

Effective activism

begins with **knowledge**.

Here you will find information and statistics about violence against women and HIV/AIDS and how they are connected. By gaining this knowledge you will achieve the following:

- Increased confidence for planning and facilitating SASA!
- The ability to thoroughly discuss these issues with your fellow activists.
- Greater capacity for responding to the questions of others.

Specifically, the Knowledge Builder provides the answers to the following questions.

Knowledge Builder Questions

What is violence against women?	
How common is violence against women?	
Do men experience violence from women?	
What are the different types of violence against women?	
What is physical violence? 4	
What is sexual violence?	
How common are forced and coerced sex among girls and young women? 5	
Why is marital rape often unidentified?5	
Does stranger rape only occur in conflict situations?	
What is emotional violence?7	
What is economic violence?	
What is economic violence?	
What is economic violence? 7 Why does violence against women happen? 8	
What is economic violence? 7 Why does violence against women happen? 8 How are social roles connected to violence against women? 9	
What is economic violence? 7 Why does violence against women happen? 8 How are social roles connected to violence against women? 9 What are HIV and AIDS? 10	
What is economic violence? 7 Why does violence against women happen? 8 How are social roles connected to violence against women? 9 What are HIV and AIDS? 10 How is HIV passed from person to person? 10	
What is economic violence?7Why does violence against women happen?8How are social roles connected to violence against women?9What are HIV and AIDS?10How is HIV passed from person to person?10Why are women more biologically vulnerable to HIV infection than men?11	
What is economic violence?7Why does violence against women happen?8How are social roles connected to violence against women?9What are HIV and AIDS?10How is HIV passed from person to person?10Why are women more biologically vulnerable to HIV infection than men?11Why are women more socially vulnerable to HIV infection than men?12	

What is violence against women?

Violence against women is:

"Any act of verbal or physical force, coercion, or lifethreatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination."¹

Taking a closer look at this definition allows us to understand violence against women more deeply.

Definition	Explanation
"Any act of verbal or physical force, coercion, or life- threatening deprivation"	This first part of the definition refers to the different ways that violence can be used against girls and women. There are four main types of violence we need to consider in our prevention efforts: physical, sexual, emotional, and economic violence (see pages 4–7 for more information).
<i>"directed at an individual woman or girl"</i>	The second part of the definition identifies girls and women as the main people who are affected by the four different types of violence.
<i>"causes physical or psychological harm, humiliation or arbitrary deprivation of liberty"</i>	The third part of the definition describes what happens to girls and women who are subjected to violence. Violent acts often result in physical and emotional harm, feelings of shame, embarrassment and guilt, and the loss of basic human rights.
<i>"and that perpetuates female subordination."</i>	Finally, the fourth part of the definition emphasizes the fact that all types of violence against women result from unequal power between women and men and is an attempt to control women.

How common is violence against women?



One in three women will experience violence over the course of her lifetime.²

Violence against women cannot be explained away as individual random acts that happen in extreme instances. Violence against women happens everywhere and is often used by men to assert their power over women in the home, among the family, in the community and in the nation. It is a critical human rights issue that cuts across divisions of nationality, race/ethnicity, culture, religion, age and class. It results in the oppression, physical injury and death of women. It is a serious public health problem that needs immediate attention.

Violence against women is part of a larger system of inequality in which men are valued more than women. Inequality, or the imbalance of power between women and men, perpetuates violence against women.

Do men experience violence from women?

Men experience violence from women, but at much lower rates than women. Research indicates that women suffer physical violence by their intimate partners at a rate of 13 percent to 61 percent, while men only report woman-initiated physical abuse at a rate of 3 percent to 4 percent.³ Remember that as an activist using SASA! you will be emphasizing violence against women as a consequence of power inequalities between women and men.

What are the different types of violence against women?

Violence against women is a broad term, so it is sometimes helpful to break it down. There are four types of violence: **physical**, **sexual**, **emotional** and **economic**. This Knowledge Builder includes explanations for each type of violence, along with statistics that you can use in your discussions and activities. Keep in mind that although these statistics are a good indicator of the prevalence of violence in many societies, they are likely under-estimations, because many people choose not to report or discuss their abusive experiences.

What is Physical Violence?

Physical violence includes any act that results in the bodily harm of a girl or woman. These acts can involve beating, slapping, punching, kicking, burning, assault with a weapon and/or killing a girl or woman. This type of violence is the most visible and obvious. It is usually what people think about when they discuss violence against women. Because it is the most visible form of violence, it can often hide other types of violence that might be happening at the same time (e.g., sexual, emotional or economic violence). Physical violence occurs both inside the home and outside the home. Women experience physical violence most commonly from their intimate partner.³

- A multi-country study by the World Health Organization (WHO) in 2005 found that 49 percent of women in rural Ethiopia, 33 percent of women in urban Tanzania, and 31 percent of women in urban Namibia said they had experienced physical violence by an intimate partner at some point in their lifetime.⁴
- In a survey of 5109 women of reproductive age in the Rakai District of Uganda, 30 percent reported physical threats or physical abuse from their current partner.⁵
- A study in three South African provinces found that between 19 and 28 percent of women reported having been physically abused by an intimate partner.⁶
- The 2003 Demographic Health Survey in Kenya found that almost half of all women (49 percent) reported experiencing physical violence in their lifetime.⁷



What is Sexual Violence?

Sexual violence is any act directed toward a girl or woman that limits her power over her body, sexuality and/or reproductive health. SASA/ focuses on the following types of sexual violence closely connected to increased HIV risk because of their prominence throughout sub-Saharan Africa:

Forced Sex (also known as "rape")

A girl or woman is **physically** forced into a sexual act against her will. Sex can be forced by a partner (marital rape), by someone known to the woman, or by a stranger (stranger rape).

Coerced Sex

A girl or woman is **emotionally**, **socially** or **economically** pressured into having sex. This includes feeling pressured to have sex without protection or with the knowledge or fear of exposure to HIV. Sex is usually coerced by a partner or by someone known to the woman by using threats, intimidation or financial inducements.

