/st2002/thinking-377.html>

Blueprint for Action on Women and HIV/AIDS, 2005

http://www.pwn.bc.ca/pdf/Blueprint_Manifesto_Dec_05.pdf

The Johannesburg Position on HIV/AIDS and Women's and Girls' Rights in Africa, from African Women's Regional Consultation on Women's and Rights and HIV/AIDS in Africa, 2006

http://www.sarpn.org.za/documents/d0002000/Women_Aids_April2006.pdf

With Women Worldwide: A Compact to End HIV/AIDS, developed for UN Special Session on HIV/AIDS five year review, 2006

www.iwhc.org/withwomenworldwide/compact.cfm

FURTHERreading

The following list of resources provides background information useful for those interested in further exploring the links between violence against women, HIV/AIDS and human rights. Most references in the first section are from larger NGOs and various UN agencies. The second section focuses on training and other “action-based” tools. The third section lists a number of important government agreements made at the UN level. This is certainly not meant to be an exhaustive list; for more detailed information, see the 16 Days bibliography from the 2005 Take Action Kit at <http://www.cwgl.rutgers.edu/16days/home.html>.

Background Information on Violence Against Women, HIV/AIDS and Human Rights **25 Questions and Answers on Health and Human Rights**

World Health Organization (WHO): 2002.
Available at: <http://www.who.int/hhr/NEW37871OMSOK.pdf>
Introduces readers to human rights discourse in relation to health. Describes the complex relationship between health and human rights. Shows how human rights violations can result in ill-health, health policies and programs can violate human rights in their design and implementation, and health can be promoted through the protection of human rights. Questions address topics such as international human rights agreements, human rights principles, monitoring mechanisms, health systems, evidence-based information, legislation, ethics, poverty and development.

2006 Report on the Global AIDS Epidemic

Joint United Nations Programme on HIV/AIDS (UNAIDS): 2006.
Available at: http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp
Released in advance of the 2006 five year review of the 2001 United Nations General Assembly Special Session on HIV/AIDS, the report reviews global progress in addressing HIV/AIDS by analyzing data from 126 countries, including reports by 30 civil society organizations. Discusses prevalence of HIV infection among women and ways they are more vulnerable both to infection and having limited access to services associated with prevention, treatment and care. Citing the 2001 UN Declaration of Commitment on HIV/AIDS, calls for increased commitment, leadership and financing to effectively respond to HIV/AIDS, and makes recommendations toward achieving the goal of universal access to prevention, treatment and care.

A Dose of Reality: Women's Rights in the Fight against AIDS

Human Rights Watch (HRW): 2005.
Available at: <http://hrw.org/english/docs/2005/03/21/africa10357.htm>
Briefing paper draws from six full-length Human Rights Watch reports to summarize several human rights abuses that increase the devastating impact of HIV/AIDS on women, including domestic violence, abuses of women's property and inheritance rights, harmful traditional practices and sexual abuse of girls, as well as HIV information and services that are insensitive to the needs of women and girls. Concludes with recommendations for governments, donors and international organizations.

Bridges Need Two Sides: Collaboration Between the Women's Movement and HIV Positive Women

Gracia Violeta Ross Quiroga, Women's Global Network for Reproductive Rights newsletter 83, no 3: 2004.
Available at: <http://www.wgnr.nl/newsletter/NL83eng.pdf>

Focuses on bridging gaps between women's rights movements and HIV positive women's movements. Activists in both arenas are encouraged to recognize that HIV/AIDS is a health, social, gender and human rights-related issue, and that gender analysis and human rights principles are key to addressing women's human rights in the context of HIV/AIDS.

International Guidelines on HIV/AIDS and Human Rights

Office of the High Commissioner for Human Rights (OHCHR) and UNAIDS: 1998 (revised: 2002).
1998 version available at: http://data.unaids.org/publications/irc-pub02/jc520-human-rights_en.pdf
2002 version available at: <http://www.ohchr.org/english/about/publications/docs/g6.pdf>
Part of a set of guidelines to be used by member states to design programs and policies on HIV/AIDS that protect and promote human rights. Provides recommendations in areas such as national frameworks, public health laws, criminal laws, anti-discrimination laws, regulation of goods, services and information, legal support services, public and private sector standards, state monitoring and enforcement of human rights, changing discriminatory attitudes, and international cooperation. The revised version deals in greater depth with access to treatment, care and support of people living with HIV/AIDS.

