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**United Nations Division for the Advancement of Women, now part of UN Women**

## **Discussion Notes on Addressing Violence Against Women and HIV/AIDS**

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VAW and HIV are linked both directly (through coerced unsafe sex) and indirectly (through physical violence and control which create conditions in which women are unable to protect themselves against either HIV or VAW). Women who fear partner violence are less willing or able to:

- negotiate safer sex practices
- discuss relationship fidelity issues
- seek HIV counselling, testing and treatment
- attend antenatal care or have supervised deliveries in facilities where HIV testing is routine

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Planning and programming for HIV and AIDS offer many opportunities for strengthening the work on reducing VAW. A recent evaluation of VAW interventions has cited PNG's approaches to using HIV and AIDS as an entry point for preventing VAW as an example of promising practices in VAW reduction.<sup>4</sup>

### **3.1 National HIV Plans:**

Gender inequality is accepted by all international authorities as a primary driver of the HIV pandemic<sup>5</sup>, requiring responses which employ gender analysis, ensure gender equality in implementation and address the structural aspects of gender inequality. These include gender based violence, especially against women and girls. PNG provides an example of a country facing a generalized epidemic which has engendered its HIV planning with a strong focus on GBV. It began with a separate policy and plan on gender, GBV and HIV, and has now integrated gender and GBV issues into its new national HIV plan.

- *National Gender Policy and Plan on HIV and AIDS 2006 - 2010*<sup>6</sup>: GBV is the third of eight strategic priorities, aimed at:
  - the integration of activities and skills building to prevent and respond to GBV into HIV-related programming at all levels
  - the development o

and customs on property ownership, inheritance and divorce). Health sector interventions included in the Strategy are covered below.

- *Integrating Gender into HIV and AIDS Activities, A Guide for Implementers*<sup>8</sup>: This handbook guides implementers of HIV programming at national and subnational levels, with particular emphasis on and practical examples for addressing GBV as an AIDS prevention approach.

### **3.2 HIV training:**

- In PNG, all persons involved in paid or volunteer work on HIV or AIDS are required to take a one-week introductory training on HIV and AIDS in which gender inequality, GBV and human rights are compulsory sessions. This has been in place for eight years so far, and has had an enormous impact on raising the profile of GBV and other gender issues across the country.
- The PNG National AIDS Council has introduced an accredited course for men and boys, addressing gender equality and GBV in the context of male sexual health.

### **3.3 HIV and VAW interventions in the health sector**

UNGASS<sup>9</sup>, UNAIDS<sup>10</sup> and WHO<sup>11</sup> have greatly increased efforts to prevent mother to child transmission of HIV, which has resulted in a scale-up of HIV testing of women during pregnancy and childbirth in countries experiencing an HIV epidemic. HIV testing, especially in antenatal services, can itself lead to partner violence if a positive diagnosis is disclosed without safeguards. For effective PMTCT, the mother needs to follow special measures from early in the pregnancy throughout the WHO-recommended two year breast-feeding period, putting her at risk of ditiescoj 48 5.2

of violence and safety issues. In PITC, counselling is much more limited, and probably non-existent in resource poor settings.

The international guidance recognizes that certain population groups, such as women (particularly pregnant women seeking antenatal care) are at risk of unintended negative outcomes associated with HIV testing and recommend that PITC not be upscaled until safeguards are in place. Some elaboration of the need for safeguards is provided in a recent WHO publication, *Integrating gender into HIV/AIDS programs in the health sector*.<sup>13</sup>, but follow-through into PICT of proposals for addressing VAW risks through VCT<sup>14</sup> has been weak.