Sexual Assault

A girl or woman experiences unwanted sexual attention or contact.

Transactional Sex

A girl or woman is pressured into having sex outside any intimate relationship as payment or in exchange for **financial** or **material** support. Transactional sex can be considered sexual and economic violence. For more information on transactional sex in this Knowledge Builder, see the section on economic violence.

Keep in mind that other practices such as female genital mutilation (FGM) and the trafficking of women for sex are also serious forms of violence against women that violate the rights of girls and women and increase their vulnerability to HIV infection.⁸ The imbalance of power between women and men is the driver for all types of violence against women.

How common are forced and coerced sex among young girls and women?

Forced or coerced sex is a widespread phenomenon, and for many women, it is their first sexual experience during childhood. Numerous studies from sub-Saharan Africa indicate that the first sexual experience for many girls is unwanted or forced.^{9,10, 11} Forced sex is usually assumed to be violent rape by a stranger, but in reality, most forced sex occurs between individuals who know each other quite well, like family members, husbands, boyfriends or acquaintances. Many times, older men who are in positions of power, such as relatives or teachers, can coerce sexually inexperienced girls with pressure and threats. Many young girls do not speak out about these experiences or ask for help for fear of shame, humiliation and loss of reputation.

- A study of 15 to 19 year old women in Rakai, Uganda found that 14 percent of first sexual intercourse was coerced.¹²
- In a national study in Swaziland, 10.6 percent of 13–17 year old girls reported their first sexual experience being rape.¹³
- A study in Tanzania revealed that 40.4 percent of women's first sexual experience was forced and before the age of 15 years.¹⁴
 - A study of reproductive aged women in Uganda found that one in four women reported having experienced coercive sex with their current male partner.¹⁵

Why is marital rape often unidentified?

Marital rape is a form of forced sex that happens when a husband forces sex with his wife. Often, the husband and even the wife do not define it as a form of sexual violence, because women are expected to be sexually available to their husbands after marriage. It is rarely recognized as sexual violence by courts in the legal systems of most countries, but there is considerable advocacy to change this. Marriage does not mean that women give up their decision-making power over their bodies or sexuality. Any time a man forces a woman to have sex against her will, whether they are married or not, it is rape.

 \mathbf{u}

- According to the 2005 WHO Multi-Country study on women's health, the proportion of women physically forced to have sex with their current or former partner varied from 12.9 percent in Namibia city, 27.1 percent in a Tanzanian province, and 46 percent in an Ethiopian province. One third of Ethiopian women surveyed said they had been physically forced to have intercourse with a partner in the past 12 months.¹⁶
- In Zimbabwe, researchers found that 26 percent of women who were or who had ever been married reported having been forced to have sex by their husbands or partners; 23 percent of these women reported that their partners used physical force, 20 percent reported that their partners shouted at them, and 6 percent said their partners used threats of violence or leaving them.¹⁷
- In a Kenyan study, two thirds of women who were physically or sexually abused reported husbands or relatives as their abusers.¹⁸



Does stranger rape only occur in conflict situations?

Stranger rape is another form of forced sex that can occur in or outside of conflict situations. Conflict situations inevitably create an environment of increased sexual violence directed at girls and women. All over the world, rape is used as a weapon of war to destroy and humiliate women, ethnic groups, communities, clan structures, families and individuals. However, it is also important to remember that strangers often rape or sexually assault women in everyday environments, outside of conflict situations.

Nearly 1 in 4 (24 – 25 percent) of the female sexual assault survivors over the age of 15 in Namibia and Tanzania were assaulted by strangers.¹⁹
 A United Nations report estimates that at least 250,000 women were

raped during the genocide in Rwanda. Of those still alive, 70 percent are believed to be HIV infected.²⁰

It is estimated that between 215,000-257,000 women were sexually assaulted during the Sierra Leonean civil war.²¹

What is Emotional Violence

Emotional violence includes psychological and verbal abuse such as shouting, belittling, humiliation, intimidation and isolation. Research has revealed that most violence against women by intimate partners involves emotional violence in the form of controlling behaviors.²² Often, emotional violence can result in a woman's limited capacity to value herself, leading to low self-esteem, depression and the lack of desire or opportunity to call on family and friends for help. The impact of emotional violence is difficult to measure. However, women frequently report that emotional violence is more devastating to them than acts of physical violence.²³ That said, we must not forget that **all** types of violence have an emotional impact on women.

Facts

- In rural Ethiopia, 74 percent of women reported being insulted and 23 percent reported being intimidated or scared by their partners during their lifetime.²⁴
- In the same study, 38 percent of urban Tanzanian women reported being insulted and 23 percent reported being intimidated or scared by their partners during their lifetime.²⁵
- In rural Namibia, over 33 percent of women reported multiple types of controlling behaviors by their partners, such as restricting contact with family or friends, controlling access to healthcare, and getting angry if the woman spoke with others.²⁶
- The 2003 Kenyan Demographic and Health Survey revealed that 26 percent of married, divorced or separated women have experienced emotional violence by their current or most recent husband.²⁷

What is Economic Violence

When a man refuses to give his wife or intimate partner money as punishment, refuses a woman the right to work, takes a woman's earnings, or uses money to control a woman in any way, this is called economic violence. It is yet another form of violence used to control a woman and her choices. Many women are economically dependent on their husbands or partners for household income and other resources, like land and property. In sub-Saharan Africa, a woman's access to property depends on her relationship to a man. Often times, law or custom prevents widows and divorced women from inheriting property, livestock and household goods. The husband's family can take the land and home, leaving the wife without shelter, possessions and/or livelihood.²⁸ Often women who want to leave a violent relationship may simply have no way to survive or support their children on their own and are forced to stay in their violent situations.