Intersections of Violence Against Women and HIV/AIDS

Report of the Special Rapporteur on violence against women, its causes and consequences.
UN Document # E/CN.4/2005/72.
Available at: <http://www.ohchr.org/english/issues/women/rapporteur/annual.htm>
Independent UN expert analyzes intersections between violence against women and HIV/AIDS, and describes violence against women as both a cause and a consequence of HIV. Addresses various forms of violence against women that increase women's risk of infection and hinder access to HIV/AIDS-related services, as well as the violence and discrimination faced by HIV positive women. Provides recommendations for an integrated and effective response by United Nations member States.

It's in Our Hands, Stop Violence Against Women

Amnesty International: 2004.
Available at: [http://web.amnesty.org/library/pdf/ACT770012004ENGLISH/\\$File/ACT7700104.pdf](http://web.amnesty.org/library/pdf/ACT770012004ENGLISH/$File/ACT7700104.pdf)
Launched Amnesty International's global “Stop Violence Against Women” campaign, and focuses on using human rights principles to eliminate violence against women. Draws links between violence against women and sexuality, culture, poverty, stigma and discrimination, and conflict through a human rights lens. Promotes the use of international human rights law and standards to hold individuals, communities, and governments accountable for ending impunity of perpetrators and eliminating violence against women, and describes various treaties and their applications in detail. Profiles parallel legal systems, activist efforts, and other local uses of the human rights framework by activists and communities.

Multicountry Study on Women's Health and Domestic Violence

World Health Organization (WHO): 2005.
Available at: http://www.who.int/gender/violence/who_multicountry_study/en/index.html
Study designed to address major gaps in international research on violence against women by estimating the prevalence of

violence against women. Emphasizes violence committed by male intimate partners; assesses the extent to which intimate partner violence is associated with health; identifies factors that either protect women from or put them at risk of intimate partner violence; and documents and compares strategies and services that women use to address intimate partner violence. Study collected and analyzed data from 24,000 women from 15 sites in 10 countries using a standardized methodology; involved women's organizations in the research teams. Concludes with 15 recommendations to strengthen national government commitment and action on violence against women.

Not a Minute More: Ending Violence against Women

United Nations Development Fund for Women (UNIFEM): 2003. Available at: http://www.unifem.org/attachments/products/312_book_complete_eng.pdf

Frames violence against women as a human rights violation and discusses strategies for addressing it in the areas of advocacy and awareness raising, legal reform, governmental action plans and research initiatives. Highlights successful initiatives in each area. Discusses current challenges including the links between violence against women and globalization, HIV/AIDS, culture, state responsibility and due diligence, and multiple forms of discrimination. Concludes with key recommendations and appendices covering legislation on violence against women by country, selected indicators on violence against women, and a list of projects supported by the UNIFEM Trust Fund in Support of Actions to Eliminate VAW.

Perspectives on Health and Human Rights

Edited by Sofia Gruskin, Michael A. Grodin, George J. Annas and Stephen P. Marks. Routledge: 2005.

Emphasizes the fundamental link between human rights and public health work. A collection of previously published articles exploring approaches, methods, strategies and challenges for action in a human rights framework in areas such as development, emerging technologies, sexual and reproductive health and violence.

Stop Violence Against Women, Fight AIDS

The Global Coalition on Women and AIDS: 2005.

Available at: <http://womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf>

The Global Coalition on Women and AIDS has named the ending of violence against women as one of its main priorities. Describes how violence against women increases women's vulnerability to HIV infection and impedes women's access to a range of HIV/AIDS-related services such as those related to voluntary counseling and testing. Provides recommendations for action by governments, UN agencies, funders and civil society organizations.

Web Portal on Gender and HIV/AIDS

United Nations Development Fund for Women (UNIFEM), in collaboration with Joint United Nations Programme on HIV/AIDS (UNAIDS): Ongoing.

<http://www.genderandaids.org/>

Comprehensive source for current information on the gender and human rights dimensions of HIV/AIDS. Site is intended for an audience of policy makers, journalists, students and academics and provides links to reports, news articles, toolkits, organizations and events covering a range of topics related to gender and HIV/AIDS. The web portal is searchable by topics, tools and region.