In PNG, examples of addressing VAW in HIV/AIDS programming in the health sector include:

- ***Training for HIV testers:*** Testing protocols for VCT require counselors (who now operate mostly in non-health care settings) to address violence risks, and training involves role plays exploring safe disclosure scenarios. PITC training for health care workers retains some coverage of safety issues.
- ***Operational Plan on PPTCT<sup>15</sup> and Paediatric AIDS 2010, PNG:*** This recognizes that fears of violence and abandonment are a major factor contributing to the low access to maternal and child health services and to enrolment and follow-through for PPTCT. One of the five strategic objectives includes addressing the potential negative consequences of HIV testing, by the following strategies:
  - improving linkages between PPTCT services and GBV services (health sector and social sector), with family planning, HIV prevention and health5hanced counselling

- training curricula for all cadres of health worker involved in PPTCT which cover GBV implications, safe disclosure techniques, couple testing and referral options; training for community volunteers already covers GBV and HIV links
- *Minimum Standards for HIV and AIDS Services and Activities, PNG National Department of Health:*

with young people in PNG by Save the Children, also provides an avenue for highlighting the need for action on sexual and gender based violence.

### **3.5 Workplace HIV prevention:**

A great deal of HIV prevention work takes place in workplaces, and ILO guidelines<sup>18</sup> for



**2011:** This Act includes measures for protecting AIDS orphans and other children infected and affected by HIV from sexual and physical assault and abuse, in a systems approach to child protection linked with HIV and AIDS programmes.

#### **4. Recommendations for other legal measures on HIV and VAW:**

- That criminal laws on sexual assault and commercial sexual exploitation of children recognize HIV risk as an aggravating factor if the offender knows he has HIV.
- That HIV legal aid services include support for VAW linked with HIV testing or status disclosure.
- That the judiciary has powers to impose reporting restrictions to protect confidentiality in cases involving HIV.
- That abortion laws recognize rape as grounds for abortion, especially if it is known/likely that the offender was HIV positive.
- That Protection Order legislation recognizes the HIV positive status of an abuser as aggravating grounds for issuing a Protection Order.
- That sex work and same-sex practices be decriminalized.

#### **5. “Evaluated interventions on VAW and HIV: What Works?”**

This recently released publication by WHO and UNAIDS presents case studies of promising approaches to addressing VAW through HIV programming.<sup>21</sup> The evaluated interventions described are presented under the following categories:

- ***Addressing gender equality, VAW and HIV through community engagement and women’s empowerment:*** examples are Stepping Stones (community development peer education in 30 countries), IMAGE microfinance (South Africa), SASA!, (gender power dynamics, Uganda), and RHANI wives (health relationships and economic empowerment, India).
- ***Service-based programmes:*** examples are post-rape care (Kenya), HIV post-test support (South Africa)
- ***Key populations:*** examples are sex workers (Avahan, India; Protirodh, Bangladesh), adolescents who sell sex (unmet need), and women who use drugs (Project Connect, U.S.A.).
- ***Mass media:*** example is Soul City (Mozambique)

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<sup>21</sup> WHO and UNAIDS, 2010, *Addressing violence against women and HIV/AIDS: What works?*  
<http://www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html>

- *Addressing gender equality through work with men:* examples are One Man Can (mass media and community mobilization, South Africa) and Program H (young men in Brazil).

Based on the above cases studies, the authors made **33 recommendations** on policy and practice for VAW and HIV integrated interventions. Recommendations relating to international and national strategic planning cover the following issues:

- United Nations organisations should prioritise work with young women and men on GBV prevention and gender-equality perspectives; support the integration of gender equality initiatives into national HIV strategies and implementation; and facilitate the development of regional networks focused on gender equality and the elimination of VAW as an integral part of HIV planning.
- National strategic plans should incorporate measures to redress VAW, gender inequality and poverty; include assessments of the impact of HIV prevention, treatment and care efforts on VAW and gender inequality; prioritise community level action; provide for the evaluation of interventions; base scale-up on evidence; and allocate sustainable funding.

Some practical tools for following through on the above recommendations can be found in a recent UNIFEM-sponsored publication, *A Manual for Integrating the Programmes and Services of HIV and Violence Against Women.*<sup>22</sup>

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<sup>22</sup> Diny's Luciano Ferdinand, 2009, <http://www.dvcn.org/Documents/ManualHIVVAWEN.pdf>