Girls and women in difficult economic circumstances are also coerced into sex in order to survive. Agreeing to sex with a man in exchange for food, money, school fees or other gifts is known as transactional sex. Transactional sex often happens between older men and girls or young women. These men, often known as sugar daddies, take advantage of the sexual inexperience of girls and young women and their economic need. They use their power and status to gain trust and make offers of needed money. Girls often accept financial support from the man before they realize they are expected to have sex with him. Many girls and women may be compelled to engage in transactional sex in order to provide food or shelter for their families. Even women who seek out these exchanges do so within a severely limited range of life choices.²⁹

- A United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa identified transactional sex as one of the three main factors contributing to women's greater vulnerability to HIV in the sub-region. Violence against women in relationships and a culture of silence around sexuality are the other two factors.³⁰
- A recent study of women seeking antenatal care and HIV testing at four Soweto health clinics revealed that 21.1 percent of the women reported having had sex with a non-primary male partner in exchange for material goods and money. Women who reported past experiences of violence by male intimate partners, problematic substance abuse, urban residence, or living in substandard housing were more likely to report transactional sex.³¹



Violence against women happens because of an imbalance of power between women and men. Historically and today, most societies around the world have placed more value on men than women, thus giving them more power than women. The power that men have and are given comes from attitudes, behaviors and expectations that all women and men learn as members of their community.

Of course many men are not violent; they make choices that demonstrate their belief in equality, justice and respect. Similarly, many women do not condone violence against women. Yet overall, many women and men are silent about violence against women and the related imbalance of power. A community's silence about the power that men have over women allows the cycle of violence against women to continue, and for community norms that allow violence to happen to remain the same. It is the responsibility of everyone in a community, both women and men, to start talking about violence against women and to become activists for change.

าก

How are social roles connected to violence against women?

As young children, we learn social roles (also called gender roles)-how our community believes girls and women should act in comparison to how boys and men should act. Both girls and boys come to know very early in their lives what is considered "feminine" or "masculine." Of course, female and male roles are defined differently across cultures and they change over time. However, generally boys are taught that it is natural and acceptable to be tough or macho. As they grow older, they are taught that being a man means being the financial provider and head of the household, being sexually aggressive and experienced, and not showing emotion. Girls, on the other hand, are taught to be nurturing or sensitive. As they grow older, they are taught that being a woman means taking care of children and the home, remaining passive and uninterested in sex, and continuing to nurture others. This process is called "socialization." Almost every aspect of our society-including families, schools, media and the governmentreinforce these roles for women and men. In truth, every individual has the capacity and right to be tough, nurturing, passive or brave, but through socialization women and men are encouraged to develop certain parts of their personalities and to suppress others according to community norms.

The critical point in relation to violence, is that the roles and traits associated with men are seen as more valuable than those associated with women, giving men more power than women. Men are raised to believe that they are entitled to different types of privileges than women, including obedience from women, access to sex, and control of all family matters. The socialization that men by nature are more powerful than women means that many men feel justified in using violence to maintain their power over women. In fact, research suggests that many men use violence against women to prove their masculinity to themselves and to each other for fear of being identified as too feminine, or in other words, losing their power and status in their family and community.³²

Violence against women is so normalized that some women themselves accept it and even perpetrate it. It is important not to look down on these women but to work with them—understanding that they are likely associating themselves with the ideas about gender and women's status that the larger community has because it is safer for them to do so.

- A focus group discussion in Lesotho revealed that both women and men accept domestic violence as a consequence of women's bad behavior. One woman stated, "the woman is sometimes at fault and the husband is forced to beat her."³³
- In a 2004 study, 50 percent of Zambian women who had experienced violence agreed that a husband was justified for beating his wife for reasons such as neglecting the children, refusing sex, answering back or not preparing food.³⁴

Facts

What are HIV and AIDS?

HIV (human immunodeficiency virus) causes the illness known as AIDS (acquired immunodeficiency syndrome). As HIV develops into AIDS it weakens the body's immune system and allows diseases and infections that are normally controlled in a healthy body to cause death.³⁵ HIV is a worldwide concern and a gender-based issue. At the end of 2007, almost 50 percent of the 33.2 million adults living with HIV or AIDS around the world were women.³⁶

Africa is the geographical region most affected by HIV and AIDS. Africa is estimated to have over 60 percent of the total HIV infected population. Sub-Saharan Africa is now the most affected region in the world, with the burden falling disproportionately on women. Of 22.5 million people who are infected in Africa, 61 percent of them are women.³⁷ Women aged 15 to 24 are three times more likely to be infected than young men of the same age.³⁸

- Around the world, 15.4 million women over the age of 15 are living with HIV/AIDS.³⁹
- According to a recent study, half of all new HIV infections in Kenya occur among youth aged 15 to 24.40
- 68 percent of all new HIV infections in 2007 occurred in sub-Saharan Africa.⁴¹
- Nearly 90 percent of all HIV positive children live in sub-Saharan Africa.⁴²
- Unprotected sex among heterosexual partners is now the greatest HIV transmission risk for women.⁴³
- As in the rest of sub-Saharan Africa, the epidemic in South Africa disproportionately affects women. Young women (15–24 years) are four times more likely to be HIV-infected than are young men.⁴⁴



How is HIV passed from person to person?

HIV is transmitted through exposure to the bodily fluids of an HIV positive person. These fluids are blood, semen, vaginal fluid and breast milk. In order for HIV transmission to occur, the fluid from an HIV positive person must get into the bloodstream of another person through an open cut or sore, or through contact with the mucus membranes of the genitals or anus. For women, the most common transmission method is semen entering the bloodstream through the vagina. Infected women can transmit HIV to their children through the blood present during childbirth and through breastfeeding.⁴⁵

If the HIV positive person is carrying a lot of the virus at the time of contact, if either individual has a sexually transmitted infection (STI), or if the woman's reproductive system is not yet fully developed, it is more likely that HIV will be transmitted.⁴⁶ Vaginal tears and abrasions during unwanted sex, such as in cases of marital or stranger rape, also increase the likelihood of transmission.