Women and HIV/AIDS: Confronting the Crisis

Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Development Fund for Women (UNIFEM): 2004.

Available at:

http://www.unfpa.org/upload/lib_pub_file/308_filename_women_aids1.pdf

Advocacy and policy tool that highlights worldwide responses to the intersecting issues of gender inequality, poverty and

HIV/AIDS. Provides background information and recommendations on prevention, treatment, care giving, education, violence, and women's rights. Country level information and project examples, as well as human rights instruments, are foregrounded in each section. Outlines efforts to address the linkages between violence and HIV/AIDS in various contexts, emphasizing efforts to involve men, expand health care, promote women's legal rights and address gender violence in armed conflict.

Women, HIV/AIDS and Human Rights

Amnesty International: 2004

Available at: <http://web.amnesty.org/library/Index/ENGACT770842004>

Uses a human rights analysis to describe the impact that gender-based discrimination, including violence against women, has on women with regard to HIV/AIDS prevention, treatment, care and support. Recommendations propose a comprehensive rights-based approach in all prevention and treatment efforts, including involving men and women living with HIV/AIDS in the development of policies and programs, addressing violence against women and poverty, fighting stigma and discrimination, strengthening education programs for girls and women, improving sexual and reproductive health and ensuring funding.

World Report on Violence and Health

World Health Organization (WHO): 2002.

Available at:

http://www.who.int/violence_injury_prevention/violence/world_report/en/introduction.pdf

Marks the first study of violence on a global scale. Uses public health principles to define the problem of violence, identify its causes and implement effective actions against violence based on scientific and evidence-based research. Sections on intimate partner violence and sexual violence discuss statistics, causes, the impact of violence on women's health and recommendations for prevention and response.

Tools for Activists

Gender, HIV/AIDS and Human Rights:

A training manual

United Nations Development Fund For Women (UNIFEM): 2000.

Available at: http://www.unifem.org/resources/item_detail.php?ProductID=5

Training manual draws on global research to provide modules on gender concerns in HIV and development and a human rights approach to gender and HIV/AIDS. Detailed background information, workshop plans and supplemental materials are provided, as well as information on lessons learned from workshops already conducted.

Gender, HIV/AIDS and Rights:

Training Manual for the Media

Inter Press Service International Association: 2002.

Available at: http://www.ipsnews.net/aids_2002/ipsgender2003.pdf

Intended for journalists and editors to increase understanding of attitudes and prejudices about women in media, to encourage recognition and analysis of the imbalance of women's and men's voices in the media and to provide skills and techniques to analyze facts, issues and data from a gender perspective. Three modules are provided (Gender and Analysis Framework for the Media; Gender, HIV/AIDS and Rights: the Missing Story; and Improved Knowledge and Skills) for trainers and facilitators to develop hands-on training sessions.

Health Rights of Women Assessment Instrument

Humanist Committee on Human Rights: 2005.

Available at: <http://www.hom.nl/publicaties/HeRWAI%20def05%20total.pdf>

Presents a six-step analytical tool based on a human rights approach that can be used to assess and improve national level

policy related to women's health rights. Produces a set of recommendations as well as an action plan to use for lobbying at the national and international level. Incorporates state commitment to ending violence against women as a key component of analysis. HerWAI is designed for NGOs, especially women's organizations, health organizations and women's human rights organizations.

HIV & AIDS-Stigma and Violence Reduction Intervention Manual

International Center for Research on Women: 2006.
Available at: http://www.icrw.org/docs/2006_SVRI-Manual.pdf
Manual based on findings from the Stigma and Violence Reduction Intervention (SVRI) project conducted in India from 2003 to 2005. Equips community-based organizations to facilitate a community-led process that addresses stigma and gender-based violence in HIV/AIDS prevention efforts. The manual describes key tools such as participatory learning and action, community-led action research and transformative workshops.

Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Healthcare Professionals in Developing Countries

International Planned Parenthood Federation, Western Hemisphere Region (IPPF – WHR): 2004.
Available at: http://www.ipfwhr.org/publications/publication_detail_e.asp?PubID=63
Comprehensive manual with a focus on Latin America that addresses gaps in research and program literature on integrating responses to violence against women into the health sector, including focusing on developing countries, providing resources for health care managers, giving detailed and practical recommendations and addressing issues relevant to sexual and reproductive health services. A strong human rights approach is integrated throughout analysis of topics such as routine screening policies, specialized services, networks, legal advocacy and community education.

Operational Guide on Gender and HIV/AIDS: A Rights Based Approach

Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency Task Team on Gender and HIV/AIDS: 2005.
Available at: <http://www.genderandaids.org/downloads/events/Operational%20Guide.pdf>
Intended to deepen development programmers' and practitioners' understanding of the linkages between HIV/AIDS, gender and human rights and to enable them to respond effectively in their programming and day-to-day work. Checklists and tools are offered to assess the extent to which work on development contributes to gender equality in programming, funding support, communication, and networking & advocacy with regard to prevention, care and services, and impact mitigation.

Positive Women Monitoring Change

International Community of Women Living with HIV/AIDS (ICW): 2005.
Available at: www.icw.org/tiki-download_file.php?fileId=177
Developed by and for women living with HIV and AIDS, report is a tool for monitoring and evaluating health care services and policy agreements related to three critical areas: access to care, treatment and support; sexual and reproductive rights; and violence against women. Highlights knowledge and experiences of women living with HIV and AIDS to assess services, government commitments, and the challenges faced by positive women and other marginalized women in accessing rights.

Stepping Stones: A Training Package in HIV/AIDS, Gender Issues, Communication and Relationship Skills

Alice Welbourne: 1995.
Available at: <http://www.steppingstonesfeedback.org/>
Training package on gender, HIV, communication and relationship skills that promotes gender equity, inter-generational respect and solidarity with HIV positive people in a human rights framework. The package includes a trainer's manual

with instructions for over sixty hours of participatory workshop sessions for both women and men. It has been adapted for use in various regions of Africa, Asia, Latin America and Europe.

International Human Rights Instruments

Universal Declaration of Human Rights (UDHR) (1948):
<http://www.unhchr.ch/udhr/>

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979):
<http://www.un.org/womenwatch/daw/cedaw/>

Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (1999):
<http://www.ohchr.org/english/law/cedaw-one.htm>

Vienna Declaration and Programme of Action (1993):
<http://www.ohchr.org/english/law/vienna.htm>

Declaration on the Elimination of Violence Against Women (DEVAW) (1993):
<http://www.un.org/documents/ga/res/48/a48r104.htm>

Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women (Convention of Belém do Pará) (1994):
<http://www.oas.org/cim/English/Convention%20Violence%20Against%20Women.htm>

International Conference on Population and Development (ICPD) Programme of Action (1994):
<http://www.un.org/popin/icpd/conference/offeng/poa.html>

The World Reaffirms Cairo: Official Outcomes of the ICPD at Ten Review (2005): <http://www.unfpa.org/publications/detail.cfm?ID=226>

Beijing Declaration and Platform for Action (1995):
<http://www.un.org/womenwatch/daw/beijing/platform/>

Beijing +5 - Women 2000: Gender, Development and Peace for the 21st Century (2000):
<http://www.un.org/womenwatch/daw/followup/beijing+5.htm>

Beijing +10 – Review and Appraisal of the Beijing Declaration and Platform for Action and the Outcome Document of the Twenty-Third Special Session of the General Assembly:
<http://www.un.org/womenwatch/daw/Review/english/news.htm>

United Nations Security Council Resolution 1325 on Women, Peace, and Security (2000):
http://www.un.org/events/res_1325e.pdf

United Nations Millennium Declaration and Millennium Development Goals (2001)
<http://www.un.org/millennium/declaration/ares552e.htm>,
<http://www.un.org/millenniumgoals/>

2005 World Summit Outcome:
<http://daccessdds.un.org/doc/UNDOC/GEN/N05/487/60/PDF/N0548760.pdf?OpenElement>

Declaration of Commitment on HIV/AIDS (2001):
<http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>

Five year review of the Declaration of Commitment on HIV/AIDS – Political Declaration on HIV/AIDS:
http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf

Rome Statute of the International Criminal Court (2002): <http://www.un.org/law/icc/index.html>

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003):
http://www.achpr.org/english/_info/women_en.html

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