- HIV does not survive for long outside the body and cannot be passed through the air.
- HIV is NOT transmitted via contact with saliva, tears, sweat, feces, or urine. These bodily fluids either contain no HIV or the amount is too small to result in transmission.
- HIV is NOT transmitted by insect bites. Mosquitoes cannot transmit HIV, because they draw blood and inject saliva. The blood the mosquito draws from one person is not injected into another when the mosquito bites. While malaria reproduces inside the mosquito's body, HIV does not.
- HIV is NOT transmitted by casual contact with an HIV positive person. Since HIV cannot be transmitted through unbroken skin it is not possible to get it by sharing clothes, a meal, or even touching someone who is infected.⁴⁷
- There is no way to tell whether someone is HIV positive from her/his appearance.
- An HIV positive person may not show signs of the virus for many years, and not until that person's immune system weakens enough that they develop AIDS.
- Having sex with a virgin is not a cure for HIV or AIDS.
- There is currently no cure for HIV/AIDS, although it can be managed with ARV drug treatments.

Why are women more **biologically** vulnerable to HIV infection than men?

It is easier for women to contract HIV than men for the following biological reasons:

Surface area of the vagina

Evidence shows that it is easier for a woman to contract HIV from sexual contact with a man than it is for a man to contract it from a woman due to the greater surface area of the vagina that comes in contact with semen during sexual intercourse.⁴⁸

Tears or abrasions created through sexual violence

Unwanted sexual activity increases the risk of tears in the vagina, because the body does not produce the natural lubrication present during consensual sex. The frequency with which young girls and women are forced or coerced into sex by those with more sexual experience (strangers, friends, family or even marital partners) greatly increases their risk for HIV infection.⁴⁹

Sensitivity of young girls' genitals

Young girls with underdeveloped bodies are also more likely to be infected because the risk of physical damage to their bodies during sex is greater.⁵⁰

Asymptomatic STIs in women

The presence of an untreated sexually transmitted infection (STI) can make an individual up to 10 times more likely to both get and transmit HIV. Since the majority of STIs have no symptoms in women, they are less likely to be recognized or treated in women as opposed to in men.⁵¹

All these factors combined significantly increase women's biological vulnerability to HIV/AIDS.

- Studies have shown that women are twice as likely to acquire HIV from men during sexual intercourse than vice versa.⁵²
- A Kenyan study showed that the prevalence of HIV infection among young women was 23 percent while among young men of the same age it was 3.5 percent.⁵³

Why are women more **socially** vulnerable to HIV infection than men?

The power imbalance between women and men inherent in our community norms increases women's vulnerability to HIV infection. Acts of violence against women supported by these community norms often means women have unsafe sex and are exposed to HIV. Physical, sexual, emotional, and economic violence, either alone or combined, can all contribute to HIV transmission among women. Here are some examples:

Lack of information and fear of seeking help

When men have power over women in relationships, they may not know or have access to information about safe sex, sexual health and reproductive health. Moreover, fear of violent partners, or the fear of partners stigmatizing women as sexually promiscuous, prevent women from seeking information about HIV/AIDS, HIV testing and from seeking treatment. Minimal awareness and education about HIV transmission during sex as well as limited access to protection options for women increase the likelihood that women will be exposed to HIV and reinforce unequal power between women and men. Girls and young women in relationships with older men are even more at risk due to increased lack of knowledge about HIV transmission.

Lack of control in intimate relationships

The imbalance of power between women and men supported by community norms often assumes that women have a sexual obligation to men, removing women's sexual decision-making power. Women are often afraid to ask their partner to be monogamous, afraid to say no to sex and afraid to negotiate condom use—even when sex is consensual. After experiencing violence from their partners, women's fear and inaction only increases, as does their risk for contracting HIV.

- A South African study found that women who experienced violence were almost six times more likely to be inconsistent in their use of condoms than those who did not experience violence.⁵⁴
- In a study in Uganda, three in four people (female and male) considered it unacceptable for a married woman to ask her partner to use a condom during sex. If a woman suggested condom use she was considered mistrustful to her male partner or it highlighted a woman's own promiscuity, putting women at increased risk of violence.⁵⁵
- A recent study in Tanzania reports that only 13.8 percent of women had ever used a condom with their violent partners, and only 17.7 percent had ever asked their partners to use a condom.⁵⁶
- Studies from Tanzania, Rwanda and South Africa indicate that women who have experienced violence are up to three times more likely to contract HIV than those who have not.^{57,58,59}

Acceptance of male infidelity

Community norms that accept male infidelity mean that women in married or committed relationships are often exposed to HIV despite their own monogamy.



The most recent Demographic and Health Survey in Uganda found that one in three women were married to men with multiple partners.⁶⁰



Forced sex by a stranger, family member, partner or husband increases the risk of HIV transmission.⁶⁴ With forced sex, safe sex practices are not an option and women's risk of physical vulnerability (e.g., vaginal tears) to the virus is high.

Economic vulnerabilities of girls and women

Research has shown that the economic vulnerability of girls and women makes it more likely that they will feel the need to exchange sex for money or favours, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky.⁶⁵ These women are therefore vulnerable to contracting HIV.

Furthermore, when violent partners deny women money for food or other means of support, women are often forced to engage in transactional sex in order to ensure survival for themselves or their children. Many women without partners or whose partner is unemployed or underemployed have limited access to a means of income generation and are also more likely to engage in transactional sex.



 A South African study indicated that women who experience intimate partner violence were two to three times more likely to engage in transactional sex.⁶⁶

Silence about coerced sex with girls

The community's silence about older men coercing young girls into having sex, whether a sugar daddy, relative or teacher, is particularly dangerous, since young girls already have a high physical vulnerability to HIV.

Early marriages

The practice of early marriage is a risk factor for girls and young women. Girls who are married young are often initiated into sex at a very young age. Also, many young girls are married to older men who have more sexual experience and who are more likely to be infected with HIV.

- Research in 16 sub-Saharan countries indicated that husbands of 15 to 19 year old girls are on average ten years older than their wives.⁶⁷
- A Kenyan study found that 33 percent of married girls are HIV positive compared to 22 percent of sexually active unmarried girls of the same age. The same study also found that young girls married to much older men were more likely to be HIV positive than those married to men within three years of their own age.⁶⁸
- A 2004 study shows that violence is a feature of relationships with older men and that greater age differences between partners increases a woman's risk of getting HIV.⁶⁹

The practice of "dry sex"

In many cultures in Africa, dry sex or sex without women's natural lubrication is practiced. Herbs are often used to dry the vagina causing increased friction during sex for men. Dry sex increases the risk of tearing and abrasion in the vagina, increasing the possibility of transmitting HIV.

Bride price

In some cases, practices such as bride price, or the payment of money and/or gifts to the bride's family, reinforce the belief that women are the property of their husbands. Women who have experienced violence and who then return to their natal homes are often told to return to their partner's home, and to the violence, because of the monetary obligation of bride price.

Risk-taking sexual behaviors among girls and women

Evidence suggests that there is a connection between violence and women's sexual risk taking behaviors. Women who experience violence are more likely to have multiple

partners or partners outside marriage and to engage in transactional sex than women who have not experienced violence. This is because experiencing violence and living with violence decreases a woman's self-esteem and ability to imagine a future for herself.

Child sexual abuse and adolescent forced and coerced sex are connected to high-risk sexual behavior in girls and young women. Feelings of unworthiness, low self-esteem, shame and lack of trust from early experiences of abuse affect women's sexual behavior choices in adolescents and adulthood. Abuse can be connected to lack of condom use and a history of STI's, both risk factors for HIV infection.⁷⁰ It is important not to revictimize women who engage in sexual risk-taking but to recognize that the root causes of their behaviors result from power inequalities between women and men.

Do the ABCs work for women?

The fight against HIV/AIDS in Africa has frequently used the "ABC" approach: Abstain, Be Faithful, and Use Condoms. Ultimately, this approach does not work for women.⁶¹ Why?

- 1. Abstinence is not an option for girls and women who are forced or coerced to have sex.
- 2. Even women who remain faithful to one sexual partner are unable to protect themselves when their partners have sex with other women.^{62, 63}
- 3. Women must have access to and the ability to use protection, such as male and female condoms, in order to protect themselves from HIV and other STIs. Yet the imbalance of power between women and men in relationships means that they are often unable to negotiate condom use safely.

The ABCs do not take into account the power imbalance between women and men, yet this is fundamental to effective HIV prevention for women. Prevention efforts must move beyond the ABCs.

How does HIV increase a woman's vulnerability to violence?

> Violence against women is both a cause and consequence of HIV infection. The different types of violence against a woman can cause her to become HIV positive. Because of her HIV positive status, more of the same types of violence can be inflicted upon the woman. Studies from Africa and other parts of the world reveal that women who have experienced violence are at a higher risk for contracting the virus, and that HIV infected women are more likely to experience acts of violence.^{71, 72, 73}



Women are at an increased risk of violence from their partners, family or community when they reveal their HIV positive status and/or seek treatment services. Violence and the fear of violence may lead women to not get tested for HIV, disclose their status or seek treatment. Disclosure of HIV status is important to ensure that HIV positive individuals receive treatment, do not spread the virus to others, and prevent mother-to-child transmission. Violence against HIV positive women can also further compromise their health, speeding the onset of AIDS. Here are some examples:

Physical Violence

Women who disclose their status have been beaten and even murdered. Men can block women's access to ARV (anti-retro viral) medication, or take the medications themselves instead of letting the women have them. HIV positive women experiencing violence may progress to AIDS more rapidly as a result of the physical and emotional stress and strain violence causes.

Emotional Violence

Social norms that stigmatize women with HIV can lead to emotional and verbal abuse against an HIV positive woman by her partner, in-laws and other family. Although HIV positive men also face discrimination, the stigma associated with HIV/AIDS is greater for women because of social norms that restrict their sexual behavior and make many women economically dependent on men. Women can be subject to insults and threats, such as the threat of having their children taken away. This emotional violence often prevents women from disclosing the HIV positive status, seeking treatment and seeking support.

Economic Violence

HIV positive women are at increased risk for economic violence. Legal systems and practices that reflect the power inequalities between women and men increase women's economic vulnerability. Should they reveal their status, women risk losing their means of support, property and children to the partner's family. Essentially, women can be abandoned or thrown out of their homes. Furthermore, the burden of care-giving for infected family members often falls on girls and women, taking time away from income-generating activities and education thereby decreasing their independence.⁷⁴

Facts

- Between 16 percent and 86 percent of women in developing countries choose not to disclose their HIV status to their partners.⁷⁵
- A Ugandan study found that women were afraid to ask for money or permission from their husbands to attend HIV/AIDS facilities to seek information. In some cases the husbands forbade the women from taking HIV tests.⁷⁶
- In a Kenyan study, more than half the women surveyed who knew they were HIV positive did not tell their partners for fear of violence or abandonment.⁷⁷
- A UNAIDS study in seven countries revealed that men with HIV were not questioned about how they became infected while women were often accused of having extramarital sex and received lower levels of support.⁷⁸
- Between 16 to 51 percent of women reported fear of violence as the reason for not disclosing their HIV status in studies from Tanzania, South Africa, and Kenya.⁷⁹



Why is prevention important?

The impact of violence against women and HIV/AIDS on girls and women in sub-Saharan Africa has the potential to devastate families and communities. Violence against women and HIV/AIDS are interconnected in a complex system of inequality in which women lack power to control their bodies, health, sexuality and life decisions.

Violence is a violation of girls and women's fundamental right to safety, making its prevention essential. Preventing violence against women is also critical in decreasing women's vulnerability to HIV infection. Preventing these dual pandemics is a process that entails changing the community norms that allow violence against women and HIV transmission to happen in the first place. This means tackling people's ideas about the value and worth of women and the imbalance of power between women and men.

References

Heise L.L., Pitanguy J. and Germain A. (1994). *Violence against women: The Hidden health burden.* Washington, D.C.: The International Bank for Reconstruction and Development/The World Bank, 47.
 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 27 & 10.

3 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 47.

4 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 28.

5 Koenig M., Lutalo T., Zhao F., Nalugoda F., Wabwire-Mangen F., Kiwanuka N., Wagman J., Serwadda D., Wawer M., Gray R. (2003). Domestic violence in rural Uganda: Evidence from a community-based study. *Bulletin of the World Health Organization*, 81 (1) 54-60.

6 United Nations Task Force on Women (2003). *Facing the future together*: Report of the United Nations Secretary General Task Force on women, girls, and HIV/AIDS in Southern Africa. New York: United Nations, 29. Originally from Jewkes R., Penn-Kekana L., Levin J., Ratsaka M., Schrieber M. (2001). Prevalence of emotional, physical and sexual abuse of women in three South African Provinces. *South African Medical Journal*, 91(5):421-428.

7 UNAIDS. (2006). *Violence against women and girls in the era of HIV/AIDS: A situation and response analysis in Kenya.* Geneva: UNAIDS/ Global Coalition on Women and AIDS, 6. Originally from Kenya Demographic and Health Survey (2003).

8 UNFPA. (n.d.). *HIV/AIDS and gender: Fact sheet overview.* Geneva: UNFPA. Retrieved December 5, 2007 from http://www.unfpa.org/hiv/docs/rp/factsheets.pdf

9 Maharaj, P. & Munthree, C. (2006). Coerced first sexual intercourse and selected reproductive health outcomes among young women in Kwazulu-Natal, South Africa. *Journal of Biosocial Science*. Cambridge: Cambridge University Press.

10 Koenig M.A., Zablotska I., Lutalo T., Nalugoda F., Wagman J., & Gray R. (2004). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, 30(4), 156-163.

11 Jewkes R, Sen P, and Garcia-Moreno C. (2002). Sexual Violence. In *World report on violence and health.* Krug EG, Dahlberg LL, Mercy JA, Zwi AB, and Lozano R, Eds. Geneva: World Health Organization, 147-182.

12 Koenig M., Lutalo T., Zhao F., Nalugoda F., Wabwire-Mangen F., Kiwanuka N., Wagman J., Serwadda D., Wawer M., Gray R. (2003). Domestic violence in rural Uganda: Evidence from a community-based study. *Bulletin of the World Health Organization*, 81 (1) 54-60.

Reza A., Breiding M., Blanton C., Mercy J.A., Dahlberg L.L., Anderson M. and Bamrah S. (2007).
 Violence against children in Swaziland: Findings from a national survey on violence against children in Swaziland. Centers for Disease Control and Prevention and Swaziland United Nations Children's Fund, 19.
 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 52.

15 Koenig M., Lutalo T., Zhao F., Nalugoda F., Kiwanuka N., Wabwire-Mangen F., Kigozi G., Sweankambo N., Wagman J., Serwadda D., Wawer M. Gray R. (2004). Coercive sex in rural Uganda: Prevalence and associated risk factors. *Social Science & Medicine*, 58, 787-798.

16 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 31.

17 Watts C., Ndlovu M., Njovana E., & Keogh E. (1997). Women, violence and HIV/AIDS in Zimbabwe. *SAfAIDS News*, 5, 2-6.

18 UNAIDS. (2006). *Violence against women and girls in the era of HIV/AIDS: A situation and response analysis in Kenya*. Geneva: UNAIDS/ Global Coalition on Women and AIDS, 13. Originally from Kenya Demographic and Health Survey (2003). 23.

19 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 45.

20 Amnesty International (2004). *Marked for death: Rape survivors living with HIV/AIDS in Rwanda*. New York: Amnesty International.

21 Human Rights Watch. (2003). *We'll kill you if you cry: Sexual violence in the Sierra Leone conflict*. New York: Human Rights Watch. Originally from Physicians for Human Rights. (2002). *War-related sexual violence in Sierra Leone: A Population-based assessment*. Boston: Physicians for Human Rights.

22 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 27.

23 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 35.

24 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 34.

25 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 34.

26 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 34.

27 UNAIDS. (2006). *Violence against women and girls in the era of HIV/AIDS: A situation and response analysis in Kenya*. Geneva: UNAIDS/ Global Coalition on Women and AIDS, 13. Originally from Kenya Demographic and Health Survey (2003), 23.

28 Human Rights Watch. (2005). *A dose of reality: Women's rights in the fight against HIV/AIDS*. New York: Human Rights Watch. Retrieved on December 5, 2007 from http://hrw.org/english/docs/2005/03/21/ africa10357.htm

29 Fleischman J., Morrison S. (2003). *Fatal vulnerabilities – Reducing the acute risk of HIV/AIDS among women and girls: A Report of the working group on women and girls*. Washington, D.C.: Center for Strategic and International Studies, 5.

30 UNAIDS/UNFPA/UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS/ UNFPA/UNIFEM, 2.

31 Dunkle K.L., Jewkes R.K., Brown H.C., Gray G.E., McIntryre J.A., Harlow S.D. (2004). Transactional sex among women in Soweto, South Africa: prevalence, risk factors, and association with HIV infection. *Social Science and Medicine*, 59 (8), 1581-1592.

32 Leye E., Githaiga A., Bosmans M., Temmerman M. (2003). *Male involvement in the fight against violence against women: Experiences from developing countries*. Belgium: International Center for Reproductive Health. Originally from Sheppard B (1998). The masculinity side of sexual health. *Sexual Health Exchange*, Royal Tropical Institue, Amsterdam, 2.

33 United Nations Task Force on Women (2003). *Facing the future together*: Report of the United Nations Secretary General Task Force on women, girls, and HIV/AIDS in Southern Africa. New York: United Nations, 30.

Originally from Ministry of Health and Social Welfare/WHO. (1995). *Safe Motherhood Initiative health survey: Focus group discussions (first draft report)*. Lesotho: Ministry of Health and Social Welfare/WHO.
34 Kishor S., Johnson K. (2004). Profiling domestic violence: A Multi-country study. Calverton, Maryland: ORC Macro. 64.

35 United States Department of Health and Human Services. (2007). *Aids.gov Frequently asked questions*. Retrieved on December 5, 2007 from http://www.aids.gov/basic/faq/index.html

36 UNAIDS, Joint United Nations Program on HIV/AIDS (2007). *AIDS epidemic update*, Geneva. Retrieved on November 30, 2007 from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

37 UNAIDS, Joint United Nations Program on HIV/AIDS (2007). *AIDS epidemic update*, Geneva. Retrieved on November 30, 2007 from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf
38 UNAIDS. (2006). *Report on the global AIDS epidemic*. Geneva: Joint United Nations Programme on AIDS, 8.

39 UNAIDS, Joint United Nations Program on HIV/AIDS (2007). *AIDS epidemic update*, Geneva. Retrieved on November 30, 2007 from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf 40 Muga R., Kichamu F.N., Motari T., Omondi M., McMullen N., & Alawi T. (2004). *Adolescence in Kenya: The facts*. Nairobi: Center for Adolescent Health and Development, The National Council for Population and Development, 3rd ed.

41 UNAIDS, Joint United Nations Program on HIV/AIDS (2007). *AIDS epidemic update*, Geneva, 6. Retrieved on November 30, 2007 from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf 42 UNAIDS, Joint United Nations Program on HIV/AIDS (2007). *AIDS epidemic update*, Geneva, 9. Retrieved on November 30, 2007 from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf 43 UNAIDS/UNFPA/UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS/ UNFPA/UNIFEM, 2.

44 UNAIDS. (2006). 2006 AIDS epidemic update: Sub-Saharan Africa. Geneva: UNAIDS. Retrieved on December 4th, 2007 from http://data.unaids.org/pub/EpiReport/2006/04-Sub_Saharan_Africa_2006_ EpiUpdate_eng.pdf.

45 SFAIDS Foundation. (2006). *How HIV is spread*. Retrieved on December 5, 2007 from http://www.sfaf. org/aids101/transmission.html

46 Ledet-Manfrin L., and Porche D. (2003). The state of science: violence and HIV infection in women. *Journal of the Association of Nurses in AIDS Care,* 14 (6), 56-68. Originally from Kalichman, S. C. (1998). *Preventing AIDS: A sourcebook for behavioral interventions*. Mahwah, NJ: Lawrence Erlbaum Associates. 47 SFAIDS Foundation. (2006). *How HIV is spread*. Retrieved on December 5, 2007 from http://www.sfaf. org/aids101/transmission.html

48 World Health Organization. (2003). *Gender and HIV/AIDS*. Geneva, Switzerland: World Health Organization.

49 World Health Organization. (2003). *Gender and HIV/AIDS*. Geneva, Switzerland: World Health Organization.

50 UNAIDS/UNFPA/UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS/ UNFPA/UNIFEM, 46.

51 Agunsola F.T. (2006). The Role of sexually transmitted infections in HIV transmission. In (Adeyi O., Kanki P.J., Odutolu O., Idoko J.A., Eds.) *AIDS in Nigeria: A Nation on the threshold*. (93-130). Boston: AIDS Prevention Initiative in Nigeria, Harvard School of Public Health, 96.

52 AMFAR. (2005). Women, Sexual Violence and HIV. Rio de Janeiro, Brazil: American Foundation for AIDS Research, 5. Originally from Jansen H., Watts C., Ellsberg M., Heise L., Garcia-Moreno C. (2002). *Forced sex and physical violence in Brazil, Peru, and Thailand: WHO multi-country results.* XIV International AIDS Conference. Barcelona, Spain.

53 World Health Organization. (2003). *Gender and HIV/AIDS*. Geneva, Switzerland: World Health Organization.

54 Pettifor A.E., Measham D., Rees H.V., & Padian N.S. (2004). Sexual power and HIV risk, South Africa. *Emerging Infectious Diseases*, 10(11), 1996-2004.

55 Koenig M., Lutalo T., Zhao F., Nalugoda F., Kiwanuka N., Wabwire-Mangen F., Kigozi G., Sweankambo N., Wagman J., Serwadda D., Wawer M. Gray R. (2004). Coercive sex in rural Uganda: Prevalence and associated risk factors. *Social Science & Medicine*, 58, 787-798. Originally from Blanc A. B., Wolff B., Gage A. J., Ezeh A. C., Neema S., & Ssekamatte-Ssebuliba J. (1996). *Negotiating reproductive outcomes in Uganda*. Calverton, MD: Institute of Statistics and Applied Economics and Macro International. Also from Standing H., & Kisekka M. N. (1989). *Sexual behaviour in sub-Saharan Africa: A review and annotated bibliography*. Overseas Development Administration.

56 Garcia-Moreno C., Jansen H., Ellsberg M., Heise L., & 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: World Health Organization, 70.

57 Maman S., Mbwambo J., Hogan N., Kilonzo G., Campbell J., Weiss E., & Sweat M. (2002). HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. *American Journal of Public Health*, 92 (8), 1331-1337.

58 Van der Straten A., King R., Grinstead O., Serufilira A., & Allen S. (1998). Sexual coercion, physical violence, and HIV infection among women in steady relationships in Kigali, Rwanda. *AIDS and Behavior*, 2(1), 61-73.

59 Dunkle K.L., Jewkes R.K., Brown H.C., Gray G.E., McIntyre J.A. & Harlow S.D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 363(9419), 1415-1421.

60 Koenig M., Lutalo T., Zhao F., Nalugoda F., Kiwanuka N., Wabwire-Mangen F., Kigozi G., Sweankambo N., Wagman J., Serwadda D., Wawer M. Gray R. (2004). Coercive sex in rural Uganda: Prevalence and associated risk factors. *Social Science & Medicine*, 58, 787-798. Originally from Uganda Bureau of Statistics (UBOS) & ORC Macro, (2001). Uganda demographic and health survey 2000–2001. Calverton: UBOS and ORC Macro.

61 UNAIDS. (2006). *Violence against women and girls in the era of HIV/AIDS: A situation and response analysis in Kenya.* Geneva: UNAIDS/ Global Coalition on Women and AIDS.

62 UNAIDS. (2006). Violence Against Violence against women and girls in the era of HIV/AIDS: A situation and response analysis in Kenya. Geneva: UNAIDS/ Global Coalition on Women and AIDS, 3.
63 The Global Coalition on Women and AIDS/WHO. (2004). Intimate Partner Violence and HIV/AIDS. Violence against women and HIV/AIDS: Critical intersections, , Information Bulletin Series, No. 1.
64 UNAIDS/UNFPA/UNIFEM. (2004). Women and HIV/AIDS: Confronting the crisis. Geneva: UNAIDS/ UNFPA/UNIFEM. (2004). Women and HIV/AIDS: Confronting the crisis.

65 Rao Gupta G. (2000). *Gender, sexuality, and HIV/AIDS: The what, the why, and the how* (plenary address). Durban, South Africa: XIIIth International AIDS Conference, 3. Retrieved on December 5, 2007 from http://www.icrw.org/docs/Durban_HIVAIDS_speech700.pdf, Originally from Heise L. and Elias C. (1995). Transforming AIDS prevention to meet women's needs: a focus on developing countries. *Social Science and Medicine* 40(7): 933-943; Mane P., Rao Gupta G. and Weiss E. (1994). Effective communication between partners: AIDS and risk reduction for women. *AIDS.* Vol. 8 (supp. 1), S325-S331; Weiss E. and Rao Gupta, G. (1998). *Bridging the gap: Addressing gender and sexuality in HIV prevention.* Washington, DC: International Center for Research on Women.

66 Dunkle K. L., Jewkes R.K., Brown H.C., Gray G.E., McIntryre J.A., Harlow S.D. (2004). Transactional sex among women in Soweto, South Africa: prevalence, risk factors, and association with HIV infection. *Social Science and Medicine*, 59 (8), 1581-1592.

67 World Health Organization. (2003). *Gender and HIV/AIDS*. Geneva, Switzerland: World Health Organization.

68 UNAIDS/UNFPA/UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS/ UNFPA/UNIFEM, 16. Originally from Glynn J. R. Carall M., Buvl A., Musonda R.M., Kahindo M. Study group on the heterogeneity of HIV epidemics in African cities (2003). HIV risk in relation to marriage in areas with high prevalence of HIV infection. *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*. 33(4): 526-535; Glynn J. R., Carall M., Auvert B., Kahindo M., Chege J., Musonda R., Kaona F., Buvl A. (2001). Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia, *JAIDS*. 15(suppl. 4): S51-S60. 69 The Global Coalition on Women and AIDS, WHO. (2004). Intimate Partner Violence and HIV/

AIDS. *Violence against women and HIV/AIDS: Critical intersections*, Information Bulletin Series, No. 1, p3. Originally from Jewkes R K, Nduna M., Dunkle K.L., et al. (2004). HIV and gender-based violence: Associations found in young women in rural South Africa. Paper presented at a meeting: 'Dangerous intersections: Current and former research perspectives on HIV and violence against women'. Baltimore, Maryland: Johns Hopkins University. June 14-17, 2004.

70 The Global Coalition on Women and AIDS/WHO.(2004). Intimate partner violence and HIV/AIDS. *Violence against women and HIV/AIDS: Critical intersections*, Information Bulletin Series, No. 1, p2. 71 Dunkle L., Jewkes R.K., Brown H.C., Gray G.E., McIntyre J.A. & Harlow S.D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 363(9419), 1415-1421.

72 Lary H., Maman S., Katebalila M., McCauley A., & Mbwambo J. (2004). Exploring the association between HIV and violence: young people's experiences with infidelity, violence and forced sex in Dar es Salaam, Tanzania. *International Family Planning Perspectives*, 30 (4), 200-206.

73 Maman S., Campbell J., Sweat M.D., & Gielen A.C. (2000). The intersections of HIV and violence: directions for future research and interventions. *Social Science and Medicine*, 50, 459-478.

74 Fleischman J., & Morrison S. (2003). *Fatal vulnerabilities – Reducing the acute risk of HIV/AIDS among women and girls: A Report of the working group on women and girls*. Washington, D.C.: Center for Strategic and International Studies, 3.

75 The Global Coalition on Women and AIDS/ World Health Organization. (2004). Intimate Partner Violence and HIV/AIDS. *Violence against women and HIV/AIDS: Critical intersections*, Information Bulletin Series, No. 1, p3.

76 Human Rights Watch (2003). *Just die quietly: Domestic violence and women's vulnerability to HIV in Uganda*. New York: Human Rights Watch, 2. Retrieved on December 6, 2007 from http://www.hrw.org/ reports/2003/uganda0803/uganda0803.pdf

77 Medley A., Garcia-Moreno C., McGill S., & Maman S. (2004). Rates, barriers and outcomes of HIV serodisclosure among women in developing countries: Implications for prevention of mother-to-child transmission programmes. *Bulletin of the World Health Organization*. 82 (4): 299-307.

78 World Health Organization. (2003). *Gender and HIV/AIDS*. Geneva, Switzerland: World Health Organization, 3.

79 The Global Coalition on Women and AIDS/ World Health Organization. (2004). Intimate partner violence and HIV/AIDS. *Violence against women and HIV/AIDS: Critical intersections*, Information Bulletin Series, No. 1, p4.



Preventing Violence Against Women and HIV

www.raisingvoices.org/sasa.php